

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2025-2026

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 minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) To be made available on web site	Total 9 hospitals but MOU done with 8 hospital	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: Copy to be made available on web site	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)		
<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 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:-

[Type here]

Date: _____
Dean/ Principal Stamp & Signature

PRINCIPAL

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

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 रेनॉल्ड्स मेमोरीयल हॉस्पिटल यांचे रेनॉल्ड्स 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



PRINCIPAL

Nazarene Nurses Training College

Reynolds Memorial Hospital

Washim 444505 (M. S.)



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:

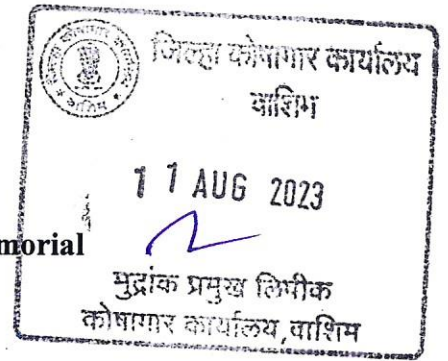
WHEREAS, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and

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 नोंदवही अ. क्र.

दिनांक

दस्ताचा प्रकार

दस्त नोंदणी करणार कोण ? होय / नाही

मिळवणीचे थोडक्यात वर्णन

मुद्रांक विक्री रोगाच्याचे नांव व सही

हस्त अंतर्भागाच्याचे नांव व सही

दुसऱ्या बक्षकाराचे नांव

मुद्रांक शुल्क रक्कम: १००/-

परवाना धारक मुद्रांक विक्रीसाठी सही व परवाना क्रमांक

तसेच मुद्रांक विक्रीचे ठिकाण: गाशिर

ज्या कारणासाठी ज्याला मुद्रांक खरेदी केला त्यांना त्याच कारणासाठी

मुद्रांक खरेदी केल्या पासून ३ महिन्यात कागदोपचारणे संपवण्यात येणे आवश्यक आहे.



६०७२
१००
२२९२३
६५५५५५

सु. के. वैरखी

मुद्रांक विक्री, गाशिर
क्र.०४/१० कोड क्र.६५०९००६

- 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



Principal

With Seal and Date

PRINCIPAL

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



कड हॉस्पिटल

स्त्रीरोग व जनरल सर्जरी

देवळे हॉस्पिटल जवळ, पुसद नाका, वाशिम ४४४५०५ फोन. ९९२१८६१८२८

डॉ. अनिल मोतीराम कड पाटील
MBBS, MS (Gen.Surg.), FMAS, FISC
जनरल, लॅप्रोस्कोपीक व अॅनोरेक्टल सर्जन
र.नं.2014/05/2267

डॉ.सौ.पल्लवी अनिल कड (गायकवाड)
MBBS, DGO.
प्रसुती, वंध्यत्व व स्त्रीरोग तज्ञ
र.नं.2014/04/1746

पेशंटचे नांव _____

वय - _____

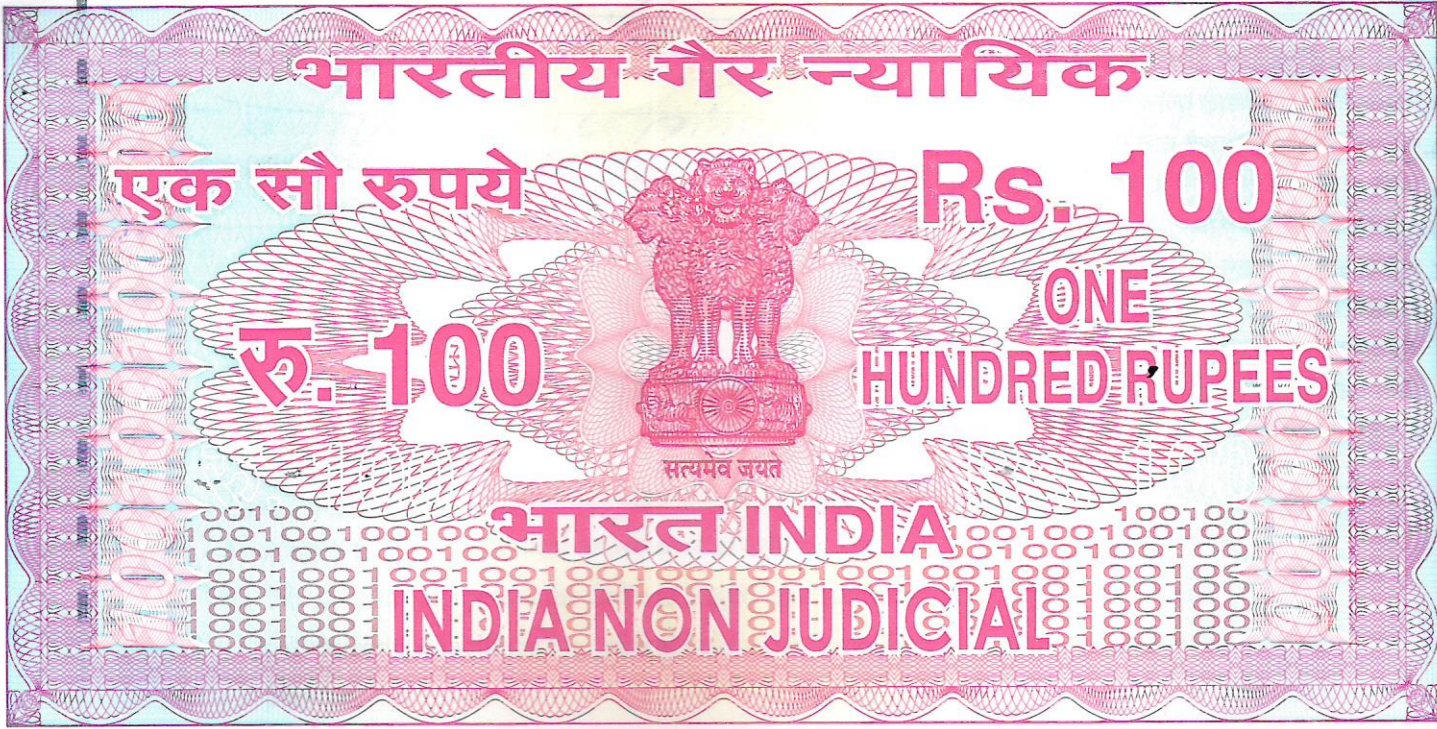
Rx

दि.- 5/2/25

TO,
Nazarene Nurses Training College
Washim.

We would like to grant permission
Nursing students of Nazarene Nurses
Training College, Washim for
observation at Kad Hospital. Students
can also practice procedure
Thanking you.

DR. PALLAVI V. GAIKWAD
MBBS, DGO.
Kad Hospital
Pusad Naka, Washim
Reg.No.2014/04/1746

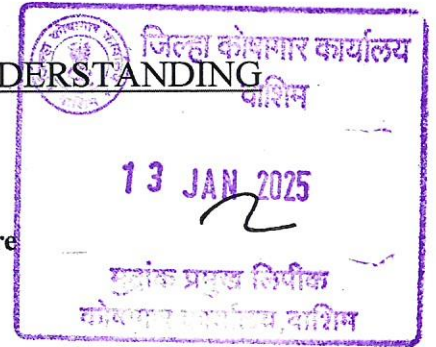


महाराष्ट्र MAHARASHTRA

● 2024 ●

27AB 535410

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 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.

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 दिनांक :-

१८१२० दि- १५/११/०५
जुबेल

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 खरेदी केल्यापासून

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.
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- 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, regardless 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;

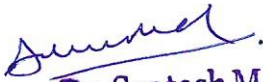
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- E. Communication to seek solutions to any problems which may arise in the clinical experience program; and
- F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purpose or which might improve the College curriculum.

XXI. REQUIREMENTS OF STUDENTS

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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
President/D.M.M.C. Reg. No. 2014/12/4934

With seal and date



Principal

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



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:	Category:	Scale:
O88 Health-care Establishment (as defined in BMW Rules)	Orange	S.S.I

Consent To:	Submit to:
Establish (New)	SRO - Amravati II

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

First Name	Father / Husband Name	Last Name	Designation
Dr. SANTOSH	MAHADEORAO	KAKADE	PROPRIETOR
Mobile No	Telephone/Fax	Email	Aadhar No
8806284040		drsantoshkakde01@gmail.com	706307736431
PAN No	Address	Pin Code	
CUTPK4403Q	GULATI LAYOUT,HINGOLI ROAD	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.

Details

Sources of Water

- i) Surface Water No
- ii) Ground Water Yes

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

Do you Have CGWA NOC No

iii) Tanker Water No

b) Water Consumption Details

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

Have you installed STP or ETP

No

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day)

0

b) Recyclable Waste(kg/day)

0

c) Domestic Hazardous Waste(kg/day)

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

444505

District

Washim

City/Town

Washim

Survey/Gut No.

GULATI LAYOUT

Name of premises /Building

KAKADE CARE & CRITICAL HOSPITAL

Road/Street

HINGOLI ROAD

Area/Locality

Washim City

Email

drsantoshkakde01@gmail.com

Website URL

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)

19.03

Longitude (In degrees)

72.9

g) Does HCF have Operation Theatre

No

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

3. BMW Authorization Details

a) Type of health treatment system

Medicine

b) Bombay Nursing Home Registration Details

Total number of Beds

25

BNH Registration Number **Valid Upto** **First Issued Date**

25

31-03-2024

12-04-2021

Certificate Issuing Authority

Civil Surgeon

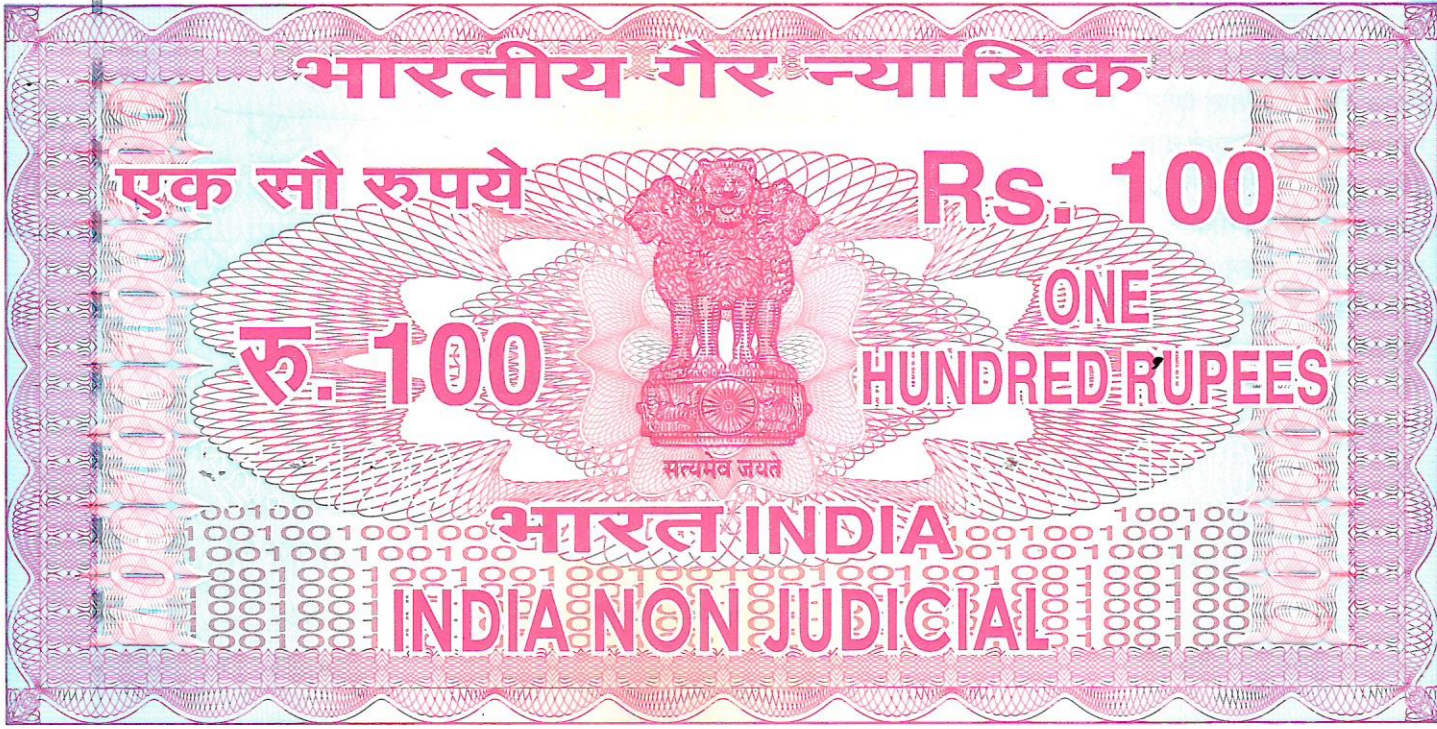
c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab

No

Blood Bank

No



भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

रु. 100

ONE HUNDRED RUPEES



सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL

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 persons 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.

IV. COLLEGE RESPONSIBILITIES

- The College will have current accreditation by any required accrediting body.
- 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.
- 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 :- १६१२० दि- १५/१/२०२५

२. दस्ताचा प्रकार

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

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 खरेदीकेल्यापासून

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.
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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 and 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 in the 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, 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

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 Bhutade
With seal and date
M.B.B.S, MD-Medicine
MMC Reg No 0898/04/2013
Lifeline Hospital Washim


Principal

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



लाईफलाईन मल्टीस्पेशालीटी हॉस्पिटल, वाशिम

डॉ. सौरभ एस. भुतडा

M.B.B.S., M.D. (Medicine)

हृदयरोग, मधुमेह, किडनी 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.



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

📍 श्री बालाजी होन्डा शोरूमच्या वर, जुनी जिल्हा परिषद समोर, अकोला नाका, वाशिम- 444505, (MH)

☎ 07252 - 234466 / +917499152851 ✉ lifelinehospitalwashimlmhw@gmail.com

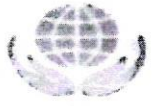


Global Eco Save Systems

118, First Floor, Shree Balaji Market, Jawahar Road, Amravati- 4446019
Maharashtra, India

Office No.: 0721-2565493, Mobile No.: +91-9371173345

Email: globalecos12@gmail.com Web: https://globaleco12.cbwtf.in



GESS

Unique Registration No. 1958



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, AKOLA 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.

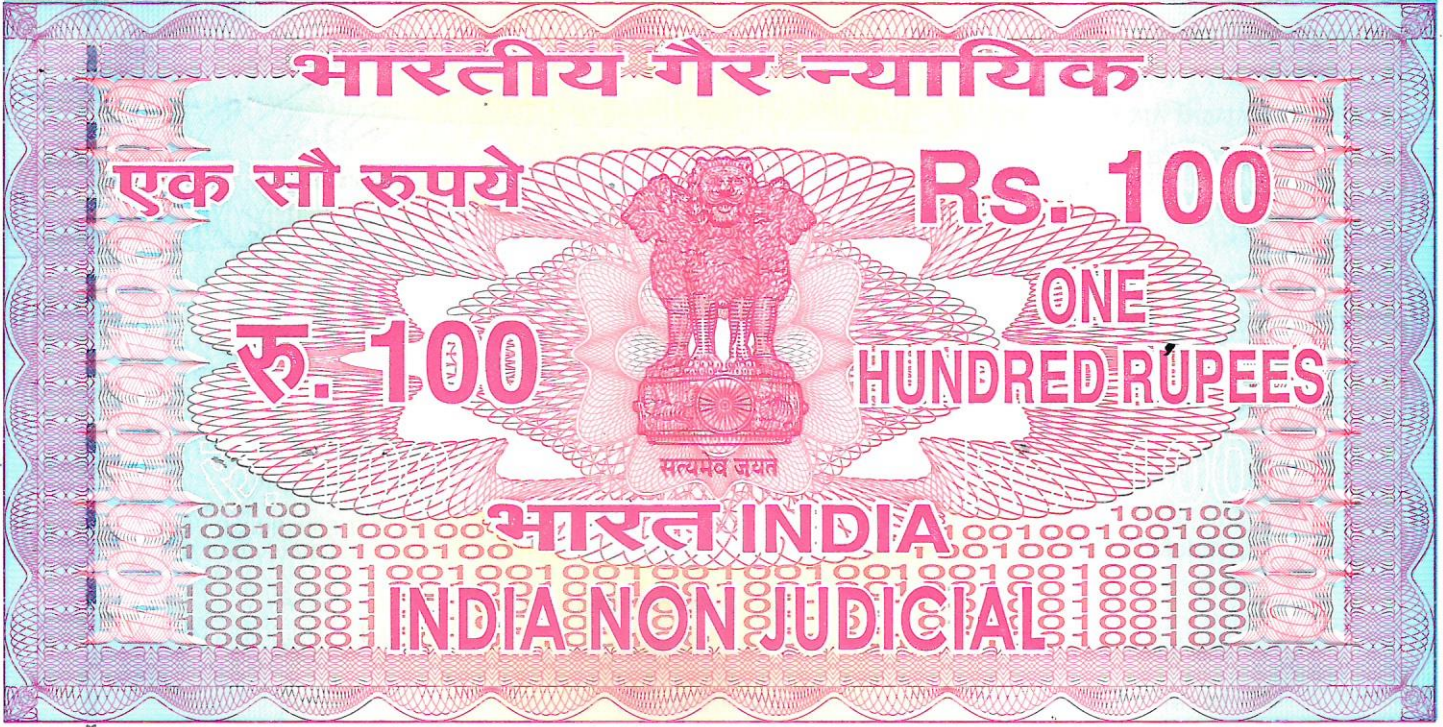
1	Authorized Person of HCE (Name and Designation)	DR. SAURABH BHUTADA
2	Bombay Nursing Home Act Registration Details	
	a BNH Registration No	: GHW/172/2018
	b BNH Issue Date	: 29-Jul-2022
	c Total Number of Beds	: 100
	d BNH validity (Form 'C')	: 31-Mar-2025
3	Common Treatment Facility Registration Details	
	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/ 1 st Operator/Renewal Details)	
	a Consent / CCA Number	: N/A
	b Issue Date	: N/A
	c Validity upto	: N/A



Authorized Signature

Name : Kamlesh S. Bharani
Designation : Partner

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



महाराष्ट्र MAHARASHTRA

● 2024 ●

27AB 637190



MEMORANDUM OF UNDERSTANDING 29 JAN 2025

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 careers; and
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१. मुद्रांक विक्री नोंद वही अ.क्र. व दिनांक :- १९५६२, दि. ३१/११ २०२५
२. दस्ताचा प्रकार :- ~~पुस्तक~~
३. दस्त नोंदणी करणार आहेत काय होय/ नाही :- -
४. मिळकतीचे थोडक्यात वर्णन :-
५. मुद्रांक विकत घेणाऱ्याचे नाव, पत्ता व सही :- ~~विश्व नरेश मोहोत वही~~
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 खरेदी केल्यापासून
६ महीन्यात वापरणे बंधनकारक आहे.

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

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President/Director

With seal and date

डॉ. सचिन पवार
म.स.सी.एन.ए.सी.ए.ए.मेडीसीन
२३.०१२/०१/०२०८
नाझरेन नर्स ट्रेनिंग कॉलेज व
रॉयल्स मेमोरियल हॉस्पिटल वाशिम


Principal

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





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.


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म.बी.बी.एस.एच.सी.पी.एस.मेडिसीन
र.न.२०१२/०२/०२८८
गजानन हार्ट क्लिनिकल केअर अ
पुसाद, हॉस्पिटल 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 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 body 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

डॉ. साचिन पवार

Yours faithfully
एम.बी.बी.एस.एफ.सी.पी.एस.मेडिसीन

र.न.२०१२/०२/०२८८

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

Timing: (OPD) 10am to 9 pm
Daily OPD वॉशिम वाशिम
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:	Category:	Scale:
O88 Health-care Establishment (as defined in BMW Rules)	Orange	S.S.I

Consent To:	Submit to:
Establish (New)	SRO - Amravati II

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

First Name	Father / Husband Name	Last Name	Designation
Dr. Sachin	Mohan	Pawar	Doctor
Mobile No	Telephone/Fax	Email	Aadhar No
9145192941		yeolepandurang4@gmail.com	293429135031
PAN No	Address	Pin Code	
BQTPP6897E	Doctor Lane, Pusad Naka Washim, Tq. & Dist. Washim	444505	

Health Care Facility (HCF) Information

a) Name of the Health Care Facility

Gajanan Multispecialty

b) Address for Correspondance

Pin Code

444505

District

Washim

City/Town

Washim

Survey/Gut No.

Name of premises /Building

NA

Road/Street

Doctor Line, Pusad Naka

Area/Locality

Washim City

Email

yeolepandurang4@gmail.com

Website URL

NA

c) Details of Contact Person

Name of the contact person

Dr Sachin Mohan Pawar

Contact No.

9145192941

Email

yeolepandurang4@gmail.com

Designation

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)

6000

ii) Built up area (in square meter)

4600

iii) Open Plot Area (Sq.Mtr)

200.00

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

Latitude (In degrees)

20.1112

Longitude (In degrees)

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 & Machinery / 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)

211.04 (Lakh)

Certificate Date

18-10-2023

i) Compliance of Location Criteria

Location of facility

Whether it is notified industrial area

Land Use Type

Land Ownership

j) Does HCF have Laundry facility in premises Residential No
 k) Does HCF have Canteen/Cafeteria facility in premises Self Owned 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

MC Washim

Planning permission

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 8

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Treatment	Disposal
Domestic Purpose	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 Treatment

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
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Do you have Boiler Installed

No

Boiler Details

Make	Model	Combustion efficiency	Fuel Type	Qty	Shape (round/rectangular)
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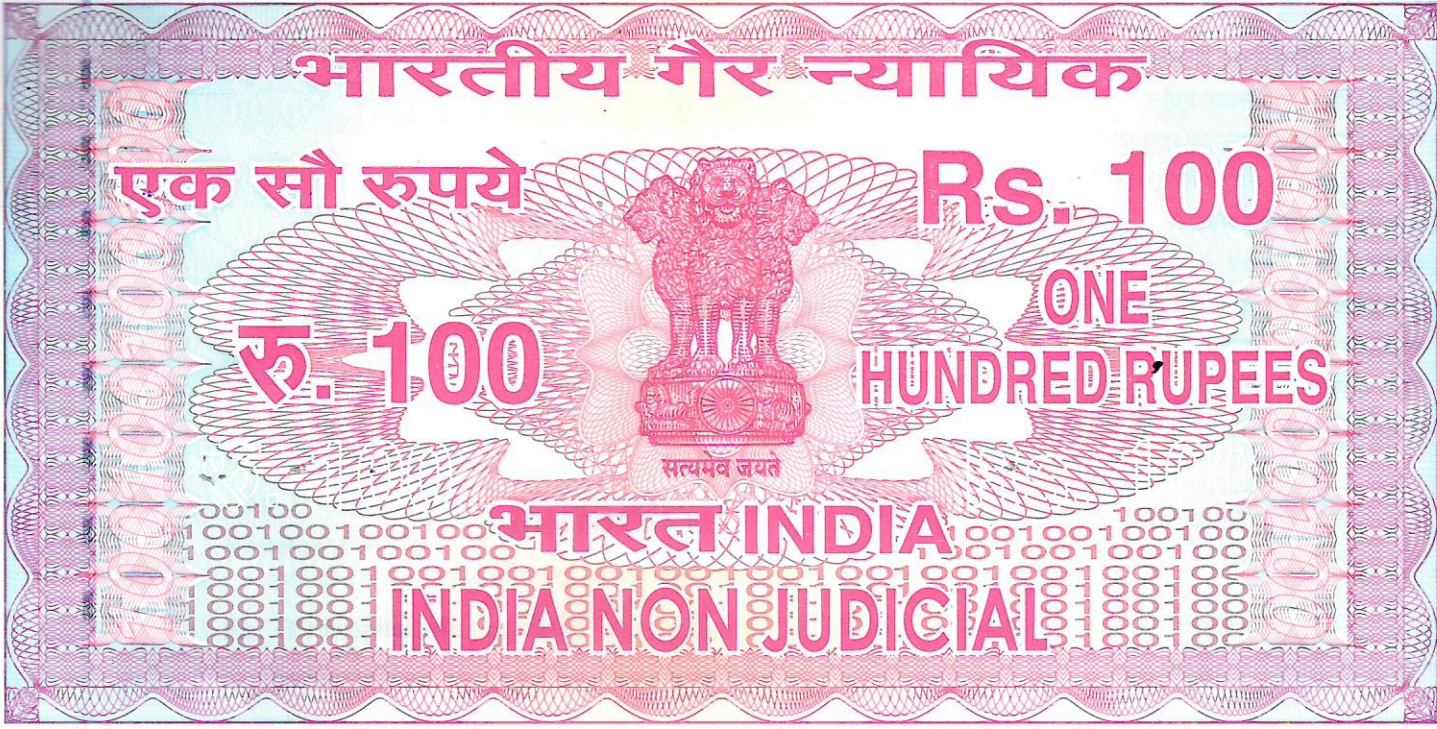
5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

No

Do you have Infection Control Committee Constituted

No



महाराष्ट्र MAHARASHTRA

2024

27AB 535411

MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Nazarene Nurses Training College, Washim & Kanade Bal Ragnalay WASHIM (Dr. VIJAY T. KANADE) 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.

X. 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 :- १८१२ दि. १५/११/२०१५

२. दस्ताचा प्रकार :- उत्तर

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

४. मिळकतीचे थोडक्यात वर्णन :- विशेष बंधित जागे व वसति

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 खरेदी केल्यापासून

६ महीन्यात वापरणे बंधनकारक आहे.

सु. के. निरखी

मु. वि. वाशीम ४/९०

कोड नं ६५०९००६

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.

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- 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

- 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 in the 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, 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

XI. 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;
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XII. 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.

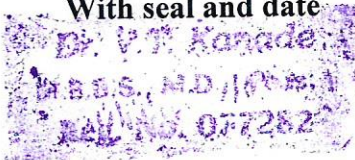
IV. TERM OF AGREEMENT

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

PRINCIPAL

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



विजय टी. कानडे

एम.बी.बी.एस., एम.डी.
नवजात शिशु व बालरोग तज्ञ



कानडे बालरुग्णालय

हिंगोली रोड, वाशिम - 444 505

नाव दि. / /
पत्ता वय वजन

Date: 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 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. V.T. Kanade
B.B.S., M.D., F.P.S.I.
R.A.N.M. 077282



मरणोत्तर नेत्रदान करा मरावे परी नेत्ररुपी उरावे ! - डॉ.विजय कानडे



Unique Registration No.: GESS/6



Offline QR Code

REGISTRATION CERTIFICATE



Online QR Code

Outward No.: GESS/2024/46

Date: 01/02/2024

This is to certify that, DR.VIJAY T. KANADE HINGOLI ROAD WASHIM is registered with Ms. GLOBAL EGO SAVE SYSTEMS, Amravati 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 : DR.VIJAY T. KANADE
(Name and Designation) : KANADE BAL RUGNALAY

2 Bombay Nursing Home Act Registration Details

- a. BNH Registration Number :
b. BNH Issue Date :
c. Total Number of Beds :
d. BNH Validity (Form 'C') :

3 Common Treatment Facility Registration Details

- a. Date of Registration : 01/10/2012
b. No. of Beds Registered : 60
c. Registration Validity : 31/12/2024

4 Renewal of CTF Membership (if Applicable)

- a. Renewal Date : 01/01/2025
b. No. of Beds : 60

5 MPCB Consent (Establish! 1st Operate/ Renewal) Details

- a. Consent / CCA Number :
b. Issue Date :
c. Validity up to :



Authorized Signature
Name : Kamlesh S. Bharani
Designation : Proprietor

Note: HCE shall display copy of Registration Certificate at front Desk and Temporary BMW storage area.



महाराष्ट्र MAHARASHTRA

2024

CT 519186

MEMORANDUM OF UNDERSTANDING

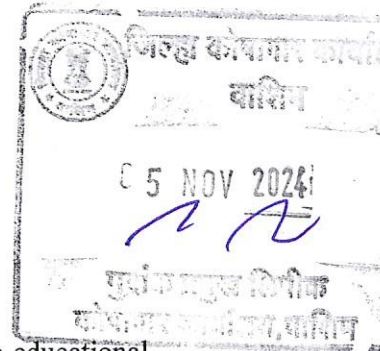
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१. मुद्रांक विक्री नोंदवही अक्र व दिनांक : १४३०९ दिनांक १३/११/२०२४

२. दस्ताचा प्रकार :

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

४. मिल्कतीचे थोडक्यात वर्णन :

५. मुद्रांक विकत घेणाराचे नांव पत्ता व सही :

६. दुस-या पक्षकाराचे नांव :

७. मुद्रांक शुल्क रुपये ५००/- रुपये

८. परवाना धारक मुद्रांक विक्रेत्याची सही व

परवाना कमांक तसेच मुद्रांक विक्रीचे ठिकाणाचा पत्ता

ज्या कारणा करीता ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणा करीतासाठी

मुद्रांक खरेदी केल्या पासून ६ महीन्यात वापरणे बंधनकारक आहे.

एस. के. खंडाळकर

मुद्रांक विक्रेता, वाशिम

प. क्र २०/९८

कोड नंबर ६५०१००३

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President/Director

With seal and date

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


principal



Deole Hospital

Heart, Critical Care &
Laxmi Diagnostic Center

देवळे हॉस्पिटल

हार्ट, क्रिटीकल केअर अँड 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 हॉस्पिटल
- * 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.

२४ तास अत्यावश्यक सेवा (रविवार वंद)

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



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

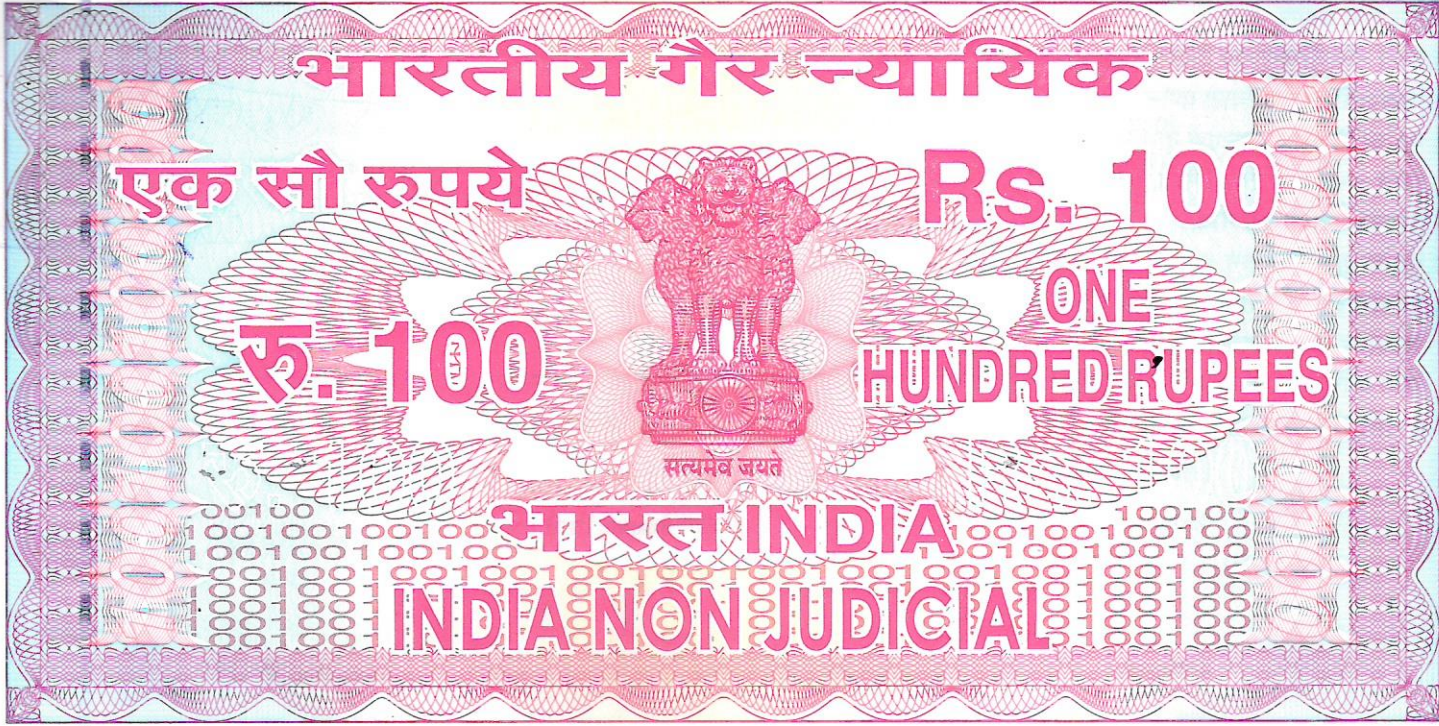
Faithfully

Principal

PRINCIPAL

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





महाराष्ट्र MAHARASHTRA

2024

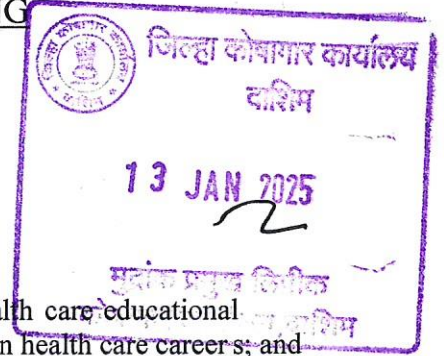
27AB 535413

MEMORANDUM OF UNDERSTANDING

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**Nazarene Nurses Training College, Washim & INGLE
MANSIK AAROGYA KENDRA HOSPITAL WASHIM
(Dr. INGLE Hospital, Washim)** The Agreement Ent, and any
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 २. दस्ताचा प्रकार :- पुस्तक
 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 :

निलिग रवि स वाठगे रा. जाति

परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता
 ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कामासाठी मुद्रांक खरेदी केल्यापासून
 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 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

- 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.

IX. 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 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

N. Ingle
President/Director

With seal and date

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



[Signature]

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
No:- Format1.0/SRO/UAN No.0000222803/CE/2411001498

Date: 25/11/2024

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



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 M² with Built-up area 424.34 M².

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 M³/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/ Upgradation 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.



Sushilkumar Rathod

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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
1	pH	Limiting Concentration in mg/except for pH
2	Oil & Grease	6.5-9.0
3	BOD (3 days 27°C)	10
4	COD	30
5	Total Suspended Solids	250
6	Bio-Assay Test	100
		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 premises as stipulated under Schedule II (6) of Biomedical waste Management Rules, 2016.

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:-
- Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically for control of noise.
 - 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.
 - You shall make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
 - Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
 - 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.
 - D.G. Set shall be operated only in case of power failure.
 - The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.
 - 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.	
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		

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/>).

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 CBMWTFD	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

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 adhere 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.

डॉ. नरेशकुमार इंगळे

M.B.B.S., D.P.M.
(J.J. Hospital, Mumbai) F.I.P.S.
मंदुरोग, 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

01/01/2025

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.



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



वेळ - सकाळी १० ते सायंकाळी ६ व
रविवार सकाळी १० ते दुपारी २

अकोला-हिंगोली हायवे, वाशिम, जि. वाशिम

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