

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2026-27

Clinical Material in Hospital

Name of College/Institute : PARVATIBAI MHASKE INSTITUTE OF NURSING,
AHILYANAGAR 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	YES Parent hospitals- 100 beds and Affiliated hospital - 487 beds	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	Bombay Nursing Act, Municipal corporation, Ahilyanagar	Adequate
b.	Student Bed Ratio for UG & PG to be verified: (As per MSR) Calculate at Actual	1:3	Adequate
c.	Average Bed Occupancy in %: (Minimum 75%)	76%	Adequate
d.	Clinical facilities for PG to be verified:-(As per MSR)	NA	NA
	(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)	YES 79144	
<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:-

Chairman of LIC

Member Of LIC

Dean/ Principal Stamp & Signature

 PARVATIBAI MHASKE INSTITUTE
 OF NURSING AHMEDNAGAR
 Member Of LIC

AHMEDNAGAR MUNICIPAL CORPORATION
HEALTH DEPARTMENT



FORM 'C'
(See Rule 5)



Certificate of Registration under section 3 of the Maharashtra Nursing Homes Registration Act

No AS per health Dept- Amc- Outward no -64- Date-8/04/2025

This is to certify that Shri / Smt. Dr ESHWAR LAXMAN

KANASE has been registered under the Maharashtra Nursing

Homes Registration Act is respect of AHMEDNAGAR APEX MULTI
SPECIALITY - HOSPITAL

situated at IN FRONT OF ICICI BANK NAGAR-MANMAD ROAD A. NAGAR

and ((72-Bed capacity))

Has been authorised to carry on the said nursing home

Registration No. :- 635

Date of Registration :- 09/10/2015

Place : Ahmednagar

Date of Issue of Certificate :- 08/04/2025

This Certificate of registration shall be valid upto 31st March 2028

(Dr Satish Rajurkar)

Maternity-0
ICU - 28
Other- 44
Total- 72
added- Bed- 28
Total- 100
Shri
S. B. Rajurkar
18/9/25



Shri. S. B. Rajurkar

Signature of the registration authority
Medical Officer of Health / Local Supervising authority



BIOCLEAN SYSTEMS (INDIA) PVT. LTD.

Pune Office: Building No. A-10, Flat No. 06, Meera Nagar Koregaon Park, Pune -411001 (M.H.)

Maharashtra Pollution Control Board
महाराष्ट्र प्रदूषण नियंत्रण बोर्ड



BIOCLEAN
SYSTEMS (INDIA) PVT. LTD.
A ISO 9001-2000 COMPANY

Unique Registration No.: AMD-161



Offline QR



Online QR

Registration Certificate

Outward No. : OW/Cer/2025-26

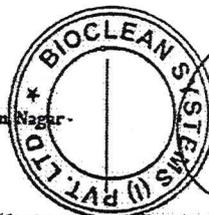
Date : 11-Feb-2026

This is to certify that AHMEDNAGAR APEX MULTISPECIALITY HOSPITAL (161), IN FRONT, NAGAR MANMAD ROAD, SAVEDI, AHILYANAGAR. is registered with M/s Bioclean Systems (India) Pvt. Ltd., Nilayam Housing Society, Vinayak Nagar, Near Maruti Showroom, Nagar - Pune Road, Ahilyanagar - 414001, Maharashtra. 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)	AHMEDNAGAR APEX MULTISPECIALITY HOSPITAL
2	Bombay Nursing Home Act Registration Details	
	a. BNH Registration No	635
	b. BNH Issue Date	11-Feb-2026
	c. Total Number of Beds	100
	d. BNH validity (Form 'C')	31-Mar-2028
3	Common Treatment Facility Registration Details	
	a. Date of Registration	29-Dec-2018
	b. No. of Beds Registered	100
	c. Issue Date	11-Feb-2026
	d. Registration Validity	13-Dec-2026
4	Renewal of CTF Membership (if applicable)	
	a. Renewal Date	13-Dec-2026
	b. No. of Beds	100
5	MPCB Consents (Establish/ 1 st Operator/Renewal Details)	
	a. Consent / CCA Number	APPLIED
	b. Issue Date	:
	c. Validity upto	:

Ahilyanagar Office:

Nilayam Housing Society, Vinayak Nagar, Near Maruti Showroom Nagar -
Pune Road, Ahilyanagar - 414001, Maharashtra.
Ph.:(0241) 2324131, Mob 9225322576



For Bioclean Systems (India) Pvt. Ltd.

Mishra
Authorised Signatory
Date-12/02/2026

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



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.

General Information

UAN No:
MPCB-CONSENT-0000242927

Application submitted on:
04-04-2025

Industry Information

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

Category: Orange

Scale: S.S.I

Consent To: Operate (Plain Renewal)

Submit to: SRO - Ahilyanagar

Consent to Establish Details

Consent to Establish No.	Consent to Establish date	Consent to Establish Valid Upto
	01-01-1970	01-01-1970
Previous Consent No.	Previous Consent date	Previous Consent Valid Upto
2212000903	13-12-2022	09-10-2024

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

First Name **Father / Husband Name**
Mr. Eshwar Laxman

Mobile No **Telephone/Fax**
9545310002 9545310002

PAN No **Address**
CBFPK8068L Infront Of ICICI Bank Near Hotel Parichay Nagar Manmad Road Savedi
Ahmednagar 414003

Last Name **Designation**
Kanse Doctor

Email **Aadhar No**
trustbestapex@gmail.com 981159770338

Pin Code
414003

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

Ahmednagar Apex Multi Speciality Hospital

b) Address for Correspondance

Pin Code

414003

Survey/Gut No.

Infront Of ICICI Bank

Area/Locality

Savedi Road

c) Onwership of Facility

Private (Registered under company Act)

Land Ownership

Rent (Rent Aggrement Date: Jan 1 1970 12:00:00:000AM

Validity Date: Jan 1 1970 12:00:00:000AM)

b) Month and year of commissioning of the HCF

28/01/2019

e) Area of the Facility / Hospital

i) Total plot area (in square meter)

736.89

ii) Built up area (in square meter)

400

iii) Open Plot Area (Sq.Mtr)

336.89

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

Latitude (In degrees)

19.1253

Longitude (In degrees)

74.7403

g) Does HCF have Operation Theatre

No

Number of OT

1

h) Does HCF have Laundry facility in premises

No

i) Does HCF have Canteen/Cafeteria facility in premises

No

j) Does HCF have Hostel/Residential quarters in premises

No

3. BMW Authorization Details

a) Type of health treatment system

Medicine

b) Bombay Nursing Home Registration Details

Total number of Beds

65

BNH Registration Number Valid Upto

635

31-03-2022

First Issued Date

08-07-2019

Certificate issuing Authority

Medical Officer or Health Officer of Municipal Corporation

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab

Yes

Average Samples/day

10

d) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose

No

Category wise Bio-Medical Waste Collected ,Treated,Disposed			
Sr. No	Category	Type of Waste	Quantity not to exceed (Kg/M)
1	Yellow	a) Human Anatomical waste	40.00
		b) Animal Anatomical Waste	0
		c) Soiled Waste	100.00
		d) Expired or Discarded Medicines	5.00
		e) Chemical Waste	1.00
		f) Chemical Liquid Waste	0
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	0
		h) Microbiology Biotechnology and other clinical laboratory waste	0
2	Red	Contaminated waste (Recyclable)	130.00
3	White (Translucent)	Waste sharps including Metals	30.00
4	Blue	a. Glassware	15.00
		b. Metallic body implants	20.00

Do you Have Equipment Installed for Pretreatment of Yellow (g), (h) Category Waste

No

Whether you have establish a Bar-Code system for Bag or Containers containing Bio-Medical waste

No

Common Facility Membership Details (CTF)

CTF Name

M/s. Bioclean Systems India Pvt Ltd. , Ahmednagar

Membership Number

AMD 161

Issued Date

01-04-2026

4.Consent Details

a) Sources of Water

i) **Surface Water** No

ii) **Ground Water** No

iii) **Tanker Water** Yes

Quantity of water (CMD) Source of tanker water (Surface,Borewell etc.)

22.1 NO

b) Water Consumption Details

Raw Water (CMD) Recycle Water (CMD)

22.1

Total Water Quantity Requirement (CMD)

22.1

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Disposal
Domestic Pourpose	20	18	On Land For Gardening

Hazardous Waste Details		
Description	Waste Category	Quantity in MT/Month
Incineration Ash	37.3	0
STP/ETP	35.3	0
Used Oil		0

Non-Hazardous Waste aspect					
Description	Quantity	UOM	Treatment	Treatment	Remarks

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

Yes

Average Cost (O & M) for ETP/STP

2000

Average Cost of APCD Rs/Year

Brief details of tree plantation/green belt development within applicant's premises

Open Space Availability

Plantation Done On

Number of Trees Planted

Whether Environmental Statement submitted

No

Environmental Statement submitted Date

01-01-1970

Any other additional information that the applicants desires to give

Do you have Infection Control Committee Constituted

No

6. Financial Details

Is there any Bank Gurantee impose on you during previous Consent/Authorization period.

No

Bank Gurantee Number	Date	Valid Up To	Amount	Bank Name	Branch
0	01-01-1970	NA	0	NA	NA

Additional Bank Gurantee Details, if Any					
Bank Gurantee Number	Date	Valid Up To	Amount	Bank Name	Branch
0	01-01-1970	NA	0	NA	NA

Pathology Laboratory, Floor washing, Operation Theater	2.1	2.1	On Land For Gardening
Laundry	0	0	On Land For Gardening
Industrial Cooling,spraying in mine pits or boiler feed	0	0	On Land For Gardening
Total	22.10	20.10	

d) Waste Water Treatment

Have you installed STP or ETP

No

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day)

10.00

b) Recyclable Waste(kg/day)

8.00

c) Domestic Hazardous Waste(kg/day)

1.00

Air Pollution

Whether D.G. Set Installed

No

Do you have Boiler Installed

No

Do you have adequate facility for collection of samples of emissions in the form of port holes, platform, ladder/etc. As per Central Board Publication "Emission regulations Part-III" (December, 1985)

Port hole

No

Platform

No

Ladder

No

Parameter	Permissible Limiting concentration	Latest 3 Sampling Dates		
		1st Date	2nd Date	3rd Date
		NA	NA	NA
Particulate matter	50 mg/Nm ³	0	0	0
Nitrogen oxides	400 mg/Nm ³	0	0	0
HCL	50 mg/Nm ³	0	0	0
Total Dioxins and Furans	0.1 ng TEQ/Nm ³ (at 11% O ₂)	0	0	0
Hg and its compounds	0.05 mg/Nm ³	0	0	0

Whether you have provided Online Continuous Emission Monitoring Systems (OCEMS)

No

Quantity of ash generated from Boiler (Tonnes/ month):

Mode of Disposal of Boiler ash

Provision Of Alternate Electric Supply

No

Separate Electricity Meter Provided to Pollution control Devices

No

Hazardous Waste

CHWSDF Details

CHWTFD Facility Name

NA

CHWTFD Membership Number

0

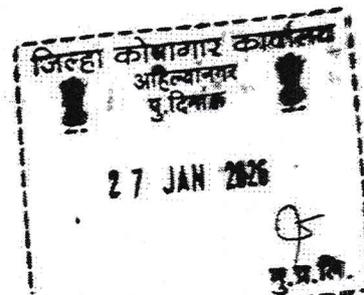
275/43/2026

13 FEB 2026



महाराष्ट्र MAHARASHTRA

65AB 454089



Memorandum of Understanding (MOU)

This Memorandum of Understanding is drawn on the 12th day of Feb 2026 at Ahilyanagar.

BY AND BETWEEN

Parvatibai Mhaske Institute of Nursing, Ahilyanagar an institute registered under the Bombay public trust Act and having its registered at Ahmednagar through the **Principal, Mr Ajjappa H Chavaradar** hereinafter referred to as "the Manager & Institute" (which expression shall unless the contest does not so admit, include than the survivors or survivor of them, the heirs executors and administrators of the last survivor member or member of the time being of the managing committee of the said institute) party of the **FIRST PART**.

Apex Multispecialty Hospital Ahilyanagar, through its **Managing Director, Dr. Santosh Gangarde**. hereinafter referred to as the "The Hospital" which has hospital facilities for training students belonging to said institute (Which term shall be, where the context so admits, deemed to include its successors and permitted) of the **SECOND PART**.



मुद्रांक विक्रेता अस्तित्वात मुद्रांक विक्रेत्याचा नावाचा नाव :-

मुद्रांक विक्रेता घेणाऱ्याचे नाव - पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, अहिल्यानगर

दुसऱ्या पक्षकाराचे नाव -

हस्ते असल्यास त्यांचे नाव व पत्ता :- गणेश टपले

मुद्रांक शुल्क रक्कम : 100

नोंदवही अ.क्र. 28087

दि. 29/01/2026

हरिष द.माडगे

मुद्रांक विक्रेता, तहसिल कार्यालय, नगर

ला.नं. 10470/98

ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून 6 महिन्यांच्या आत वापरणे बंधनकारक आहे.

GO

AND WHEREAS Apex Multispecialty Hospital Ahmednagar for signing this MOU Document for thirty years has authorized its Managing Director, Dr. Santosh Gangarde. for and on behalf of the said Hospital.

AND WHEREAS Parvatibai Mhaske Institute of Nursing, Ahmednagar is registered under the Bombay public trust Act 1950 and having its registered at Ahmednagar. AND for signing this MOU document Principal, Mr Ajjappa H Chavaradar is authorized for and on behalf of the said institute.

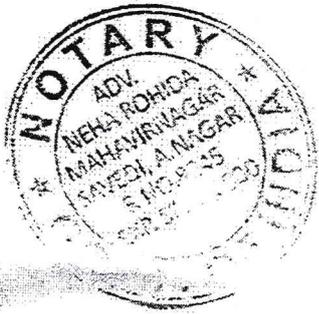
AND WHEREAS the institute and manager have requested the Hospital to permit them to use 100 beds in hospital at Ahmednagar more particularly described in the first schedule hereunder written hereinafter referred to as "the said hospital" as well as other facilities available in the said hospital for being utilized by the students of the said for training.

AND WHEREAS the Hospital has agreed to permit the institute and the manager to utilize the said Beds in the said hospital, short particulars of which beds are given in the second schedule herein under written on certain terms & condition agreed between parties hereto.

AND WHEREAS the parties are desirous of recording the said terms and condition.

NOW THIS AGREEMENT WITNESS AS FOLLOWS:-

1. Parvatibai Mhaske Institute of Nursing, Ahmednagar established in year 1999 in ANM & 2004 GNM duly recognized by Indian Nursing Council New Delhi, Maharashtra State Board of Nursing & Paramedical Education Mumbai & approved by Government of Maharashtra.
2. Apex Multispecialty Hospital, Ahmednagar here by allows using Parvatibai Mhaske Institute of Nursing, Ahmednagar. Practical training/clinical experience & to conduct examination for its ANM/GNM/B.Sc. Nursing student as per batch sanctioned by competent authority.
3. Apex Multispecialty Hospital, Ahmednagar will not pay any remuneration to said student nurses on its account.
4. Parvatibai Mhaske Institute of Nursing, Ahmednagar will not claim any type of fund & grant from Apex Multispecialty Hospital, Ahmednagar for this educational activity.
5. In consideration for facility of practical training filed made available Parvatibai Mhaske Institute of Nursing, Ahmednagar, will see that their students provide quality nursing care to assigned clients/ patients.
6. The faculty Tutor/ clinical instructor will accompany students for day today supervision and guidance during their posting in the hospital.
7. Parvatibai Mhaske Institute of Nursing, Ahmednagar will ensure that the students maintain discipline during their clinical posting in various departments/ wards of the hospital.





8. Parvatibai Mhaske Institute of Nursing, Ahmednagar will ensure that the student's nurses attend the hospital duty regularly and in time (as per planned schedule).
9. This agreement is valid for period of **THIRTY YEARS** from the date of this agreement and renewable thereafter.



IN WITNESS WHERE OF THE PARTIES HERE TO HAVE SET THEIR RESPECTIVE HANDS AND SEALS TO THOSE PRESENT ON THE DAY, MONTH AND YEAR HEREINABOVE MENTIONED.

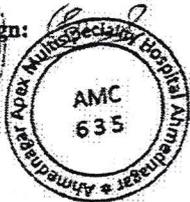


1. a) Name: Mr Ajjappa H Chavaradar
b) Address: Principal,
Parvatibai Mhaske Institute of Nursing, Ahilyanagar.

Sign:
PRINCIPAL
PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHILYANAGAR



2. a) Name : Dr. Santosh Gangarde
b) Address: Managing Director
Apex Multispecialty Hospital, In front of ICICL Bank,
Nagar Manmad raod, Ahilyanagar.



3 FEB 2026

Noted at Serial No. 225/43/2026

BEFORE ME

NEHA ROHIDA
Adv. & Notary Public
(Govt. of India)
Mahavirnagar Ahmednagar

089/2025

S.No/BR/NNT



महाराष्ट्र MAHARASHTRA

2025

48AB 697036

दस्त नोंदणी क्र.

प्रकार

544

मुद्रांकविकत घेणार

नगर अपेक्ष मल्लिकार्जुन

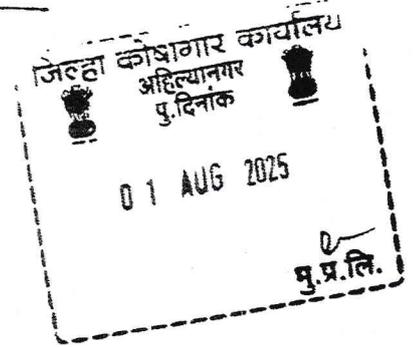
दस्तावेज पक्षकाराचे नांव

हस्त असल्यास - स्वतः / हस्त

दस्तावेज नोंद केली अ.नं. 93960 दिनांक 05 AUG 2025

दस्तावेज मुद्रांक, कार्ट सल्ली, अ.नगर, मो. 98 22 22 98 24
प. नं. क्र. 4/एसटीपी/9998

दस्तावेज कारणासाठी मुद्रांक खरेदी केला आहे त्याच कारणासाठी मुद्रांक
खरेदी केल्यापासून सहा महिन्यांचा आत वापरण बचनकारक आहे



भागीदारी प्रवेशपत्र

भागीदारी पत्र दिनांक 20/06/2024 इसवी ते दिवशी ...

१) डॉ. ईश्वर लक्ष्मण कणसे,

वय : 38 वर्षे,

Pan No. CBFPK8068L,

रा. घर नं. ८, दिवटे बोधेगाव,

अहिल्यानगर 414403.

भागीदार क्र. १ ...



- २) डॉ. संतोष रघुनाथ गांगर्डे,
वय : ३७ वर्ष,
Pan No. AVNPG4521C,
रा. निमगांव गांगर्डे, ता. कर्जत,
जि. अहिल्यानगर ४१४४०१.

भागीदार क्र. २ ...

- २) डॉ. अभिजेत सुभाष म्हस्के,
वय : ४२ वर्ष,
Pan No. BJDPM2584G,
रा. फ्लॅट नं. १५०१, १५ वा मजला, टॉवर नं. ६,
तळोजा रोड, सेक्टर २०, रोडपली,
कळंबोली नोड, पनवेल, रायगड ४१०२१८.

प्रवेश करणारा भागीदार क्र. ३ ...

आपण भागीदार क्र. १ व २ यांनी दि. ०९/०३/२०२४ या तारखेपासून 'नगर अॅपेक्स मल्टीस्पेशलिटी हॉस्पिटल' या नावाने भागीदारी व्यवसाय करीत आहात.

आपणापैकी भागीदार क्र. ३ श्री. अभिजेत सुभाष म्हस्के हे दि. २०/०६/२०२५ रोजी सदरहू धंद्यात प्रवेश करीत आहे. आपण सर्व भागीदारांनी मिळून भागीदारीचा व्यवसाय ज्या अटी व शर्तीनुसार चालवावयाचा आहे त्या अटी व शर्ती निश्चित केल्या असून आज रोजी लिहून ठेवण्याचे ठरविले. त्यानुसार भागीदारी संस्थेच्या घटनेमध्ये बदल करण्याचे ठरविले आहे.

सदर नवीन भागीदारीचा व्यवसाय ज्या अटी व शर्तीनुसार करण्याचे ठरविले आहे त्या अटी व शर्ती खालील प्रमाणे आहेत.

सदर भागीदारी पत्राच्या मुख्य शर्ती व अटी :

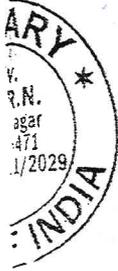
- १) भागीदारीचे नाव :- सदर भागीदारी धंद्याचे नाव 'नगर अॅपेक्स मल्टीस्पेशलिटी हॉस्पिटल' असे राहिल. मात्र आपणासर्वांच्या मर्जीनुसार आपणांस इतर नावानेही व्यवसाय अगर धंदा चालविता येईल.



S.No./B.R.N./N.T. 389/2025

- २) भागीदारी धंदातील बदल :- सदर धंदातील बदल दि. २०/०६/२०२५ पासून सुरु झालेले आहे.
- ३) भागीदारीचे ठिकाण :- सदर भागीदारीचा व्यवसाय 'ऑपेक्स हॉस्पिटल, आय.सी.आय.सी.आय. बँकेसमोर, नगर मनमाड रोड, सावेडी, अहिल्यानगर ४१४००३' या जागेत असेल.
- ४) भागीदारीचा धंदा :- सदर भागीदारी व्यवसायाचा मुख्य धंदा दवाखाना, हॉस्पिटल चालवणे व त्या निगडीत सेवा पुरवणे असा राहिल.
- ५) भागीदारी धंदातील जमा रकमेवरील व्याज :- आपले भागीदारीसाठी भागीदारांनी गुंतवलेले भांडवल तसेच अन्य डिपॉझीट कर्जाऊ चालू खाते रकमेवर द.सा.द.शे. १२% दराने आयकर कायदा १९६१ कलम (ब) प्रमाणे व्याज घेण्यात येईल. भागीदारांच्या संमतीने वरील व्याज देण्या घेण्यात येईल आणि तसेच सर्व भागीदारांच्या संमतीने कोणास व्याज दिले जावे किंवा नाही हे वेळोवेळी ठरविण्यात येईल. मात्र भागीदारी व्यवसायामध्ये नुकसान झाल्यास तीनही भागीदारांना व्याज मिळणार नाही. भागीदारांनी आपसात ठरविल्यास व्याजाचा दर कमी किंवा जास्त करता येईल. मात्र व्याजाचा दर भांडवली रक्कम व त्यावरील व्याजाचा हिशोब भागीदारांनी आपसात ठरवून हिशोब पूर्ण करावयाचा आहे.
- ६) भागीदारांचे मोबदला आणि कमिशन :-
- अ) तीनही भागीदार संस्थेचे कार्यकारी भागीदार म्हणून कामकाज पाहतील. त्याबद्दल त्यांना आयकर कायदा १९६१ नुसार पगार खालील प्रमाणे देण्यात येईल
- ब) प्रत्येक हिशोबाच्या वर्षात भागीदारांना मोबदला त्यांच्या पुस्तकी नफ्याच्या प्रमाणात देण्यात येईल तो खालील प्रमाणे.

अ) नुकसान अथवा वार्षिक पुस्तकी नफा रु. ३०००००.०० पर्यंत.	रु. १५०००० अथवा पुस्तकी नफ्याच्या १०% यापैकी जी मोठी रक्कम असेल ती.
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ब) पुस्तकी नफा रु. 3000000.00/- च्या वर असल्यास	रु. 2000000 अधिक पुस्तकी नफा रु. 3000000.00 वरिल पुस्तकी नफ्याच्या 6.0% रक्कम.
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पुस्तकी नफा वरील प्रमाणात काढण्यात यावा. संबंधीत हिशोबाच्या वर्षामध्ये भागीदारांना देण्यात येणारा मोबदला वजा न करता आयकर कायदा 1961 कलम 80ब नुसार काढण्यात यावा. भागीदारास आपला मोबदला तीनही भागीदारांच्या संमतीने कमी किंवा जास्त करण्याची मुभा आहे. भागीदार आपापसात चर्चा करून मोबदल्या व्यतिरिक्त पगार भत्ते घरभाडे औषधोपचार आर्युविमाच्या हप्ते भविष्यनिर्वाह निधी ग्रॅज्युटी बोनस इ. वरील कमिशन म्हणून मंजूर करू शकतील.

- 9) बँक खाते :- सदर भागीदारी व्यवसायाचे बँक खाते भागीदार क्र. 1 श्री. ईश्वर लक्ष्मण कणसे व भागीदार क्र. 2 श्री. संतोष रघुनाथ गांगर्डे यांच्या सहीने कोणत्याही राष्ट्रीयकृत किंवा सहकारी बँकेत अहमदनगर येथे किंवा दुसऱ्या इतर ठिकाणी उघडण्यात येईल. भागीदारी संस्था भांडवलाची गरज पडेल तेव्हा कर्ज काढेल, कर्ज वगैरे काढण्यासाठी सर्व भागीदारांची सही आवश्यक असेल.
- 10) भागीदार भांडवल व नफा तोटा विभागणी सदर भागीदारी व्यवसायातील सर्व प्रकारचे खर्च वजा जाता (भागीदारीचे व्याज व मेहनताना सहित) जो निव्वळ नफा अगर तोटा होईल त्याची विभागणी खालीलप्रमाणे करावयाची आहे.

- 1) श्री. ईश्वर लक्ष्मण कणसे 84%
- 2) श्री. संतोष रघुनाथ गांगर्डे 84%
- 3) श्री. अभितेज सुभाष म्हस्के 90%

नवीन प्रवेश करणारे भागीदार क्र. 3 श्री. अभितेज सुभाष म्हस्के यांनी सुरवातीस रु. 25,000/- भांडवल प्रत्येकी जमा केले आहे. तसेच गरज भासल्यास ते अतिरिक्त भांडवल टप्प्याटप्प्याने भागीदारीमध्ये घेऊन येतील.

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- ९) भागीदारी व्यवसायाचे हिशोब वर्ष :- सदर भागीदारी व्यवसायाचे हिशोब नेहमीच्या व्यापारी पद्धतीने ठेवावयाचे असून जमा खर्चाचे वर्ष १ एप्रिल ते ३१ मार्च अखेर असे राहिल. नविन भागीदारी व्यवसायाचे पहिले हिशोब वर्ष दि. ०१/०४/२०२५ ते ३१/०३/२०२६ राहिल.
- १०) सदर भागीदारीमधील कोणाही भागीदारास आपला स्वतःचा भागीदारीमधील हक्क अगर हितसंबंध अगर मालमत्ता बाहेरच्या कोणाही इसमास खरेदी, महाण, दान अगर विक्री सर्व भागीदारांच्या लेखी परवानगीशिवाय करता येणार नाही अथवा भागीदारी व्यवसायाच्या वतीने पाचही भागीदारांच्या लेखी संमतीशिवाय जामीन राहता येणार नाही.
- ११) सदर भागीदारी व्यवसाय आपण तीनही भागीदारांच्या व्यवसायबाहेरील जबाबदाऱ्या मधून मुक्त ठेवले पाहिजे. तसेच भागीदारांनी आपला वैयक्तिक देण्या-घेण्याचा संबंध आपल्या भागीदारी व्यवसायावर अथवा अन्य भागीदारांवर राहणार नाही.
- १२) भागीदारी संस्थेच्या मालकीची कोणतीही चल अचल मालमत्ता भागीदारांनी वैयक्तिकरित्या खरेदी करावयाची अथवा नातेवाईकांना हस्तांतरित करावयाची असल्यास सदर खरेदी अथवा हस्तांतरणासाठीचा खर्च त्या भागीदाराने स्वतःच्या पैश्यातून करावयाचा आहे.
- १३) सदर भागीदारी व्यवसायातून एखाद्या भागीदारास काही कारणाने बाहेर पडावयाचे असल्यास त्याने एकमेकांच्या आप-आपसातील संमतीने किंवाकमीत कमी ३ (तीन) महिन्यांची अगाऊ सूचना इतर भागीदारांना देणे बंधनकारक राहिल.
- १४) सदर भागीदारी व्यवसायातील एखादा भागीदार निवृत्त, मृत अथवा भागीदारीतून इतर काही कारणाने बाहेर पडल्यास भागीदारी संपुष्टात येणार नाही.
- १५) सदर भागीदारीबाबत अगर भागीदारी व्यवसायबाबत भागीदारात काही मतभेद किंवा हक्कभंग आणि इतर काही वाद निर्माण झाल्यास तो त्या वेळी अंमलात असणाऱ्या



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S.No. D.P.N.I.T 389/2025

अब्रिटेशन अॅक्ट अन्वये लवाद नेमून त्यांचेकडे सोपविण्यात येईल. मात्र लवादाचे निर्णय भागीदारांवर बंधनकारक राहिल.

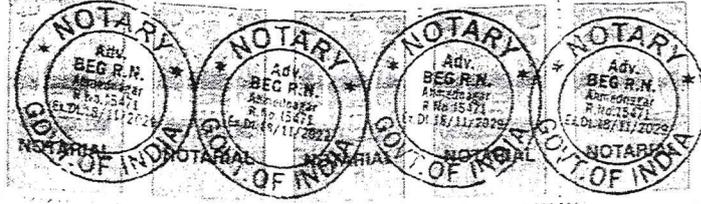
- १६) कोणत्याही भागीदाराला इतर तीनही भागीदारांच्या संमतीशिवाय फर्ममध्ये त्याच्या व्याजास हस्तांतरित करणे, गहाण ठेवणे इत्यादि करता येणार नाही.
- १७) जर कोणत्याही जोडीदाराचा मृत्यू झाल्यास, हयात असलेल्या भागीदार मृत भागीदाराच्या कायदेशीर वारसांशी योग्य तोडगा काढतील आणि नंतर हयात असलेल्या भागीदार, भागीदारी फर्म किंवा त्यांना योग्य वाटणाऱ्या कोणत्याही अन्य पद्धतीनुसार फर्मच्या व्यवसायात कायम ठेवतील.
- १८) भागीदारी फर्म भागीदारांनी त्यांच्या वैयक्तिक क्षमतेत केलेल्या कोणत्याही कर्जाच्या किंवा जबाबदाऱ्यांसाठी जबाबदार असणार नाही, म्हणजेच भागीदारी व्यवसायाच्या सामाईक हेतूखेरीज इतर कोणत्याही हेतूसाठी घेतलेल्या कर्जास भागीदारी फर्म जबाबदार राहणार नाही.
- १९) भागीदारांच्या भागीदारीने या करारानुसार काहीही नमूद किंवा प्रदान केलेले असले, तरी सहभागी भागीदार येथे आपापसांत परस्पर संमतीने नवीन करार करू शकतात. त्यात समाविष्ट असलेले कोणतेही फेरबदल करू शकतात किंवा येथे नवीन कलम जोडू शकतात. व्यवसायाच्या परिस्थितीत आणि अशा बदलामुळे किंवा वाढीव भागीदारी व्यवसायासाठी असे बदल फायदेशीर असल्याचे मानले जातील आणि अशा कोणत्याही सुधारित कलम किंवा अतिरिक्त कलम भागीदारांच्या संमतीने लिखित स्वरूपात निर्दिष्ट केले जाऊ शकते आणि भागीदारीच्या या करारात एक परिशिष्ट तयार केले जाऊ शकते.
- २०) भागीदारीच्या या कराराच्या विविध कलमाखाली वेळोवेळी घेतलेले विविध निर्णय आणि कोणतेही लागू कायदेशीर कायदे आणि सरकारी आणि संस्थात्मक धोरणातील बदलांबद्दल आवश्यक असणारे निर्णय, हे सर्वांनी एकत्रित घेतले पाहिजे. भागीदार



1/11/2029

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या दस्त बाबत भविष्यात
वि/तला उपस्थित झाल्यास अन्तः
उभयता पक्षकार व्यक्तिसा: जबाबदार राहू



परस्पर संमतीने एकत्र येऊन भेटतील आणि अशा सभामध्ये घेतलेल्या निर्णयांची खरी
प्रत भागीदारी व्यवसायाच्या ठिकाणी ठेवण्यात येईल.

- २१) वरील भागीदारी भारतीय भागीदारी अधिनियम १९३२ च्या सर्व तरतुदीद्वारे संचालित
केली जाईल व वेळोवेळी त्यात सुधारणा करण्यात आली आहे.
- २२) भागीदार क्र. ३ डॉ. अभितेज सुभाष म्हस्के हे दिनांक २०/०६/२०२५ पुर्वी व
त्यानंतर सदरच्या भागीदारीमध्ये कुठलेही थकीत बाकी अथवा रक्कम देणेस
बांधील नाहीत. तसेच भागीदारीमध्ये कुठलेही लाईट बील केस, कोर्ट केस,
रेव्हिन्यु डिपार्टमेंट, वाढीव कर (Tax) देणे लागणार नाहीत, ती सर्व जबाबदारी
भागीदार क्र. १ व २ यांची राहिल.

या प्रमाणे आपल्या तीनही भागीदारांच्या दरम्यान मुख्य शर्ती ठरलेल्या आहेत. सदर
भागीदारी पत्र आपण आपले राजीखुशीने व अक्कलहुशारीने वर नमुद केलेल्या तारखेस लिहून
ठेवले आहे.



B. Kaur

Ch

साक्षीदार :-

१) सही :- [Signature]
नांव :- Agil Chavaradac
पत्ता :- Bolhgaurphata, Ahmednagar

[Signature]
१) श्री. ईश्वर लक्ष्मण कणसे
(भागीदार क्र. १)

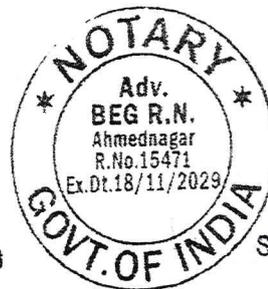
२) सही :- [Signature]
नांव :- Mushp Bansode
पत्ता :- Bokegon, Ahilyanagar

[Signature]
२) श्री. संतोष रघुनाथ गांगर्डे
(भागीदार क्र. २)

३) सही :-
नांव :-
पत्ता :- **BEFORE ME**

[Signature]
३) श्री. अभितेज सुभाष म्हस्के
(भागीदार क्र. ३)

[Signature]
BEG R.N.
ADVOCATE & NOTARY PUBLIC
AHMEDNAGAR.M: 9850117583
05 AUG 2025



S.No./B.R.N./N.T. 389/2025



पापती सेवा
आमचे कर्तव्य

महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८

नमुना "ग"
(नियम ९ पहा)

सूचना दिल्याबाबत पावती



अर्जदाराने नमुना फ द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली नमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे:

१.	पावती क्रमांक	:	२५२०७००३२०३६२७३९								
२.	अर्जाचा (सूचनापत्राचा) आयडी क्रमांक	:	१०८६२३४०२५०३								
३.	आस्थापनेचे नाव	:	अपेक्स हॉस्पिटल APEX HOSPITAL								
४.	कामगारांची एकूण संख्या	:	९								
			<table border="1"> <tr> <td>पुरुष</td> <td>स्त्री</td> <td>इतर</td> <td>एकूण</td> </tr> <tr> <td>९</td> <td>०</td> <td>०</td> <td>९</td> </tr> </table>	पुरुष	स्त्री	इतर	एकूण	९	०	०	९
पुरुष	स्त्री	इतर	एकूण								
९	०	०	९								
५.	अ) मालकाचे नाव	:	संतोष रघुनाथ गांगारडे SANTOSH RAGHUNATH GANGARDE								
	ब) आस्थापनेचा पत्ता	:	अपेक्स हॉस्पिटल, नगर मानंद रोड, सावेदी, इन फ्रंट ओएफ आयसीआयसीआय बँक निअर परिचय हॉटेल, अहमदनगर (महानगरपालिका), नगर, अहिल्यानगर, ४१४००३								
६.	सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचना पत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञप्ती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल. ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालमत्तेचा मालकी हक्क किंवा तावा या प्रयोजनार्थ कोणत्याही कायद्यांतर्गत ग्राह्य धरता येणार नाही.										
७.	व्यवसायाचे स्वरूप	:	हॉस्पिटल / HOSPITAL								
८.	पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास	:									

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही. सदरची पोच पावती ही अर्जदाराने सादर केलेल्या स्वयंघोषणापत्र आणि स्वयंसाक्षात्कीत अभिलेखाद्वारे पडताळणी न करता देण्यात आलेले आहे.
सादर पोचपावती ही १० पेक्षा कमी कामगार असलेल्या आस्थापनांना नोंदणी दाखल्या ऐवजी देण्यात येते. त्यांना नमुना - ब मध्ये नोंदणी प्रमाणपत्र अनुज्ञेय होत नाही.

दिनांक : २८-०८-२०२५

ठिकाण : Ahilyanagar

कार्यालयाचा पत्ता : Office of the Assistant Commissioner of Labour, Ahmednagar, Address- 3rd Floor, Loksatta Building, Ashish Sandhya Colony, Station Road, Ahilyanagar - ४१४ ००९

अर्जाचा आय.डी. क्रमांक	प्रदान केलेले सेवा मूल्य (रुपये)
१०८६२३४०२५०३	५९.००

महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८
Form - 'F'

[See Rule 8]

APPLICATION FOR INTIMATION

Application ID	108623402503			
Registration Certificate / Intimation Receipt No. नोंदणी क्रमांक / पावती क्रमांक	2520700320362739			
Division / विभाग	Nashik			
District / जिल्हा:	Ahilyanagar			
Office Name	Office of the Assistant Commissioner of Labour, Ahmednagar, Address- 3rd Floor, Loksatta Building, Ashish Sandhya Colony, Station Road, Ahilyanagar -414 001			
Name of the establishment / आस्थापनेचे नाव	APEX HOSPITAL अपेक्स हॉस्पिटल			
Previous details of establishment / आस्थापनेची पूर्वीची सविस्तर माहिती	New Registration			
Postal address and situation of the Establishment / (आस्थापनेचा पत्ता)	APPEX HOSPITAL, NAGAR MANAMD ROAD, SAVEDI, IN FRONT OF ICICI BANK NEAR PARICHAY HOTEL, AHMADNAGAR (MUNICIPAL CORPORATION.), NAGAR, AHILYANAGAR, 414003	अपेक्स हॉस्पिटल, नगर मानंद रोड, सावेदी, इन फ्रंट ऑफ आयसीआयसीआय बँक निअर परिचय हॉटेल, अहमदनगर (महानगरपालिका), नगर, अहिल्यानगर, 414003		
Mobile / धमणधवनी क्र.	7767802901			
Email-id / ई - मेल आय डी	sdrngangardesr@gmail.com			
Date of commencement of business / व्यवसाय सुरु केल्याचा दिनांक	05/02/2021			
Nature of Business / व्यवसायाचे स्वरूप	HOSPITAL	हॉस्पिटल		
Whether establishment falls under public or private sector / आस्थापना सार्वजनिक क्षेत्रात येते की खाजगी क्षेत्रात येते	Private			
Total No. of Employee	Men	Women	Transgender	Total
	9	0	0	9
Name of the Employer / मालकाचे नाव	SANTOSH RAGHUNATH GANGARDE		संतोष रघुनाथ गांगार्डे	
Residential Address of the employer / मालकाच्या निवासस्थानाचा पत्ता	ANBHULE VASTI, NIMGAON GANGARDA, ANBHULE WASTI, NIMGAON GANGARDA, NIMGAON GANGARDA, KARJAT, AHILYANAGAR, 414001		अनभुले वस्ती, निमगाव गांगार्डा, अनभुले वस्ती निमगाव गांगार्डा, निमगाव गांगार्डा, कर्जत, अहिल्यानगर, 414001	
Resident Since / वास्तव्य	15			
Status / Designation	DOCTOR			
Mobile No	7767802901			
E-mail ID	sdrngangardesr@gmail.com			
Aadhar No	594923563743			
Name of Manager / व्यवस्थापकाचे नाव				
Residential address of Manager / व्यवस्थापकाच्या निवासस्थानाचा पत्ता				
Contact No				
Fax No				
Email-ID / ई - मेल आय डी				

Aachar No	
Category Of Establishment / आस्थापनेचे वर्गवारी	Establishment (आस्थापना)
Category Of Establishment Type / आस्थापनेचे उपवर्गवारी	हॉस्पिटल / HOSPITAL
Type of organisation / आस्थापनेचा प्रकार	Self Ownership (Proprietary)
Name of the member of employer's family employed in the establishment / आस्थापनेत नोकरीत असलेल्या मालकांच्या कुटुंबातील इसमांची नावे	-
	Men / पुरुष
	Women / स्त्रिया
	Transgender / इतर
	0
	0
	0

Self Declaration / स्वघोषणापत्र

I SANTOSH RAGHUNATH GANGARDE, hereby solemnly affirm and state that the business which I SANTOSH RAGHUNATH GANGARDE have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I SANTOSH RAGHUNATH GANGARDE, are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I SANTOSH RAGHUNATH GANGARDE, hereby declare that the information provided above is true and correct to the best of my/our personal knowledge, information and belief. I SANTOSH RAGHUNATH GANGARDE, am/are fully aware about the consequences of giving false information. If the information is found to be false, I SANTOSH RAGHUNATH GANGARDE, shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I SANTOSH RAGHUNATH GANGARDE, have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I SANTOSH RAGHUNATH GANGARDE, shall be responsible and liable for legal action if the business is conducted without proper licence permission, permit from the appropriate Authority. I/We submit and declare that I SANTOSH RAGHUNATH GANGARDE, will not undertake any illegal activity or any business prohibited in law in force in India.

I SANTOSH RAGHUNATH GANGARDE, declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I SANTOSH RAGHUNATH GANGARDE, hereby declare that the copies attested by me are true copies of original documents. I SANTOSH RAGHUNATH GANGARDE, am/are well aware of the fact that if the copies are found false/forged. I/We shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I SANTOSH RAGHUNATH GANGARDE, undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

मी संतोष रघुनाथ गांगारडे, याद्वारे गांधीयपूर्वक इटकथन करतो/ करते आणि असे नमूद करतो/ करते की, मी/ आम्ही सुरू केलेल्या व्यवसायावर कोणताही अधिनियम, नियम, कायदा किंवा कोणत्याही विधी न्यायालयाचा अथवा कोणत्याही सक्षम प्राधिकार्याचा आदेश याद्वारे बंदी घालण्यात आलेली नाही किंवा मनाई करण्यात आलेली नाही आणि मी संतोष रघुनाथ गांगारडे ज्या जागेत उक्त व्यवसाय करीत आहे/ आहोत तेथे कोणताही अधिनियम, नियम, कोणत्याही न्यायालयाचा अथवा कोणत्याही सक्षम प्राधिकार्याचा आदेश यांचे उल्लंघन झालेले नाही.

मी संतोष रघुनाथ गांगारडे, याद्वारे असे घोषित करतो/करते की, वर अर्जांमध्ये नमूद केलेली माहिती, माझ्या आजच्या वैयक्तिक ज्ञानानुसार, माहितीप्रमाणे व विश्वासानुसार खरी व बिनचूक आहे. चुकीची माहिती देण्याच्या परिणामाची मला/आम्हाला पूर्ण जाणीव आहे. दिलेली माहिती चुकीची आढळून आल्यास मी संतोष रघुनाथ गांगारडे भारतीय दंड संहिता (1860 चा 45) अन्वये किंवा त्यासंबंधित लागू असलेल्या इतर कोणत्याही कायद्यान्वये खटला भरण्यासाठी व शिक्षेसाठी पात्र आहे/ आहोत.

मी संतोष रघुनाथ गांगारडे, अर्जात नमूद केलेल्या जागेत व्यवसाय करण्यासाठी संबंधित समुचित प्राधिकार्याकडून आवश्यक ती अनुज्ञप्ती, परवानगी, परवाना प्राप्त झाला आहे.

मी संतोष रघुनाथ गांगारडे, अनुज्ञप्ती, परवानगी, परवाना न घेता व्यवसाय करीत असल्यास कायदेशीर कारवाईसाठी पात्र व जबाबदार राहू.

मी संतोष रघुनाथ गांगारडे, असे घोषित करतो/करते की, भारतातील लागू असणाऱ्या कायद्यांतर्गत मनाई असलेले बेकायदेशीर कृत्य अथवा व्यवसाय करणार नाही.

मी संतोष रघुनाथ गांगारडे, असे घोषित करतो/करते की, जेथे असा व्यवसाय सुरू करण्यास किंवा चालविण्यास कोणत्याही कायद्याद्वारे किंवा कोणत्याही सक्षम प्राधिकार्याच्या आदेशाद्वारे मनाई केलेली आहे त्या कोणत्याही क्षेत्रांमध्ये माझे/ आमचे व्यवसायाचे ठिकाण स्थित नाही.

मी संतोष रघुनाथ गांगार्डे, असे घोषित करतो/करते की, अर्जासोबत सादर केलेल्या स्वयं-साक्षात्कृत दस्तऐवजाच्या प्रती या मूळ दस्तऐवजाच्या सत्यपती आहे
प्रती असल्या किंवा वनावट असल्याचे आढळून आल्यास भारतीय दंड संहिता (1860 चा 45) आणि / किंवा त्यासंबंधित लागू असलेल्या कोणत्याही
कायद्याद्वारे न्यायालयाच्या विरुद्ध न्यायालयीन खटला भरण्यासाठी व शिक्षेसाठी मी संतोष रघुनाथ गांगार्डे पात्र आहे/ आहोत याची मला/आम्हाला पूर्ण
जाणीव आहे.

मी संतोष रघुनाथ गांगार्डे, महाराष्ट्र टुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) अधिनियम, 2017 (2017 चा 61) व त्याअंतर्गत तयार व
नियमातील तरतुदींचे आणि सक्षम प्राधिकारी यांचेकडून निर्गमित करण्यात आलेले आदेश यांचे पूर्णतः पालन करण्याची हमी देतो/देते.



SANTOSH RAGHUNATH GANGA
Name and Signature of the Employee

Apex Multispeciality Hospital
Nursing Staff List

Sr No	Staff Name	Ward
1	Alisha Kharat	2nd ICU
2	Ujwala Pehere	2nd ICU
3	Akanksha Salve	2nd ICU
4	Manisha Bankar	2nd ICU
5	Swati Golwad	2nd ICU
6	Vrushali Temburne	2nd ICU
7	Pratiksha Ramphale	2nd ICU
8	Bhavna Ghatvisawe	2nd ICU
9	Rohini Shirsath	2nd ICU
10	Joy Sawant	2nd ICU
11	Santosh Samudre	2nd ICU
12	Krushna Vangar	2nd ICU
13	Rutik Gaikwad	2nd ICU
14	Vaibhav Jadhav	2nd ICU
15	Sudarshan Padekar	2nd ICU
16	Ajay Kangare	2nd ICU
17	Vikas Gaikwad	2nd ICU
18	Pooja Kanojia	1st ICU
19	Alka Thorat	1st ICU
20	Sarita Bansode	1st ICU
21	Sneha Gurav	1st ICU
22	Trupti Kasab	1st ICU
23	Neeraj Chandekar	1st ICU
24	Shital Karke	1st ICU
25	Kartik	1st SPR
26	Vidya Shide	1st SPR
27	Rohit Tarte	1st SPR
28	Anuja Gaikwad	GW
29	Vandana	GW
30	Nitin Gawali	GW
31	Komal Bhalare	GW
32	Madhuri Shirsath	Daule
33	Gayatri Kale	Daule
34	Pandurang Saruk	Daule
35	Ankita Sanap	Daule
36	Priyanka Cjandanshiv	2nd SPR
37	Anisha Thange	2nd SPR
38	Jubeda Shaikh	2nd SPR
39	Sakshi Sonawane	2nd SPR
40	Gaurav Bagal	2nd SPR
41	Rohini Kamble	2nd SPR
42	Shital Mirpagar	2nd SPR
43	Poonam Sonowane	Casulity
44	Sonali Wagh	Casulity
45	Avi Sonawane	Casulity
46	Kalpana Shinde	
47	Pranita Shirsath	

Apex Multispeciality Hospital Doctors List

Sr No	Doctors Name
1	Dr Sharma Rajat
2	Dr More Kailas
3	Dr Karale Sarjerao
4	Dr Navsupe Prasanna
5	Dr Chaudhari Manju
6	Dr Chaudhari Omprakash
7	Dr Datkhil Sandip
8	Dr Kadam Ravina
9	Dr Taur Aishwariya
10	Dr Hume Nitin
11	Dr Jadhav Bhagyashree
12	Dr Gangarde Aditya
13	Dr Magar Sagar
14	Dr Suryavanshi Supriya
15	Dr Dhakane Pratik
16	Dr Kaware Neha
17	Dr Bondre Rani
18	Dr Satvadhar Aakesh
19	Dr Nannaware Vishal
20	Dr Chaudhari Shrawan
21	Dr Mohalkar Sachin
22	Dr Khilari Rutuja
23	Dr Gaikwad Jyoti
24	Dr Kardile Akansha
25	Dr Deshmukh Vaishnav
26	Dr Ghorpade Akansha
27	Dr Mhaske Vaishnavi
28	Dr Gund Aniket
29	Dr Priyanka Pawar
30	Dr More Mansi
31	Dr Chaudhari Kalpesh
32	Dr Ghube Kunal

PAGE
OF NUMBERS ✓

Apex Multispeciality Hospital

Administrative/ Clerical Staff

Sr No	Staff Name	Duty
1	Patekar Rajiv	Admin
2	Kshirsagar Jayesh	Floor Manager
3	Gavhane Nikhil	Supervisor Evening
4	Mhaske Jaya	Supervisor Morning
5	Kale Nipun	Supervisor Night
6	Mohite Babasaheb	Supervisor Night
7	Dhumane Ravindra	Billing/Account
8	Dongare Shital	Billing/Account
9	Dongare Manoj	Billing/Account
10	Shaikh Shahbaj	Reception
11	Shinde Jyoti	Reception
12	Ghube Sapna	Reception Dr Ware/Jare
13	Shaikh Jakir	Cashless
14	Shaikh Moin	Cashless

Page: 
OF NUMBER

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010706/24010437
Fax: 24023516
Website: <http://mpcb.gov.in>
Email: cac-cell@mpcb.gov.in



Kalpataru Point, 2nd, 3rd and 4th floor, Opp. Cine Planet Cinema, Near Sion Circle, Sion (E), Mumbai-400022

RED/L.S.I

Date: 04/03/2025

No:- Format1.0/CAC/UAN No.0000214051/CO/2503000372

To,
M/s. Saideep Healthcare and Research Pvt. Ltd.
Viraj Estate Behind Yashwant Colony,
Tarakpur, Ahmednagar-414003
Email: saideephealthcare2012@gmail.com
Contact No.: 9657068333



Combined Renewal of Consent to Operate and BMW Authorization (CCA) 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:**
1. Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.MPCB-CONSENT-Format1.0/CAC-CELL/UAN No.0000072493/CO-2002000683 dtd. 13/02/2020 which is valid till 31/07/2024
 2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 28/06/2024
 3. Minutes of the Consent Appraisal Committee Meeting dtd. 14.01.2025

After examining the proposal, The Maharashtra Pollution Control Board hereby grant Renewal of Operate Combined Consent and BMW Authorization to HCE under Section 25/26 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. This CCA shall be in force for a period From **31-07-2024 To 31-07-2027**
2. The capital investment of the HCF is **₹11008.30** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area HCF Area : - Plot Area 3721.15 M² with Built-up area 9483.98 M².
4. **Activities Included**
 - a. Total Number of Beds : **260 Nos.** (As per BNH certificate no. 685 valid upto 31-03-2024)

I. General Beds : 68 Nos	II. ICU/ICU Beds : 63 Nos
III. Operation Theatre : 24 Nos	IV. Maternity Beds : 13 Nos
V. Other Beds : 92 Nos	

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

1. Quantity of total water consumption shall not exceed 117 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 & Transboundary 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
1	35.3 Chemical sludge from waste water treatment	35.3	10	Kg/Day	CHWTSDf

8. Conditions about Non Hazardous Wastes:-

Sr No	Type of Waste	Quantity	UoM	Treatment	Disposal
1	NA	0	--NA--	0	0

9. 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.

10. 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 **Bioclean System India Pvt Ltd, Ahmednagar** Strictly complying with the Provisions of Schedule-I and Maintain record of the same.

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OF NURSING, AHMEDNAGAR

- 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).
- 11. 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.
- 12. 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.
- 13. 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.
- 14. 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.
- 15. 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.
- 16. 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.
- 17. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.
- 18. HCE authority shall recycle the treated effluent to maximum extent and remaining shall use on land for gardening and excess shall discharge into local body sewerage system.
- 19. HCE Authority shall comply with the Board's circular regarding Retro fitting of emission control Device for DG sets.
- 20. You shall extend the bank guarantee of Rs. 3.25 Lakhs towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Nashik within 15 days. Non submission of B.G. in specified time shall attract 12% penal interest on BG amount.


 REGIONAL OFFICER
 OF NORTH ZONE
 MPCB, NASHIK

21. The industry / HCE shall create an Environment Cell by appointing an Environmental Engineer / Expert for looking after day-to-day activities related to Environment / Pollution control.

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.



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Signed by: Dr. Avinash Dhakne
Member Secretary
For and on behalf of
Maharashtra Pollution Control Board
ms@mpcb.gov.in
2025-03-04 20:16 IST

Received Consent/Authorization fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	220166.00	MPCB-DR-27635	28/06/2024	RTGS
2	50000.00	TXN2407001514	08/07/2024	Online Payment
3	100000.00	TXN2407001517	08/07/2024	Online Payment
4	115186.00	TXN2503000020	01/03/2025	Online Payment

Copy to:

1. Regional Officer, MPCB, Nashik and Sub-Regional Officer, MPCB, Ahilyanagar
- Regional Officer, MPCB Pune is directed to monitor the compliance of the consent conditions.
SRO - Ahmednagar is directed to ensure the compliance of the CCA conditions.
2. Chief Accounts Officer, MPCB, Sion, Mumbai
3. I/C EIC- for record & website updating purpose.

H

Annexure - I

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	114.00
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	3.00
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	40	As per clause 'C'	50% recycle and 50% on land gardening
2	Trade effluent	3	As per clause 'C'	100% gardening

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

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

- D. You shall ensure replacement of pollution control system or its parts after expiry of its expected life as defined by manufacturer so as to ensure the compliance of standards and safety of the operation thereof.
- E. You shall provide Primary/ Secondary/ tertiary treatment system and disinfection facility.
- F. The Applicant shall obtain prior consent of the Board to take steps for Expansion/Modification of any treatment and disposal system or an extension or addition thereto.
- G. You shall provide Specific Water Pollution control system as per above conditions and conditions of Environmental Clearance, if applicable.
- H. All Health Care Facilities irrespective of the bed capacity shall install scientifically designed disinfection facilities before discharging the effluent into sewer line or reuse in the premises as stipulated under Schedule II (6) of Biomedical waste Management Rules, 2016.

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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	DG Set (750 KVA x 2 Nos.)	Diesel	100.00 Ltr/Hr	3.50

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.

A

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	20.00	Yellow coloured non-chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Bioclean System India Pvt Ltd, Ahmednagar Ahmednagar
		b) Animal Anatomical Waste	0.00		
		c) Soiled Waste	450.00		
		d) Expired or Discarded Medicines	10.00		
		e) Chemical Waste	0.00		
		f) Chemical Liquid Waste	100.00	Separate collection system leading to effluent treatment system.	
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	50.00	Yellow coloured non-chlorinated plastic bags or suitable packing material.	
		h) Microbiology Biotechnology and other clinical laboratory waste	200.00	Autoclave safe plastic bags or containers.	
2	Red	Contaminated waste (Recyclable)	750.00	Red coloured non-chlorinated plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Bioclean System India Pvt Ltd, Ahmednagar Ahmednagar
3	White (Translucent)	Waste sharps including Metals	55.00	Puncture proof, Leak proof, tamper proof container.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Bioclean System India Pvt Ltd, Ahmednagar Ahmednagar
4	Blue	a) Glassware	65.00	Puncture proof, Leak proof with Blue coloured marking.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Bioclean System India Pvt Ltd, Ahmednagar Ahmednagar
		b) Metallic body implants	155.00		

Responsibilities of HCF

1. You shall handover Bio Medical waste only to MPCB Authorized Common Bio medical waste treatment and Disposal facility **Bioclean System India Pvt Ltd, Ahmednagar** 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, Nashik and uploading the same to MPCB Portal (<https://www.ecmpcb.in/>).

PRINCIPAL

PARA 17

SCHEDULE-III**Bank Guarantees**

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

Sr.No	Activity / Condition to be Complied	Compliance Timeline (Months)	Bank Guarantee Amount
1A	Operation and Maintenance		
1	To Segregate and Handle BMW as per Schedule I	Continuous	100,000.00
2	Towards Operation and Maintenance of STP/ETP to achieve prescribed discharge standards	Continuous	100,000.00
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	25,000.00
2	To maintain records of BMW handed over to CBMWTF	Continuous	25,000.00
2	Performance		
1	To provide BMW separate storage facility as per guidelines of CPCB	Continuous	75,000.00
Total			3,25,000.00

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

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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, Nashik.
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.



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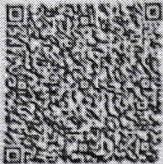
BIOCLEAN SYSTEMS (INDIA) PVT. LTD.

Pune Office: Building No. A-10, Flat No. 06, Meera Nagar Koregaon Park, Pune -411001 (M.H.)



BIOCLEAN SYSTEMS (INDIA) PVT. LTD. ISO 9001:2015 COMPANY

Unique Registration No.: AMD-438



Offline QR

Registration Certificate



Online QR

Outward No. : OW/Cer/2025-26

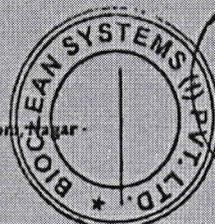
Date : 19-Jan-2026

This is to certify that SAIDEEP HEALTHCARE & RESEARCH PVT. LTD. (438), VIRAJ ESTATE, BEHIND YASHWANT COLONY, TARAKPUR, AHILYANAGAR. GST No. 27AARCS4315G1Z5 is registered with M/s Bioclean Systems (India) Pvt. Ltd., Nilayam Housing Society, Vinayak Nagar, Near Maruti Showroom, Nagar - Pune Road, Ahilyanagar - 414001, Maharashtra. 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) | : SAIDEEP HEALTHCARE & RESEARCH PVT. LTD. |
| 2 | Bombay Nursing Home Act Registration Details | |
| | a. BNH Registration No | : 685 |
| | b. BNH Issue Date | : 12-Apr-2024 |
| | c. Total Number of Beds | : 260 |
| | d. BNH validity (Form 'C') | : 31-Mar-2027 |
| 3 | Common Treatment Facility Registration Details | |
| | a. Date of Registration | : 11-Apr-2019 |
| | b. No. of Beds Registered | : 260 |
| | c. Issue Date | : 19-Jan-2026 |
| | d. Registration Validity | : 18-Jan-2027 |
| 4 | Renewal of CTF Membership (if applicable) | |
| | a. Renewal Date | : 18-Jan-2027 |
| | b. No. of Beds | : 260 |
| 5 | MPCB Consents (Establish/ 1 st Operator/Renewal Details) | |
| | a. Consent / CCA Number | : UAN NO.0000214051 |
| | b. Issue Date | : 04-Mar-2025 |
| | c. Validity upto | : 31-Jul-2027 |

Ahilyanagar Office:

Nilayam Housing Society, Vinayak Nagar, Near Maruti Showroom, Nagar - Pune Road, Ahilyanagar - 414001, Maharashtra. Ph.:(0241) 2324131, Mob 9225322576



For Bioclean Systems (India) Pvt. Ltd.

Authorised Signatory

Date 20/01/2026

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



महाराष्ट्र MAHARASHTRA - प्रति जागतिक / रुज / 2022
 मुद्रा के विकत घेणान्याचे नाव :- पार्वतीबाई कुंभे इन्स्टीट्यूट ऑफ नर्सिंग
 वुसऱ्या विसकाराचे नांव :-
 हस्त लेखनाचे नाव व पत्ता :-
 म. वि. गोवंदी
 27 OCT 2022
 नरहदा कोषागार कायदा विभाग
 अहमदनगर
 मु. दिनांक
 19 OCT 2022
 एम. एम. गांधी नर्सिंग, अहमदनगर
 परतना क्र. लायसन्स नं. 2/९७/२००९-११/९७
 अथवा कायदासंबंधी पुराव्याक खरदी केला त्वानी त्याच कायदासंबंधी
 नरहदा खरेदी केलायागार म. वि. न्यायात वापरणे बंधनकारक आहे.

MEMORANDUM OF UNDERSTANDING

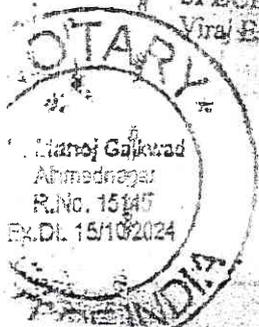
This Memorandum of Understanding is made on 29 /10 / 2022 at Ahmednagar

BY AND BETWEEN

KAKASATEB MHASKE MEMORIAL MEDICAL FOUNDATIONS,
PARVATIBAI MHASKE INSTITUTE OF NURSING (Henceforth referred as the
 College) Behind Hotel Chaitanya Classic, Bolhegaon phata, Nagapur, Ahmednagar-
 414111.

And

SAIDEE HEALTHCARE & RESEARCH PVT LTD'S 260 BEDDED MULTI-
SPECIALTY HOSPITAL (Henceforth referred as the Hospital) at Yashwant Colony,
 Yraj Estate, Thrakour, Ahmednagar, 414001.



[Signature]
 PARVATIBAI MHASKE
 INSTITUTE OF NURSING

This Memorandum of Understanding is done for the Clinical Training and Experience of the Nursing Students with the effect from 29/10/2022 to 29/10/2032 as per below terms & mentioned points.

This Memorandum of Understanding can be terminated by mutual consent or by either party with one-month prior notice.

1. Clinical training and experience of the students will be carried out in Students batches at the Hospital.
2. Proper prior planning will be done with the Hospital before sending every batch of Students for the clinical training and experience.
3. Clinical training & experience will be effectively supervised by the clinical instructors/Tutors of the College.
4. The overall responsibility regarding the students and their behavior will be on the clinical instructors and the tutors of the college.
5. All the staff and the students must follow the rules and regulations laid by the Hospital. The college students and the staff shall not have unlimited access to the patients in the hospital except the designated teaching beds only.
6. The college students and the staff shall take every care to handle all hospital equipment carefully and only under the direct supervision of the Hospital staff. Any mishandling leading to breakage, malfunction of the equipment shall attract full or full reimbursement of the price of the equipment.
7. The College staff and the students shall observe all the universal precautions for infection control and use the needed barrier technique/device/equipment. In case of any exposure to any form/mode of infection including a needle stick injury, the Hospital shall be liable to provide only the First Aid treatment. If any more treatment is required, the college has to pay the charges as per tariff.
8. Also, the Hospital shall not be held responsible if the College staff or students suffer any injury (mental or physical), exposure to infection and the loss of any valuable belongings of the College staff or the students in the Hospital premises. The hospital shall not be responsible for any compensation for any of the aforementioned eventualities.
9. The Hospital authority will have every right to inform and suggest necessary action if there is any sort of misbehavior from the students and the staff.
10. The College students and staff should always co-operate and support all the activities and programs conducted and organized by the hospital whenever & wherever needed by the hospital management.
11. The Hospital shall issue a 'No Objection Certificate' to the students only after the completion of the requisite clinical training and practical experience. The hospital reserves the right to withhold the NOC in case the student has not completed the required classes/training hours etc. as specified.



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12. The Hospital and College will work together hand in hand giving good nursing care and facilities to the patients.

For, **Kakasaheb Mhaske Memorial Medical Foundations, Parvatibai Mhaske Institute of Nursing, Ahmednagar**

Name: Dr Subhash K Mhaske

Designation: Managing Trustee

Signature:

Seal

Subhash Mhaske
Dr. Subhash Mhaske
Managing Trustee
Kakasaheb Mhaske Memorial
Medical Foundation, Ahmednagar



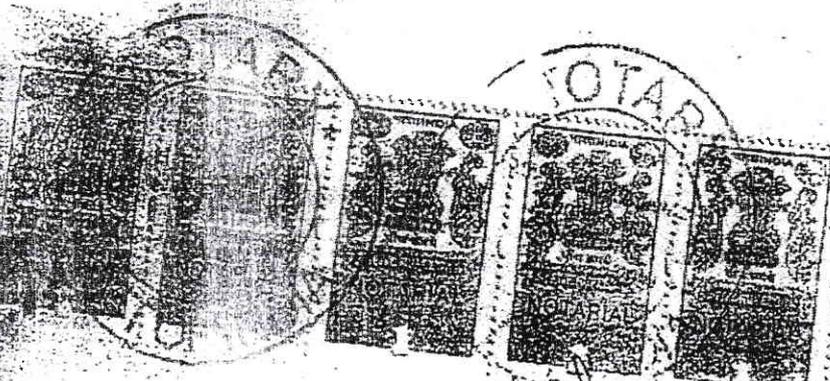
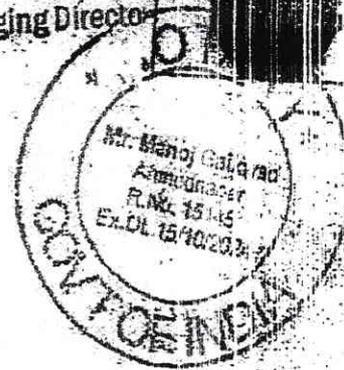
For, **Saiteep Healthcare & Research Pvt Ltd Hospital, Ahmednagar**

Name: Deepak .S.Siddavaram

Designation: Chairman & Managing Director

Deepak .S.Siddavaram

DR. D. S. DEEPAK
Chairman & Managing Director



BEFORE ME

Manoj Garkwad
MR. MANOJ GARKWAD
Advocate & Notary Public
287, Bishop Lloyd Colony
Sardar, Ahmednagar

29 OCT 2017

S.No. 16/GAT/1521

Subhash Mhaske
MANAGING TRUSTEE
PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHMEDNAGAR

AHMEDNAGAR MUNICIPAL CORPORATION
HEALTH DEPARTMENT



FORM 'C'
(See Rule 5)



Certificate of Registration under section 3 of the
Maharashtra Nursing Homes Registration Act

No. As per Health Dept. AMC outward No:- 83 Dt:- 19/4/24

This is to certify that Shri / Smt. Dr. Bapusaheb Eknath
Kandekar has been registered under the Maharashtra Nursing
Homes Registration Act in respect of Asian Noble Hospital Pvt. Ltd.
situated at Dhanajinagar, Premda, Chowk, Savadi, A. Nagar.
and ((135 Bed capacity)
Has been authorised to carry on the said nursing home

Registration No. :- 794

Date of Registration :- 19/04/2024

Place : Ahmednagar

Date of Issue of Certificate :- 19/04/2024

This Certificate of registration shall be valid upto 31st March 2027



(DR. ANIL ASHOK BORGE)

Signature of the registration authority
Medical Officer of Health / Local Supervising authority

PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHILYANAGAR

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010706/24010437
Fax: 24023516
Website: <http://mpcb.gov.in>
Email: cac-cell@mpcb.gov.in



Kalpataru Point, 2nd and
4th floor, Opp. Cine Planet
Cinema, Near Sion Circle,
Sion (E), Mumbai-400022

RED/L.S.I

No:- Format1.0/CC/UAN No.0000131196/CR/22(7000148

Date: 03/07/2022

To,
Asian Noble Hospital Pvt Ltd
Plot No. 75, Behind Hotel Samruddhi Savedi, Dhanraj Nagar,
Hotel Premdan Chowk Ahmednagar-414003
Email: bapukandekar67@gmail.com
Contact No.: 9822287004



Renewal of Combined Consent and BMW Authorization (CCA) 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:
1. Combine Consent and Bio-Medical-Waste Authorization granted by the Board vide no. Format1.0/CAC/UAN.No.0000103434/CR-2110000328 dtd 07/10/2021.
 2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 03/02/2022
 3. Minutes of 1st CC meeting dtd 08.04.2022
 4. SCN for refusal dtd 09.05.2022
 5. Document uploaded on Portal on 11/05/2022, 14/05/2022, 25/05/2022, & 01.06.2022.
 6. Visit report dtd 03.06.2022.

After examining the proposal, The Maharashtra Pollution Control Board hereby Renew Combined Consent and BMW Authorization to HCE under Section 25/26 of the Water (P&CP) Act, 1974, Section 21 of the Air (P&CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Authorization under Rule 5 of the Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, Under Environment (Protection) Act, 1986, subject to terms and conditions as specified below and in the Schedules (I-IV) and Annexures (I-II) enclosed in this order.

1. This CCA shall be in force for a period From 30-04-2022 To 30-04-2025
2. The capital investment of the HCF is ₹628.00 Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 3245.13 M² with Built-up area 3244.33 M².
4. Activities Included
 - a. Total Number of Beds : 135 Nos. (As per BNH certificate no. 565 valid upto 31-03-2024)

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

1. Quantity of total water consumption shall not exceed 35.00 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 standard; applicable for DG set stack emission and ambient noise level as per Annexure II.

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

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

S. No	Type of Waste	HW Category no.	Quantity	UOM	Disposal
1		NA	As per Actual	--NA--	NA

8. Conditions under Solid Waste Management rules 2016 (As Amended, 2018 and 2019):-

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, 2018 and 2019):-

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 **Bioclean System India Pvt Ltd, Ahmednagar** 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&C) Act 1974, Air (P&C) act 1981 shall attract provisions of respective act including closure of the facility or prosecution.
16. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.
17. You shall obtain the NOC of CGWA within 3 months from the date of issuance of this consent.
18. You shall submit the bank guarantee of INR 1.50 lakhs towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Nashik within 30 days. Non submission of B.G. in specified time shall attract revocation of this CCA without further notice



Ashok Shingare

f5f:3c70
2ca:876d
afa:392d
a53:3149
eea:5c64
5cc:81ed
e17:b5eb
150:8458

Signed by: Ashok Shingare
Member Secretary
For and on behalf of
Maharashtra Pollution Control Board
ms2mpcb
2022-07-03 12:53:39 IST

Received Consent/Authorization fee of -

No	Amount (Rs.)	Transaction/PR No	Date	Transaction Type
1	75000.00	TXN2202000507	03/02/2022	Online Payment
2	15000.00	TXN2202000508	03/02/2022	Online Payment

Copy to:

1. Regional Officer, MPCB, Nashik and Sub-Regional Officer, MPCB, Ahmednagar - They are directed to ensure the compliance of the consent conditions.
2. Chief Accounts Officer, MPCB, Sion, Mumbai.
3. I/C EIC- for record & website updating purpose.

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

Annexure - I

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	35.00
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	28	As per clause 'C'	To A'Nagar Municipal Corporation Drainage
2	Trade effluent	0	As per clause 'C'	NA

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 after achieving standard prescribed below.

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

- D. You shall ensure replacement of pollution control system or its parts after expiry of its expected life as defined by manufacturer so as to ensure the compliance of standards and safety of the operation thereof.
- E. You shall provide Primary/ Secondary/ tertiary treatment system and disinfection facility.
- F. The Applicant shall obtain prior consent of the Board to take steps for Expansion/Modification of any treatment and disposal system or an extension or addition thereto.
- G. You shall provide Specific Water Pollution control system as per above conditions and conditions of Environmental Clearance, if applicable.

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 use the following fuel pattern and erect following stack (s):

No.	Equipment	Fuel Type	Quantity	Stack Height (Mtr)
1	D.G. Set (100 KVA)	Diesel	30.00 Ltr/Hr	3.00
2	D.G. Set (250 KVA)	Diesel	30.00 Ltr/Hr	3.00

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) is 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	Human Anatomical waste	100.00	Yellow coloured non-chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Bioclean System India Pvt Ltd, Ahmednagar Ahmednagar
		Animal Anatomical waste	0.00		
		Salted Waste	450.00		
		Expired or discarded Medicines	100.00		
		Chemical Waste	0.00		
		Chemical Liquid Waste	0.00	Separate collection system leading to effluent treatment system.	
		a) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	100.00	Yellow coloured non-chlorinated plastic bags or suitable packing material.	
b) Microbiology Biotechnology and other clinical laboratory waste	100.00	Autoclave safe plastic bags or containers.	Pre-treat to sterilize with nonchlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter sent to BMW-CTF for Incineration.		
2	Red	Contaminated waste (Recyclable)	350.00	Red coloured non chlorinated plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Bioclean System India Pvt Ltd, Ahmednagar Ahmednagar
3	White (Translucent)	Waste sharps including Metals	300.00	Puncture proof, Leak proof, tamper proof container.	
4	Blue	a) Glassware	50.00	Cardboard boxes with Blue coloured marking.	
		b) Metallic body implants	25.00		

SCHEDULE-II

Responsibilities of the HCE Owner and CTF Operator of the Facility

1. You shall transport Bio Medical waste only to MPCB Authorized Common Bio medical waste Treatment and Disposal facility **Bioclean System India Pvt Ltd, Ahmednagar** and maintain records thereof for 5 years.
2. You shall generate unique 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 use 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 from 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 make 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 handling 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 records for the same.
14. You shall ensure use of personal protective Equipment such as Heavy Duty Gloves (Workman gloves), Gum Boots or safety shoes for waste collectors, Face mask, Head Cap, Spine Protectors, 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 CA 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 owner and operator of a Health Care Establishment shall be liable for all the damage caused to the environment or the public due to improper handling of bio-medical waste.
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, Nashik and upload the same to MPCB Portal (<https://www.ecmpcb.in/>).
19. You are responsible to submit application for renewal of Combined Consent & Biomedical Waste authorization before 120 days of expiry.

SCHEDULE-III

Bank Guarantees:

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

Sr.No	Condition to be fulfilled	Compliance Timeline (Months)	Bank Guarantee Amount
1A	Operational Maintenance		
1	To Segregate and Handle BMW as per Schedule I	Continuous	50,000.00
2	Towards Operation and Maintenance of STP, to achieve prescribed standards	Continuous	50,000.00
1B	Records		
1	To Maintain records of BMW and submit Annual Report for preceding calendar year in Form -IV before 30th June every year	Continuous	25,000.00
2	To maintain records of BMW handed over to CMMWTF	Continuous	25,000.00
Total			1,50,000.00

Note: You shall extend the above submitted Bank Guarantee valid upto the validity of this CCA + 4 months additional.

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, Nashik.
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.

This certificate is digitally & electronically signed.

PRINCIPAL
PARVATIBAI MHASKE INSTITUTE OF
NURSING, AHMEDNAGAR


PRINCIPAL
PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHILYANAGAR



BIOCLEAN SYSTEMS (INDIA) PVT. LTD.

Pune Office: Building No. A-10, Flat No. 06, Maara Nagar Koroggaon Park, Pune - 411001 (M.H.)



BIOCLEAN
SYSTEMS (INDIA) PVT. LTD.
A ISO 9001:2009 COMPANY

Unique Registration AMD No : 202



Offline QR



Online QR

Registration Certificate

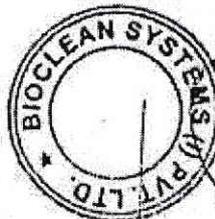
Outward No. : OW/Cert/2023-24

Date : 01-Jan-2024

This is to certify that ASIAN NOBLE HOSPITAL PVT LTD (202), PREMDAN CHOWK, SAVTDI ROAD, AHMEDNAGAR AHMEDNAGAR is registered with M/s BioClean Systems (India) Pvt. Ltd., Nilayam Housing Society, Near Make May Care Showroom, Vinayaknagar, Nagar Pune Road, Ahmednagar - 411001, Maharashtra 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) | : | ASIAN NOBLE HOSPITAL PVT. LTD |
| 2 | Bombay Nursing Home Act Registration Details | : | |
| | a. BNH Registration No | : | 565 |
| | b. BNH Issue Date | : | 16-Apr-2021 |
| | c. Total Number of Beds | : | 135 |
| | d. BNH validity (Form 'C') | : | 31-Mar-2024 |
| 3 | Common Treatment Facility Registration Details | : | |
| | a. Date of Registration | : | 16-Jan-2019 |
| | b. No. of Beds Registered | : | 135 |
| | c. Issue Date | : | 01-Jan-2024 |
| | d. Registration Validity | : | 31-Dec-2024 |
| 4 | Renewal of CTF Membership (if applicable) | : | |
| | a. Renewal Date | : | 31-Dec-2024 |
| | b. No. of Beds | : | 135 |
| 5 | MPCB Consents (Establish/ 1 st Operator/Renewal Details) | : | |
| | a. Consent / CCA Number | : | 2110000328 |
| | b. Issue Date | : | 30-Apr-2022 |
| | c. Validity upto | : | 30-Apr-2025 |

Ahmednagar Office:
Nilayam Housing Society Near John Deere Tractor
Showroom Nagar - Pune Road Ahmednagar-414001
Ph.:(0241) 2324131, Mou U225322576



For BioClean Systems (India) Pvt. Ltd.

[Handwritten Signature]

Authorised Signatory

Date: 01/01/2024

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

PRINCIPAL
PARVATI MAHAJEE INSTITUTE
OF NURSING, AHILYANAGAR



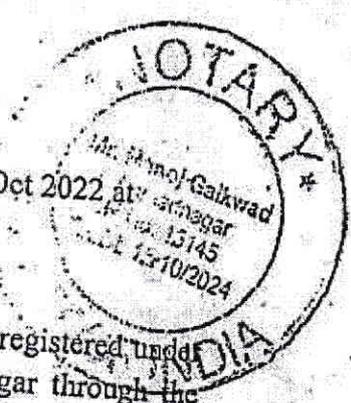
महाराष्ट्र MAHARASHTRA
 मुद्रांक विकत घेणाऱ्याचे नाव - पांढतीबाई म्हुस्के इन्स्टिट्यूट ऑफ नर्सिंग / कर्ज / 0.2022.0
 दुसऱ्या पक्षकाराचे नाव - हस्ते असल्यात त्याचे नाव व पत्ता - हस्ते
 मु. वि. नोंदवही अ. नं. 12904 सही - 11.7 OCT / 2022 / 20
 15AA 640816
 जिल्हा कोषागार कार्यालय
 अहमदनगर
 पु. दिनांक
 12 OCT 2022
 एम. एस. गोंधी सायडी अहमदनगर
 प. नं. अ. लायसन्स नं. 2/20/2009-99/90
 कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी
 मुद्रांक खरेदी केल्यामुळे अतिरिक्त वापरणे बंधनकारक आहे

Memorandum of Understanding (MOU)

This Memorandum of Understanding is drawn on the 21st day of Oct 2022 at Ahmednagar.

BY AND BETWEEN

Parvatibai Mhaske Institute of Nursing, Ahmednagar an institute registered under
 the Bombay public trust Act and having its registered at Ahmednagar through the
 Managing Trustee, Dr. Subhash Kisanrao Mhaske, hereinafter referred to as "the
 Manager & Institute". (which expression shall unless the contest does not so admit,
 include than the survivors or survivor of them, the heirs executors and administrators
 of the last survivor member or member of the time being of the managing committee
 of the said institute) Party of the FIRST PART.



Su
 PRINCIPAL
 PARVATIBAI MHASKE INSTITUTE

Asian Noble Hospital Pvt.Ltd. Ahmednagar, through its Medical Director, Dr. Bapusaheb Eknath Kandekar hereinafter referred to as the "The Hospital" which has hospital facilities for training students belonging to said institute (Which term shall be, where the context so admits, deemed to include its successors and permitted) Party of the SECOND PART.

AND WHEREAS Asian Noble Hospital Pvt.Ltd. Ahmednagar for signing this MOU Document for three years has authorized its Medical Director, Dr. Bapusaheb Eknath Kandekar for and on behalf of the said Hospital.

AND WHEREAS Parvatibai Mhaske Institute of Nursing, Ahmednagar is registered under the Bombay public trust Act 1950 and having its registered at Ahmednagar. AND for signing this MOU document Managing Trustee, Dr. Subhash Mhaske, is authorized for and on behalf of the said institute.

AND WHEREAS the institute and manager have requested the Hospital to permit them to use 135 beds in hospital at Ahmednagar more particularly described in the first schedule here under written hereinafter referred to as "the said hospital" as well as other facilities available in the said hospital for being utilized by the students of the said for training.

AND WHEREAS the Hospital has agreed to permit the institute and the manager to utilize the said Beds in the said hospital, short particulars of which beds are given in the second schedule herein under written on certain terms & condition agreed between parties hereto.

AND WHEREAS the parties are desirous of recording the said terms and condition.

NOW THIS AGREEMENT WITNESS AS FOLLOWS:-

1. Parvatibai Mhaske Institute of Nursing, Ahmednagar established in year 1999 in ANM & 2004 GNM duly recognized by Indian Nursing Council New Delhi, Maharashtra State Board of Nursing & Paramedical Education Mumbai & approved by Government of Maharashtra.
2. Asian Noble Hospital Pvt.Ltd. Ahmednagar here by allows using Parvatibai Mhaske Institute of Nursing, Ahmednagar. Practical training/clinical experience & to conduct examination for it GNM/B.Sc. Nursing student as per batch sanctioned by competent authority.
3. Asian Noble Hospital Pvt.Ltd. Ahmednagar will not pay any remuneration to said student nurses on its account.
4. Parvatibai Mhaske Institute of Nursing, Ahmednagar will not claim any type of fund & grant from Asian Noble Hospital Pvt.Ltd. Ahmednagar for this educational activity.
5. In consideration for facility of practical training filed made available Parvatibai Mhaske Institute of Nursing, Ahmednagar, will see that their students provide quality nursing care to assigned clients/ patients.


PRINCIPAL

PARVATIBAI MHASKE INSTITUTE

Asian Noble Hospital Pvt.Ltd. Ahmednagar, through its Medical Director, Dr. Bapusaheb Eknath Kandekar hereinafter referred to as the "The Hospital" which has hospital facilities for training students belonging to said institute (Which term shall be, where the context so admits, deemed to include its successors and permitted) Party of the SECOND PART.

AND WHEREAS Asian Noble Hospital Pvt.Ltd. Ahmednagar for signing this MOU Document for three years has authorized its Medical Director, Dr. Bapusaheb Eknath Kandekar for and on behalf of the said Hospital.

AND WHEREAS Parvatibai Mhaske Institute of Nursing, Ahmednagar is registered under the Bombay public trust Act 1950 and having its registered at Ahmednagar. AND for signing this MOU document Managing Trustee, Dr. Subhash Mhaske, is authorized for and on behalf of the said institute.

AND WHEREAS the institute and manager have requested the Hospital to permit them to use 135 beds in hospital at Ahmednagar more particularly described in the first schedule here under written hereinafter referred to as "the said hospital" as well as other facilities available in the said hospital for being utilized by the students of the said for training.

AND WHEREAS the Hospital has agreed to permit the institute and the manager to utilize the said Beds in the said hospital, short particulars of which beds are given in the second schedule herein under written on certain terms & condition agreed between parties hereto.

AND WHEREAS the parties are desirous of recording the said terms and condition.

NOW THIS AGREEMENT WITNESS AS FOLLOWS:-

1. Parvatibai Mhaske Institute of Nursing, Ahmednagar established in year 1999 in ANM & 2004 GNM duly recognized by Indian Nursing Council New Delhi, Maharashtra State Board of Nursing & Paramedical Education Mumbai & approved by Government of Maharashtra.
2. Asian Noble Hospital Pvt.Ltd. Ahmednagar here by allows using Parvatibai Mhaske Institute of Nursing, Ahmednagar. Practical training/clinical experience & to conduct examination for it GNM/B.Sc. Nursing student as per batch sanctioned by competent authority.
3. Asian Noble Hospital Pvt.Ltd. Ahmednagar will not pay any remuneration to said student nurses on its account.
4. Parvatibai Mhaske Institute of Nursing, Ahmednagar will not claim any type of fund & grant from Asian Noble Hospital Pvt.Ltd. Ahmednagar for this educational activity.
5. In consideration for facility of practical training filed made available Parvatibai Mhaske Institute of Nursing, Ahmednagar, will see that their students provide quality nursing care to assigned clients/ patients.


PRINCIPAL

PARVATIBAI MHASKE INSTITUTE

7. Parvatibai Mhaske Institute of Nursing, Ahmednagar will ensure that the students maintain discipline during their clinical posting in various departments/ wards of the hospital.
8. Parvatibai Mhaske Institute of Nursing, Ahmednagar will ensure that the student's nurses attend the hospital duty regularly and in time (as per planned schedule).
9. This agreement is valid for period of THREE YEARS from the date of this agreement and renewable thereafter.

IN WITNESS WHERE OF THE PARTIES HERE TO HAVE SET THEIR RESPECTIVE HANDS AND SEALS TO THOSE PRESENT ON THE DAY, MONTH AND YEAR HEREINABOVE MENTIONED.

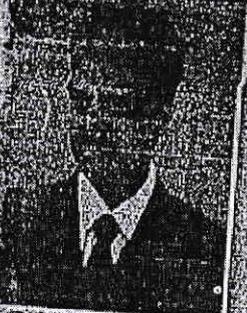


1. a) Name : Dr. Subhash Kisanrao Mhaske

b) Address: Managing Trustee,
Kakasaheb Mhaske Memorial Medical foundations,
Parvatibai Mhaske Institute of Nursing, Ahmednagar.

[Handwritten Signature]

Sign: Dr. Subhash Mhaske
Managing Trustee
Kakasaheb Mhaske Memc
Medical Foundation, Ahmednagar



a) Name : Dr. Bapusaheb Eknath Kandekar

b) Address: Medical Director
Asian Noble Hospital Pvt.Ltd.
Premdan chawk, Savedi, Ahmednagar

[Handwritten Signature]

Sign: Dr. Babu Kandekar
Director
Asian Noble Hospital Pvt. Ltd.
Premdan Chowk, Savedi, Ahmednagar
Reg. No 66659

[Handwritten Signature]

Ganesh R. Torate

[Handwritten Signature]
PRINCIPAL
PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHMEDNAGAR

BEFORE ME

[Handwritten Signature]
Mr. MANDU GAIKWAD
Advocate & Notary Public
297, Elshop Lloyd Colony,
Savedi, Ahmednagar

[Handwritten Signature]
PRINCIPAL
PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHMEDNAGAR

29 OCT 2022

6.HQJM.Y.GJNT/154/2022





**MAHARASHTRA STATE MENTAL HEALTH AUTHORITY
(MSMHA)**

Form-F

[See rule 66]

**CERTIFICATE OF PERMANENT REGISTRATION OF MENTAL
HEALTH ESTABLISHMENT**

The Maharashtra State Mental Health Authority, after considering the application under section 65 (2) or section 66 (3) or section 66(10) or section 66 (17) of the Mental Healthcare Act, 2017, hereby accords Permanent Registration to the applicant mental health establishment in terms of section 66 (4) or section 66 (11), or section (17) as per the details given hereunder:

Name: - Dr. Niraj Karandikar

Address: - Karandikar Hospital, Lal Taki Sidharth Nagar Ahmednagar

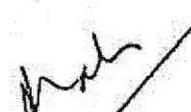
No of beds: - 20

Permanent Registration Certificate No. 48/2023

The Permanent registration certificate No. 48/2023 issued, is subject to the conditions laid down in the Mental Healthcare Act, 2017 and the rules and regulations made there under.

Place: Mumbai

Date: 22/08/2023


Registration Authority
(MSMHA)

Dr. Swapnil Lant
Chief Executive Officer
Mental Health
Seal of the Registration Authority


PRINCIPAL
PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHILYANAGAR

276/40/2026

13 FEB 2026



महाराष्ट्र MAHARASHTRA

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65AB 454091



Memorandum of Understanding (MOU)

This Memorandum of Understanding is drawn on the 12th day of Feb 2026 at Ahmednagar.

BY AND BETWEEN

Parvatibai Mhaske Institute of Nursing, Ahmednagar an institute registered under the Bombay public trust Act and having its registered at Ahmednagar through the **Managing Trustee, Dr. Subhash Kisanrao Mhaske**, hereinafter referred to as "the Manager & Institute" (which expression shall unless the contest does not so admit, include than the survivors or survivor of them, the heirs executors and administrators of the last survivor member or member of the time being of the managing committee of the said institute) party of the FIRST PART.

N C
MAY 2026

दस्ताचा प्रकार/अनुच्छेद क्रं. : प्र. पत्र

दस्त नोंदणी करणार आहे का? _____ होय/नाही

नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नाव : _____

मुद्रांक विकत घेणाऱ्याचे नाव - पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, अहिल्यानगर

दुसऱ्या पक्षकाराचे नाव -

हस्ते असल्यास त्यांचे नाव व पत्ता :- गणेश टपले



मुद्रांक शुल्क रक्कम : 100

नोंदवही अ.क्र. 28087

दि. 29/01/2026

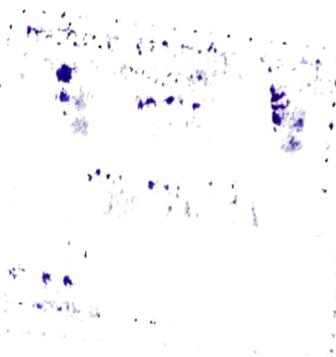
हरिष द.माडगे



मुद्रांक विक्रेता, तहसिल कार्यालय, नगर

ला.नं. 10470/98

ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून 6 महिन्यांच्या आत वापरणे बंधनकारक आहे.



 Karandikar (Psychiatric) Hospital Ahilyanagar, through its, Dr. Niraj Jayant Karandikar . hereinafter referred to as the "The Hospital" which has hospital facilities for training students belonging to said institute (Which term shall be, where the context so admits, deemed to include its successors and permitted) party of the SECOND PART.

AND WHEREAS Karandikar (Psychiatric) Hospital Ahilyanagar, for signing this MOU Document for eleven years has authorized its Dr. Niraj Jayant Karandikar for and on behalf of the said Hospital.

AND WHEREAS Parvatibai Mhaske Institute of Nursing, Ahilyanagar is registered under the Bombay public trust Act 1950 and having its registered at Ahmednagar. AND for signing this MOU document Managing Trustee, Dr. Subhash Mhaske, is authorized for and on behalf of the said institute.

AND WHEREAS the institute and manager have requested the Hospital to permit them to use 20 beds in hospital at Ahilyanagar more particularly described in the first schedule hereunder written hereinafter referred to as "the said hospital" as well as other facilities available in the said hospital for being utilized by the students of the said for training.

AND WHEREAS the Hospital has agreed to permit the institute and the manager to utilize the said Beds in the said hospital, short particulars of which beds are given in the second schedule herein under written on certain terms & condition agreed between parties hereto.

AND WHEREAS the parties are desirous of recording the said terms and condition.

NOW THIS AGREEMENT WITNESS AS FOLLOWS:-

- 
1. Parvatibai Mhaske Institute of Nursing, Ahmednagar established in year 1999 in ANM & 2004 GNM duly recognized by Indian Nursing Council New Delhi, Maharashtra State Board of Nursing & Paramedical Education Mumbai & approved by Government of Maharashtra.
 2. Karandikar (Psychiatric) Hospital Ahmednagar here by allows using Parvatibai Mhaske Institute of Nursing, Ahmednagar. Practical training/clinical experience & to conduct examination for its ANM/GNM/B.Sc. Nursing student as per batch sanctioned by competent authority.
 3. Karandikar (Psychiatric) Hospital Ahmednagar will not pay any remuneration to said student nurses on its account.
 4. Parvatibai Mhaske Institute of Nursing, Ahmednagar will not claim any type of fund & grant from Karandikar (Psychiatric) Hospital Ahmednagar for this educational activity.
 5. In consideration for facility of practical training filed made available Parvatibai Mhaske Institute of Nursing, Ahmednagar, will see that their students provide quality nursing care to assigned clients/ patients.
 6. The faculty Tutor/ clinical instructor will accompany students for day today supervision and guidance during their posting in the hospital.

7. Parvatibai Mhaske Institute of Nursing, Ahmednagar will ensure that the students maintain discipline during their clinical posting in various departments/ wards of the hospital.
8. Parvatibai Mhaske Institute of Nursing, Ahmednagar will ensure that the student's nurses attend the hospital duty regularly and in time (as per planned schedule).
9. This agreement is valid for period of **ELEVEN YEARS** from the date of this agreement and renewable thereafter.

IN WITNESS WHERE OF THE PARTIES HERE TO HAVE SET THEIR RESPECTIVE HANDS AND SEALS TO THOSE PRESENT ON THE DAY, MONTH AND YEAR HEREINABOVE MENTIONED.



1. a) Name : Dr. Subhash Kisanrao Mhaske

b) Address: Managing Trustee,

Kakasaheb Mhaske Memorial Medical foundations, Parvatibai
Mhaske Institute of Nursing, Ahilyanagar.

Sign: 
Dr. Subhash Mhaske
Managing Trustee
Kakasaheb Mhaske Memorial Medical
Foundation, Ahmednagar



2. a) Name : Dr. Niraj Jayant Karandikar,

b) Address: Karandikar (Psychiatric) Hospital

Siddharth Nagar, Lal taki, Ahilyanagar

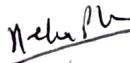
Sign: 
Dr. Neeraj J. Karandikar
M.D. (Psychiatry) Pune
Regd. No. 2000/02/1155

13 FEB 2026

Noted at Serial No. 276/43/2026



BEFORE ME


NEHA ROHIDA
Adv. & Notary Public
(Govt. of India)
Mahavir Nagar Ahmednagar

MAHARASHTRA POLLUTION CONTROL BOARD

Phone : 0241-2470852

Fax : 0241-2470852

Email : sroahmednagar@mpcb.gov.in

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



Sub - Regional Office, Hall No. 2 & 3, Savitribai Fule Vyapari Sankul, Near TV Center Savedi, Ahmednagar - 414 003.

A-35L LETTER OF BIO-MEDICAL WASTE AUTHORISATION

[Authorisation for Generation, Collection, Reception, Segregation, Storage of Bio-Medical Wastes under Rule 7 (4) 1998 and amendments thereon 2016]

Title number of authorisation and date of issue

MPCB/SRO AHMEDNAGAR/ BMW_AUTH/1905000378

Date 21-05-2019

II. Mrs. Karandikar Hospital.

is hereby granted an authorisation for generation of biomedical waste on the premises situated

Dr. Niraj Jayant Karandikar
A/P - Wagh Mala, Siddharth Nagar,
Lal taki, Ahmednagar.

III. This authorisation shall be in force for a period up to 31-03-2024

An application shall be made by the occupier/operator for renewal 3 Months before expiry of earlier authorisation.

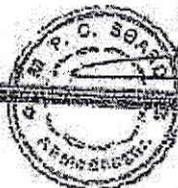
IV. This authorisation is issued subject to compliance of the conditions stated below and to such other conditions as may be specified in the Rules for the time being in force under the Environment (Protection) Act, 1986.

V. No. of Beds: 06 Nos (X)

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 authorisation shall be produced for inspection at the request of an officer authorized by the prescribed authority.
3. The authorized person shall not rent, lend or sell the biomedical waste or facility. 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, 1998 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 authorisation.
5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility.
6. The authorisation is granted for generation of Bio-Medical Waste (BMW) in waste categories and quantities listed here in below :

MPCB-BMW_AUTH-22570



PRINCIPAL
PARVATIBAI MHASKE INSTITUTE
OF NURSING AHMEDNAGAR

Sr. No.	Category	Quantity	UoM	Treatment & Disposal	
1.	Cat-1 Human Waste.	Anatomical	02:00	Kg/M	Bio Medical Waste Shall be sent to Common BMW Treatment & Disposal Facility authorized by MPCB.
2.	Cat-2 Animal Waste.		—	Kg/M	
3.	Cat-3 Microbiology & Biotechnology Waste.		—	Kg/M	
4.	Cat-4 Waste Sharps.		03:00	Kg/M	
5.	Cat-5 Discarded Medicines & Cytotoxic Waste.		05:00	Kg/M	
6.	Cat-6 Solid Waste.		10:00	Kg/M	
7.	Cat-7 Solid Waste.		10:00	Kg/M	
8.	Cat-8 Liquid Waste.		Ltr/D (KL/M)	The Liquid Waste shall be disinfection by chemical treatment & not discharge into the drainage system provided by local body OR Shall sent same to MPCB Authorized CBMWTSDF Facility.	
9.	Cat-9 Incineration Ash.		—	Kg/M	CHWTSDF Landfill site.
10.	Cat-10 Chemical waste.		—	Ltr/M	The Chemical Waste shall be disinfection by chemical treatment using at least 1% hypochlorite solution or any other equivalent chemicals reagent & not discharge into drains for liquids & secured land fill for solids OR Shall sent same to MPCB Authorized CBMWTSDF Facility.

7. 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 &

MPCB-BMW_AUTH- 22570

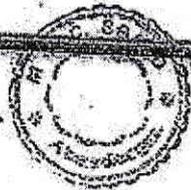


- 9. (i) BMW shall not be mixed with other wastes or reused, recycled or sold in any form.
- (ii) BMW shall be segregated into containers / bags at the point of generation in accordance with Schedule-II prior to storage, treatment and disposal. The containers shall be labeled according to Schedule III.
- (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.

10. Standards for waste autoclaving:

The autoclave should be dedicated for the purposes of disinfecting and treating bio- medical waste.

- (I) When operating a gravity flow autoclave, medical waste shall be subjected to:
 - (i) a temperature of not less than 121 C° and pressure of 15 pounds per Square inch for an autoclave residence time of not less than 60 minutes; or
 - (ii) a temperature of not less than 135 C° and a pressure of 31 psi for an autoclave residence time of not less than 45 minutes; or
 - (iii) a temperature of not less than 149 C° and a pressure of 52 psi for an autoclave residence time of not less than 30 minutes.
- (II) When operating a vacuum autoclave, medical waste shall be subjected to a minimum of one pre-vacuum pulse to purge the autoclave of all air. The waste shall be subjected to the following.
 - (i) a temperature of not less than 121 C° and a pressure of 15 psi for an autoclave residence time of not less than 45 minutes; or
 - (ii) a temperature of not less than 135 C° and a pressure of 31 psi for an autoclave residence time of not less than 30 minutes; or
- (III) 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.
- (IV) Recording of operational parameters,- Each autoclave shall have graphic or computer recording devices which will automatically and continuously monitor



and record date, time of day, load identification number and operating parameters throughout the entire length of the autoclave cycle.

- (V) **Validation test: Spore testing** - The autoclave should completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be *Bacillus stearothermophilus* spores using vials or spore strips, with at least 1×10^6 spores per milliliter. Under no circumstances will an autoclave have minimum operating parameters less than a residence time of 30 minutes, regardless of temperature and pressure, a temperature less than 121 C° or a pressure, less than 15 psi.
- Chemical Test** - A chemical indicator strip/tape that changes color when a certain temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package in different locations to ensure that the inner content of the package has been adequately autoclaved.

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.
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 Occupier will obey all the lawful instructions issued by the Board Officers from time to time.
15. This authorisation should not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies.
16. This Board reserves the right to review, amend, suspend, revoke etc. this consent/authorisation and the same shall be binding on the HCE.

For and on behalf of the
Maharashtra Pollution Control Board

(Signature)

(Ajit V. Patil)

Sub Regional Officer, Ahmednagar.

To,
The Applicant,

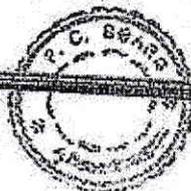
Authorization Fees Received:-

Sr. No.	Amount	Transaction number	Transaction Date
1.	6250/-	TKN 1905001561	17-05-2019

Copy Submitted to:-

- Chief Accounts Officer, MPCB Board Mumbai.
- Regional Officer, MPCB, Nashik.

MPCB-BMW_AUTH- 22570



PRINCIPAL
DIPLOMA IN NURSING INSTITUTE
OF NURSING, AHILYANAGAR



अहिल्यानगर महानगरपालिका, अहिल्यानगर
कै.बाळासाहेब देशपांडे दवाखाना व सुतिका गृह

पत्ता :- नांगरेगल्ली, आशा टॉकीज चौक, अहिल्यानगर. ४१४-००१

दुरध्वनी क्रमांक :- ०२४१-२३४३०२३, २३४५६११

Email ID :- amcbddcd@gmail.com

प्रति,

प्राचार्य,

पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग,
अहिल्यानगर

कै. बा. दे. दवाखाना

प. न. वा. अहिल्यानगर

जाषात नं. - ५२५

दिनांक :- ११/२/२०२३

विषय :- पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग यांना अहिल्यानगर महानगरपालिकेच्या कै.बा.दे.दवाखाना व सुतिका गृह (यु.सी.एच.सी) व मनपा नागरी आरोग्य केंद्र येथे अनुभवाकरिता संलग्नता पत्र नुतनीकरण व संस्थेच्या Bsc नर्सिंग अभ्यासक्रमाच्या विद्यार्थीनींना अनुभवास परवानगी मिळणे बाबत

- संदर्भ :-** १) मा.स्थायी समिती सभा क्रमांक ७ विषय क्रमांक ३९ दिनांक १४/०८/२०१२ अन्वये पारीत ठराव
२) मा.महासभा ठराव क्रमांक ४६ दिनांक २२/०६/२०१० ने पारीत ठराव
३) मा.स्थायी समिती सभा क्रमांक १० विषय क्रमांक १४५ दिनांक ०४/१२/२०२३
४) आपल्या संस्थेचे दिनांक २१/०१/२०२६ चे पत्र
५) या कार्यालयाची दिनांक ०१/०२/२०२६ ची मंजूर टीपणी.

महोदय,

वरील संदर्भीय विषयान्वये आपणास खालील अटी व शर्तीनुसार परवानगी देण्यात येत आहे.

अटी व शर्ती

०१. सदरची संलग्नता पत्राची परवानगी तात्पुरत्या स्वरूपात १ वर्षाकरिता (सन २०२५-२०२६) या कालावधीसाठी देण्यात येईल मात्र सदर परवानगीचे दरवर्षी शुल्क भरून नुतनीकरण करून घेणे अपरिहार्य राहिल.
०२. प्रशिक्षणार्थीना नागरी आरोग्य केंद्रामध्ये / कै.बा.दे.दवाखान्यामध्ये गट करून पाठविणे आवश्यक आहे.
०३. प्रशिक्षणासाठी आवश्यक असलेल्या शिक्षकाची (ट्यूटर) व्यवस्था संबंधित संस्थेने केली पाहिजे. प्रशिक्षणार्थींवर नियंत्रण ठेवणे ही ट्यूटरची जबाबदारी राहिल. ट्यूटरने प्रत्येक प्रशिक्षणाच्या वेळी हजर असणे आवश्यक आहे.
०४. प्रशिक्षण कालावधीत त्यांचे ड्युटी संबंधी संबंधीत आरोग्य केंद्राच्या वैद्यकीय अधिकारी किंवा मुख्य वैद्यकीय अधिकारी यांच्या संमतीने व सुचनेप्रमाणे संबंधीत संस्थेस व्यवस्था करावी लागेल.

०५. प्रशिक्षणासाठी परवानगी दिल्यानंतर प्रत्यक्षात प्रशिक्षण सुरु करण्यापूर्वी विहित नमुन्यात करारपत्र सदर संस्थेच्या वतीने जबाबदार पदाधिका-यांनी स्वाक्षांकीत करून द्यावे लागेल. तसेच प्रशिक्षणासाठी आवश्यक ती मान्यता महाराष्ट्र नर्सिंग कौंसिलच्या सक्षम अधिका-याकडून घेण्याची जबाबदारी संबंधीत संस्थेची राहिल.
०६. कराराच्या कालावधीत संस्थेने पुढील प्रत्येक ३ महिन्यांच्या कालावधीचे शुल्क पहिल्या महिन्याच्या १० तारखेपर्यंत अग्रिम स्वरूपात महानगरपालिकेकडे जमा करावे. विहित शुल्क जमा केल्यानंतरच प्रशिक्षणार्थींना पाठविण्यात यावे.
०७. प्रशिक्षणार्थींनी प्रशिक्षण कालावधीमध्ये रुग्णसेवेवर तसेच रुग्णालयाच्या प्रशासनावर कोणताही परिणाम होणार नाही याची दक्षता सदर संस्थेने घ्यावी.
०८. प्रशिक्षण काळात संबंधीत संस्थेचे प्रशिक्षणार्थी रुग्णालयाच्या बाहेर फिरतांना किंवा बाहेर गेल्यास आपणास जबाबदार धरण्यात येईल व प्रशिक्षण थांबविण्यात येईल.
०९. मनपा नागरी आरोग्य केंद्रामध्ये प्रशिक्षणाकरिता प्रति विद्यार्थी / प्रति दिन रु.५/- (रुपये पाच फक्त) तसेच कै.बा.दे.दवाखाना येथे अनुभव घेण्यासाठी प्रति विद्यार्थी / प्रति दिन / प्रति खाट रु.१० प्रमाणे प्रत्येक विद्यार्थ्यासाठी प्रतिदिन दोन खाटासाठी रु.२०/- प्रमाणे शुल्क आकारण्यात येत आहे.

वरील अटी व शर्ती मान्य असले बाबतचा करारनामा सदर संस्थेच्या सक्षम अधिका-याने वैद्यकीय अधीक्षक अहिल्यानगर महानगरपालिका यांच्याकडे १०० रु. च्या स्टॅम्प पेपरवर करून द्यावा.



वैद्यकीय अधीक्षक
कै.बा.दे.दवाखाना व सुतिका गृह
महानगरपालिका अहमदनगर

प्रत :- मुख्य लेखाधिकारी मनपा अहिल्यानगर यांचेकडेस माहितीस.

प्रत :- मेट्रन, कै.बा.दे.दवाखाना व सुतिका गृह यांच्या कडे माहितीस

प्रत :- वैद्यकीय अधिकारी, तोफखाना ना. आरोग्य केंद्र यांचेकडेस माहितीस व पुढील कार्यवाहीस्तव.



महाराष्ट्र शासन
उपसंचालक आरोग्य सेवा
नाशिक मंडळ, नाशिक.



विभागीय संदर्भ सेवा रुग्णालय, आवार, शालीमार, नाशिक - ४२२००१

कार्यालय : ०२५३-२५९२२७१

व्यक्तिगत : ०२५३ - २५९२२७२

इमेल : ddhsnskest@gmail.com

जा.क्र.उपसंअसेना/आस्था३/पार्वतीबाई म्हस्के इन्स्टी.नर्सिंग/प्रात्य.परवानगी/ — /२५दि.: /१२/२०२५

प्रति,

2892-94

20-01-2024

मा. सहसंचालक आरोग्य सेवा,
(रुग्णालये व राज्यस्तर) आयुक्तालय, मुंबई.

विषय :- खाजगी नर्सिंग संस्थेतील विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी परवानगी
मिळणेबाबत...

संदर्भ :- जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, अहिल्यानगर यांचे पत्र क्र. आरोग्य/
कक्ष-४/पार्वतीबाई म्हस्के BSC नर्सिंग/१५३२-३३/२५, दि. १७/०७/२०२५
(या कार्यालयास प्राप्त दिनांक २४/१२/२०२५)

महोदय,

उपरोक्त संदर्भीय विषयान्वये, पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, म्हस्के कॉलेज
रोड, बोल्हेगाव फाटा ता. जि. अहिल्यानगर या खाजगी संस्थेतील बी.एस.सी. नर्सिंग च्या विद्यार्थ्यांना
ग्रामीण प्रात्यक्षिक अनुभवासाठी प्राथमिक आरोग्य केंद्र, चास, ता. जि. अहिल्यानगर येथे परवानगी
मिळणेबाबतचा प्रस्ताव संदर्भीय पत्रान्वये प्राप्त झाला आहे.

तरी, पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, म्हस्के कॉलेज रोड, बोल्हेगाव फाटा ता.
जि. अहिल्यानगर या खाजगी संस्थेतील बी.एस.सी. नर्सिंग च्या विद्यार्थ्यांना ग्रामीण प्रात्यक्षिक
अनुभवासाठी प्राथमिक आरोग्य केंद्र, चास, ता. जि. अहिल्यानगर येथे परवानगी मिळणेबाबतचा
प्रस्ताव आवश्यक कागदपत्रांसह पुढील उचित कार्यवाहीस्तव सादर करण्यात येत आहे.

सोबत:- प्रस्ताव

(डॉ. कपिल आहेर)
उपसंचालक आरोग्य सेवा
नाशिक मंडळ, नाशिक

प्रत:- जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, अहिल्यानगर

प्रत:- प्राचार्य, पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, म्हस्के कॉलेज रोड,
बोल्हेगाव फाटा ता. जि. अहिल्यानगर (ईमेल :- pmion2024@gmail.com)

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  <p>अहिल्यानगर जिल्हा परिषद आरोग्य सेवा</p> 	डॉ. बापुसाहेब नागरगोजे जिल्हा आरोग्य अधिकारी	दुरध्वनीक्रमांक- ०२४१/२३२३७५२ (का.) ०२१४/२३२६९२३ (का.) ०२४१२३२७४२५ (फॅक्स)	जिल्हा आरोग्य अधिकारी, कार्यालय, आरोग्य सेवा, जुने बसस्थानकासमोर, जिल्हा परिषद, नविन इमारत अहिल्यानगर-०१ Email ID dhoahmednagar@gmail.com
आरोग्य सेवा	पत्रजा.क्रं.आरोग्य/कक्ष-४/ पार्वती बाई म्हस्के BSC नर्सिंग / 1532-33 / 24 दि. १७/०७/२०२५		

प्रति,

मा. उपसंचालक, आरोग्य सेवा.
नाशिक मंडळ नाशिक.

विषय :- खाजगी परिचर्या प्रशिक्षण संस्थेतील विद्यार्थ्यांना ग्रामिण अनुभवाकरीता प्राथमिक आरोग्य केंद्र
वापरण्यास परवानगी मिळणेबाबत....

संदर्भ :- प्राचार्य, पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, अहिल्यानगर म्हस्के कॉलेज रोड, बोल्हेगाव
फाटा, ता. अहिल्यानगर, जि. अहिल्यानगर यांचे कडील पत्र Ref No. PMION/५५/२०२५
दिनांक - ०२/०४/२०२५.

मा. महोदय,

उपरोक्त संदर्भीय विषयांन्वये, प्राचार्य, पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, अहिल्यानगर
म्हस्के कॉलेज रोड, बोल्हेगाव फाटा ता. अहिल्यानगर, जि. अहिल्यानगर या खाजगी बी.एस.सी नर्सिंग
संस्थेमधील विद्यार्थ्यांना ग्रामिण अनुभवासाठी प्रा.आ.केंद्र चास, तालुका- अहिल्यानगर, जिल्हा- अहिल्यानगर या
ठिकाणी मंजूरी मिळण्यासाठीचा प्रस्ताव ३ प्रतीत आपल्या कार्यालयाकडे पुढील योग्यत्या कार्यवाहिस्तव सादर
करीत आहे.

सोबत :- सदर संस्थेचा १ ते १४ मुद्यांचा विहीत नमुन्यातील व इतर कागदपत्रांच्या साक्षांकित केलेल्या अशा ३ प्रतीत
प्रस्ताव सादर करण्यात येत आहे.


18/7/2025

(डॉ. बापुसाहेब नागरगोजे)
जिल्हा आरोग्य अधिकारी
जिल्हा परिषद अहिल्यानगर

प्रत माहितीस्तव.....

✓ प्राचार्य, पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, अहिल्यानगर म्हस्के कॉलेज रोड, बोल्हेगाव फाटा
ता. अहिल्यानगर, जि. अहिल्यानगर.

PAR
OF NO

		अहिल्यानगर जिल्हा परिषद आरोग्य सेवा	
डॉ. बापूसाहेब नागरगोजे जिल्हा आरोग्य अधिकारी	दुरध्वनीक्रमांक- ०२४१/२३२३७५२ (का.) ०२१४/२३२६९२३ (का) ०२४१२३२७४२५ (फॅक्स)	जिल्हा आरोग्य अधिकारी, कार्यालय, आरोग्य सेवा, जुने बसस्थानकासमोर, जिल्हा परिषद, नविन इमारत अहिल्यानगर-०१ Email ID dhoahmednagar@gmail.com	
आरोग्य सेवा	पत्र जा.क्र. आरोग्य/कक्ष-४/ पार्वती बाई म्हस्के BSC नर्सिंग / 1534-35/24 दि. १७/०७/२०२५		

खाजगी परिचर्या प्रशिक्षण संस्थेतील विद्यार्थ्यांना ग्रामिण अनुभवाकरीता प्राथमिक आरोग्य केंद्र वापरण्यास परवानगी बाबात ची १ ते १४ मुद्यांचा विहित नमुन्यातील चेकलिस्ट

अ.क्र	आवश्यक दस्तावेज/मुद्दे	दस्तऐवज सोबत होय/नाही
१	खाजगी प्रशिक्षण संस्थेचे नाव व पत्ता	काकासाहेब म्हस्के मेमोरिअल मेडीकल फौंडेशन चे पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग; अहिल्यानगर म्हस्के कॉलेज रोड, बोल्हेगाव फाटा, नागपूर ता.अहिल्यानगर, जि. अहिल्यानगर.
२	सदर संस्था आदिवासी / बिगर आदिवासी/डोंगराळ/ दुर्गम पैकी कोणत्या भागात स्थित आहे ?	बिगर आदिवासी
३	खाजगी परिचर्या प्रशिक्षण संस्थेमध्ये राबविण्यात येणा-या नर्सिंग प्रशिक्षणाचे नाव व प्रशिक्षणनिहाय विद्यार्थी संख्या	नर्सिंग प्रशिक्षणाचे नाव - बी.एस.सी नर्सिंग विद्यार्थी संख्या- ६० (साठ)
४	संस्थेचे नोंदणी प्रमाणपत्र सादर केले आहे का?	होय
५	खाजगी परिचर्या प्रशिक्षण संस्थेला प्रशिक्षण कोर्स सुरु करण्याची परवानगी २०१४ पुर्वीची कि नंतरची आहे ?	२०१४ नंतरची १५ मार्च २०२४
६	संस्थेचे स्वतःचे १०० खाटांचे रुग्णालय (Parent Hospital) आहे का ?	होय
७	प्रात्यक्षिक अनुभवासाठी मागणी केलेल्या शासकीय आरोग्य संस्थेचे नाव, मंजूर खाटा व कालावधी	शासकीय आरोग्य संस्थेचे नाव — प्रा.आ.केंद्र- चास. तालुका- अहिल्यानगर. जिल्हा - अहिल्यानगर. आरोग्य संस्थेचे मंजूर खाटा — प्रा. आ. केंद्र वाळकी - खाटा संख्या- ६ . शासकीय अनुभवासाठी कालावधी — ३० दिवस
८	मागणी केलेल्या रुग्णालयात शासकीय परिचर्या प्रशिक्षण संस्था संलग्न आहे का ? असल्यास विद्यार्थी संख्या किती ?	नाही

९	मागणी केलेल्या रुग्णालयात सद्य स्थितीत प्रात्यक्षिक अनुभव घेणा-या प्रशिक्षणार्थीची संख्या	शून्य
१०	प्रशिक्षण संस्था सुरु करण्यासाठी वैद्यकीय शिक्षण व औषधी द्रव्ये विभागाच्या शासन निर्णयाची प्रत	सोबत जोडली आहे.
११	महाराष्ट्र राज्य शुशुषा व परावैद्यक शिक्षण मंडळ / महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांचे चालू शैक्षणिक वर्षाचे प्रदान केलेले नोंदणीपत्र (Affiliation letter).	सोबत जोडली आहे.
१२	मराठी हमीपत्र (८मूद्दे) व करारनामा १०० रुपयाचे Notarized करून सादर केले आहे का ?	होय, सोबत जोडली आहे.
१३	करारनामावर जिल्हा शल्य चिकित्सक/जिल्हा आरोग्य अधिकारी / वैद्यकीय अधिक्षक यांचे सही व शिक्का आहे का ?	होय
१४	प्रात्यक्षिक ग्रामीण अनुभवासाठी प्राथमिक आरोग्य केंद्राची मान्यता हवी असल्यास प्राथमिक आरोग्य केंद्राचे नाव.	प्रा.आ.केंद्र- चास. तालुका- अहिल्यानगर. जिल्हा - अहिल्यानगर.


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प्रत माहितीस्तव.....

प्राचार्य, पार्वतीबाई म्हस्के इन्स्टिट्यूट ऑफ नर्सिंग, अहिल्यानगर म्हस्के कॉलेज रोड, बोल्हेगाव फाटा
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