

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2026 - 2027

Clinical Material in Hospital

Name of College/Institute DR PALLAVI S.SURYAWANSHI COLLEGE OF NURSING Faculty:- B.sc 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	100 BED	
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	CIVIL SURGEN	
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual		
c.	Average Bed Occupancy in % : (Minimum 75%)	80%	
d.	Clinical facilities for PG to be verified:-(As per MSR)	-	
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD(current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)		
<ul style="list-style-type: none"> • As per Central Council Norms/ University Norms, above Infrastructure must be available at College. • If Infrastructure is available, then mark "Adequate" & do not attach any Documents it should be available on college website • In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report 			

Here we declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief
Any Other, Please Specify:-

Date:-

Dean/ Principal Stamp & Signature

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 202----202---

Clinical Material in Hospital

Name of College/Institute DR PALLAVI S.SURYAWANSHI COLLEGE OF NURSING Faculty:- B.sc Nursing

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 Any Other, Please Specify:-

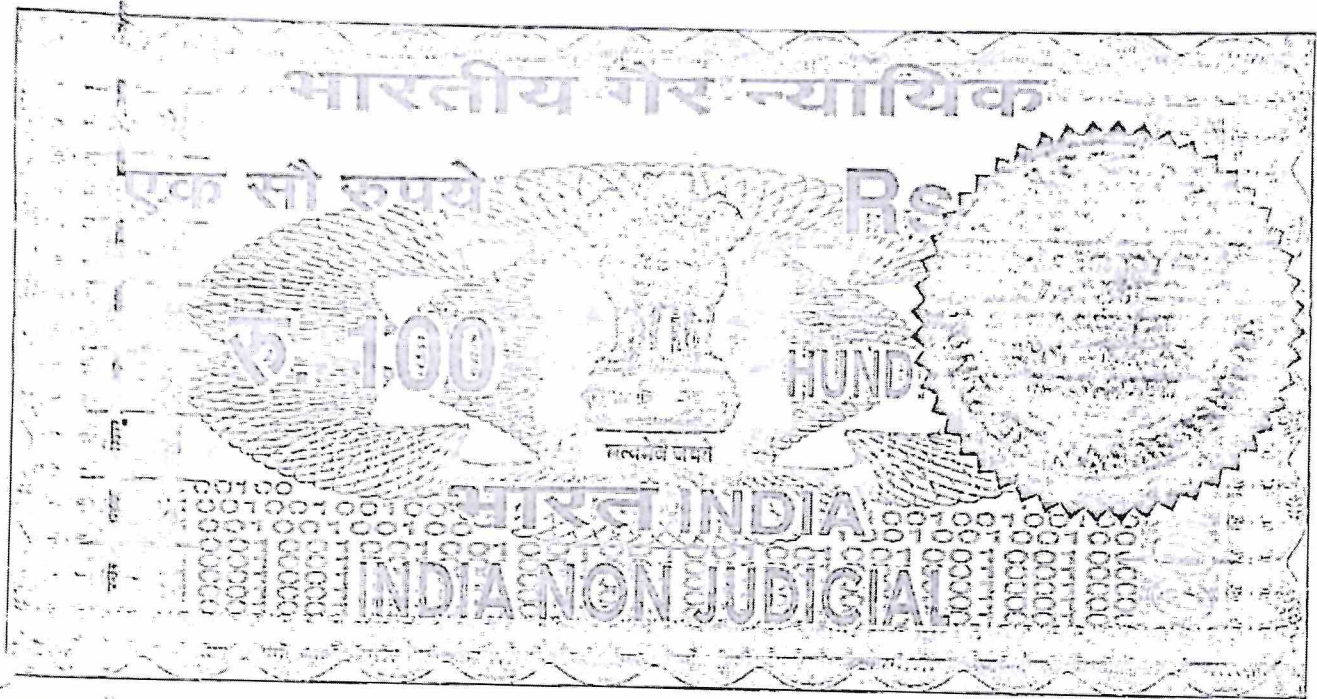
Date:-

Dean/ Principal Stamp & Signature

Chairman of LIC

Member Of LIC

Member Of LIC



महाराष्ट्र MAHARASHTRA

2024

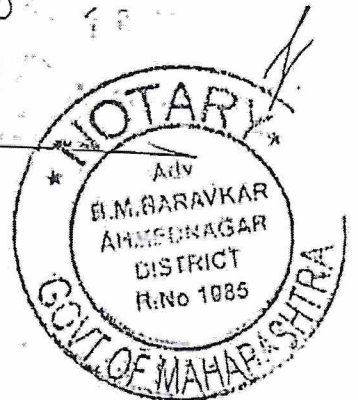
99AA 033940

340216
26/11/2024
900
डॉ. सुहास सुर्यावंशी
डॉ. पल्लवी सुहास सुर्यावंशी

MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding is made between following parties:-

1. Indira Hospital
Khade Nagar, Jamkhed
Tal- Jamkhed, Dist- A.Nagar. 413201
Through its Director,
Dr, Suhas Suryawanshi Chairman (M.B.B.S.,D.C.H)
Age: 45 Years Occupation: Doctor
(Hereinafter called as party No.1)
2. Chetna Seva Sanstha, Dr.Pallavi Suhas Suryawanshi Collage of Nursing
A/P Sakat, Jamkhed, Tal.Jamkhed, DistLA.Nagar 413201
Through its Secretary,
Dr. Pallavi Suhas Suryawanshi
Age: 40 years, Occupation: Doctor
Khada Nagar, Jamkhed, Tal.Jamkhed, Dist-A.Nagar 413201
(Hereinafter called as party No.2)



[Signature]

PRINCIPAL
DR.PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING
A/P. Sakat, Tal. Jamkhed Dist. A'Nagar

WHEREAS the party no.1, is running a 100 bedded With Maternal Bed 30(Thirty) hospital under name and title as Indira Hospital which covers the Multispecialty and General. The said hospital is of Allopathic faculty. This said hospital is being register under Bombay Nursing Home Act.1949 and under the shop Act.

WHEREAS the party no.2, is an educational Society and is running school of B.sc Nursing programme, affiliated to Maharashtra State Board Of Nursing and Paramedical Education, Mumbai. The party no.2 is already provided Indira Hospital and requested party no.1, for affiliation of their hospital for next 5 consecutive academic years for said college of B.sc course for practical purpose.

WHEREAS the party no.1, has agreed to provided its Affiliated hospital for the purpose of clinical field experience for students in said Chetna Seva Sanstha, Dr.Pallavi Suhas Suryawanshi Collage of Nursing, A/P Sakat, Tal.Jamkhed, Dist. A.Nagar conducting B.sc Nursing curso at Dr.Pallavi Suhas Suryawanshi Collage of Nursing, A/P Sakat, Tal.Jamkhed, Dist.A.Nagar for the academic year 2024-25 and for next 5 consecutive years.

Therefore this agreement of above Memorandum of understanding held and for which both the parties have made their signatures below with best of their knowledge and belief on this day of Thursday 2023)

Date: 07/10/2024)

Place:- Jamkhed

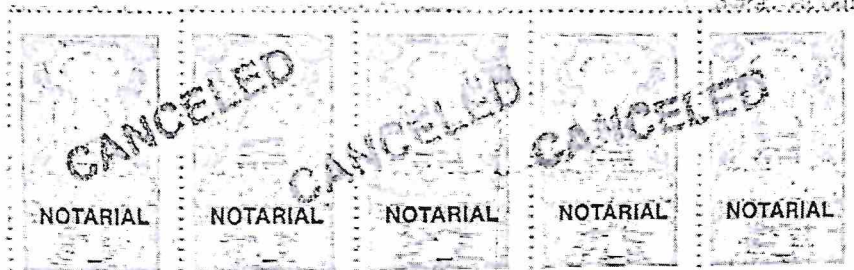
EXECUTANT

Incharge

Dr., Sulias Suryawanshi (M.B.B.S.,D.C.H)

Indira Hospital Jamkhed

Pallavi
Chetna Seva Sanstha's



7 OCT 2024

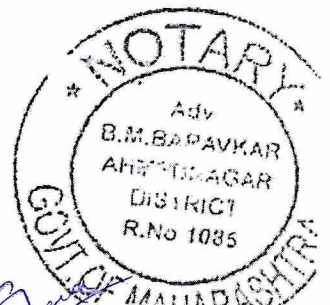
Excutant/s is are identified by to whom I know personally

RAJESH
ANIL
BISHOK

BEFORE ME

[Signature]
B. M. BARAVKAR
ADVOCATE & NOTARY PUBLIC
JAMKHEDE, DIST. AHMEDNAGAR

Noted At Serial No 2220



PRINCIPAL
DR.PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING
A/P. Sakat, Tal. Jamkhed Dist. A.Nagar



GOVT. OF MAHARASHTRA



HEALTH SERVICES

DISTRICT HOSPITAL, AHMEDNAGAR

**Certificate of Registration under section 5 of the
Bombay Nursing Homes Registration Act- 1949**

RENEWAL

This is to certify that is DR.SUHAS BIBHEESHANRAO SURYAWANSHI had been requested under the Bombay Nursing Homes Registration Act 1949 in respect of INDIRA HOSPITAL situated at KHADE NAGAR, NEAR BUS STAND, JAMKHED and has been Authorised to carry on the said Nursing home.

Registration No - 476

Date of Registration - 06/03/2020

Place - Ahmednagar

Date of issue of certificate - 20/05/2024

Mat. - 30

Other - 70

Total - 100 Beds

This Certificate of Registration shall be valid upto 31st March 2026 (Twenty Six)



Signature of Registering Authority
Civil Surgeon

General Hospital, Ahmednagar

Copy to - Medical Superintendent, Rural Hospital, Jamkhed Dist. Ahmednagar

Note - 1) Rights reserved to cancel certificate by issuing authority if any documents found to be incorrect.

2) As per Terms and Conditions Mentioned in our Letter.

सचिव
PRINCIPAL

DR. DILIP S. SURYAWANSHI
COLLEGE OF NURSING
जामखेड, ता. जामखेड, जि. अ. नगर
A.P. Sakal, Tal. Jamkhed Dist. A. Nagar



GOVT. OF MAHARASHTRA
HEALTH SERVICES

DISTRICT HOSPITAL, AHMEDNAGAR

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Registration No - 476

Date of Registration - 06/03/2020

Place - Ahmednagar

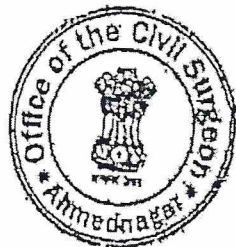
Date of issue of certificate - 31/10/2023

Mat. - 40

Other - 90

Total - 130 Beds

This Certificate of Registration shall be valid upto 31st March 2025 (Twenty Six).



[Signature]
Signature of Registering Authority
Civil Surgeon
General Hospital, Ahmednagar

Copy to - Medical Superintendent, Rural Hospital, Jamkhed Dist. Ahmednagar

Note - 1) Rights reserved to cancel certificate by issuing authority if any documents found to be incorrect.

2) As per Terms and Conditions Mentioned in our letter.

[Signature]
Secretary
WHEATANA SEVA SAMITHI - LATUR

Scanned with CamScanner

PRINCIPAL

DR.PALLAVI S. SURYAWANSHI

COLLEGE OF NURSING

Scanned with OKEN Scanner

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) Rules, 2016, in connection with my/our/existing/proposed activity from the premises as per the details given below.

1. General Information

UAN No:
MPCB-CONSENT-0000187194

Application submitted on
07-11-2023

Industry Information

Industry Type

R30 Health-care Establishment (as defined in BMW Rules)

Category
Red

Scale
S.S.I

Consent To:

Operate (1st Operate)

Submit to:

SRO - Ahmednagar

Consent to Establish Details

Consent to Establish No.

Format 1.0/SRO/UAN
No. MPCB-CONSENT-
0000148158/CE/2301001737.

Consent to Establish Grant date

20-01-2023

Consent to Establish Valid Upto

19-01-2028

Authorization No.

NA

Authorization Grant date

07-11-2023

Authorization Valid upto

07-11-2023

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

First Name

Dr. Suhas

Father / Husband Name

Bibhishan

Mobile No

7709778776

Telephone/Fax

7709778776

PAN No

BYMPS8960G

Address

Khade Nagar In front of Bus Stand Jamkhed

Last Name

Suryawanshi

Designation

Doctor

Email

drsuhassurya@gmail.com

Aadhar No.

627257330731

Pin Code

413201

CHETANA SEVA SANSTHA - LATUR

Secretary

जेतना सेवा संस्था (लातूर)
जामखेड, ता. जामखेड, जि. लातूर
जेतना सेवा संस्था (लातूर)
जामखेड, ता. जामखेड, जि. लातूर
जामखेड, ता. जामखेड, जि. लातूर
जामखेड, ता. जामखेड, जि. लातूर
जामखेड, ता. जामखेड, जि. लातूर

DR. PALAVI S. SURYAWANSHI
COLLEGE OF NURSING
A. Nag

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

Chetana Seva Sanstha Latur
Sanchalit: Indira Hospital

b) Address for Correspondance

Pin Code 413201	District Ahmednagar	City/Town Jamkhed
Survey/Gut No. Khade Nagar	Name of premises /Building Near Bus Stand	Road/Street Jamkhed
Area/Locallity Jamkhed	Email drsuhassurya@gmail.com	Website URL NA

c) Details of Contact Person

Name of the contact person Suhas Bibhishan Suryawanshi	Contact No. 7709778776	Email drsuhassurya@gmail.com	Designation Doctor
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d) Onwership of Facility

Private (Proprietary Establishment)

e) Month and year of commissioning of the HCF

31/10/2023.

f) Area of the Facility / Hospital

i) Total plot area (In square meter) 657	ii) Built up area (In square meter) 2841	iii) Open Plot Area (Sq.Mtr) 100.00
--	--	---

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

Latitude (In degrees) 0	Longitude (In degrees) 0
-----------------------------------	------------------------------------

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

CA Certificate

Sr. No.	Fixed Assets	Amount (In lakh)
1	Land	20.3000
2	Building / Premises	60.4000
3	Plant & Machinery / Equipment	10.8500
4	Furniture / Fixture	5.0000
5	Any other movable / Immovable fixed assets (Please specify)	
5.a	NA	NA
5.b	NA	NA
5.c	NA	NA
5.d	NA	NA
5.e	NA	NA
6	Capital Work In Progress (If any)	NA

Gross Capital (In Lakh)
96.55 (Lakh)

Certificate Date
03-11-2023

Secretary
सचिव
CHETANA SEVA SANSTHA - LATUR
जामखेड, ता. जामखेड, जि. अ. नगर
Land Use Type: Land Ownership

i) Compliance of Location Criteria
Location of facility

Whether it is notified industrial area

- j) Does HCF have Laundry facility in premises
- k) Does HCF have Canteen/Cafeteria facility in premises
- l) Does HCF have Hostel/Residential quarters in premises

No
No
No

m) Number of Patient Treated per Day

OPD (Average Patient / Day)

40

IPD / Admitted (Average Patient / Day)

2

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

ULB Type

Municipal Council

ULB Name

Jamkhed Municipal Council

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

Planning Authority

Jamkhed Municipal Council

Planning permission

Occupancy Certificate

3. BMW Authorization Details

a) Discipline of Medicine

Medicine

b) Bombay Nursing Home Registration Details

Total number of Beds

130

BNH Registration Number

475

Valid Upto

31-03-2025

First Issued Date

31-10-2023

Certificate Issuing Authority

Civil Surgeon

Total Bed Break up

General Beds

50

ICCU/ICU Beds

10

Maternity Beds

Operation Theatre

Oncology Beds

Other Beds

60

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab

No

Blood Bank

No

X-Ray

No

CT Scan

No

MRI

No

USG

No

ECG/EEG

No

Medical Store / Pharmacy

No

Other

No

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

No

Secretary
CHETANA SEVA SAMSTHA - LATUR

सचिव

Category wise Bio-Medical Waste Collected, Treated, Disposed

जामखेड, ता. जामखेड, जि. अ. नगर
जामखेड, ता. जामखेड, जि. अ. नगर
जामखेड, ता. जामखेड, जि. अ. नगर

DR. PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING

A/P. Saket, Tal. Jamkhed Dist. LA. N. G.

No

Other (Hospital) Self Owned

j) Does HCF have Laundry facility In premises

No

k) Does HCF have Canteen/Cafeteria facility In premises

No

l) Does HCF have Hostel/Residential quarters In premises

No

m) Number of Patient Treated per Day

OPD (Average Patient / Day)

40

IPD / Admitted (Average Patient./ Day)

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31-03-2026

First Issued Date

31-10-2023

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No

X-Ray

No

CT Scan

No

MRI

No

USG

No

ECG/EEG

No

Medical Store / Pharmacy

No

Other

No

d) Whether HCF Intended to Sale / Handover (liquid, BMW) for R&D purpose

No

Secretary

CHELANA SEVA SAMSTHA - LATUR

सचिव

Category wise Bio-Medical Waste Collected, Treated, Disposed

जे.ए.ए.सी. शाखा, लातूर
जामखेड, ता. जामखेड, जि. अ. नगर

जे.ए.ए.सी. शाखा, लातूर
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जामखेड, ता. जामखेड, जि. अ. नगर

PRINCIPAL

DR. PALLAVI S. SURYAWANSHI
COLLEGE

Sr. No	Category	Type of Waste	exceed (Kg/M)
1	Yellow	a) Human Anatomical waste	30.00
		b) Animal Anatomical Waste	0
		c) Soiled Waste	50.00
		d) Expired or Discarded Medicines	50.00
		e) Chemical Waste	0
		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)	40.00
3	White (Translucent)	Waste sharps including Metals	100.00
4	Blue	a. Glassware	20.00
		b. Metallic body implants	5.00

Details of Storage at Facility

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

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

Common Facility Membership Details (CTF)

CTF Name: M/s. Bioclean Systems India Pvt.Ltd., Ahmednagar

Membership Number: JKD 425

Issued Date: 10-03-2024

Do you have Captive Treatment

No

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.)
10 Jamkhed Municipal Council

b) Water Consumption Details

Secretary
CHETANA SEVA SANSTHA - LATUR

सचिव PRINCIPAL
चेतना सेवा संस्था, लातूर
जामखेड, ता. जामखेड, जि. अ. लातूर
A/P. Sakat, Tal. Jamkhed Dist. A'Ns

Raw Water (CMD)

Recycle Water (CMD)

Total Water Quantity Requirement: (CMD)

10

10

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Treatment	Disposal
Domestic Purpose	10	3	STP	On Land For Gardening
Processing whereby water gets Polluted & Pollutants are Biodegradable	0	0	ETP	On Land For Gardening
Processing whereby Water gets Polluted, Pollutants are not Biodegradable & Toxic	0	0	ETP	On Land For Gardening
Industrial Cooling, spraying in mine pits or boiler feed	0	0	ETP	On Land For Gardening
Total	10.00	3.00		

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

2) E-Waste (Kg/Annum) 0

3) Plastic Waste (Kg/Annum) 0

4) Hazardous Waste (Kg/Annum) 0

Effluent Analysis result (As per latest report)

Parameter	Permissible Limiting concentration	Latest 3 Sampling Dates		
		1st Date	2nd Date	3rd Date
		08-11-2023	08-11-2023	08-11-2023
pH	6.5 - 9.0	0	0	0
Oil and Grease (mg/l)	10	0	0	0
BOD (mg/l)	30	0	0	0
COD (mg/l)	250	0	0	0
TSS (mg/l)	100	0	0	0
Bio-Assay Test	90 % survival of fish after 96 hours in 100 % effluent	0	0	0

Air Pollution

Whether D.G. Set Installed

No

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

Do you have Boiler Installed

No

Boiler Details

सचिव Secretary
 CHETANA SEVA SANSTHA, LAJUR
 जामखेड, जामखेड, जामखेड, जामखेड

DR. PALLAVI S. SURYAWANSHI
 COLLEGE OF NURSING
 जामखेड, जामखेड, जामखेड, जामखेड

Make	Model	Combustion efficiency	Fuel Type	Qty	Shape (Round/rectangular)
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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)

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

CHWTF Facility Name

NA

CHWTF Membership Number

0

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	Qty/ty	UOM	Treatment	Treatment	Remarks
NA	0	NA	NA	NA	NA

Legal Section				
Legal Action Type	Legal Action Ref No	Legal Action Date	Legal Action Details	Remarks
NA	NA	01-01-1970	NA	NA

5. Additional Information

चेतना सेवा संस्था
CHETANA SEVA SANSTHA - LATERAL
नि. अ. नगर

Average Cost (O & M) for ETP/STP
NA

Average Cost of APCD Rs/Year

Brief details of tree plantation/green belt development within applicant's premises
Open Space Availability 50
Plantation Done On 30
Number of Trees Planted 10

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

Are there any Bank Guarantee impose on you during previous Consent/Authorization period.
No

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

Additional Bank Guarantee Details, If Any

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

Secretary
CHETANA SEVA SANSTHA - LATUR

Principal
DR. RAJ LAXMI S. SURYAWANSHI
COLLEGE OF NURSING
A.P. Sakat, Jamkhed Dist. A'Nagar
चेतना सेवा संस्था, लतूर
जामखेड, ता. जामखेड, जि. अ. नगर
जामखेड, ता. जामखेड, जि. अ. नगर



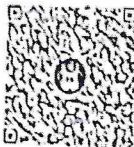
BIOCLEAN SYSTEMS (INDIA) PVT. LTD.

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



BIOCLEAN
SYSTEMS (INDIA) PVT. LTD.
ESTABLISHED IN 2007

Unlque Registration No.: SGD-241



Offline QR



Online QR

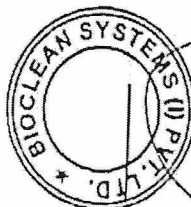
Registration Certificate

Outward No. : OW/Cer/2024-25

Date : 08-Oct-2024

This is to certify that DR SURYAWANSHI SUHAS BIBHEESHANRAO (241), INDIRA HOSPITAL, KITADE NAGAR, NEAR BUS STAND, JAMKHED, TAL: JAMKHED DIST: AHMEDNAGAR is registered with M/s Bioclean Systems (India) Pvt. Ltd., Nilayam Housing Society, Near Make May Care Showroom, Vinayaknagar, Nagar Pune Road, Ahmednagar - 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)	: DR SURYAWANSHI SUHAS BIBHEESHANRAO
2 Bombay Nursing Home Act Registration Details :	
a. BNH Registration No	: 476
b. BNH Issue Date	: 20-May-2023
c. Total Number of Beds	: 100
d. BNH validity (Form 'C')	: 31-Mar-2026
3 Common Treatment Facility Registration Details	
a. Date of Registration	: 14-Feb-2020
b. No. of Beds Registered	: 100
c. Issue Date	: 08-Oct-2024
d. Registration Validity	: 07-Oct-2025
4 Renewal of CTF Membership (if applicable)	
a. Renewal Date	: 07-Oct-2025
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	:



For Bioclean Systems (India) Pvt. Ltd.

[Handwritten Signature]

Authorized Signatory
Date-8/10/2024

Ahmednagar Office:
Nilayam Housing Society Near John Deere Tractor
Showroom Nagar -Pune Road Ahmednagar-414001
Ph.:(0241) 2324131, Mob 9225322578

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

Scanned with OKEN Scanner

PRINCIPAL
DR.PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING
A.P. Sakat, Tal. Jamkhed Dist A'Nagar

Scanned with OKEN Scanner

MH 16 BC

16

SC-1752

प्रादेशिक परिवहन कार्यालय अहमदनगर

नोंदणी क्रमांक

MH 16 BC 1752

नमुना 2017

याना पट

Omni

प्रकार

Ambulance

WB

1885 (K)

तपासणी विभाग

CH. NO.: MA3E & B 15.01690390

VEN. NO.: F835N 4900383

RVP NO.: Valid:

TAX: 3112117 VC: 231118

PUC: PT:

पर्यावरण फंड H0860641

RS.: 1600/- 617723/16.07.20 25/11/17

CF Valid: 24/10/19

RAJESH AHUJA
Inspector of M.V's (Gr-1)
R.T.O.

S

सचिव

चेतना सेवा संस्था जातुड
जामखेड, ता.जामखेड, जि.अ. नगर

PRINCIPAL

DR. PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING

245

#1589. Auth: MH-16 FORM NO. 38 (See rule 62 (1))

FD H0660641

Certificate of fitness (Applicable in the case of Transport Vehicles only)

Vehicle No.:

MH-16BC-1752

is Certified as complying with the provisions of Chapter (VII) of the Motor Vehicles Act, 1988 and rules made thereunder. The certificate will expire on

Valid From:

25-Jan-2017 To 24-Jan-2019

Next Inspection Due:

26-Dec-2018 To 24-Jan-2019

Chassis No.: MASEVB1501690390

Meter No.: N.A.

Engine No.: FBRIN4900393

Meter Seal No.: H.A.

Dated: 25-Jan-2017 Inspected By: R. R. AHUJA

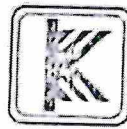
Signature and designation of Inspecting Authority OR Holder of letter Authority of the authorised testing station

R.R. Ahuja
25/10/17

RAJESH AHUJA
Inspector of MVs (C.C.)
R.T.O.

[Signature]

PRINCIPAL
DR. PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING
A/P. Sakat, Tal. Jamkhed Dist. A'Nagar



Kankariya
AUTOMOBILES PVT LTD

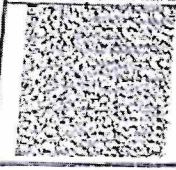
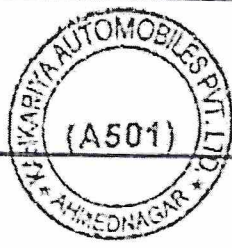
AN ISO 9002 COMPANY
(Authorized Maruti Dealer)

Nagar-Manmad Road, Savadi, Ahmednagar-414 003
Tel. : (0241) 2424819, 2426497, Fax : 241703
e-mail : kankariya.ahd.srv1@marutidealers.com

M/S. INDIRA HOSPITAL		Invoice No.	23252696	Delivery Dealer	11500 A501
PROP-SUHAS BIBHEESHANRAO SURYAWANSHI		Date	21 JAN 2011	Booking Dealer	A501
A/P-BUS STAND,TAL-JAMKHED		Booking Dt	06-Jan-17		
DIST- AHMEDNAGAR		HYP:	NO HPA		
PARTICULARS			AMOUNT (DR)	AMOUNT (CR)	
1) Price of one MARUTI OMNI AMBULANCE- Petrol driven fuel efficient vehicle bearing			272524.00		
Chassis No.	Engine No.	Colour			
1690390	4900383	SUPERIOR WHITE			
2) VAT Tax 13.5%			36791.00		
3) Total Price (1) + (2)			309315.00		
4) Amount held as initial deposit (MUL booking)					
5) Amount accrued as interest on the initial deposit (MUL booking)					
6) 'C' from booking Amt. Received on () 6.1 Receipt No:					
7) Amount accrued as interest on 'C' from payment @ % p.a. From date of payment till date of invoice less 7 days.					
8) Tax deducted at source @ %					
9) Balance Amt. To be collected / to be paid					
10) Service / PDI / Petrol Charges				309315.00	
11) INVOICE TOTAL:			309315.00	309315.00	
Registration No: 27620001159V		C.S.T. NO. 27620001159C	W.E.F. 01.04.05		
Received R 309,315.00					
By Cheque no./ Draft no. _____ /cash as full and final settlement of the transaction at the time of delivery. I/We hereby certify that, my/our Registration Certificate under the Maharashtra Value Added Tax Act, 2002, is in force on the date on which, the sale of the goods specified in this Tax Invoice, is made by me/us and the transaction of sale covered by this Tax Invoice has been effected by me/us and it shall be accounted for in the turnover of sales while filing of return and the due tax, if any, payable on the sale has been paid or shall be paid.					
(Subject to Ahmednagar jurisdiction).					
Signature of DSE					
Signature of customer					

(Handwritten signature)

PRINCIPAL
DR.PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING
A/P. Sakat, Tal. Jamkhed Dist. A'Nagar

CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
Policy Type	Pack-up Policy (Ambulance)	Proposal No. & Date	KT491587/22-Jan-2017
Policy No. & Type	3510101166100360214	Period of Insurance	21-55:28 PM 23-Jan-2017 to midnight on 22-Jan-2018
Policy Issued On	23-Jan-2017 10:00:00	Vehicle Identification No.	MA3EVD111506000000
Insured Name	M/S Indira Hospital	Geographical Area	
Insured Address	A/P. SUGAS BHOJESHANBAD SURYAWANSHI BUS STAND, TAL. JAMKHED, AHMEDNAGAR-431005, Maharashtra		
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	Maruti	Vehicle	2018.00
Model & Variant	Omni Ambulance/MARUTI OMNI MPI AMBULANCE BSIV	Non Electrical Accessories	0
Registration No.		Electrical Accessories	0
Year of Manufacture	2016	CNG/LPG Kit	0
Engine-Chassis No.	4901983 - 1600100	Total IDV	2018.00
Cubic Capacity	798		
Seating Capacity	2		
Type of Body	Saloon		
RTO Location	AHMEDNAGAR		
Schedule of Premium Amount in Rs.			
OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	3147	Basic Third Party Liability	1822
Excess Accessories	0	Third Party Liability for Bi-fuel Kit	0
Non-Excess Accessories	0	Compulsory PA Cover Premium	0
Kit (IME-23)	0	PA Cover for Paid Driver of Rs 1200000 each (IME-10)	120
Extra Premium towards Inbuilt CNG/LPG	NA	Legal Liability (WC) to Driver (IME-29)	40
Basic Premium	3147	Legal Liability to Employees (IME-29)	0
Geographical Area Extn. (IME-1)	NA	Legal Liability to Passengers (IME-46)	60
Langr, Tyres etc (IME-22)	472	Driving License Loading On TP Premium (60%)	NA
Driving License Loading On OD Premium (60%)	NA	Net Liability Premium (B)	4052
Sub-Total Additions	472	Total Premium (A+B)	8552
Deductibles		Service Tax @ 14%	1197
Voluntary Deductibles (IME 22A)	0	Swathi Bharat Cess @ 0.01%	41
Anti-Theft Device (IME-19)	0	Krishti Kalvan Cess @ 0.50%	41
AAI Membership (IME-8)	0	Gross Premium Paid	9836
No Claim Bonus	0	Note	
Discount for vehicles designed for handicapped	NA		
Sub-Total Deductibles	0		
Add - On Coverages	0		
NH Depreciation	0		
Engine Protect	0		
In-situ Protect Add On	0		
Net own Damage Premium (A)	472		
Nominee Details:	Nominee Name	Age	Relation
Payment Detail	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Not Financed	Financer Name	Financer Branch
POS Name	NA	POS ID	POS PAN No./Authr No
<p>Limitations as to use: Use only for social domestic and pleasure purposes and for the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Race making (5) Speed testing (6) Reliability trials (g) Any purpose in connection with motor trade</p> <p>Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989</p> <p>Limits of Liability Clause: Under section II-1 (i) of the policy-Death or bodily injury. Such amount as is necessary to meet the requirements of the motor vehicle act 1988. Under section II-1 (ii) of the policy-Damage to third party property is Rs 7.5 lakhs P.A. Cover under section III for Owner-Driver is Rs 2 @ Lakhs</p> <p>No claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or paid during the preceding year(s), as per the following: Preceding one consecutive years/25%, Preceding three consecutive years/35%, Preceding four consecutive years/45%, Preceding five consecutive years/50%, of NCB on OD Premium. No claim bonus only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy</p> <p>Important Notice: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by way of under terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation, English version will hold good.</p> <p>17 We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provisions of chapter X and chapter XI of M.V. Act, 1988</p>			
 			
<p style="text-align: right;">Authorized Signatory</p>			

सचिव
चेतना सेवा संस्था लातूर
जामखेड, ता.जामखेड, जि.अ.नगर

PRINCIPAL
DR. RAJDAVI S. SURYAWANSHI
COLLEGE OF NURSING
A/P. Sakat, Tal. Jamkhed Dist. A'Nagar

GOVT. OF MAHARASHTRA



Public Health Department

(PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES
(PROHIBITION OF SEX SELECTION) ACT, 2003)

SCHEDULE III

CERTIFICATE OF REGISTRATION

1. In exercise of powers conferred under Sec. 19 (1) of Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, (57 of 1994), the Appropriate Authority

CIVIL SURGEON, AHMEDNAGAR hereby grants registration to the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic* named below purposes of carrying out Genetic Counselling Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests as defined in the aforesaid Act for a period of five years ending on 12/11/2028

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years.

A. Name and address of the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*.

Indira Hospital, Khade Nagar, New Bus Stand, Jamkhed.

App^r: Dr. Subhas B. Suryawanshi, MB, DCH.

B. Name of Applicant for registration ^{Radio, Sono.} 1) Dr. Pallavi S. Suryawanshi, MB, DGO.
2) Dr. Vaibhav Tandale, MB, DMRE (every Thur. 7pm to 9pm) (24 hrs.)

C. Pre-natal diagnostic procedures approved for (Genetic Clinic)

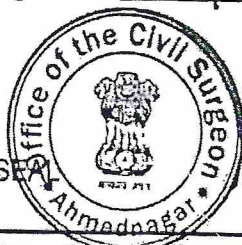
- machine:-
✓ (i) Ultrasound (ii) Amniocentesis 1) Wipro GE, Logiq V5 R-2
(iii) Chorionic villi biopsy (iv) Foetascopy SIN. 616861 WXO.
(v) Foetal skin or organ biopsy (vi) Cordocentesis 2) Simens, Sonoline, G-20
✓ (vii) Any other (specify) 2D.ECHO SIN. JA 04135.
D. Pre-natal diagnostic tests approved (for Genetic Laboratory)
(i) Chromosomal Studies (ii) Biochemical studies
(iii) Molecular studies

3. Model and make of equipments being used

4. Registration No. allotted ANR-304

5. Period of validity of Registration 5 yrs. From 13/12/2023 To 12/12/2028

Date: 29/11/2023



Signature, name and designation
DR. PALLAVI S. SURYAWANSHI
Principal
General Hospital, Ahmednagar

DR. PALLAVI S. SURYAWANSHI
COLLEGE OF NURSING
A/P. Sakat, Tal. Jamkhed Dist. A'Nagar