

**Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2024-25**

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%)	
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.)

	महाराष्ट्र शासन आरोग्य सेवा जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय वाशिम जिल्हा रुग्णालय, अकोला नाका, वाशिम	
दुरध्वनी क्रं : (०७२५२) २३५७२० Email:cs_washim@rediffmail.com	जा.क्र./सारुवा/नर्सिंगस्कूल प्र.अ./६९५५-१८/२३ दिनांक : ०४-०९-२०२३	


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/112/2023/07 दि.०४/०७/२०२३

उपरोक्त संदर्भिय विषयान्वये नॅझरीन नर्सिंग ट्रेनिंग कॉलेज वाशिम चे प्रात्याक्षिक करीता सत्र २०२३-२४ मध्ये शिक्षण घेत असलेल्या वेसीक बी.एस.सी. 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.अनिल आनंदराव कावरखे)
जिल्हा शल्य चिकित्सक,
जिल्हा रुग्णालय, वाशिम
4/09/23

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 शासन आरोग्य सेवा
जिल्हा स्त्री रुग्णालय वाशिम



कार्यालय:- जिल्हा स्त्री रुग्णालय, नालंदा नगर, चिखली, जि.वाशिम

दुरध्वनीक्रं : (०७२५२) २९९३१९

Email:dwh_washim@rediffmail.com

जा.क्र./जिस्त्रीरुवा/ प्रशिक्षण/ 467 /२०२३

दिनांक :- २३ /०६ /२०२३

प्रती, ✓

प्राचार्य,

नॅझरीन नर्सस ट्रेनिंग कॉलेज वाशिम

विषय:- जिल्हा स्त्री रुग्णालय, वाशिम येथे नॅझरीन नर्सस ट्रेनिंग कॉलेज वाशिम चे
प्रशिक्षणा बाबत.

संदर्भ:- १) आपले पत्र दिनांक २२/०६/२०२३

उपरोक्त संदर्भीय विषयान्वये नॅझरीन नर्सस ट्रेनिंग कॉलेज वाशिम चे प्रत्याक्षिक करीता सत्र २०२३- २४ मध्ये शिक्षण घेत असलेल्या बेसीक ए.एन.एम.शिकण-या विद्यार्थ्यांना जिल्हा स्त्री रुग्णालय, वाशिम येथे परवानगी देण्याबाबत या कार्यालयास विनंती केली आहे.

त्या अनुषंगाने नॅझरीन नर्सस ट्रेनिंग कॉलेज वाशिम मधील प्रशिक्षणार्थीना शासकीय नियमानुसार देय शुल्काचा धनादेश जिल्हा स्त्री रुग्णालय, वाशिम येथे जमा केला असून प्रत्याक्षिक अनुभव प्रशिक्षणाकरीता परवानगी देण्यात येत आहे.

प्रशिक्षणादरम्यान विद्यार्थ्यांसोबत आपल्या महाविद्यालयातील एक शिक्षक असणे आवश्यक आहे.

(डॉ.के.ए.लोणकर)

वैद्यकीय अधिक्षक,

जिल्हा स्त्री रुग्णालय, वाशिम

आरोग्य सेवा

जा.क्र./ना.प्रा.आ.केंद्र/आस्था/.../२३
नागरी प्राथमिक आरोग्य केंद्र वाशिम
दिनांक :- ११/०५/२०२३

प्रति,

मा.प्रार्चाय

नॅझरीन नर्सिंग ट्रेनिंग कॉलेज
वाशिम.

विषय :-प्रात्यक्षिक अनुभवाकरीता प्रशिक्षार्थीना (UPHC) मध्ये परवानगी देणे बाबत..
संदर्भ:- आपले पत्र क्र.NNTC/OFFICE-2/BSC/88/2023/05 दिनांक ०६.०५.२०२३

महोदय,

उपरोक्त संदर्भीय विषयास अनुसरुन आपणास कळविण्यात येते की,सन २०२३-२४ सत्रा करीता बेसिक बी.एस.सी. नर्सिंग ,आर.जी.एन.एम. नर्सिंग आणि आर.ए.एन.एम. विद्यार्थ्यांना प्रशिक्षणा करीता परवानगी देण्यात येत आहे.

तसेच आपणास कळविण्यात येते की,आपल्या संस्थेतील विद्यार्थ्यांकडुन दिलेल्या कालावधीत कोणत्याही प्रकारची गैरवर्तवणुक होणार नाही याची पुर्ण दक्षता घ्यावी.


वैद्यकीय अधिकारी
वाशिम
नागरी प्राथमिक आरोग्य केंद्र
ना.प्रा.आ.केंद्र
वाशिम

प्रतिलिपी माहीतीस्तव संविनय सादर.

- १) मा.जिल्हा आरोग्य अधिकारी जि.प.वाशिम
- २) मा.तालुका आरोग्य अधिकारी वाशिम.

Registration/Renewal

Temporary Certificate of Registration under 5 of the Bombay Nursing Homes Registration Act 1949

नियम ५ अन्वये (Under Rule 5)

क्रमांक No.GHW/Reg/ 31/2007

दि बॉम्बे नर्सिंग होमच्या रजिष्ट्रेशन अॅक्ट १९४९ अन्वये रेनॉल्डस् मेमोरीयल हॉस्पिटल यांचे रेनॉल्डस् मेमोरीयल हॉस्पिटल पुसद नाका वाशिम येथील नर्सिंग होम/मॅटर्निटी होम रजिष्टर केले असून सदरचे नर्सिंग होम मॅटर्निटी होम चालविण्यास तात्पुरता परवाना देण्यात येत आहे.

This is to certify that Dr.Reynolds Memorial Hospital has been Temporary Registered Under The Bombay Nursing Homes Registration Act 1949 in respect of 100 Beded (Hundred Beded) Situated at Pusad Naka Washim And has been authorized to carry on the said Nursing Homes.

रजिष्ट्रेशन क्र. ३१/२००७

Registration No 31/2007

रजिष्ट्रेशन दिनांक २६/०७/२००७

Date of Renewal Registration 12.07.2022

प्रसुतीसाठी ४० कॉट्स

Maternity 40 Cots

इतर रुग्णांसाठी ६० कॉट्स

Other Nursing Patients 60 Cots

ठिकाण :- वाशिम

Place Washim

प्रमाणपत्र दिल्याचा दिनांक Date of issue of Renewal Certificate 12/07/2022

सदरचे प्रमाणपत्र तात्पुरत्या स्वरूपाचे असून दिनांक ३१/०३/२०२५ पर्यंत वैध (**VALID**) राहिल.

पावती क्रमांक 1051302 दिनांक 14/07/2022




(Dr. Vijay Tukaram Kalbande)
Civil Surgeon
Civil Hospital Washim



महाराष्ट्र MAHARASHTRA

2022

28AA 511376

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 नोंदणी अ. क्र.

दिनांक

दस्तावाचा प्रकार

दस्त नोंदणी करणार कोण ? होय / नाही

मिळवणीचे थोडक्यात वर्णन

मुद्रांक विक्रीचे दस्तावाचे नांव व सही

हस्त अंदाजित रक्कम कोण बसता व सही

दुसऱ्या बक्षकाराची नांव

मुद्रांक शुल्का रक्कम = १००/-

परवाना धारक मुद्रांक विक्रीसाठी सही व परवाना क्रमांक

तसेच मुद्रांक विक्रीचे ठिकाण व तारीख

ज्या व्यक्तीसाठी जगातील मुद्रांक खरेदी करत त्यांच्या व्यक्तित्वाचा कारणासाठी

मुद्रांक खरेदी केल्या जाणुन ते प्रसिद्धतादायी कामांसाठी वापरण्यात येऊ शकतात आहे.



मु. क. खेरखी

मुद्रांक विक्री, माहीम
क.०४/१० नोंद क्र.६५०९००३

६००२
१०० शायिमान मेरे
२२९२३ सवाली
६९१७११

- 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. 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 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



30/1/24
Principal

With Seal and Date

PRINCIPAL

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



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/07/2024/01

Date: - 15/01/2024

To

The Director

Ingle Mansik Arogya Kendra, 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 RANM which is affiliated to Maharashtra University of Health Sciences, Indian Nursing Council, Maharashtra Nursing Council, Maharashtra State Board of Nursing, Mumbai.

We would like to request you to permit our nursing students to undergo clinical experience in your expert field for academic year 2024-25. 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.)



Permission Granted

N. Ingle 15/01/2024

Dr. NARESHKUMAR G. INGLE

Consultant Psychiatrist

INGLE MANSIK AROGYA KENDRA

WASHIM-444505

Reg.No.2001/10/3321

Temporary Certificate of Registration under 5 of the
Bombay Nursing Homes Registration Act 1949

निरम ५ अन्वये (Under Rule 5)

क्रमांक No.GHW/Reg/ 124/2016

वि शीमे नर्सिंग होमच्या रजिस्ट्रेशन अंतर्गत १९४९ अन्वये डॉ.नरेशकुमार गोविंदराव इंगळे यांचे इंगळे मानसिक आरोग्य केंद्र डॉ.कानडे हॉस्पिटलच्या समोर वाशिम येथील नर्सिंग होम/मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम / मॅटर्निटी होम चालविण्यास तात्पुरता परवाना देण्यात येत आहे.

This is to certify that Dr.Narashkumar Govindrao Ingle has been Temporary registered under the Bombay Nursing Homes Registration Act 1949 in respect of 10 Beded (Ten Beded) Situated at infront of Dr.Kande Hospital Washim And has been authorized to carry on the said Nursing Homes.

रजिस्ट्रेशन क्र. १२४/२०१६

Registration No 124 /2016

रजिस्ट्रेशन दिनांक २४.०६.२०२२

Date of Renewal Registration 24.06.2022

प्रतुवासाठी ०० बॉटम्

Maternity 00 Cots

इतर रुग्णांसाठी १० बॉटम्

Other Nursing Patients 10 Cots

ठिकाण :- वाशिम

Place Washim

प्रकाशना दिनांक Date of issue of Renewal Certificate 24/06/2022

सदरचे प्रकाशपत्र तात्पुरता स्वल्पावे असून दिनांक ३१/०३/२०२५ पर्यंत वैध (VALID) राहील.

पावती क्रमांक १०५१२८ दिनांक २९.०६.२०२२



Vijay Tukaram Kalbande
(Dr.Vijay Tukaram Kalbande)
Civil Surgeon
Civil Hospital washim

Ingle

MAHARASHTRA POLLUTION CONTROL BOARD

Phone : (0721) 2563592

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Email : roamravati@mpcb.gov.in

Visit At : <http://mpcb.gov.in>



"Sahakar Surabhi" Bapatwadi Near Vivekanand Colony

Amravati - 444606

LETTER OF BIO-MEDICAL WASTE AUTHORISATION [Authorization for Generation, Segregation, Storage of Bio-Medical Wastes under Rule 7(4)]

I. File number of authorization and date of issue

SRO-AMRAVATI-II/BMW_AUTH/ 2112000299

Date: 13/12/2021.

II. **M/s. Ingle Mansik Arogya Kendra** is hereby granted an authorization for generation of biomedical waste on the premises situated at **Akola -Washim Highway, Dist. Washim.**

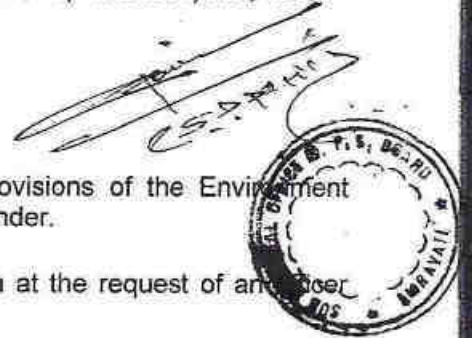
III. This authorization shall be in force for a period up to **30/10/2024**. An application shall be made by the occupier/operator for renewal **3 Months** before expiry of earlier authorization.

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

V. No of Beds: **10 (Ten Beds).**

Terms and Conditions of authorization

1. The authorized Person shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The authorization shall be produced for inspection at the request of an officer authorized by the prescribed authority.
3. i) The authorized person shall not rent, lend or sell the biomedical waste or facility.
ii) The authorized person can transfer the BMW generated at above premises to the "Transporter" or "Operator of Facility" authorized by MPCB under Bio-Medical Waste (Management and Handling) Rules, 2016 for collection, transportation, treatment and/or disposal of BMW generated.
4. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.



5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility.
6. The authorization is granted for generation of Bio-Medical Waste (BMW) in waste categories and quantities listed here in below:

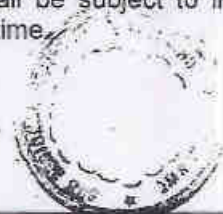
Sr. No.	Category	Quantity	UOM	Treatment & Disposal
1.	Cat-1 Human Anatomical Waste.	Nil	Kg/M	Bio Medical Waste Shall be sent to Common BMW Treatment & Disposal Facility authorized by MPCB.
2.	Cat-2 Animal Waste.	Nil	Kg/M	
3.	Cat-3 Microbiology & Biotechnology Waste.	Nil	Kg/M	
4.	Cat-4 Waste Sharps.	0.7	Kg/M	
5.	Cat-5 Discarded Medicines & Cytotoxic Waste.	1.6	Kg/M	
6.	Cat-6 Solid Waste.	4.5	Kg/M	
7.	Cat-7 Solid Waste	4.7	Kg/M	
8.	Cat-8 Liquid Waste	Nil	Lit/M	The Liquid Waste shall be disinfection by chemical treatment & discharge into the drainage system provided by local body.
9.	Cat-9 Incineration Ash.	Nil	Kg/M	CHWTSDF Landfill site.
10.	Cat-10 Chemical waste	Nil	Ltr/M	The Chemical Waste shall be disinfection by chemical treatment using at least 1% hypochlorite solution or any other equivalent chemicals reagent & discharge into drains for liquids & secured land fill for solids.

The Liquid / Solid waste generated from the treatment activity (from laboratory and washing, cleaning, housekeeping and disinfecting activities) shall be treated suitably by providing effluent treatment facility to conform the standards prescribed in Schedule V of said Rules and the Environment (Protection) Act, 1986.



8. (i) BMW shall be treated and disposed of in accordance with Schedule I; and in compliance with the standards prescribed in Schedule V of said Rules.
- (ii) You shall setup requisite BMW treatment facilities like incinerator, autoclave / Microwave, shredder etc., at the disposal side in accordance with the BMW rules. You shall disposed of the duly treated BMW and incineration ash in secured land fill site at your own premises / at MSW secured land fill site of Municipal Council authorized by MPCB and duly earmarked for disposal of treated BMW / at common H.W. treatment & disposal facility setup as per the Hazardous Waste (M & H) Rules, 1989 as amended and authorized by MPCB.
9. (i) BMW shall not be mixed with other wastes or reused, recycled or sold in any form.
- (ii) BMW shall be segregated into containers / bags at the point of generation in accordance with Schedule-II prior to storage, treatment and disposal. The containers shall be labeled according to Schedule III.
- (iii) If a container containing BMW is to be transported from the premises where BMW is generated to any waste treatment facility outside the premises, the container shall, apart from the Label prescribed in Schedule III, also carry information prescribed in Schedule IV and shall be transported by authorized Transporter only.
- (iv) Notwithstanding anything contained in the Motor Vehicles Act, 1988 or Rules there under, BMW shall be transported only in such vehicle as may be authorized for the purpose by the competent authority as specified by the Government.
- (v) No untreated BMW shall be kept stored beyond a period of 48 hours.
- (vi) Occupier shall adopt Sharp Blaster (Needle Blaster) for category no. 4 for Bio-Medical Waste treatment.
10. Medical waste shall not be considered properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reached during the autoclave process. If for any reasons, time temperature or pressure indicates that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence time were achieved.
11. Every 'Authorized Person' shall submit an Annual Report to the prescribed authority in Form-II by 31st January every year including information about the categories and quantities of BMW handled during the preceding year.
12. (i) Every 'Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMW in accordance with these Rules and any guidelines issued.
- (ii) All records shall be subject to inspection and verification by the prescribed authority at any time.

[Handwritten signature]



13. When any accident occurs at any institution or facility or any other site where BMW is handled or during transportation of such waste, the authorized person shall report the accident in Form III to the prescribed authority forthwith.
14. The Board reserves the rights to add/amend/revoke any condition in this application and the same shall be binding on the applicant.
15. The Board can refuse/cancel your authorization in case of violation of provisions of BMW Rules -Bio medical waste management.
16. The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.

For and on behalf of the
Maharashtra Pollution Control Board

(S. D. Patil)

Sub-Regional Officer,
M. P. C. Board, Amravati-II

To,
M/s. Ingle Mansik Arogya Kendra
Akola - Washim Highway, Dist. Washim.

Authorization Fees Received:-

Sr. No.	Amount	Transaction No.	Date
	3750/-	TXN2109001606	21/09/2021

Copy Submitted to:-

1. Chief Accounts Officer, MPCB Board, Mumbai.
2. Regional Officer (HQ), MPCB, Sion Mumbai.
3. Regional Officer, MPCB, Amravati.

डॉ. विजय टी. कानडे

एम.बी.बी.एस., एम. डी.

नवजात शिशु व बालरोग तज्ञ



कानडे बाल रुग्णालय

हिंगोली रोड, वाशिम. 444 505

07252, 23325

नांव _____

दि. / / २०

वय : _____

वजन : _____

Date: - 29/01/2024

To,

The Principal,

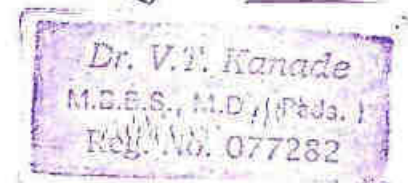
Nazarene Nurses Training College, Washim- 444505

Respected Madam,

Based on your application, I am well pleased to grant permission to your Basic B.Sc. (N) and A.N.M. students for the academic year 2024-25 to avail the clinical experience in our hospital.

Kindly send your Tutor along with students for the supervision.

With regards.





महाराष्ट्र **MEMORANDUM OF UNDERSTANDING**

28AA 511375

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.



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.

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

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

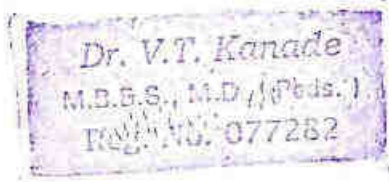
V. TERM OF AGREEMENT

- A. This Agreement is effective on February 1, 2024 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.)