Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year 2026-2027

Clinical Material in Hospital

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

Faculty: - Nursing

HOSPITAL DETAILS

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MOU with any institute for affiliation of hospital in addition to minimum100 bedded own/parent Hospital (Affiliatedhospitalmustbe50beddedor more.)	Total 8 hospitals ,MOU done with 8 hospital	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.:	Under Bombay Nursing Homes Registration act 1949	Adequate
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual ……		Adequate
c.	Average Bed Occupancy in % : (Minimum 75%) ……		
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)	-	-

- **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 it should be available on college website**
- **In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report**

Here we declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief

Any Other, Please Specify:-

_____

_____

Date:-

Dean/ Principal Stamp & Signature

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

सत्यमेव जयते
Government of Maharashtra

NATIONAL HEALTH MISSION, MAHARASHTRA
NHM
राष्ट्रीय आरोग्य अभियान महाराष्ट्र

DEPARTMENT OF PUBLIC HEALTH

Certification Of Registration

Under the Bombay Nursing Homes Registration Act,1949 and Maharashtra Nursing Home Regulation Rules Amendment 2021

(Under Rule 5)

This is to certify that

Shri. /Smt./Dr. ***Jaya Pranoykumar Gawai*** *has been registered under the Bombay Nursing Homes Registration Act Amendment 1949 in respect of* ***Reynolds Memorial Hospital & Affiliated Clinics*** *situated at* ***Qtr-9, Reynolds Memorial Hospital Pusad Road Washim 444505*** *and has been authorized to carry on the said Nursing Home.*

No. of Beds

A. Maternity Count	***: 40***
B. ICU(Adult) Count	***: 0***
C. ICU(Pediatric) Count	***: 0***
D. Other Count	***: 60***
Total :	***: 100***

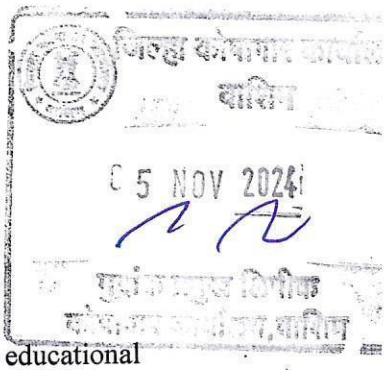
Registration Number	***: MH/WAS/NH0798***
Date of Registration	***: 01-11-2025***
Date of Issues Certificate	***: 02-01-2026***
Certificate is Valid upto	***: 31-03-2028***
Place	***: Washim***

Washim,

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



महाराष्ट्र MAHARASHTRA ◑ 2024 ◑ CT 519186



MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Dr. Deole Hospital, Washim. The Agreement Ent, 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 career s; and

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

WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrol1ed in the college.

I. COLLEGE RESPONSIBILITIES

A. The College will have current accreditation n by any required accrediting body.

B. The College will have or overall responsibility to super vise 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 dii eat clinical supervision of its undergraduate nursing students will be performed by a preceptor.

१.मुद्रांक विकी नोंदवही अ.क व दिनांक : ४५३०९ दिनांक १३/११/२०२४

२.दस्ताचा प्रकार : ---------- मु.करा.च

३.दस्त नोंदणी करणार आहेत काय ? : होय/नाही

४.मिळकतीचे थोडक्यात वर्णण : .....जमीन २विंड २ांउज.....

५.मुद्रांक विकत घेणाराचे नांव पत्ता व सही : .....

६.दुस-या पक्षकाराचे नांव : .....या जुन्नी आयसरडीपी वाशिम

७.मुद्रांक शुल्क रुपये ५००/- रुपये

८.परवाना धारक मुद्रांक विक्रेत्याची सही व
परवाना क्रमांक तसेच मुद्रांक विकीचे ठिकाणाचा पत्ता
ज्या कारणा करीता ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणा करीतासाठी
मुद्रांक खरेदी केल्या पासुन ६ महीन्यात वापरणे बंधनकारक आहे.

एस. के. खंडाळकर
मुद्रांक विक्रेता, वाशिम
प. क्र २०/९८
कोड नबर ६५०१००३

This type of supervision is only available by mutual agreement when the Facility agrees provide on-site clinical supervising. 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.

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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 anal current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

II . HOSPITAL **RESPONSIBILITIES**

F. The Hospital will pi o\ ide the College with a copy of its policies and procedures, which relate to the clinical experience program.

G. 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.

H. 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.

I. 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 clinical experience prop am to use any cafeteria on the same basis as employees of the hospital.

J. 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, regardlesss of race, color , creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public a distance, or inclusion in any group or c1ass against which discrimination is prohibited by federal, state, or local laws and regulations

II. 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 abet jointly planning and spa nearing 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 purpose or which might improve the College curriculum.

III. REQUIREMENTS OF STUDENTS

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 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

This Agreement is effective on 1st Feb 2025 and shall remain in effect for two years 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 **principal**

With seal and date

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

Deole Hospital
Heart, Critical Care &
Laxmi Diagnostic Center

देवळे हॉस्पिटल

हार्ट, क्रिटीकल केअर ॲन्ड लक्ष्मी डायग्नोस्टीक सेन्टर

वाशिम जिल्हा परिषद शिक्षक पतसंस्थे जवळ, अकोला-हिंगोली हायवे, वाशिम फोन नं. : (०७२५२) २३११२२, मो. : ९२८४२८१५७३.

- डॉ. सिध्दार्थ आ. देवळे
  एम.बी.बी.एस., एम.डी. (मेडीसीन)
- डॉ. सौ. वैशाली सि. देवळे
  एम.बी.बी.एस., एम.डी. (रेडीओलॉजी)
- डॉ. रणजित सरनाईक
  एम.बी.बी.एस., डि.एन.बि. (मेडीसीन)
- डॉ. पुरुषोत्तम नरवाडे
  बी.ए.एम.एस.
- डॉ. विपश्यना पखाले
  बी.ए.एम.एस.
- डॉ. अपुर्वा चिल्लुरे
  बी.ए.एम.एस.

*** उपलब्ध सुविधा ***

- ५० बेडचे सुसज्ज हॉस्पीटल
- अत्याधुनिक अतिदक्षता विभाग
- कृत्रीम श्वसनाची यंत्रना (इनव्हॅजिव आणि नॉन इनव्हॅजिव)
- डिफिब्रिलेटर, सिरिंज पंप्स
- तज्ञ व अनुभवी डॉक्टर्स व नर्सिंग स्टाफ
- स्ट्रेचर लिफ्टची सुविधा
- स्पेशल रुम्स
- जनरल वार्ड
- सर्व प्रकारच्या सोनोग्राफीची व एक्स-रेची सुविधा
- आय. व्ही. पी.
- एच. एस. जी.
- कलर डॉपलर
- कंजेनायटल अनामली स्कॅन
- २ डी इको
- टी. एम. टी.
- महात्मा ज्योतीबा फुले जन आरोग्य योजने अंतर्गत निवडक व गंभीर आजारावर मोफत उपचार

नांव : _____ दि. : / /

गांव : _____ वजन : _____ वय/लिंग : _____

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) and R.A.N.M. students for the year 2025-26 & 2026-27 to avail the clinical experience in our hospital.

Kindly send your Tutor along with students for the supervision.

With regards.

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

* फेर तपासणी :.....दिवसा नंतर * त्रास असल्यास आधी दाखविणे.

NAZARENE NURSES TRAINING COLLEGE

*A unit of **Reynolds Memorial Hospital & Affiliated Clinics***
Pusad Road, Washim- Maharashtra, India-444505
Tel: (07252) 233184, Email: nntcprincipal@gmail.com

NNTC/OFFICE-2/BSC/284/2024/11 **Date: - 12/11/2024**

To

The Director

Deole Hospital, Washim.

Subject: Seeking Permission for the Clinical Posting

Respected Sir,

"Greetings from Nazarene Nurses Training College, Washim"

Nazarene Nurses Training College is a unit of Reynolds Memorial Hospital runs the course of Basic B.Sc. (N) and ANM course which is affiliated to Maharashtra University of Health Sciences, Indian Nursing Council, Maharashtra Nursing Council and Maharashtra State Board of Nursing and Paramedical Education, Mumbai.

We express our heartfelt gratitude for extending your support throughout in past years. Keeping in view of quality education based on norms, we would like to request you to permit our nursing students to undergo clinical experience in your expert field for academic year 2025-26 and 2026-2027. We assure you that the students will be accompanied by the clinical supervisor during the posting time. Kindly allow the students to carry out the nursing procedures on patients under supervision.

We look forward for the cooperation and support in the future endeavours also.

Thanking you

Faithfully

Principal

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

NAZARENE NURSES TRAINING COLLEGE REYNOLDS MEMORIAL HOSPITAL & A.C. WASHIM

डॉ.नरेशकुमार इंगळे
M.B.B.S., D.P.M.
(J.J. Hospital, Mumbai) F.I.P.S.
मेंदुरोग, मानसिक रोग,
सेक्स रोग व व्यसनमुक्ती तज्ञ.
Reg. No. 2001/10/3321

डॉ.सौ.प्रज्ञा रा.इंगळे
M.B.B.S., D.P.M., M.I.P.S.
मानसिक रोग,
व्यसनमुक्ती व बालमानस तज्ञ
Reg. No. 2006/11/3630

इंगळे
मानसिक
आरोग्य केंद्र
सर्वोत्तम मानसिक आरोग्य सेवेसाठी

01/2025

To,

The Principal,

Nazarene Nurses Training College, Washim- 444505

Respected Madam,

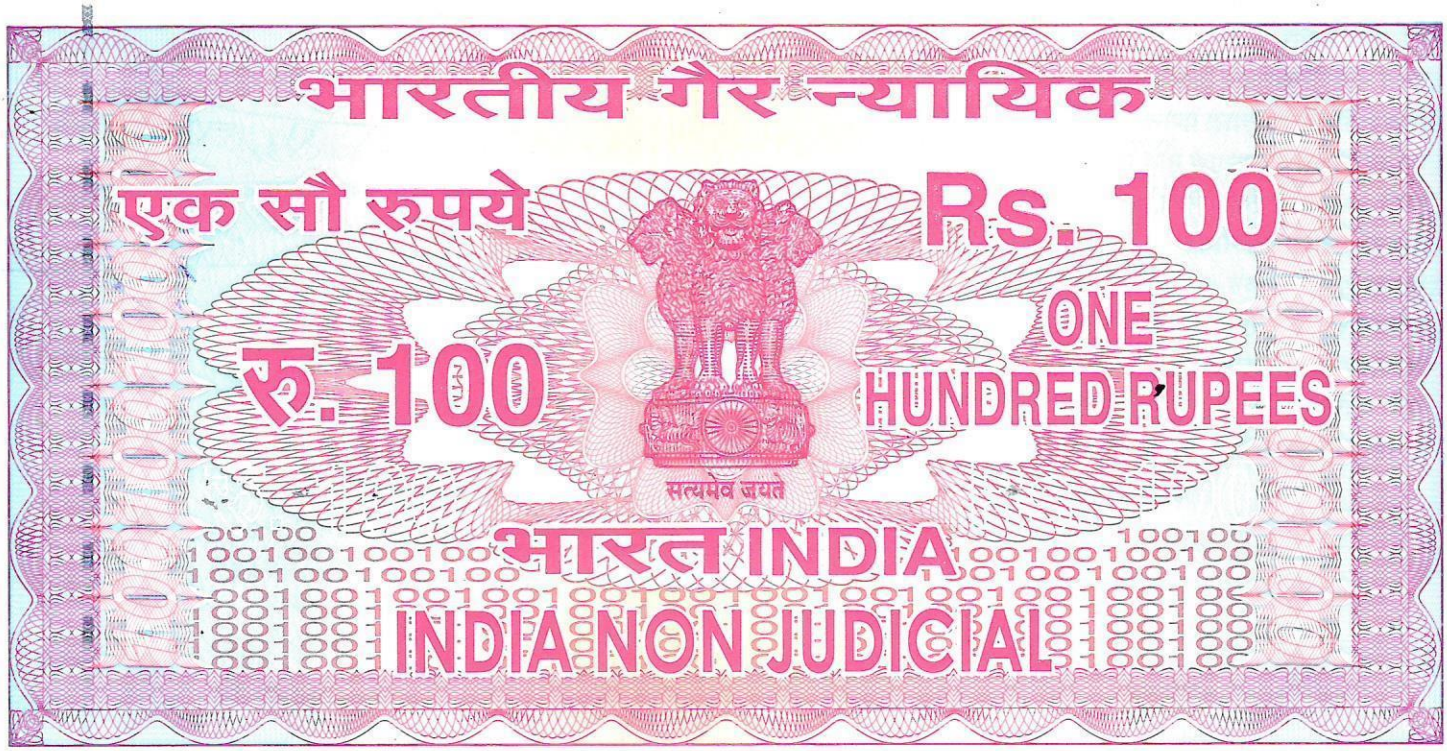
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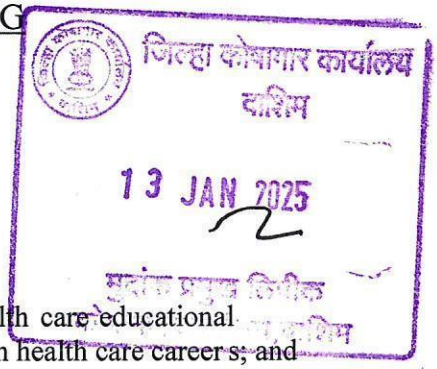
INGLE MANSIK AROGYA KENDRA ★WASHIM★

Dr. NARESHKUMAR G. INGLE
Consultant Psychiatrist
INGLE MANSIK AROGYA KENDRA
WASHIM-444505
Reg.No.2001/10/3321



महाराष्ट्र MAHARASHTRA ◑ 2024 ◑ 27AB 535413

MEMORANDUM OF UNDERSTANDING



This Agreement is entered into between,

Nazarene Nurses Training College, Washim & INGLE MANSIK AAROGYA KENDRA HOSPITAL WASHIM (Dr. INGLE Hospital, Washim) The Agreement Ent, 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 career s; and
WHEREAS, it is in the general interest of the Facility to assist in educating poisons to be qualified or better qualified health care personal; and
WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrol1ed in the college.

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१.मुद्रांक विक्री नोंद वही अ.क्र. व दिनाक :- १८१९० दि- १५/११/२०१५

२.दस्ताचा प्रकार

३.दस्त नोंदणी करणार आहेत काय होय/ नाही :- -

४.मिळकतीचे थोडक्यात वर्णन :-

५.मुद्रांक विकत घेणाऱ्याचे नाव,पत्ता व सही

६.हस्ते असल्यास त्याचे नाव,पत्ता व सही :-

७.दुसऱ्या पक्षकाराचे नाव :-

८.मुद्रांक शुल्क रक्कम :- १००

९.परवानाधारक मुद्रांक विक्रेत्याची सही व :
परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कामासाठी मुद्रांक खरेदीकेल्यापासुन
६ महीन्यात वापरणे बंधनकारक आहे.

सु. के. निरखी
मु.वि.वाशीम ४ /९०
कोड नं ६५०१००६

This type of supervision is only available by mutual agreement when the Facility agrees provide on-site clinical supervising. In such circumstances, an appropriately credentialed.
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President/Director

With seal and date

INGLE MANSIK AROGYA KENDRA ★ WASHIM ★

Dr. NARESHKUMAR G. INGLE
Consultant Psychiatrist
INGLE MANSIK AROGYA KENDRA
WASHIM-444505
Reg.No.2001/10/S321

NAZARENE NURSES TRAINING COLLEGE REYNOLDS MEMORIAL HOSPITAL WASHIM

Principal

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

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 0721-2563594
Fax: 0721-2563597
Website: http://mpcb.gov.in
Email:
sroamravati2@mpcb.gov.in

Sahkar Surbhi Bapatwadi,
Near Vivekanand Colony,
Amravati- 444606

ORANGE/S.S.I **Date: 25/11/2024**
No:- Format1.0/SRO/UAN No.0000222803/CE/2411001498

To,
INGLE MANSIK AAROGYA KENDRA
AKOLA - HINGOLI HIGHWAY,
WASHIM - 444505.
Email:dringie.naresh@gmail.com
Contact No.:9370953709

LiFE Lifestyle for Environment
Your Service is Our Duty

Grant of consent to Establish under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.

Ref: Your application for Combine Consent and Bio-Medical Waste Authorization dated 05/10/2024

After examining the proposal, The Maharashtra Pollution Control Board hereby grant consent to Establish to HCE under Section 25 of the Water (P&CP) Act, 1974, Section 21 of the Air (P&CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, under Environment (Protection) Act, 1986, subject to terms and conditions as specified below and in the **Schedule(I-IV) and Annexure (I-II)** enclosed in this order.

1. The consent to establish is granted for a period up to commissioning of the unit or up to 5 year whichever is earlier.

2. The capital investment of the HCF is **₹59.25** Lakhs (As per C.A Certificate Submitted by HCF)

3. HCF Area: - Plot Area 270.00 M^2 with Built-up area 424.34 M^2.

4. **Activities Included**

   a. Total Number of Beds : **10 Nos.** (As per BNH certificate no.

   I. General Beds : **10 Nos**

5. **Conditions under the Water (P&CP) Act, 1974:-**

   1. Quantity of total water consumption shall not exceed 4.5 M^3/day. You shall not use the ground water without obtaining prior permission of Central Ground Water Authority.
   2. You shall provide adequate treatment & disposal facility for Sewage & Effluent generated as specified in **Annexure-I**
   3. You shall provide water meter at water intake point & at sewage/Effluent disposal point and shall maintain monthly records thereof.

6. **Conditions under the Air (P&CP) Act,1981:-**

   1. You shall use the fuel for DG set as specified in the **Annexure-II**.
   2. You shall provide adequate emission control system to DG set as specified in **Annexure-II**.
   3. You shall strictly observe noise standards applicable for DG set stack emission and ambient noise level as per **Annexure-II**.

7. **Conditions under Hazardous and Other Wastes(Management, Handling & Transboundry Movement) Rules, 2016 for treatment and disposal of hazardous waste:-**

   You shall have valid membership of CHWTSDF and shall dispose the Hazardous waste generated in strict compliance with said rules and maintain record thereof.

Sr No	Type of Waste	HW Category no.	Quantity	UOM	Disposal
NA					

8. **Conditions under Solid Waste Management rules 2016**

   1. You Shall Handover Solid waste (Other Than BMW) to Local bodies as per provisions of SWM Rules, 2016.
   2. You shall Not mix general solid waste with Bio Medical Waste.

9. **Conditions under BMW Management rules, 2016 (As Amended):-**

1. You shall adhere to the BMW Generation quantity and storage conditions as specified in Schedule-I of BMW Management Rules, 2016, as amended.
2. You shall segregate and handover BMW to BMW T&D CTF **Global Eco Save Systems, Amaravati** Strictly complying with the Provisions of Schedule-I and Maintain record of the same.
3. **Cytotoxic Drugs/ Waste:** You shall have separate storage, marked with the symbol of Bio Hazard & Cytotoxic Hazard for outdated, discarded, unused cytotoxic drugs/waste and submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs in the format prescribed by CPCB which is available on www.cpcb.nic.in along with Annual Report to MPCB with a copy to CPCB before 30th June of every year.
4. **Mercury Waste:** You shall manage the Mercury Waste in HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per guidelines published by CPCB as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities" (www.cpcb.nic.in).

10. You shall not undertake Modifications/ Upgrdation in existing facility without obtaining prior Environment Clearance under the Provision of EIA notification, 2006 Or Consent to Establish from the MPC Board as applicable.

11. Any unauthorized change in Location, Name, personnel, equipment or working conditions as mentioned in the application by you shall constitute a breach of this CCA. In case of any change you shall apply fresh for CCA or amendment as applicable.

12. You shall not Rent, Lend, Sell, Transfer or Close Down the facility or otherwise transport / Handover the Bio-Medical waste generated for any other purpose without obtaining prior written permission of the MPC Board.

13. This Board reserves the right to review, amend, suspend, revoke, or change any of the conditions applicable under this CCA and the same shall be binding on the HCE.

14. You shall maintain records of MPC board Officers visit and shall obey all the lawful instructions issued by the Board Officers from time to time.

15. Any violation of provisions of BMW Management Rules, 2016 as amended shall attract the penal provisions of Environment (Protection) Act, 1986 and Violations under the provisions of Water (P&CP) Act 1974, Air (P&CP) act 1981 shall attract provisions of respective act including closure of the facility and prosecution.

16. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.

This consent is issued on the basis of information/documents submitted by the Applicant/Project Proponent, if it has been observed that the information submitted by the Applicant/Project Proponent is false, misleading or fraudulent, the Board reserves its right to revoke the consent & further legal action will be initiated against the Applicant/Project Proponent.

Received Consent/Authorization fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	2000.00	TXN2410000722	05/10/2024	Online Payment

Copy to:

1. Regional Officer, MPCB, Amravati for information.
2. Cheif Accounts Officer, MPCB,Sion, Mumbai
3. I/C EIC- for record & website updating purpose.

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aec77494
cf74657f

Signed by: Mr. Sushilkumar Rathod
Sub Regional Officer
For and on behalf of,
Maharashtra Pollution Control Board
sroamravati2@mpcb.gov.in
2024-11-25 14:44:13 IST

Conditions under Water (P & CP), 1974 Act: (Refer Condition No. 5)

A. Water Consumption Details:-

Sr. No.	Purpose for water consumed	Water consumption quantity (CMD)
1.	Industrial Cooling, spraying in mine pits or boiler feed	0.00
2.	Domestic purpose	4.50
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	0.00
4.	Processing whereby water gets polluted & pollutants are not easily biodegradable and are toxic	0.00
5.	Other such as agriculture, gardening, etc.	0.00

B. Conditions for Sewage & Effluent Generation, Treatment and Disposal:-

Sr. No.	Description	Permitted quantity of discharge (CMD)	Standards to be achieved	Disposal
1	Domestic Sewage	1	As per clause 'C'	100% Recycle
2	Trade effluent	0	As per clause 'C'	100% Recycle

C. You shall operate the combined waste water treatment plant of adequate design and capacity to treat the domestic sewage and trade effluent so as to achieve the following standards as prescribed below under E (P) Act, 1986 and Rules made there under and recycle treated effluent after achieving standard prescribed below.

Sr. No.	Parameters	Discharge Standards applicable Limiting Concentration in mg/except for pH
1	pH	6.5-9.0
2	Oil & Grease	10
3	BOD (3 days 27°C)	30
4	COD	250
5	Total Suspended Solids	100
6	Bio-Assay Test	90 % survival of fish after 96 hours in 100 % effluent

D. 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.

E. You shall provide Primary/ Secondary/ tertiary treatment system and disinfection facility.

F. The Applicant shall obtain prior consent of the Board to take steps for Expansion/Modification of any treatment and disposal system or an extension or addition thereto.

G. You shall provide Specific Water Pollution control system as per above conditions and conditions of Environmental Clearance, if applicable.

H. All Health Care Facilities irrespective of the bed capacity shall install scientifically designed disinfection facilities before discharging the effluent into sewer line or reuse in the permises as stipulated under Schedule II (6) of Biomedical waste Management Rules, 2016.

Annexure - II

Terms & conditions for Incinerator(s) and D.G. Set(s) under Air (P & CP) Act, 1981 and Bio Medical waste management Rule, 2016: (Refer Condition No.6)

1. You shall observe following fuel pattern and erect following stack (s):

Sr. No.	Stack Attached to	Fuel Type	Quantity	Stack Height (Mtr)
1	NA	--	--	-

2. The Applicant shall obtain prior permission of MPC board for providing additional control equipment with necessary specifications and operation thereof or replacement/alteration well before its life come to an end or erection of new pollution control equipment.
3. 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, either in whole or in part as necessary).
4. 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 for control of noise.
   b. 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. You shall make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper sitting 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 MoEFCC dated 17.05.2002 regarding noise limit for generator sets run with diesel.
5. 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.

SCHEDULE-I

Authorization for Management of Bio-Medical Waste (Category and Quantity)

The authorization is granted for Generation and Segregation of BioMedical Waste (BMW) in waste categories and quantities listed here in below:

Sr. No	Category	Type of Waste	Quantity not to exceed (Kg/Month)	Segregation Colour coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	0.00	Yellow coloured non- chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Global Eco Save Systems, Amaravati Amaravati
		b) Animal Anatomical Waste	0.00		
		c) Soiled Waste	0.00		
		d) Expired or Discarded Medicines	0.00		
		e) Chemical Waste	0.00		
		f) Chemical Liquid Waste	0.00	Separate collection system leading to effluent treatment system.	
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	0.00	Yellow coloured non - chlorinated plastic bags or suitable packing material.	
		h) Microbiology Biotechnology and other clinical laboratory waste	0.00	Autoclave safe plastic bags or containers.	Pre-treat to sterilize with nonchlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter sent to BMW-CTF for Incineration.
2	Red	Contaminated waste (Recyclable)	0.00	Red coloured non chlorinated plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Global Eco Save Systems, Amaravati Amaravati
3	White (Translucent)	Waste sharps including Metals	0.00	Puncture proof, Leak proof, tamper proof container.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Global Eco Save Systems, Amaravati Amaravati
4	Blue	a) Glassware	0.00	Puncture proof, Leak proof with Blue coloured marking.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Global Eco Save Systems, Amaravati Amaravati
		b) Metallic body implants	0.00		

SCHEDULE-II

Responsibilities of HCF

1. You shall handover Bio Medical waste only to MPCB Authorized Common Bio medical waste treatment and Disposal facility **Global Eco Save Systems, Amaravati** and maintain records thereof for 5 years.
2. You shall establish bar code for handling of bio-medical waste.
3. You shall ensure segregation of Bio-Medical Waste in colour coded bags as per BMW Management Rules, 2016
4. You shall not store Bio Medical waste beyond 48 hours from the generation.
5. You shall use only non-chlorinated plastic coloured bags.
6. You shall ensure use of colour coded bins and bags for segregation of BMW as required under BMW Management Rules 2016.
7. You shall not mix General/other Solid waste with Bio Medical Waste.
8. You shall ensure segregation, treatment and disposal of General / Other Municipal solid waste as per Solid Waste Management rules, 2016.
9. You shall pay the charges to authorized Common Bio Medical waste Treatment and Disposal facility for its services as agreed upon during the membership registration or as amended.
10. You shall comply and strictly abide with the conditions stipulated in BMW Management Rules, 2016 as amended time to time.
11. You shall handover Plastic / Metal waste (BMW) to Common Bio medical waste treatment and Disposal facility allocated to you for treatment & disposal or plastic/ metal recycler authorized by MPCB for BMW Handling and maintain records thereof & submit to MPCB in Annual report.
12. You shall provide training to all workers involved in handling of bio-medical waste at the time of induction and at least once a year thereafter and maintain record thereof.
13. You shall undertake appropriate medical examination of all BMW Waste handlers & staff at the time of induction and at least once in a year and immunize all involved in management of Bio Medical Waste for protection against diseases, including Hepatitis B and Tetanus, that are likely to be transmitted while handling bio medical waste and maintain the records for the same.
14. You shall ensure use of personal protective Equipment such as Heavy Duty Gloves (Workman's Gloves), Gum Boots or safety shoes for waste collectors, Face mask, Head Cap, Splash Proof Gowns or aprons etc., Disposal gloves by waste handlers.
15. You shall develop and operate own website. The website should be uploaded on monthly basis with all the information relating to Bio-Medical waste management including this CCA and other permission and report.
16. You shall maintain all record for Generation, for a period of five years and produce whenever asked by MPCB authorities.
17. The occupier and operator of a Health Care Establishment shall be liable for all the damages caused to the environment or the public due to improper handling of bio-medical wastes.
18. You shall ensure submission of Annual Report of BMW for the period Jan to Dec, including category and quantity of BMW Generated and Disposed in Form IV for preceding year before 30th June of every year to the Regional Office, MPCB, Amravati and uploading the same to MPCB Portal (https://www.ecmpcb.in/).

SCHEDULE-III

Bank Guarantees

1. Bank Guarantee imposed to ensure timely compliance, to be observed by operator.

Sr.No	Activity / Condition to be Complied	Compliance Timeline (Months)	Bank Guarantee Amount
1A	**Operation and Maintenance**		
1	To Segregate and Handle BMW as per Schedule I	Continuous	0.00
2	Towards Operation and Maintenance of STP/ETP to achieve prescribed discharge standards	Continuous	0.00
1B	**Records**		
1	To Maintain records of BMW and submission of Annual Report for preceding calendar year in Form –IV before 30th June every year	Continuous	0.00
2	To maintain records of BMW handed over to CBMWTDF	Continuous	0.00
2	**Performance**		
1	To provide BMW separate storage facility as per guidelines of CPCB	Continuous	0.00
Total			0.00

Note: You shall extend the existing submitted Bank Guarantee for the Activity / Condition to be Complied mentioned in the above table valid upto the validity of this CCA + 4 months additional. Submit a fresh Bank Guarantee for the newly added Activity / Condition to be Complied mentioned in the above table valid upto the validity of this CCA + 4 months additional.

The above Bank Guarantee(s) shall be submitted by the applicant in favour of Regional Officer at the respective Regional Office within 15 days from the date of issue of Consent.

If the above Bank Guarantee is not submitted within stipulated period, then 12% interest will be levied as a penalty as per circular dtd 29/02/2024 No. BO/MPCB/AS(T)/Circular/B-240229FTS0122

SCHEDULE-IV

General Conditions

The following general conditions shall apply:-

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. Whenever due to any accident or other unforeseen act or event, 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, Executive Engineer MIDC and Local Body. In case of failure of pollution control equipment's, the process connected to it shall be stopped.
3. 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 operation to abide by terms and conditions of this consent.
4. You shall submit to this office, the 30th day of September every year, the Environmental Statement Report for the financial year ending 31st March in the prescribed Form-V as per the provisions of rule 15 of the Environment (Protection) (Second Amendment) Rules, 1992.
5. You shall comply with the Hazardous Waste (M, H & TM) Rules, 2016 and submit the Annual Returns as per Rule 20(2) of Hazardous Waste (M, H & TM) Rules, 2016 for the preceding year April to March in Form-IV by 30th June of every year to Regional Office, Amravati.
6. You shall engage qualified staff/personnel/agency to see the day to day compliance of consent & authorization condition towards Environment Protection.
7. 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.
8. Neither storm water nor discharge from other premises shall be allowed to mix with the effluents from the HCE.
9. 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.
10. You should not cause any nuisance in surrounding area. You shall maintain good housekeeping.
11. You shall bring minimum 33% of the available open land under green coverage/ plantation. The applicant shall submit a yearly statement 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.
12. The non-hazardous solid waste arising in the HCE 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.
13. You shall achieve the National Ambient Air Quality standards prescribed vide Government of India, Notification Dated. 16/11/2009 as amended.

14. You shall submit an official e-mail address and any change will be duly informed to the MPCB.
15. You shall observe provisions of E-waste (Management) Rules 2016 & as amended time to time and Batteries (Management and Handling) Amendment Rules, 2010.
16. An inspection book shall be opened and made available to the Board's officers during their visit to the HCE.
17. In case you use/ handle/ generate the cytotoxic waste you shall strictly adhave to the standards/ SOPs applicable and waste shall be labelled specifically as "Cytotoxic Waste" with symbol on waste containers/ bags and shall handover to BMW CTFs.
18. You shall obtain required permissions from competent authority for radio active material user/ handling/ disposal of waste before commencement of such activity.
19. The Energy source for lighting purpose shall preferably be LED based.
20. You shall harvest rainwater from roof tops of the buildings and storm water drains to recharge the ground water and utilize the same for different industrial applications within the plant
21. You shall provide personal protection equipment as per norms of Factory Act 1948
22. You are responsible to submit application for renewal of Combined Consent & Biomedical Waste authorization before 60 days of expiry.

This certificate is digitally & electronically signed.



महाराष्ट्र MAHARASHTRA ◑ 2024 ◑ 27AB 535410

जिल्हा कोषागार कार्यालय वाशिम
13 JAN 2025
मुद्रांक प्रदाता लिपीक
कोषागार कार्यालय, वाशिम

MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Kakade care Hospital WASHIM (Dr. Kakade) The Agreement Ent, 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 career s; and

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

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

XIX. COLLEGE RESPONSIBILITIES

A. The College will have current accreditation by any required accrediting body.

B. The College will have or 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.

१.मुद्रांक विक्री नोंद वही अ.क्र. व दिनाक :- १७१२० दि- १५/११/२०१५

२.दस्ताचा प्रकार

३.दस्त नोंदणी करणार आहेत काय होय/ नाही :- -

४.मिळकतीचे थोडक्यात वर्णन :-

५.मुद्रांक विकत घेणाऱ्याचे नाव,पत्ता व सही

६.हस्ते असल्यास त्याचे नाव,पत्ता व सही :-

७.दुसऱ्या पक्षकाराचे नाव :-

८.मुद्रांक शुल्क रक्कम :- १००

९.परवानाधारक मुद्रांक विक्रेत्याची सही व :
परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कामासाठी मुद्रांक खरेदीकेल्यापासुन
६ महीन्यात वापरणे बंधनकारक आहे.

सु. के. निरखी
मु.वि.वाशीम ४ /९०
कोड नं ६५०१००६

This type of supervision is only available by mutual agreement when the Facility agrees 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 anal current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

II . HOSPITAL RESPONSIBILITIES

F. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.

G. 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.

H. 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 programme

I. 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 clinical experience programme to use any cafeteria on the same basis as employees of the hospital.

J. 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, regardlesss of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public a distance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

XX. 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 purpose or which might improve the College curriculum.

XXI. REQUIREMENTS OF STUDENTS

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

IV. TERM OF AGREEMENT

This Agreement is effective on 1st Feb, 2025 and shall remain in effect for two years 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

Dr. Santosh M. Kakade
M.M.C. Reg.No.2014/12/4934

President/Director

With seal and date

Principal

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

NAZARENE NURSES TRAINING COLLEGE
REYNOLDS MEMORIAL HOSPITAL
WASHIM

KAKADE CARE
& CRITICAL HOSPITAL
OPD Time : 9 am to 9 pm

डॉ.संतोष महादेवराव काकडे
MBBS,FCPS Medicine
Fellowship In 2D Echocardiography
हृदयरोग विकार,किडनी विकार,मधुमेह,रक्तदाब
Reg.NO.2014/12/4934

Gulati Layout, Hingoli Road, Washim 444 505 Mob 8308462201 , 7020836740

...../01/2025

Name :_____ Date:

Age: _____
B.P. _____
P. _____
Wt. _____

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) and R.A.N.M. students for the year 2025-26 to avail the clinical experience in our hospital.

Kindly send your Tutor along with students for the supervision.

With regards.

Dr. Santosh M. Kakade
M.M.C.Reg.No.2014/12/4934

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Consent/ Authorisation

Sir,
I/We hereby apply for*

1. Consent to Establish/Operate/Renewal of consent under section 25 and 26 of the Water (Prevention & Control of Pollution) Act, 1974 as amended.

2. Consent to Establish/Operate/Renewal of consent under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended.

3. Authorization/renewal of authorization under Bio-Medical Wastes Management Rules, 2016 as amended, Hazardous waste (M,& TM)n Rules, 2016, in connection with my/our/existing/proposed activity from the premises as per the details given below.

1.General Information

UAN No:
MPCB-CONSENT-0000226590

Application submitted on:
21-11-2024

Industry Information

Industry Type:
O88 Health-care Establishment (as defined in BMW Rules)

Category:
Orange

Scale:
S.S.I

Consent To:
Establish (New)

Submit to:
SRO - Amravati II

Perticulars of Applicant (Owner/Occupier/Any other Authorised Person)

First Name
Dr. SANTOSH

Father / Husband Name
MAHADEORAO

Last Name
KAKADE

Designation
PROPRIETOR

Mobile No
8806284040

Telephone/Fax

Email
drsantoshkakde01@gmail.com

Aadhar No
706307736431

PAN No
CUTPK4403Q

Address
GULATI LEYOUT,HINGOLI ROAD

Pin Code
444505

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Thank you. Your payment has been successfully received with following details.

Transaction Receipt

Transaction Status:	Success
Transaction Reference no:	ZHD1AAI06M1F7Q
Transaction no:	TXN2411002881
Transaction On:	22-11-2024 17:23:53
Payment For:	MPCB-CONSENT-0000226590
Email:	drsantoshkakde01@gmail.com
Mobile no:	8806284040
Amount:	5000.00 INR.

4.Consent Details

a) Sources of Water

i) Surface Water No

ii) Ground Water Yes

Number of Borewell	Number of Openwell	Qty of Water Extracted (CMD)
1		5

Do you Have CGWA NOC No

iii) Tanker Water No

b) Water Consumption Details

Raw Water (CMD)	Recycle Water (CMD)	Total Water Quantity Requirement (CMD)
3.3	2.2	5.5

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Disposal
Domestic Pourpose	5.5	3.8	Local Bodies Sewer
Pathology Laboratory, Floor washing, Operation Theater	0	0	Local Bodies Sewer
Laundry	0	0	Local Bodies Sewer
Industrial Cooling,spraying in mine pits or boiler feed	0	0	Local Bodies Sewer
Total	5.50	3.80	

d) Waste Waster Treatement

Have you installed STP or ETP

No

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day)	b) Recyclable Waste(kg/day)	c) Domestic Hazardous Waste(kg/day)
0	0	0

Air Pollution

Whether D.G. Set Installed

Yes

Capacity(KVA)	Make	Fuel Used	Fuel QTY	Unit	Stack Height in meter	Accoustic Enclosure for noise control
30	KVA	Diesel	5.00	Ltr/H	0	NO

Do you have Boiler Installed

No

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

No

Do you have Infection Control Committee Constituted

No

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

KAKADE CARE & CRITICAL HOSPITAL

b) Address for Correspondance

Pin Code	***District***	***City/Town***
444505	Washim	Washim
Survey/Gut No.	***Name of premises /Building***	***Road/Street***
GULATI LAYOUT	KAKADE CARE & CRITICAL HOSPITAL	HINGOLI ROAD
Area/Locality	***Email***	***Website URL***
Washim City	drsantoshkakde01@gmail.com	

c) Onwership of Facility

Private (Proprietary Establishment)

Land Ownership

Self Owned

d) Month and year of commissioning of the HCF

23/12/2020

e) Area of the Facility / Hospital

i) Total plot area (in square meter)	***ii) Built up area (in square meter)***	***iii) Open Plot Area (Sq.Mtr)***
338.75	815.22	

f) Enter Latitude and Longitude of site (In degrees)

Latitude (In degrees)	***Longitude (In degrees)***
19.03	72.9

g) Does HCF have Operation Theatre

No

h) Does HCF have Laundry facility in premises — No

i) Does HCF have Canteen/Cafeteria facility in premises — No

j) Does HCF have Hostel/Residential quarters in premises — No

3.BMW Authorization Details

a) Type of health treatment system

Medicine

b) Bombay Nursing Home Registration Details

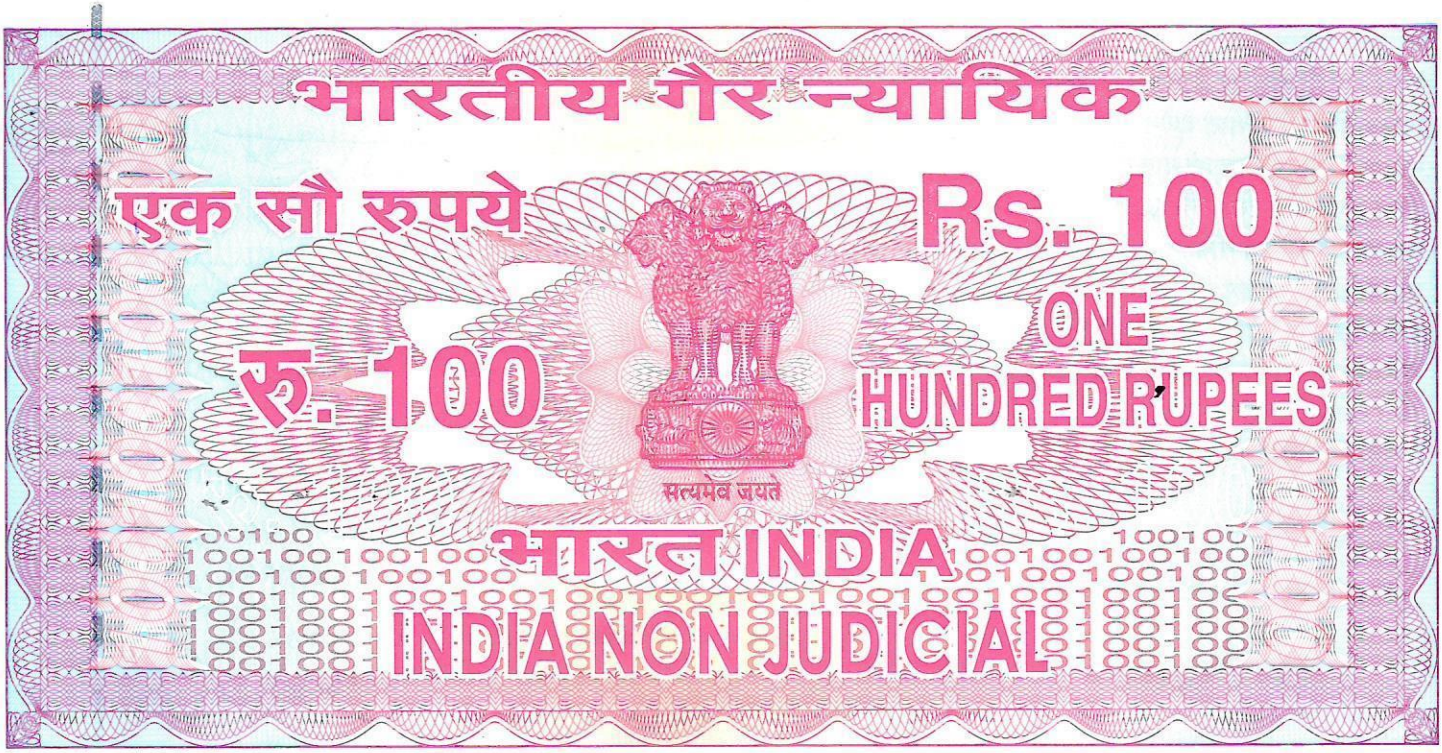
Total number of Beds	***BNH Registration Number***	***Valid Upto***	***First Issued Date***
25	25	31-03-2024	12-04-2021

Certificate Issuing Authority

Civil Surgeon

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab	No
Blood Bank	No



महाराष्ट्र MAHARASHTRA ◑ 2024 ◑ 27AB 535414



MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & LIFE LINE HOSPITAL WASHIM (Dr. Bhutada Hospital, Washim)
The Agreement Ent, 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 career s; and
WHEREAS, it is in the general interest of the Facility to assist in educating poisons to be qualified or better qualified health care personal; and
WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrol1ed in the college.

IV. COLLEGE RESPONSIBILITIES

A. The College will have current accreditation by any required accrediting body.

B. The College will have or 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.

१.मुद्रांक विक्री नोंद वही अ.क्र. व दिनाक :- १९१८० दि- १५/१/२०२५

२.दस्ताचा प्रकार पुनरुत्थान

३.दस्त नोंदणी करणार आहेत काय होय/ नाही :-

४.मिळकतीचे थोडक्यात वर्णन :-

५.मुद्रांक विकत घेणाऱ्याचे नाव,पत्ता व सही

६.हस्ते असल्यास त्याचे नाव,पत्ता व सही :-

७.दुसऱ्या पक्षकाराचे नाव :-

८.मुद्रांक शुल्क रक्कम :- १००

९.परवानाधारक मुद्रांक विक्रेत्याची सही व :
परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कामासाठी मुद्रांक खरेदीकेल्यापासुन
६ महीन्यात वापरणे बंधनकारक आहे.

सु. के. निरखी
मु.वि.वाशीम ४ /९०
कोड नं ६५०१००६

This type of supervision is only available by mutual agreement when the Facility agrees 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 anal current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

II. HOSPITAL RESPONSIBILITIES

F. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.

G. 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.

H. 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 programme

I. 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 clinical experience programme to use any cafeteria on the same basis as employees of the hospital.

J. 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, regardlesss of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public a distance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

V. 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 purpose or which might improve the College curriculum.

VI. REQUIREMENTS OF STUDENTS

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

IV. TERM OF AGREEMENT

This Agreement is effective on 1st Feb, 2025 and shall remain in effect for two years 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

03/02/2025.

President/Director

Dr Saurabh S Bhutada
M.B.B.S, MD-Medicine
MMC Reg No 0898/04/2013
Lifeline Hospital Washim

With seal and date

Principal

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

NAZARENE NURSES TRAINING COLLEGE REYNOLDS MEMORIAL HOSPITAL & A.C. WASHIM

लाईफलाईन मल्टीस्पेशालीटी हॉस्पिटल, वाशिम

डॉ. सौरभ एस.भुतडा
M.B.B.S,M.D.(Medicine)
हृदयरोग, मधुमेह, किडणी विकार तज्ञ
MMC Reg.No. 0898/04/2013
Mo. No. 9970229494

डॉ.सौ.स्नेहा एस.भुतडा
M.B.B.S.,M.D.(Radiology)
सिटीस्कॅन,सोनोग्राफी
एक्स-रे व एम.आर.आय.तज्ञ

...../01/2025

पेशंटचे नाव : _____ दि. 03/02/2025

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) and R.A.N.M. students for the year 2025-26 & 2026-27 to avail the clinical experience in our hospital.

Kindly send your Tutor along with students for the supervision.

With regards.

LIFE LINE MULTISPECIALITY HOSPITAL WASHIM

Dr Saurabh S Bhutada
M B.B S ,MD-Medicine
MMC Reg No 0898/04/2013
Lifeline Hospital Washim

Global Eco Save Systems
118, First Floor, Shree Balaji Market, Jawahar Road, Amravati- 444601 ,
Maharashtra, India
Office No.: 0721-2565493, Mobile No.: +91-9371173345
Email: globalecos12@gmail.com Web: https://globaleco12.cbwtf.in
GESS

Unique Registration No : 1104

Offline QR

Registration Certificate

Online QR

Outward No : OW/Cer/2024-25/365 *Date* : 25-Dec-2024

This is to certify that, LIFE LINE MULTISPECIALITY HOSPITAL ANDLA NAKA WASHIM is registered with M/s Global Eco Save Systems, for management of Bio Medical waste in accordance with, the provision of Bio Medical Waste Management rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

1	Authorized Person of HCE (Name and Designation)	: DR. SAURABH BHUTADA
2	**Bombay Nursing Home Act Registration Details**	
	a BNH Registration No	: GHW/172/2018
	b BNH Issue Date	: 29-Jul-2022
	c Total Number of Beds	: 100
	d BNH validity (Form 'C)	: 31-Mar-2025
3	**Common Treatment Facility Registration Details**	
	a Date of Registration	: 01-Oct-2021
	b No of Beds Registered	: 100
	c Issue Date	: 01-Jan-2025
	d Registration Validity	: 31-Dec-2025
4	**Renewal of CTF Membership (if applicable)**	
	a Renewal Date	: 31-Dec-2025
	b No of Beds	: 100
5	**MPCB Consents** (Establish/ 1st Operator/Renewal Details)	
	a Consent / CCA Number	: N/A
	b Issue Date	: N/A
	c Validity upto	: N/A

GLOBAL ECO SAVE SYSTEMS Biomedical Waste Management AMRAVATI

Authorized Signature

Name : Kamlesh S. Bharani
Designation : Partner

Note HCF shall display copy of Registration Certifcate at front Desk and Temporary BMW storage area



महाराष्ट्र MAHARASHTRA ◑ 2022 ◑ 28AA 511376

जिल्हा कोषागार कार्यालय वाशिम
11 AUG 2023
मुद्रांक प्रमुख लिपीक
कोषागार कार्यालय, वाशिम

MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Reynolds Memorial 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.

I. COLLEGE RESPONSIBILITIES

A. The College will have current accreditation by any required accrediting body.

मुद्रांक विक्री नोंदवही अ. क्र. दिनांक

दस्ताचा प्रकार

दस्त नोंदणी करणार आहे ? होय / नाही

मिळकतीचे थोडक्यात वर्णन

मुद्रांक विक्रेता परवान्याचे नांव व सही

हस्ते अनुज्ञप्तीधारकाचे नांव सही व सही

दुसऱ्या पक्षकाराचे नांव

मुद्रांक शुल्क रुपये १००/-

परवाना धारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक

तसेच मुद्रांक विक्रीचा दिनांक तारीख

ज्या कारणासाठी ज्याचे मुद्रांक खरेदी केला त्यांचे स्वाक्षरी आवश्यकतेनुसार

मुद्रांक खरेदी केल्या पासून ६ महिन्यात वापरणे बंधनकारक आहे.

REYNOLDS MEMORIAL HOSPITAL
HOLINESS UNTO THE LORD
CHURCH OF THE NAZARENE

E062
700
2424123

तु. के. पेरखी
मुद्रांक विक्रेता, यवतमाळ
प.क.०४/१० लोड क्र.६५०१००६

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.

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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

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

V. EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

A. Any emergency medical care available at the hospital will be available to College faculty and students. College/University faculty and students will be responsible for payment of charges attributable to their individual emergency medical care at either the Hospital or the College.

B. Any College/University faculty member or student who is injured or becomes ill while at the hospital shall immediately report the injury or illness to the hospital and receive treatment (if available) at the hospital as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole

responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

C. The hospital shall follow, for College faculty and students exposed to an infectious disease at the hospital during the clinical experience program, the same policies and procedures, which the hospital follows for its employees. Any hospital or medical costs arising from the exposure shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

VII. TERM OF AGREEMENT

A. This Agreement is effective on February 1, 2024 to 31st December, 2026 (for 3 years) 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
30 Jan. 2024

REYNOLDS MEMORIAL HOSPITAL & N.T.C. WASHIM
EXECUTIVE DIRECTOR

NAZARENE NURSES TRAINING COLLEGE
REYNOLDS MEMORIAL HOSPITAL N.T.C.
WASHIM

30/1/24
Principal
With Seal and Date
PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)



Any notice, claim or demand to be given under this Lease shall be given in writing and may be given by personal service, by registered mail or by facsimile transmission addressed to the Landlord at the address or facsimile number set out in Section 1.01(a) and to the Tenant at the Premises, or at such other address or facsimile number as the Landlord or the Tenant may from time to time direct in writing. Any notice, claim or demand given by registered mail shall be deemed to have been received on the third business day following the date of mailing. Any notice, claim or demand given by facsimile transmission shall be deemed to have been received on the first business day following the date of transmission.

ARTICLE 18 - ENTIRE AGREEMENT

18.01 The Landlord and the Tenant acknowledge and agree that:

(a) this Lease constitutes the entire agreement between the Landlord and the Tenant with respect to the Premises and supersedes all prior agreements, negotiations and understandings between the Landlord and the Tenant with respect to the Premises; and

(b) no representation, warranty, collateral agreement or condition affecting the Premises exists between the Landlord and the Tenant except as expressly set out in this Lease.

ARTICLE 19 - GENERAL

19.01 Time is of the essence of this Lease and of every part of it.

19.02 Each provision of this Lease is severable. If any provision of this Lease is invalid or unenforceable, that provision will be severed from this Lease and the remainder of this Lease will be unaffected by the severance.

19.03 This Lease shall be governed by and interpreted in accordance with the laws of the province in which the Premises are located.

19.04 This Lease shall enure to the benefit of and be binding upon the Landlord and the Tenant and their respective successors and permitted assigns.

19.05 The Landlord and the Tenant shall execute and deliver such further documents and assurances as may be reasonably required to carry out the intent of this Lease.

ARTICLE 20 - SPECIAL PROVISIONS

20.01 The Landlord and the Tenant agree that the special provisions, if any, set out in Schedule "B" attached to this Lease form part of this Lease.

- Cumplir con las disposiciones que establezca el Comité de Seguridad y Salud en el Trabajo.
- Reportar de inmediato a su jefe inmediato cualquier accidente de trabajo que ocurra durante el desempeño de sus labores, o en cumplimiento de las mismas, sin importar la gravedad del mismo.
- Reportar de inmediato a su jefe inmediato cualquier condición insegura que se presente en el sitio de trabajo.
- Participar en las actividades de capacitación en salud ocupacional.
- Participar en la actividades de promoción y prevención que adelante la empresa.

CLAUSULA DECIMA SEXTA:

OBLIGACIONES ESPECIALES DEL EMPLEADOR: Son obligaciones especiales del empleador las siguientes:

- Suministrar oportunamente a sus trabajadores los elementos de protección personal y los dotaciones de trabajo.
- Realizar los exámenes médicos ocupacionales de ingreso, periódicos y de retiro.
- Cumplir con las disposiciones que establezca el Comité de Seguridad y Salud en el Trabajo.
- Reportar de inmediato a la ARL todos los accidentes de trabajo que ocurran durante el desempeño de las labores, o en cumplimiento de las mismas, sin importar la gravedad del mismo.
- Reportar de inmediato a la ARL cualquier condición insegura que se presente en el sitio de trabajo.
- Participar en las actividades de capacitación en salud ocupacional.
- Participar en la actividades de promoción y prevención que adelante la empresa.

CLAUSULA DECIMA SEPTIMA:

PRUEBA DE CONOCIMIENTO: El trabajador declara que conoce el contenido de la presente cláusula.

Para constancia se firma en Bogotá D.C., a los 01 días del mes de Febrero de 2021.

EL EMPLEADOR

EL TRABAJADOR

CENTRAL FLORIDA EXPRESSWAY AUTHORITY
4974 ORL Tower Road, Orlando, FL 32807
PHONE: (407) 690-5000 FAX: (407) 690-5011

Executive Director

Re: 599101

Mr. Jim Greer
Chief Executive Officer
Florida Department of Transportation, 605 Suwannee Street, MS 9, Tallahassee, FL 32399-0450

Subject: Request for Approval to Enter into Negotiations with Top Ranked Firm

Dear Mr. Greer:

Pursuant to Section 287.055(4)(b), Florida Statutes, the Central Florida Expressway Authority (CFX) requests approval to enter into negotiations with the top ranked firm, Kimley-Horn and Associates, Inc., for professional services for the Project Development and Environment Study for SR 528 from Econlockhatchee Trail to SR 520.

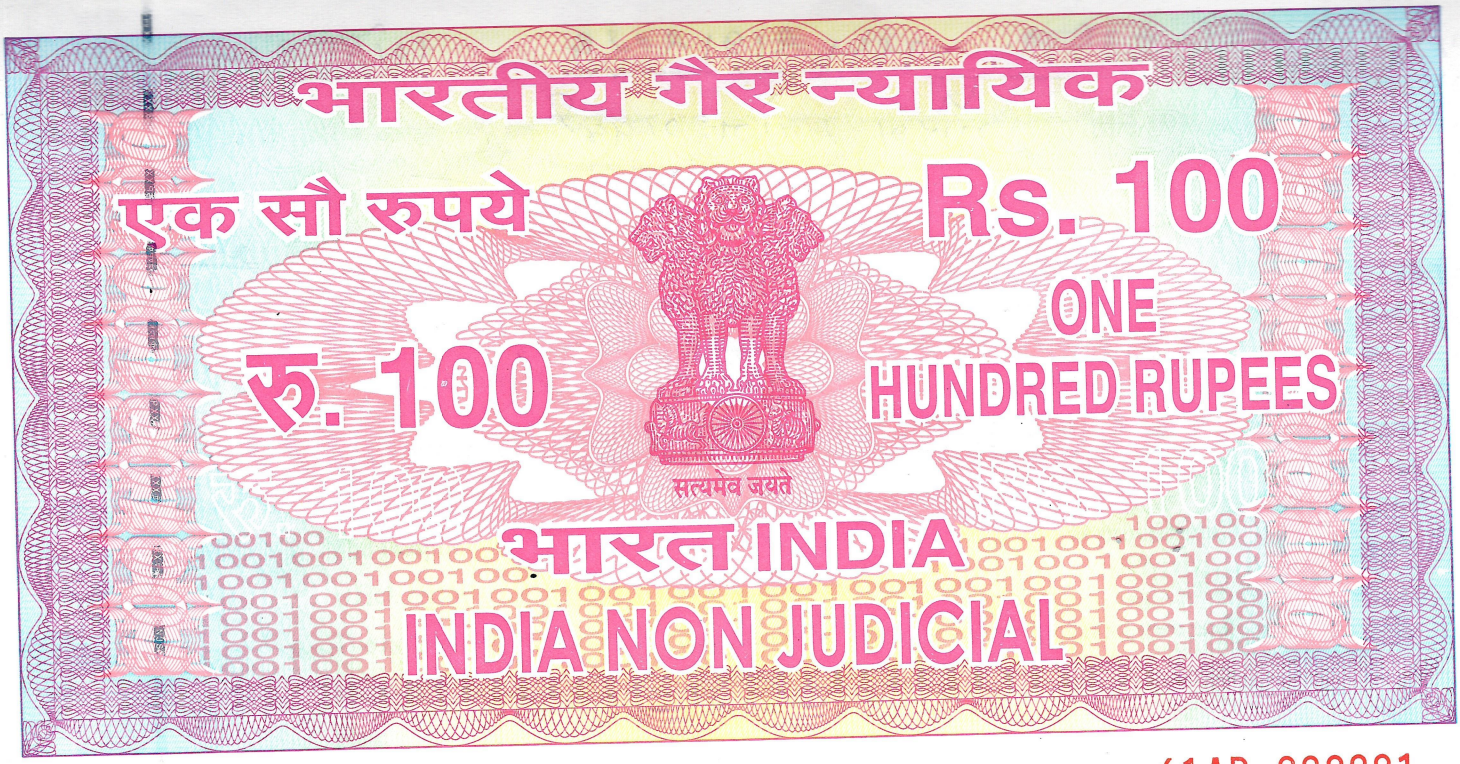
Sincerely,

Executive Director

Approved:

Chief Executive Officer

Date: 12/19/2019



महाराष्ट्र MAHARASHTRA ◑ 2025 ◑ 61AB 290901

कोषागार कार्यालय वाशिम
07 FEB 2026
मुद्रांक प्रमुख लिपीक
कोषागार कार्यालय, वाशिम

MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Rukhamni Hospital (Dr.Ratnesh Paralkar) WASHIM . The Agreement Ent, 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 career s; and WHEREAS, it is in the general interest of the Facility to assist in educating poisons to be qualified or better qualified health care personal; 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 or 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.

१) मुद्रांक विक्री नोंद वही अ. क्र. व दिनांक : ४३२१/२१/२०२१ १२/५/२१
२) दस्ताचा प्रकार
३) दस्त नोंदणी करणार आहेत काय
४) लिहून/ठो वादकथात वर्णन
५) मुद्रांक विकत घेणाऱ्याचे नांव, पत्ता व सही
६) हस्ते अस्तव्यास स्वाचे नाव, पत्ता व सही
७) दुसऱ्या पक्षकाराचे नांव
८) मुद्रांक शुल्क रक्कम ४००
९) परवानाधारक मुद्रांक विक्रेत्याची सही व
परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता .
ज्या कारणासाठी त्यांनी मुद्रांक खरेदी केला त्यांनी त्याच
या कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.

वि. ब. अंतरकर
मु.वि.वाशीम प.क्र.१/७८
कोड नं. ६५०१००८

This type of supervision is only available by mutual agreement when the Facility agrees 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 anal current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

II . HOSPITAL RESPONSIBILITIES

f. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.

g. 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.

h. 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 programme

i. 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 clinical experience programme to use any cafeteria on the same basis as employees of the hospital.

j. 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, regardlesss of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public a distance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

II. 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 purpose or which might improve the College curriculum.

III. REQUIREMENTS OF STUDENTS

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

IV. TERM OF AGREEMENT

This Agreement is effective on 1st March, 2026 and shall remain in effect for two 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

रुक्मणी हॉस्पीटल टेस्ट ट्युब बेबी सेंटर
अकोला-हिंगोली हायवे, वाशिम ४४४ ५०५

Principal

With seal and date

PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505

NAZARENE NURSES TRAINING COLLEGE

A unit of ***Reynolds Memorial Hospital & Affiliated Clinics***

Pusad Road, Washim- Maharashtra, India-444505

Tel: (07252) 233184, Email: nntcprincipal@gmail.com

NNTC/OFFICE-2/BSC/75/2026/02 Date: - 18/02/2026

To

The Director,

Dr. Ratnesh Paralkar

Rukhmani Hospital, Washim.

Subject: Seeking Permission for the Clinical Posting for A.Y. 2025-26.

Respected Sir,

"Greetings from Nazarene Nurses Training College, Washim"

Nazarene Nurses Training College is a unit of Reynolds Memorial Hospital runs the course of B.Sc. (N), which is affiliated to Maharashtra University of Health Sciences, Indian Nursing Council, Maharashtra Nursing Council.

We express our heartfelt gratitude for extending your support throughout in past years. Keeping in view of quality education based on norms, we would like to request you to permit our Nursing students to undergo clinical experience in your expert field for academic year 2025-26. We assure you that the students will be accompanied by the clinical supervisor during the posting time. Kindly allow the students to carry out the Nursing procedures on patients under supervision.

We look forward for the cooperation and support in the future endeavours also.

Thanking you

Faithfully

O/C

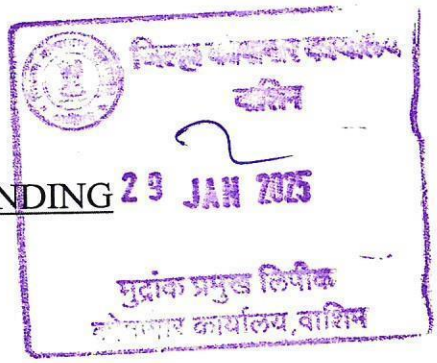
Principal

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

NAZARENE NURSES TRAINING COLLEGE REYNOLDS MEMORIAL HOSPITAL A.C. WASHIM



महाराष्ट्र MAHARASHTRA ◑ 2024 ◑ 27AB 637190



MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Gajanan Hospital critical care & maternity home WASHIM (Dr.Sachin Mohan Pawar) The Agreement Ent, 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 career s; and

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

WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrol1ed in the college.

XVI. COLLEGE RESPONSIBILITIES

A. The College will have current accreditation n by any required accrediting body.

B. The College will have or 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.

१.मुद्रांक विक्री नोंद वही अ.क्र. व दिनाक :- १९५६२. दि. ३१।१।२०२५

२.दस्ताचा प्रकार ;-

३.दस्त नोंदणी करणार आहेत काय होय/ नाही :- -

४.मिळकतीचे थोडक्यात वर्णन :-

५.मुद्रांक विकत घेणाऱ्याचे नाव,पत्ता व सही ;-

६.हस्ते असल्यास त्याचे नाव,पत्ता व सही :-

७.दुसऱ्या पक्षकाराचे नाव :-

८.मुद्रांक शुल्क रक्कम :- १००

९.परवानाधारक मुद्रांक विक्रेत्याची सही व :
परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता
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६ महीन्यात वापरणे बंधनकारक आहे.

सु. के. निरखी
मु.वि.वाशीम ४ /९०
कोड नं ६५०१००६

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XVII. **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.

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President/Director

With seal and date

डॉ सचिन पवार
एम.डी.एम.जनरल मेडीसीन
२०१२/०१/०२८८
आपत्कालीन क्रिटीकल केअर व
कॉलीटिस वार्डिम

Principal

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

NAZARENE NURSES TRAINING COLLEGE
REYNOLDS MEMORIAL HOSPITAL & M.C.
WASHIM

GAJANAN HOSPITAL CRITICAL CARE & MATERNITY HOME

DR.SACHIN MOHAN PAWAR
MBBS FCPS(MEDICINE)
REG.NO.:2012/02/0288

DR. SONALI SACHIN PAWAR
BAMS MS
REG.NO.:I-70685-A

...../01/2025

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) and R.A.N.M. students for the year 2025-26 to avail the clinical experience in our hospital.

Kindly send your Tutor along with students for the supervision.

With regards.

डॉ सचिन पवार
एम.बी.बी.एस.एफ.सी.पी.एस.मेडिसीन
रजि.२०१२/०२/०२८८
गजानन हार्ट क्रिटीकल केअर व
मॅटरनीटी होम, हॉस्पीटल वाशिम

Doctor lane, Pusad naka, Washim-444505
Contact: 9657448450 / 7057250523
e-mail:drsachinpawar123@gmail.com

Timing: OPD- 10 am to 9 pm
Daily OPD & IPD

MAHARASHTRA

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Thank you. Your payment has been successfully received with following details.

Transaction Receipt

Transaction Status:	Success
Transaction Reference no:	ZHD52070412607
Transaction no:	TXN2406002602
Transaction On:	14-06-2024 10:42:50
Payment For:	MPCB-CONSENT-0000212116
Email:	yeolepandurang4@gmail.com
Mobile no:	9145192941
Amount:	15000.00 INR.

DR. SACHIN MOHAN PAWAR
M.B.B.S., M.D.(MEDICINE)

GAJANAN HOSPITAL
CRITICAL CARE & MATERNITY HOME

29/9/2024

To,
The Sub-Regional Officer 2,
Maharashtra Pollution Control Board
Amravati

Subject:- Request for grant of Consent to Establish to our Hospital

Ref:- 1. Our Application UAN No. MPCB-Consent-0000212116
2. Sub Regional Officer, MPCB Amravati Scrutiny letter dated 15/06/2024

Respected Sir,

With reference to the above subject, we have applied for Consent to Establish for our hospital vide ref. no. (1). We have paid the application fees as requested by the board through online portal.

Sir, As per the scrutiny letter issued to us we have uploaded the documents required for further processing of the application as below:

Sr. No.	Points Observation and remarks	Compliance
1	Noc of Local bocy for proposed hospital	NOC of Local Body attached
2	Industry Board resolution / list of directors (of Company)	Company Board resolution Attached
3	CA Certificate showing the gross block investment without depreciation justification in case of increase and decrease of capital investment or audited company balance sheet	Updated CA Certificate attached
4	Details of STP and ETP for domestic and OT Lab and laundry effluent	Details of ETP STP Attached
5	Fuel consumption along with the details of DG Set	DG set not available

Sir, We hope that above is unto your satisfaction. We are very keen to obtain the MPC Boards Consent to establish therefore, we kindly request you to issue us the Consent at the earliest.

Thanking you

Yours faithfully

डॉ सचिन पवार
एम.बी.बी.एस.एफ.सी.पी.एस.मेडीसीन
र.न.२०१२/०१/०२८८

Doctor Lane, Pusad Naka Washim-444506
Contact: 9145192941 / 7057250523
E-mail: drsachinp123@gmail.com

Timing: (OPD) 10am to 9 pm
Daily OPD Available
Regd. No.:2012/02/0288

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Consent/ Authorisation

Sir,
I/We hereby apply for*

1. Consent to Establish/Operate/Renewal of consent under section 25 and 26 of the Water (Prevention & Control of Pollution) Act, 1974 as amended.

2. Consent to Establish/Operate/Renewal of consent under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended.

3. Authorization/renewal of authorization under Bio-Medical Wastes Management Rules, 2016 as amended, Hazardous waste (M,& TM)n Rules, 2016, in connection with my/our/existing/proposed activity from the premises as per the details given below.

1.General Information

UAN No:
MPCB-CONSENT-0000212116

Application submitted on:
05-06-2024

Industry Information

Industry Type:
O88 Health-care Establishment (as defined in BMW Rules)

Category:
Orange

Scale:
S.S.I

Consent To:
Establish (New)

Submit to:
SRO - Amravati II

Perticulars.of Applicant (Owner/Occupier/Any other Authorised Person)

First Name
Dr. Sachin

Father / Husband Name
Mohan

Last Name
Pawar

Designation
Doctor

Mobile No
9145192941

Telephone/Fax

Email
yeolepandurang4@gmail.com

Aadhar No
293429135031

PAN No
BQTPP6897E

Address
Doctor Lane, Pusad Naka Washim, Tq. & Dist. Washim

Pin Code
444505

Health Care Facility (HCF) Information

a) Name of the Health Care Facility

Gajanan Multispecialty

b) Address for Corrspondance

Pin Code	***District***	***City/Town***
444505	Washim	Washim
Survey/Gut No.	***Name of premises /Building***	***Road/Street***
	NA	Doctor Line, Pusad Naka
Area/Locality	***Email***	***Website URL***
Washim City	yeolepandurang4@gmail.com	NA

c) Details of Contact Person

Name of the contact person	***Contact No.***	***Email***	***Designation***
Dr Sachin Mohan Pawar	9145192941	yeolepandurang4@gmail.com	Doctor

d) Onwership of Facility

Private (Proprietary Establishment)

e) Month and year of commissioning of the HCF

15/08/2024

f) Area of the Facility / Hospital

i) Total plot area (in square meter)	***ii) Built up area (in square meter)***	***iii) Open Plot Area (Sq.Mtr)***
6000	4600	200.00

g) Enter Latitude and Longitude of site (In degrees)

Latitude (In degrees)	***Longitude (In degrees)***
20.1112	77.1303

h) Gross capital investment of the HCF/CBWTF without depreciation till the date of application (Cost of building, land, plant and machinery). (To be supported by certificate from Chartered Accountant / Balance sheet)

CA Certificate

Sr. No.	Fixed Assets	Amount (in lakh)
1	Land	147.0000
2	Building / Premises	49.3400
3	Plant & Machinary / Equipment	14.2500
4	Furniture / Fixture	0.4500
5	Any other movable / immovable fixed assets (Please specify)	
5.a	NA	NA
5.b	NA	NA
5.c	NA	NA
5.d	NA	NA
5.e	NA	NA
6	Capital Work in Progress (if any)	NA

Gross Capital (in Lakh)	***Certificate Date***
211.04 (Lakh)	18-10-2023

i) Compliance of Location Criteria

Location of facility	***Whether it is notified industrial area***	***Land Use Type***	***Land Ownership***

al	No	Residential	Self Owned

j) Does HCF have Laundry facility in premises — No

k) Does HCF have Canteen/Cafeteria facility in premises — No

l) Does HCF have Hostel/Residential quarters in premises — No

m) Number of Patient Treated per Day

OPD (Average Patient / Day)	***IPD / Admitted (Average Patient / Day)***

n) Name of the local body under whose jurisdiction the HCF is located.

ULB Type
Municipal Council

ULB Name
Washim Municipal Council

o) Details of the planning permission obtained from the local body/Town and Country Planning authority/Metropolitan Development authority/ designated Authority

Planning Authority	***Planning permission***
MC Washim	Occupancy Certificate

3.BMW Authorization Details

a) Discipline of Medicine

Medicine

b) Bombay Nursing Home Registration Details

Total number of Beds	***BNH Registration Number***	***Valid Upto***	***First Issued Date***
30		01-03-2024	01-04-2021

Certificate issuing Authority
Medical Officer or Health Officer of Municipal Corporation

Total Bed Break up

General Beds	***ICCU/ICU Beds***	***Maternity Beds***	***Operation Theatre***	***Oncology Beds***	***Other Beds***
10	10				10

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab	No		
Blood Bank	No		
X-Ray	Yes	***X-Ray Number Per Day***	
CT Scan	No	***CT Scan Number Per Day***	
MRI	No	***MRI Number Per Day***	
USG	No		
ECG/EEG	Yes	***ECG Number Per Day***	
Medical Store / Pharmacy	No		
Other	No		

Details of Storage at Facility

Sr No.	Type	Category	Temporary Storage Area			Avg. No.of Bag/Container (Per Day)
			Length (Ft)	Width (Ft)	Height (Ft)	
1	Untreated BMW	Yellow	1.50	1.00	2.00	2.00
		Red	1.50	1.00	2.00	1.00
		Blue	1.50	1.00	2.00	1.00
		White	1.50	1.00	2.00	1.00

4.Consent Details

a) Sources of Water

i) Surface Water Yes

Name of the water supply	***Water Consumption Quantity (CMD)***
MJP Water Supply	8

ii) Ground Water No

iii) Tanker Water No

b) Water Consumption Details

Raw Water (CMD)	***Recycle Water (CMD)***	***Total Water Quantity Requirement (CMD)***
8		8

c) Water consumption for different uses (CMD)

Purpose	***Consumption***	***Effluent Generation***	***Treatment***	***Disposal***
Domestic Pourpose	5	4	STP	On Land For Gardening
Processing whereby water gets Polluted & Pollutants are Biodegradable	3	2	ETP	On Land For Gardening
Processing whereby Water gets Polluted,Pollutants are not Biodegradable & Toxic	0	0	ETP	On Land For Gardening
Industrial Cooling,spraying in mine pits or boiler feed	0	0	ETP	On Land For Gardening
Total	8.00	6.00		

d) Waste Waster Treatement

Have you installed STP or ETP

No

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day)	***b) Recyclable Waste(kg/day)***	***c) Domestic Hazardous Waste(kg/day)***
0	0	0

2) E-Waste (Kg/Annum) 0

3) Plastic Waste (Kg/Annum) 0

4) Hazardous Waste (Kg/Annum) 0

Air Pollution

Whether D.G. Set Installed

Yes

Capacity(KVA)	***Make***	***Fuel Used***	***Fuel QTY***	***Unit***	***Stack Height in meter***	***Accoustic Enclosure for noise control***

you have Boiler Installed

No

Boiler Details					
Make	***Model***	***Combustion efficiency***	***Fuel Type***	***Qty***	***Shape (round/rectangular***

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

No

Do you have Infection Control Committee Constituted

No