Annexure – E

(वाचा : शासन निर्णय क्र. सीइटी ३४१७/प्र.क्र. १२०/१७/शिक्षण – २ दिनांक ०१/०३/२०२५)

Applicant's Photo

Self-Declaration

To,

The Registrar,

Maharashtra University of Health Sciences,

Dindori Road, Mhasrul,

Nashik – 422004

I ..... Son / Daughter of ..... aged ..... occupation ..... resident of ..... with UID No. ..... hereby declare that, I have passed ..... course from ..... College during the year ..... and I hereby state that, I have not taken admission during the period of gap from ..... to ..... period, hence, the gap arises in my education.

The information provided above is true and correct to the best of my personal knowledge, information and belief. I fully understand the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and / or any other law applicable thereto.

Place : .....

Date : .....

Applicant's Signature : .....

Applicant's Name : .....