



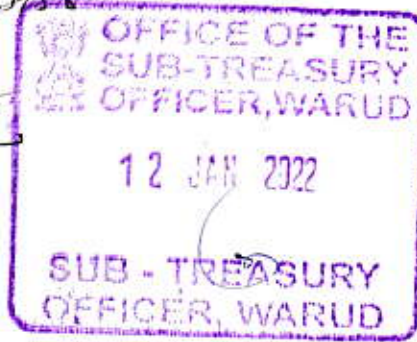
महाराष्ट्र MAHARASHTRA

2021

ZF 903312

अ.क्र. 26945
दि. (अधारी) 98/19/22
मु. चि. :- हि. न. चौधरी, वरुड
प. क्र. 12 व 9/23 को. फी

संजीव ज्योतिबा शिखण प्रसारक मंडल
ज्योतिबा शिखण प्रसारक मंडल, जारुड



AFFIDAVIT

1. Dnyaneshwar Shamrao Gedam (Name of the authorized person) Son of Shamrao and Jyotiba Shikshan Prasarak Mandal, Jarud of the Dr.H.M.Umekar Adhyapak Vidyalaya, Jarud (name of the College / Institution /Trust / Society, etc.) aged about 90 years resident of At.Post. Warud, Ta. Warud, Dist. Amravati am the authorized signatory of the application made to the Regional Committee of the National Council for Teacher Education at Bhopal/Bhubaneshwar/Jaipur/Bangalore seeking grant of recognition / permission for conducting a course in Teacher Education titled D.El.Ed intake/additional intake of 100

2. That the Jyotiba Shikshan Prasarak Mandal, Jarud Society / Trust / Institution / College (strike out whichever is not applicable) is in possession of land as per the following description: -

2.1 Total Area (in sqr. Mts.) **1732 Sq.M.**

2.2 Address:

Plot No: **960**

Khasra No: **849**

Village/Town/City: **Jarud**

District: **Amravati**

State: **Maharashtra**

Area in Square Meters: **1732 Sq. M.**

Bounded by

North: **Road**

South: **Dhyaneshvarrao Holey Farm**

East: **Dranage**

West: **Dhyaneshvarrao Holey Farm**

Registered in the office of: **Sub Register**

on **Warud**

That the land is on **ownership basis** / lease basis for a minimum period of _____ years (in figures and words) (Strike out whichever is not applicable).

4. That the land is free from all encumbrances.

5. That the land is exclusively meant for running the education institution (land use) and the permission of the Competent Authority to this effect has been obtained vide letter No. **56** dated **30/08/1997** of the communication.

6. That the said premises shall not be used for running any educational activity/institution, other than the teacher education programme for which recognition is being sought.

7. That the copy of the affidavit shall be displayed on the website of the Institution for general public.

8. I do hereby swear that my declaration under Para's(1) to (6) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Signature: _____

Name of the Applicant: **D.S.Gedam**

Address: **At.Post. Jarud, Tq. Warud**

Dist. Amravati

Tel : 9421785787

E-mail address : shrinivasingale31@gmail.com

Website address : www.drhmumekardedjarud.in

Place: Jarud

Date: _____



ATTESTED BEFORE ME

A. K. Saratkar

**ARVIND K. SARATKAR
WARUD, DIST. AMRAVATI
MAHARASHTRA
Regn. No. 965
Reg. Exp Date - 09-10-2023**



N.R.S. No. 15
ON DATED 17/1/2022
THIS DOCUMENT
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