On Rs 100/-Stamp Paper with notarized By the Institution who have enrolled the students for the A. Y. 2018 -2019)

JOINT DECLARATION - AFFIDAVIT for the A.Y.2018-19

I Shri /Smt.		Aged	yrs.	, resident of		
	on behalf trust	& individua	I capacity	as a		
Principal of	(Name of School and MNC				С	
registration number, name of a	the institution with mo	obile no.) do	hereby und	lertake on	solen	nn
I Shri / Smt		Aged	yrs.	resident	of	
	on behalf	trust &	individual	capacity	85	a
Chairman / Secretary of		(nar	ne of the ins	titution with	1 mob	ile

no.) do hereby undertake on solemn affirmation as follows.

1.We confirm that, we have read all the norms, rules principles & regulations of Indian Nursing Council, New Delhi & Maharashtra State Board Of Nursing and Paramedical Education, Mumbai & State Govt. related to starting & running norms of GNM & ANM programmes etc.

2.We assure that we have followed admission criteria of the MSBNPE & uploaded enrolment list to the competent authority in stipulated period from time to time. If there are discrepancies found in approved enrolment list such students will not be permitted to appear for MSBNPE Examination or MNC Registration. Institution will be responsible for consequences arising out of such circumstances.MSBNPE will not register their name in list maintained by the MSBNPE.

3.We are aware that affiliation can be withdrawn by the MSBNPE on the grounds of poor academic performance (Less than 50 % result), malpractice non-compliance of MSBNPE norms, directions and regulations issued from time to time.

4.We have appointed qualified teaching faculty as per norms & registered with MNC (attached list of the teaching faculty with Registration No).

5.We have provided required clinical experience to the students as per norms & rotation plan. If we fail to provide required clinical experience to the students it makes clear that the students will not be permitted for the MSBNPE's examination.

6. We are aware that for ANM and GNM, there should be at least 10 candidates in the batch else the batch will not be permitted for MSBNPE examination.

Date : -

Place :-

Deponent On behalf of trust/ Institute

Before me Notary sign