



# National Commission for Indian System of Medicine

## Declaration

You can review the information submitted in this Declaration form below before closing.

 Close

### Declaration

Institution Id :	<b>AYU0154</b>
Institution Name :	<b>Government Ayurved College Osmanabad</b>
Institution Course :	<b>Ayurveda</b>
Visitation Id :	<b>A06026</b>

### Declaration by Principal

I, **Dr. N. S. GANGASAGRE** Principal, **Government Ayurved College Osmanabad** solemnly writing that if any information provided by me in proforma and Annexures found false, I shall be held responsible in the matter. I shall have no objection if any action is taken by the NCISM against me.

### Declaration by Management

I, **Dr. Raman Gungaralkar** Secretary/President, **Maharashtra Government** solemnly state that, looking after the management of the college & hospital. The information provided by the Principal in the proforma and Annexures are true. If any information provided by the Principal found false the undersigned has no objection for any action initiated by the NCISM against the Principal and me.

 Print Submitted Data