

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2022-2023

Clinical Material in Hospital


Faculty: Nursing.

Name of College/Institute : Nazarene Nurses Training College, Washim

HOSPITAL DETAILS

Sr. No.	Particulars to be verified	Adequate / Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own / parent Hospital (Affiliated hospital must be 50 bedded or more.)	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.:	Adequate
b.	Student Bed Ratio for UG & PG to be verified: (As per MSR) 3:1	Adequate
c.	Average Bed Occupancy in % : (Minimum 75%)	Inadequate
d.	Clinical facilities for PG to be verified : (As per MSR)	
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD (current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)	
	<ul style="list-style-type: none"> • As per Central Council Norms/ University Norms, above Infrastructure must be available at College. • If Infrastructure is available, then mark "Adequate" & do not attach any documents. • In case of "Inadequate", it must be mark as "Inadequate" with evidence. 	




PRINCIPAL
 Nazarene Nurses Training College
 Reynolds Memorial Hospital
 Washim 444505 (M. S.)

जिल्हा सामान्य रुग्णालय, वाशिम

फॉर्म 'सी'
नियम "५" पहा

दि. मुंबई नर्सिंग होमस् अॅक्ट १९४९ चे नियम-५नुसार नोंदणीचा दाखला

नोंदणी क्रमांक UHW/31/2007

दाखला देण्यात येते, श्री/श्रीमती रेनॉल्ड मेमोरिअल हॉस्पिटल
वाशिम यांचे दि. मुंबई नर्सिंग होमस् रजिस्ट्रेशन अॅक्ट १९४९
चे नुसार रेनॉल्ड मेमोरिअल हॉस्पिटल (नर्सिंग होमस् नांव)
जे पुसद नाका, वाशिम ह्या ठिकाणी बांधलेले

आहे. त्यांना वरिल प्रमाणे दर्शविल्या नुसार नर्सिंग होमस् चालविण्याची परवानगी
देण्यात येत आहे. (रुग्णालयीन स्नायूंची संख्या 100 बेड)

महाराष्ट्र मेडिकल प्रॅक्टीशनर

अॅक्ट १९६१ नुसार

नोंदणी क्रमांक UHW/31/2007


दिनांक 26/07/2007

दाखला दिल्याची दिनांक 04/01/2020

हा नोंदणीचा दाखला दिनांक 01/04/2019 दिनांक ३१ मार्च 2022



पर्यंत प्रमाणित राहिल.




Civil Surgeon कारी
General Hospital, Washim


PRINCIPAL

Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

	महाराष्ट्र शासन आरोग्य सेवा जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय वाशिम	
दुरध्वनी क्र : (०७२५२) २३५७२० Email: es_washim@rediffmail.com	कार्यालय: जिल्हा रुग्णालय, अकोला नाका, वाशिम जा.क्र./मारुबा/बॉ.न.होम/ २६३० /२२ दिनांक : २९/८/२२.	

प्रति.

रेनॉल्ड्स मेमोरियल हॉस्पिटल
वाशिम

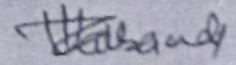
विषय :-बॉम्बे नर्सिंग होम ॲक्ट नुसार नोंदणी/नुतनीकरण प्रमाणपत्रातील त्रुटीबाबत.....

संदर्भ :- आपला अर्ज दिनांक

उपरोक्त संदर्भाकित विषयानुसार आपणास कळविण्यात येते की,आपण आपल्या नर्सिंग होमच्या नोंदणी/नुतनीकरणाबाबतचा अर्ज या कार्यालयास सादर केलेला आहे.त्यामधील कागदपत्रांची पडताळणी केली असता लागणारी कागदपत्रे ही अपुर्ण आहेत तरी आपण आपला अर्ज पुर्ण करण्याकरीता खालीलप्रमाणे टिकमार्क करण्यात आलेल्या कागदपत्रांची पुर्तता त्वरीत करावी. कागदपत्रांची पुर्तता न केल्यास संपुर्ण जबाबदारी आपली राहिल याची नोंद घ्यावी.

सोबत कागदपत्रांची यादी :-

- १)बॉम्बे नर्सिंग होम नोंदणीचे प्रमाणपत्रासाठी/नुतनीकरणासाठी विहित नमुन्यातील अर्ज पुर्ण भरावा.
- २)अर्जामधील सर्व संबंधिताचे नोंदणीप्रमाणपत्र नविन/नुतनीकरण सोबत जोडण्यात यावेत
- ३)अर्जदाराचे पदवीप्रमाणपत्र/नुतनीकरण सह सोबत जोडावेत.
- ४)अर्जदाचे नोंदणी प्रमाणपत्र/नुतनीकरणसह सादर करावे.
- ५)महाराष्ट्र प्रदुषण नियंत्रण मंडळ अमरावती यांचे ऑथरायझेशन सर्टिफिकेट/नुतनीकरण सादर करावे.
- ६)हॉस्पिटलचा अधिकृत नकाशा सोबत जोडला नाही.
- ७)अग्निशमन अधिकारी नगर परिषद/नगर पंचायत यांचे नाहरकत प्रमाणपत्र सोबत जोडले नाही.
- ८)नोंदणी फिस भरलेली आहे/नाही.
- ९)नगर पालिका/नगर पंचायत चे Occupancy Certificate सोबत जोडले नाही
- १०)मनुष्यवळाची कमतरता आहे.(RM/Bsc Nursing /GNM /ANM/ Pharmasist)



(डॉ.विजय तुकाराम जाधव)
जिल्हा शल्य चिकित्सक
सामान्य रुग्णालय वाशिम

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781/24014701
Fax: 24024068 /24023515
Website: <http://mpcb.gov.in>
E-mail: mpcb@vsnl.net



Kalpataru Point, 2nd - 4th Floor,
Opp. Cine Planet Cinema,
Near Sion Circle, Sion (E)
Mumbai - 400 022

Date: 16/02/2019.

Red/LSI

Consent No: Format 1.0/BO/PSO/HOD. 1902000777

To,
Reynolds Memorial Hospital &
Affiliated Clinics
Pusad Road, Washim
Dist. Washim 444505
(email: info@mhindia.org)

Sub : Combined Consent to Operate & BMW Authorization under RED
Category to Health Care Establishment (HCE).

Ref : 1. Your BMW Authorization & Consent application resubmitted to MPCB, HQ, Sion,
Mumbai on 07/12/2018
2. Personal hearing on 8.1.2019
3. This office email on 9.1.2019
4. Application resubmitted by SRO Amaravati II on 2.2.2019

Consent to Operate

under Section 25/26 of the Water (Prevention & Control of Pollution) Act, 1974 & under Section 21 of the Air (Prevention & Control of Pollution) Act, 1981, Authorization under Rule 5 of the Hazardous Wastes (M, H & T M) Rules 2008 and Biomedical Waste Management Rules 2016 is considered and the consent is hereby granted subject to following terms and conditions and as detailed in the schedule I, II, III, IV & V annexed to this order:

1. The conditional consent to operate is granted for a period from 04.06.2018 to 04.06.2023
2. The capital investment of the HCE is Rs. 5.27 Crore.
(As per C. A. Certificate submitted)
3. The Consent is valid for the Activity of -

Sr. No.	Activity	Beds
1	Hospital	
	a) Beds	100 Nos.
	b) Total Plot Area	72843.00 sq. mtrs
	c) Total Built up Area	6131.60 sq. mtrs

4. Conditions under Water (P&CP), 1974 Act for discharge of effluent:

Sr. no.	Description	Permitted quantity of discharge (CMD)	Standards to be achieved	Disposal
1.	Trade effluent	--	As per Schedule -I	On land for gardening
2.	Domestic effluent	25.0	As per Schedule -I	

5. Conditions under Air (P& CP) Act, 1981 for air emissions:

Sr. no.	Description of stack / source	Number of Stack	Standards to be achieved
1.	D.G. Set (250.0 & 15.0 KVA)	2.Nos.	As per Schedule – II

6. Non-Hazardous Solid Wastes:

Sr. No.	Type of Waste	Quantity	UOM	Treatment	Disposal
1	Sludge from Sewage Water treatment	As per Actual	MT/Year	--	Municipal Landfill/

7. This Board reserves the right to review, amend, suspend, revoke etc. this consent and the same shall be binding on the industry.

8. This consent should not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies.

9. This consent is issued subject to conditions mentioned below,

i) The "authorized Person" M/s Reynolds Memorial Hospital & Affiliated Clinics, Washim shall comply with the provisions of the Environment (Protection) Act, 1986, and Rules made there under.

ii) Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.

iii) If the built up area exceeds more than 20,000 sq. mtrs. and if the hospital is commissioned after 14.09.2006, the project proponent shall comply EIA Notification 14.09.2006 by obtaining Environment Clearance.

iv) You shall submit details of Management and Handling of outdated, discarded, unused **Cytotoxic drugs** generated in the Cancer centers, research and health care in the format prescribed by CPCB which is available on www.cpcb.nic.in alongwith Annual Report to MPCB with a copy to CPCB before 30th June every year.

(iv) You shall manage the **Mercury Waste** in the HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per CPCB guidelines published on CPCB website www.cpcb.nic.in dated: 07.09.2010 as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities".

(v) You shall ensure phase out of chlorinated plastic bags, gloves and blood bags by HCEs within two years;

(vi) You shall establish Bar code system within one year.

- (vii) You shall ensure that the liquid waste is treated and disposed by all the occupier or operator of a CBWTF in accordance with the Water Act, 1974;
- (viii) You shall maintain day to day basis and display the monthly record including Annual report on its website within two years from the date of notification.
- (ix) As per the report of SRO Amaravati II Bank Guarantee of Rs.1,00,000/- is eligible for forfeiture for not installing STP and 25% of Bank Guarantee i.e. Rs 6250/- against Rs.25,000/- is eligible for forfeiture for not certifying BMW annual report from facility operator. Further, Bank Guarantee of Rs.50,000/- is eligible for release for provision of separate BMW storage facility.
- (x) You shall submit separate Bank Guarantee of Rs.1,56,250/- towards compliance of condition mentioned at Annexure - IV to Regional Office, Amaravati within 30 days.
- (xi) You shall submit compliance of Bank Guarantee conditions every six months to Regional Officer, Amaravati for verification purpose.
- (xii) You shall submit application for renewal of Combined Consent and Biomedical Waste authorization before 120 days along with appropriate fees

For and on behalf of the
Maharashtra Pollution Control Board

(Dr. A. R. Supate)
Principal Scientific Officer

Received Consent / Authorization fee of

Sr. No.	Amount (₹)	Dr no.	Date
1	1,25,000/-	7610668	1.8.2018
2	25,000/-	7612978	6.8.2018
3	1500/-	TXN1811000507	7.11.2018

Copy to:

1. Regional Officer - MPCB, Amaravati and Sub-Regional Officer - Amaravati II, MPCB - They are directed to ensure the compliance of the CCA conditions.
2. Chief Accounts Officer, MPCB, Mumbai- for information.

Schedule-I

D) Terms & Conditions for compliance of Water Pollution Control

- 1) A) You shall provide combined waste water primary treatment for the Trade effluent and domestic sewage generated from the hospital and thereafter the treated effluent shall be discharged in to Sewage Treatment Plant with the adequate design capacity followed by **Chlorination** and the treated water shall be disposal to Municipal Sewer / Land application after achieving standard prescribed below:
- B) The Applicant shall operate the combined waste water treatment plant to treat the trade and domestic effluent so as to achieve the following standards prescribed by the Board or under E P Act, 1986 and Rules made there under from time to time, whichever is stringent.

Sr. No.	Parameters	Discharge Standards applicable	
		Limiting Concentration in mg/l, except for pH	
01	pH	6.5-9.0	
02	Oil & Grease	10	
03	BOD (3 days 27°C)	30	
05	COD	250	
06	Total Suspended Solids	100	
08	Bio-Assay test	90 % survival of fish after 96 hours in 100 % effluent	

- 2) The Board reserves its rights to review plans, specifications or other data relating to plant setup for the treatment of waste water & the system for the disposal of effluent or in connection with the grant of any consent conditions. The Applicant shall obtain prior consent of the Board to take steps for expansion / modify or establish any modification to treatment and disposal system or an extension or addition thereto.
- 3) You shall ensure replacement of pollution control system or its parts after expiry of its expected life as defined by manufacturer so as to ensure the compliance of standards and safety of the operation thereof.
- 4) You shall provide Specific Water Pollution control system as per the conditions of EP Act, 1986 and rule made there under from time to time.

II) Water Consumption

Sr. No.	Purpose for water consumed	Water Consumption quantity CMD
1.	Industrial Cooling and boiler feed etc.,	---
2.	Domestic purpose	30.0
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	--
4.	Processing whereby water gets polluted & pollutants are not easily biodegradable and are toxic	---
5	Other such as agriculture, gardening, etc.	---

Schedule-II

Terms & conditions for compliance of Air Pollution Control

1. As per your application, you have proposed / provided the Air pollution control (APC) system and also proposed to erect/erected following stack (s) to observe the following fuel pattern-

Sr. No.	Stack Attached to	Height in meter	Type of Fuel	Quantity lit/hr
1	D.G. Set (250.0 15.0 KVA)	3.0 & 3.0	HSD	6.0 & 4.0

2. The applicant shall provide stack of adequate height to operate and maintain above mentioned air pollution control system, so as to achieve the level of pollutants to the following standards:

Particulate matter	Not to exceed	150 mg/Nm ³
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3. The Applicant shall obtain necessary prior permission for providing additional control equipment with necessary specifications and operation thereof or alteration or replacement/alteration well before its life come to an end or erection of new pollution control equipment.
4. The Board reserves its rights to vary all or any of the condition in the consent, if due to any technological improvement or otherwise such variation (including the change of any control equipment, other in whole or in part is necessary).
5. Conditions for D.G. Set
- a. Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically.
 - b. Industry should provide acoustic enclosure for control of noise. The acoustic enclosure/ acoustic treatment of the room should be designed for minimum 25 dB (A) insertion loss or for meeting the ambient noise standards, whichever is on higher side. A suitable exhaust muffler with insertion loss of 25 dB (A) shall also be provided. The measurement of insertion loss will be done at different points at 0.5 meters from acoustic enclosure/ room and then average.
 - c. Industry should make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
 - d. Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
 - e. A proper routine and preventive maintenance procedure for DG set should be set and followed in consultation with the DG manufacturer which would help to prevent noise levels of DG set from deteriorating with use.
 - f. D.G. Set shall be operated only in case of power failure.
 - g. The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.
 - h. The applicant shall comply with the notification of MoEF dated 17.05.2002 regarding noise limit for generator sets run with diesel.

Schedule-III

Treatment and Disposal of Biomedical Waste generated from Hospital to CBMWTSDF

The authorisation is granted for generation and disposal of Bio-Medical Waste (BMW) to CBMWTSDF in waste categories and quantities listed here in below :

Sr. No.	Category	Type of Waste	Quantity not to exceed (Kg/M)	Segregation Colour coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	200.0	Yellow coloured non-chlorinated plastic bags	No onsite treatment of BMW is permitted. The above mentioned Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorized by MPCB i.e. M/s. Global Ecosave System CBMWTSDF, Amaravati
		b) Animal Anatomical Waste	--		
		c) Soiled Waste	100.0		
		d) Expired or Discarded Medicines	--		
		e) Chemical Waste	--	Separate collection system leading to effluent treatment system	
		f) Chemical Liquid Waste	--		
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	5.0	Yellow coloured non-chlorinated plastic bags or suitable packing material	
		h) Microbiology Biotechnology and other clinical laboratory waste	5.0	Autoclave safe plastic bags or containers	
2	Red	Contaminated waste (Recyclable)	100.0	Red coloured non chlorinated plastic bags or containers	
3	White (Translucent)	Waste sharps including Metals	10.0	Puncture proof, Leak proof, tamper proof container	
4	Blue	a) Glassware	--	Cardboard boxes with Blue colored marking	
		b) Metallic body implants	--		

Schedule-IV : Bank Guarantees

Statement of conditions to be complied and Bank Guarantee imposed to ensure timely compliance to be observed by M/s. Reynolds Memorial Hospital & Affiliated Clinics, Washim

Sr. No.	Activity / Condition to be Complied	Compliance Timeline (Months)	Bank Guarantee Amount
I (A)	Operation and Maintenance		
1	To Segregate and Handle BMW as per Rule	Continuous	50,000/-
2	Operation and Maintenance of combined waste water treatment plant to achieve prescribed discharged standards	Continuous	50,000/-
I (B)	Records		
1	To Maintain records of BMW and submission of Annual Report in Form -II before 30th June	Continuous	31,250/-
2	To maintain records of BMW material delivered to CBMWTSDF	Continuous	25,000/-
II	Performance		
1	To install STP for treatment of sewage	Three	2,00,000/-
		Total	3,56,250/-
Rupees Three Lakhs Fifty Six Thousand Two Hundred and Fifty only			

Note : You shall submit the B.G. valid for additional 4 month period after the validity of your granted CCA.




Schedule-V
General Conditions

The following general conditions shall apply as per the type of the industry

- 1) You shall provide facility for collection of environmental samples and samples of trade and sewage effluents, air emissions and hazardous waste to the Board staff at the terminal or designated points and shall pay to the Board for the services rendered in this behalf.
- 2) You should monitor effluent quality, stack emissions, noise and ambient air quality quarterly.
- 3) You shall provide ports in the chimney/(s) and facilities such as ladder, platform etc. for monitoring the air emissions and the same shall be open for inspection to/and for use of the Board's Staff. The chimney(s) vents attached to various sources of emission shall be designated by numbers such as S-1, S-2, etc. and these shall be painted/ displayed to facilitate identification.
- 4) Whenever due to any accident or other unforeseen act or even, such emissions occur or is apprehended to occur in excess of standards laid down, such information shall be forthwith Reported to Board, concerned Police Station, office of Directorate of Health Services, Department of Explosives, Inspectorate of Factories and Local Body. In case of failure of pollution control equipments, the production process connected to it shall be stopped.
- 5) You shall provide an alternate electric power source sufficient to operate all pollution control facilities installed to maintain compliance with the terms and conditions of the consent. In the absence, the applicant shall stop, reduce or otherwise, control production to abide by terms and conditions of this consent.
- 6) You shall submit, the Environmental Statement Report for the financial year ending 31st March in the prescribed Form-V as per the provisions of rule 14 of the Environment (Protection) (Second Amendment) Rules, 1992 to Regional Office, Amaravati, the 30th day of September every year.
- 7) You shall recycle/reprocess/reuse/recover Hazardous Waste as per the provision contain in the HW (MH&TM) Rules 2008, which can be recycled /processed /reused /recovered and only waste which has to be incinerated shall go to incineration and waste which can be used for land filling and cannot be recycled/reprocessed etc should go for that purpose, in order to reduce load on incineration and landfill site/environment.
- 8) You shall comply with the Hazardous Waste (M, H & TM) Rules, 2008 and submit the Annual Returns to RO- Amaravati as per Rule 5(6) & 22(2) of Hazardous Waste (M, H & TM) Rules, 2008 for the preceding year April to March in Form-IV by 30th June of every year.
- 9) An inspection book shall be opened and made available to the Board's officers during their visit to the HCE.
- 10) You shall strictly comply with the Water (P&CP) Act, 1974, Air (P&CP) Act, 1981 and Environmental Protection Act, 1986 and industry specific standard under EP Rules 1986 which are available on MPCB website (www.mpcb.gov.in).

- 11) You shall constitute an Environmental cell with qualified staff/personnel/agency to see the day to day compliance of consent & authorization condition towards Environment Protection.
- 12) Separate drainage system shall be provided for collection of trade and sewage effluents. Terminal manholes shall be provided at the end of the collection system with arrangement for measuring the flow. No effluent shall be admitted in the pipes/sewers downstream of the terminal manholes. No effluent shall find its way other than in designed and provided collection system.
- 13) Neither storm water nor discharge from other premises shall be allowed to mix with the effluents from the HCE.
- 14) You shall install a separate meter showing the consumption of energy for operation of domestic and industrial effluent treatment plants and air pollution control system. A register showing consumption of chemicals used for treatment shall be maintained.
- 15) You should not cause any nuisance in surrounding area.
- 16) You shall take adequate measures for control of noise levels from its own sources within the premises so as to maintain ambient air quality standard in respect of noise to less than 75 dB (A) during day time and 70 dB (A) during night time. Day time is reckoned in between 6 a.m. and 10 p.m. and night time is reckoned between 10 p.m. and 6 a.m.
- 17) You shall maintain good housekeeping.
- 18) You shall bring minimum 33% of the available open land under green coverage/ plantation. The applicant shall submit a yearly statement to Regional Office Amaravati by 30th September every year on available open plot area, number of trees surviving as on 31st March of the year and number of trees planted by September end.
- 19) The non-hazardous solid waste arising in the factory premises, sweepings, etc. be disposed of scientifically so as not to cause any nuisance / pollution. The applicant shall take necessary permissions from civic authorities for disposal of solid waste.
- 20) You shall not change or alter the quantity, quality, the rate of discharge, temperature or the mode of the effluent/emissions or hazardous wastes or control equipments provided for without previous written permission of the Board. You will not carry out any activity, for which this consent has not been granted/without prior consent of the Board.
- 21) You shall submit Six Monthly statement in respect of obligation towards consent and pollution control compliance's duly supported with documentary evidences (format can downloaded from MPCB official site).
- 22) You shall submit official e-mail address and any change will be duly informed to the MPCB, forthwith.
- 23) You shall achieve the National Ambient Air Quality standards prescribed vide Government of India, Notification dtd. 16.11.2009 as amended
- 24) You shall observe provisions of E-waste (Management and Handling) Rules 2011 and Battery Waste (Management and Handling) Rules 2001, as amended.

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	<p>महाराष्ट्र शासन  आरोग्य सेवा</p> <p>जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय वाशिम</p> <p>जिल्हा रुग्णालय, अकोला नाका, वाशिम</p>	
<p>दुरध्वनी क्रं : (०७२५२) २३५७२० Email:cs_washim@rediffmail.com</p>	<p>जा.क्र./सारुवा/नर्सिंगस्कूल प्र.अ. १८०३५३९/२२ दिनांक : ०६/१०/२२</p>	


प्रति,
प्राचार्य,
नॅझरीन नर्सिंग ट्रेनिंग कॉलेज वाशिम.

विषय:- जिल्हा रुग्णालय वाशिम येथे नॅझरीन नर्सिंग ट्रेनिंग कॉलेज वाशिम चे प्रशिक्षणार्थीना प्रात्याक्षिक अनुभवा करीता परवानगी देण्याबाबत.

संदर्भ :- आपले पत्र क्र. NNTC/OFFICE-2/BSC/105/2022/04 दि.२९/०४/२०२२

उपरोक्त संदर्भिय विषयान्वये नॅझरीन नर्सिंग ट्रेनिंग कॉलेज वाशिम चे प्रात्याक्षिक करीता सत्र २०२२-२३ मध्ये शिक्षण घेत असलेल्या बेसीक बी.एस.सी. नर्सिंग, आर.जी.एन.एम. नर्सिंग आणि ए.एन.एम. शिकणा-या विद्यार्थ्यांना जिल्हा रुग्णालय वाशिम येथे परवानगी देण्याबाबत या कार्यालयास विनंती केली आहे.

त्या अनुषंगाने नॅझरीन नर्सिंग ट्रेनिंग कॉलेज वाशिम मधील प्रशिक्षणार्थीना शासकिय नियमानुसार देय शुल्काचा भरणा करण्याचे अटीवर जिल्हा रुग्णालय वाशिम येथे प्रात्याक्षिक अनुभवा करीता परवानगी देण्यात येत असुन आपणास कळविण्यात येते की, संबंधित प्रशिक्षणार्थीची यादी अधिसेविका यांचे कडे व शुल्काचा धनादेश या कार्यालयाचे रोख विभागास देण्यात यावा.


 (डॉ.विजय तुकाराम काळबांडे)
 जिल्हा शल्य चिकित्सक
 जिल्हा रुग्णालय, वाशिम

प्रत माहितीस्तव व कार्यवाहिस्तव सादर:-

- १) अतिरिक्त जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय वाशिम.
- २) अधिसेविका, जिल्हा रुग्णालय वाशिम.
- ३) रोखपाल, रोख विभाग, जिल्हा रुग्णालय वाशिम.



महाराष्ट्र MAHARASHTRA

© 2021 ©

ZL 540946

MEMORANDUM OF UNDERSTANDING



This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Dr. Deole Hospital, Washim

The Agreement, and any amendments and supplements there to

WITNESSETH THAT:

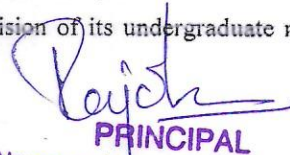
WHEREAS, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and

WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrolled in the college.

I. COLLEGE RESPONSIBILITIES

- A. The College will have current accreditation by any required accrediting body.
- B. The College will have overall responsibility to supervise its students during the clinical rotation experience at the hospital, including evaluating the student. Supervision may include having Faculty onsite depending upon the experience level of the student and upon agreement with the hospital.
- C. The College will provide its Faculty offsite for the overall supervision of the student; however, the direct clinical supervision of its undergraduate nursing students will be performed by a preceptor.


PRINCIPAL

**Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)**

मुद्रांक विक्री नोंदवही अ.क्रं

दिनांक :-

दस्ताचा प्रकार :-

दस्त नोंदणी करणार आहात काय? :-

मिळकतीचे थोडक्यात वर्णन :-

मुद्रांक विकत घेण्या-याचे नांव व सही :-

हस्ते असल्यास त्याचे नांव पत्ता व सही :-

दुस-या पक्षकाराचे नांव :-

मुद्रांक शुल्क रक्कम :- १००/-

परवाना धारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक :-

तसेच मुद्रांक विक्रीचे ठिकाण :- वाशिम.

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदीकेला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केलेल्या पासून ६ महीन्यात वापरणे बंधनकारक आहे.

0460
900
016/22
PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

सु.के. निरखी

मुद्रांक विक्रेता, वाशिम

प.क्रं. ०४/९० कोड क्रं. ६५०१००६

This type of supervision is only available by mutual agreement when the Facility agrees to provide on-site clinical supervision. In such circumstances, an appropriately credentialed individual by the Facility will provide on-site supervision. The student's Faculty member will be responsible to complete the student's evaluation.

- D. The Student Nurse Intern Program will be clinically supervised by Facility preceptors. The preceptor may or may not participate in the evaluation of the student.
- E. If the student is in a graduate nursing program, Facility preceptors will clinically supervise advanced nursing clinical rotations.
- F. The College faculty will be responsible for planning, directing and evaluating the students learning experience.
- G. The College will provide the Facility with a list of the students who are participating in the clinical experience program, the units' locations within the Facility where they are assigned, and the dates of each student's participation in the program.
- H. The College will inform its faculty and students of the hospital policies and regulations, which relate to the clinical experience program at the hospital. This includes notifying faculty and students that they will be required to sign a patient confidentiality statement
- I. The College will maintain a record of students' health examinations and current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

II. HOSPITAL RESPONSIBILITIES

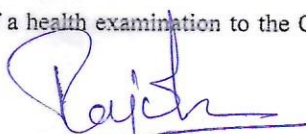
- A. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.
- B. The hospital will permit the College faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.
- C. When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.
- D. The hospital assumes no responsibility for the cost of meals, uniforms, housing, or health care of College/ faculty and students who are participating in the clinical experience program. The Facility will permit college faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.
- E. The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

III. MUTUAL RESPONSIBILITIES

- A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.
- B. Communication to keep both parties and the parties' personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs, which are contemplated;
- C. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate);
- D. Communication to identify areas of mutual need or concern;
- E. Communication to seek solutions to any problems which may arise in the clinical experience program; and
- F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve the College curriculum.

IV. REQUIREMENTS OF STUDENTS

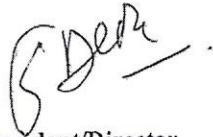
- A. Each student will be required, as a condition for participation in the clinical experience program, to submit the results of a health examination to the College and, if requested, to the Hospital, to


PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

verify that no health problems exist which would student or patient welfare. The health examination shall include an update of required immunizations.

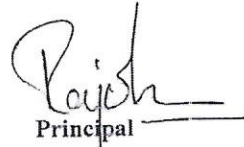
V. TERM OF AGREEMENT

A. This Agreement is effective on July 1, 2022 and shall remain in effect for one year and shall thereafter automatically renew for successive one year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.



President/Director
With Seal and Date

Dr. Siddharth A. Deole
M.D. (Medicine) Physician & Intensivist
Reg. No. 091518
DEOLE HOSPITAL, WASHIM



Principal
With Seal and Date

PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

देवळे हॉस्पिटल

ओ.पी.डी ची वेळ

- १) डॉ.सिध्दार्थ देवळे | सकाळी
- २) डॉ.श्वेता साळवे | १० ते ५
- ३) डॉ.भानुप्रिया बजाज | संध्याकाळी
- ४) डॉ.परमेश्वर नरवाडे | सकाळी

(हार्ट, क्रिटीकल केअर अँड लक्ष्मी डायग्नोस्टीक सेन्टर)

वाशिम जिल्हा परिषद शिक्षक पतसंस्थे जवळ, अकोला-हिंगोली हायवे, वाशिम फोन नं. (०७२५२) २३९९२२, ९२८४२८९५७३

डॉ. सिध्दार्थ आ.देवळे
एम.बी.बी.एस., एम.डी.(मेडीसीन)
डॉ. सौ.वैशाली सि.देवळे
एम.बी.बी.एस., एम.डी.(रेडीओलॉजी)
डॉ. पुरुषोत्तम नरवाडे
बी.ए.एम.एस.
डॉ.मंदा चव्हाण
बी.एच.एम.एस.
डॉ. विपश्यना पखाले
बी.ए.एम.एस.

*** उपलब्ध सुविधा ***

- * ५० बेडचे सुसज्ज हॉस्पिटल
- * अत्याधुनिक अतिदक्षता विभाग
- * सेंट्रल कार्डियाक मॉनीटरिंग
- * कृत्रीम श्वसनाची यंत्रणा
(इनव्हॅजिव आणि नॉन इनव्हॅजिव)
- * डिफिब्रिलेटर, सिरिंज पंप्स
- * तज्ञ व अनुभवी डॉक्टर्स व नर्सिंग स्टाफ
- * स्ट्रेचर लिफ्टची सुविधा
- * स्पेशल रुम्स
- * जनरल वार्ड
- * सर्वप्रकारच्या सोनोग्राफीची व एक्स रेची सुविधा
- * आय.व्ही.पी.
- * एच.एस.जी.
- * कलर डॉपलर
- * कंजेनायटल अनामली स्कॅन
- * २ डी इको
- * टी.एम.टी.

ओ.पी.डी.वेळ :- सकाळी १० ते ५
सायंकाळी ६:३० ते ७:३०

२४ तास अत्यावश्यक सेवा तसेच
उपलब्ध राहिल.

रविवार बंद

03 MAY 2022

नाव. _____

दिनांक :

गांव : _____

वजन : _____

वय : _____

To,

The Principal,

Nazarene Nurses Training College, Washim-
444505

Respected Madam,

Based on your application, I am well pleased to grant permission to your Basic B.Sc. (N), GNM and R.A.N.M. students for the year 2022-23 to avail the clinical experience in our hospital.

Kindly send your Tutor along with students for the supervision.

With regards.

Beck
Dr. Siddharth A. Deole
M.D.(Medicine) Physician & Intensivist
Reg.No.091518 Deole Hospital, Washim

१) दिवसांनी दाखविणे.

२) त्रास असल्यास आधी दाखविणे.

परत येतांना ही फाईल सोबत आणावी.

जिल्हा सामान्य रुग्णालय, वाशिम
फॉर्म 'सी'
नियम "५" पहा

दि. मुंबई नर्सिंग होमस् अॅक्ट १९४९ चे नियम-५नुसार नोंदणीचा दाखला

नोंदणी क्रमांक UHW/66/10

दाखला देण्यात येते, श्री/श्रीमती डॉ. सिद्धार्थ ए. देवळे

यांचे दि. मुंबई नर्सिंग होमस् रजिस्ट्रेशन अॅक्ट १९४९

चे नुसार देवळे हॉस्पिटल, हार्ट क्रिटिकल केअर (नर्सिंग होमस् नांव)

जे अकोला-हिंगोली हायवे, वाशिम ह्या ठिकाणी बांधलेले

आहे. त्यांना वरिल प्रमाणे दर्शविल्या नुसार नर्सिंग होमस् चालविण्याची परवानगी

देण्यात येत आहे. (संस्थांकरिता स्वतःची संख्या 40 वेड)

महाराष्ट्र मेडिकल प्रॅक्टीशनर

अॅक्ट १९६१ नुसार

नोंदणी क्रमांक MMC Reg.No. 091518


दिनांक 02/09/1999

दाखला दिल्याची दिनांक 08/05/2019

हा नोंदणीचा दाखला दिनांक 01/04/2019 दिनांक ३१ मार्च 2022

पर्यंत प्रमाणित राहिल.




Civil Surgeon
General Hospital, Washim

MAHARASHTRA POLLUTION CONTROL BOARD
REGIONAL OFFICE, AMRAVATI.

Phone No. 2563592
Fax. No. 2563597



"Sahakar Surabhi" Bapatwadi
Near Vivekanand Colony, Amravati.

LETTER OF BIO-MEDICAL WASTE AUTHORISATION

[Authorisation for operating a facility for generation, collection, treatment, storage & disposal of Bio- Medical Wastes]

I) File number of authorisation and date of issue.

MPCB/ROAMT/BMW/Washim/ 124

Date :- 5/5/10

II) M/s. Deole Heart & Critical Care Centre & Laxmi Diagnostic Centre, is hereby granted an authorization for generation, collection, storage, treatment and disposal of Bio-Medical Waste on the premises situated at Akola-Hingoli Highway, Dist. Washim.

III) This authorisation shall be in force for a period upto 28/02/2011. An application shall be made by the occupier / operator for renewal three months before expiry of earlier authorization. Board can refuse/cancel authorization in case of violation of provisions of Bio-Medical Waste (Management & Handling) Rules, 1998 as amended from time to time, more particularly waste management.

IV) This authorisation is issued subject to compliance of the conditions stated below & to such other conditions as may be specified in the Rules for the time being in force under the Environment (Protection) Act, 1986.

Terms & Conditions of Authorisation.

- 1) The authorised person shall comply with the provisions of the Environment (Protection) Act, 1986 & the Rules made thereunder.
- 2) The authorisation shall be produced for inspection at the request of an officer authorized by the Prescribed Authority.
- 3) i) The authorised person shall not rent, lend or sale the Bio-Medical Waste or facility.
ii) The authorised person can transfer the BMW generated at above premises to the "Transporter" or "Operator of facility" authorised by MPCB under the Bio-Medical Waste (Management & Handling) Rules, 1998 for collection, transportation, treatment and / or disposal of BMW generated.
- 4) Any authorised change in equipment of working conditions as mentioned in the application by the person authorised shall constitute a breach of this authorisation.
- 5) It is the duty of the authorised person to take prior permission of the Prescribed Authority to close down the facility.
- 6) The authorisation is granted for generation, collection, storage, treatment and disposal of Bio-Medical waste (BMW) in waste categories & quantities listed herein below : .



...3...

- 12) When any accident occurs at any institutions or facility or any other site where BMW is handled or during transportation of such waste , the authorised person shall report the accident in Form -III to the Prescribed Authority forthwith .
- 13) The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.
- 14) Application for renewal shall be submitted atleast three months prior to the date of expiry of this authorisation
- 15) Bio-Medical Waste shall be sent to common BMW treatment and disposal facility provided by M/s. Global Eco Save system, Badnera, Amravati.

For and on behalf of the
Maharashtra Pollution Control Board,



(N. G. Nihul)
Regional Officer,
and
Prescribed Authority.

To,
Dr. Siddharth Deole.
M/s. M/s. Deole Heart & Critical Care Centre &
Laxmi Diagnostic Centre Hospital,
Akola-Hingoli Highway, Dist. Washim.

Copy submitted for information to :-

- 1) Member Secretary, M.P.C. Board , Mumbai.
- 2) Chief Account Officer, M.P.C. Board , Mumbai.

Authorisation fee received vide-

D.D.No.159854 Date:- 03/03/2010 for Rs. 3750/- drawn on :-Bank of India.

- 3) Sub Regional Officer, M.P.C. Board , Amravati-II, for information and with instructions to monitor the necessary compliance of the conditions stipulated in the Letter of Authorisation .
- 4) Master file.



महाराष्ट्र MAHARASHTRA

© 2021 ©

ZL 114650

MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Kanade Pediatric Hospital,
Washim

The Agreement, and any amendments and supplements thereto

WITNESSETH THAT:

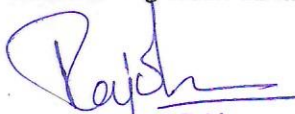
WHEREAS, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and

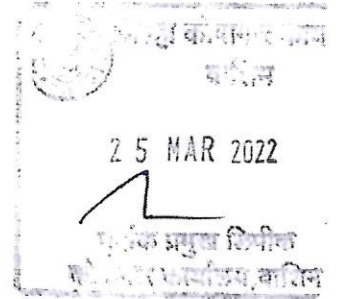
WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrolled in the college.

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- C. The College will provide its Faculty offsite for the overall supervision of the student; however, the direct clinical supervision of its undergraduate nursing students will be performed by a preceptor.


PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)



मुद्रांक विक्री नोंदवही अ.क्रं. दिनांक :-
दस्ताचा प्रकार :-
दस्त नोंदणी करणार आहत काय? :-
मिळकतीचे थोडक्यात वर्णन :-
मुद्रांक विकत घेण्या-याचे नांव व सही :-
हस्ते असल्यास त्याचे नांव पत्ता व सही :-
दुस-या पक्षकाराचे नांव :-
मुद्रांक शुल्क रक्कम :- १००/-
परवाना धारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक :-
तसेच मुद्रांक विक्रीचे ठिकाण :- वाशिम.
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी
मुद्रांक खरेदी केल्या पासून ६ महीन्यात वापरणे बंधनकारक आहे.

PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

सु.के. निरखी
मुद्रांक विक्रेता, वाशिम
प.क्र. ०४/९० कोड क्रं. ६५०१००६

This type of supervision is only available by mutual agreement when the Facility agrees to provide on-site clinical supervision. In such circumstances, an appropriately credentialed individual by the Facility will provide on-site supervision. The student's Faculty member will be responsible to complete the student's evaluation.

- D. The Student Nurse Intern Program will be clinically supervised by Facility preceptors. The preceptor may or may not participate in the evaluation of the student.
- E. If the student is in a graduate nursing program, Facility preceptors will clinically supervise advanced nursing clinical rotations.
- F. The College faculty will be responsible for planning, directing and evaluating the students learning experience.
- G. The College will provide the Facility with a list of the students who are participating in the clinical experience program, the units' locations within the Facility where they are assigned, and the dates of each student's participation in the program.
- H. The College will inform its faculty and students of the hospital policies and regulations, which relate to the clinical experience program at the hospital. This includes notifying faculty and students that they will be required to sign a patient confidentiality statement.
- I. The College will maintain a record of students' health examinations and current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

II. HOSPITAL RESPONSIBILITIES

- A. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.
- B. The hospital will permit the College faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.
- C. When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.
- D. The hospital assumes no responsibility for the cost of meals, uniforms, housing, or health care of College/ faculty and students who are participating in the clinical experience program. The Facility will permit college faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.
- E. The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

III. MUTUAL RESPONSIBILITIES

- A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.
- B. Communication to keep both parties and the parties' personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs, which are contemplated;
- C. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate);
- D. Communication to identify areas of mutual need or concern;
- E. Communication to seek solutions to any problems which may arise in the clinical experience program; and
- F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve the College curriculum.

IV. REQUIREMENTS OF STUDENTS

- A. Each student will be required, as a condition for participation in the clinical experience program, to submit the results of a health examination to the College and, if requested, to the Hospital, to

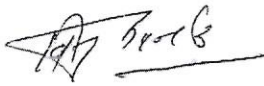


PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

verify that no health problems exist which would student or patient welfare. The health examination shall include an update of required immunizations.

V. TERM OF AGREEMENT

- A. This Agreement is effective on July 1, 2022 and shall remain in effect for one year and shall thereafter automatically renew for successive one year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.



President/Director

With Seal and Date



Principal

With Seal and Date

PRINCIPAL

Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

जिल्हा सामान्य रुग्णालय, वाशिम
फॉर्म 'सी'
नियम "५" पहा

दि. मुंबई नर्सिंग होमस् अॅक्ट १९४९ चे नियम-५नुसार नोंदणीचा दाखला

नोंदणी क्रमांक GHW/Reg/181/18

दाखला देण्यात येते, श्री/श्रीमती डॉ. विजय पुंकाराम कोनडे

यांचे दि. मुंबई नर्सिंग होमस् रजिस्ट्रेशन अॅक्ट १९४९

चे नुसार कोनडे बालरुग्णालय (नर्सिंग होमस् नांव)

जे उमकोला - हिंगोली टाकवे वाशिम हा ठिकाणी बांधलेले

आहे. त्यांना वरिल प्रमाणे दर्शविल्या नुसार नर्सिंग होमस् चातदपिण्याची परवानगी देण्यात येत आहे. (रुग्णालयी स्वार्थाची खर्चा ६०)

महाराष्ट्र मेडिकल प्रॅक्टीशनर

अॅक्ट १९६१ नुसार

Reg. No - 27282

नोंदणी क्रमांक GHW/Reg/181/18

दिनांक 24/10/2018

दाखला दिल्याची दिनांक 24/10/2018

हा नोंदणीचा दाखला दिनांक 01/04/2018

दिनांक ३१ मार्च २०२१

पर्यंत प्रमाणित राहिल.



(Signature)

नोंदणी अधिकारी
Civil Surgeon

General Hospital, Washim

डॉ. विजय व्ही. कानडे
एम.बी.बी.एस., एम. डी.
नवजात शिशु व बालरोग तज्ञ



कानडे बाल रुग्णालय

० हिंगोली रोड, वाशिम. 444 505

नांव _____

दि. 17/12/2021

वय : _____

वजन : _____

प्रति,

मा. जिलसह शल्यचिकित्सक साहेब,

जिल्हा सामान्य रुग्णालय.

वाशिम.

विषय: बॉम्बे नर्सिंग होम ऍक्टनुसार रजि. रिन्यू करणे बाबत.

स. महोदय,

वरील विषयास अनुसरून मी. डॉ. विजय तुकाराम कानडे (बालरोग तज्ञ) आपणास विनंतीपूर्वक सांगू इच्छितो की आमच्या हॉस्पिटलचे बॉम्बे नर्सिंग होम चे रजिस्ट्रेशन रिन्यू करायचे असून , त्यासाठी आवश्यक फॉर्म आणि कागदपत्रे या अर्जासोबत जोडले असून आपण सदरची परवानगी द्यावी. ही विनंती .

आपलाच विश्वास

डॉ. विजय तुकाराम कानडे

17/12/21
आपलाच विश्वास
जिल्हा सामान्य रुग्णालय, वाशिम

कानडे बालरुग्णालय वाशिम.

मरणोत्तर नेत्रदान करा मराते परी नेत्ररुषी उरावे ! - डॉ. विजय कानडे



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PHONE : (O) 2565493

E-MAIL : globaleco12@rediffmail.com

Web site : www.globaleco12.com



February 4th 2022

To whomsoever it may concern.

That Dr. Vijay T. Kanade (Kanade Bal Rugnalaya) having his Hospital situated at Hingoli Road ,Washim has registered himself with us for his acceptance to receive our services for collection, transportation, treatment and disposal of BMW. He is enjoying our services from 1st October 2012. He has registered 60 (Sixty) Beds with us for same purpose. So, we are collecting Bio-Medical Waste from his Hospital, Since 1st October 2012 . So,duly authorized his authorization.

REGISTRATION NO. 6 & VALID UPTO 31st DECEMBER 2022

This certificate is based on your acceptance of following terms and conditions:-

Thanking you

Sincerely yours,

Vijay S. Sarve
Vijay S. Sarve
For Global Eco Save Systems.

Terms and conditions:-

- 1] This membership certificate is issued on the request of concerning HCE
- 2] Segregation of waste is your legal responsibility so please give complete quantity of properly segregated BMW only in prescribed Bags to our authorized person.
- 3] Every member should pay their service charges every month regularly to our authorised representative and collect the proper receipt for the same.
- 4] The validity of this membership certificate will be automatically cancelled if the HCE fails to pay the service charges for two consecutive months.
- 5] In case the validity of the certificate ends due to non payment then concern HCE has to pay extra charges [which will be decided by GESS at that time by considering lapse period] for the fresh/ renewal of the same.
- 6] After receiving this certificate, immediately get authorised from Maharashtra Pollution Control Board. It is your legal responsibility.

MANAS CLINIC

(HOSPITAL FOR MENTAL CARE)

CONGRESS NAGAR ROAD, JOGLEKAR PLOTS, AMRAVATI (MAHARASHTRA) -444 606.
☎ 0721-2677333, 2677233

Email : drshrikant.deshmukh@gmail.com

BABA - DEADDICTION & REHABILITATION CENTER

AMRAVATI - NAGPUR HIGHWAY, RAHATGAON, AMRAVATI. ☎ 8459395293

प्रति, प्राचार्या /

Date :

मॅसरीन नॉर्सिंग ट्रेनिंग कॉलेज
वाशीम

आफ्न्या पत्राचार परवानगी देण्यात येत आहे की,

मॅसरीन नॉर्सिंग ट्रेनिंग कॉलेज, वाशीम

या शैक्षणिक संस्थेच्या इ. डि. डी. नॉर्सिंग

तृतीय वर्षाच्या २०२०-२३ शैक्षणिक सत्रातिले

२८ मार्च - २८ एप्रिल २२ दरम्यान २८ विद्यार्थी

मॅसरीन नॉर्सिंग ट्रेनिंग कॉलेज - वाशीम ची

व मॅसरीन नॉर्सिंग ट्रेनिंग कॉलेज - वाशीम ची

आहे.



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Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

Dr. SHRIKANT DESHMUKH | Dr. PAWAN BAHURUPI | Dr. PARTH SHRIKANT DESHMUKH

M.B.B.S., M.D.
REG. NO. 36101

M.B.B.S., D.P.M.
REG. NO. 2006/01/0274

M.B.B.S., M.D.
REG NO. 2010/10/2996

Section 8
See Rule 16



48 - A
Annexure II

Renewal of License For Psychiatric Hospital / Nursing Home

I, **DR. SANJEEV KAMBLE** Director of
Health Services, Maharashtra State Mumbai by the authority vested
in by the State Mental Health Authority vide Government Notification
PHD No. MIS-1088/CR-188/PH-3 Dt. 29th March 1995 under section 8
of *Mental Health Act 1987* hereby declare that I am satisfied after
inspection of **MANAS CLINIC**

I hereby allow *renewal of license* for the Psychiatric Hospital/Nursing
Home by Dr. **SHRIKANT DESHMUKH**

At **CONGRESS NAGAR ROAD, JOGLEKAR PLOTS,**

AMRANATI - 444606 Tel No. **0781 - 2677332**

From **12/3/2018** till **11/3/2023**

License No. **053/2018**

SEAL



Place : MUMBAI

Date : 25/5/2018

Prakash
PRINCIPAL

Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

Sanjeev Kamble
Licensing Authority
Government of Maharashtra