

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

Clinical Material in Hospital

Name of College/Institute Saraswati Institute of Nursing Sciences and Research, Amravati
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	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	Yes	Adequate
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual ... 1:3	Yes	Adequate
c.	Average Bed Occupancy in % : (Minimum 75%) 100 Bedded 80%	Yes	
d.	Clinical facilities for PG to be verified:-(As per MSR)		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	Adequate
	<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:-

16-02-26


 Principal
 Saraswati Institute of Nursing
 Sciences & Research, Amravati



MAHARASHTRA

2018

94612

UK 803947



Handwritten text in Marathi: 'संस्थेच्या वतीने डॉ. स्वप्नील शिर्भते यांच्याशी याबाबतची समझौता करण्यात आली आहे'.



Memorandum of Understanding as Parent Hospital

For Clinical Permission
Between

**Director, Hi-Tech Multi Speciality Hospital And Research Center,
Rajapeth, Amravati.**

And

President, Saraswati Bahuddheshiya Shikshan Sanstha, Amravati (Educator)

THIS MOU is entered into by and between the Director Dr. Swapnil Shirbhate of Hi-Tech Multi Speciality Hospital And Research Center, Rajapeth, Amravati, in the State of Maharashtra (hereinafter "Hospital") is the trustee member of Saraswati Bahuddheshiya Shikshan Sanstha, Amravati. And the President, Saraswati Bahuddheshiya Shikshan Sanstha, Amravati, under which educational institution run as Saraswati Institute of Nursing Sciences and Research, Amravati for the purpose of parent hospital.

-1-

8-8-19
V. SAGLANI
Notary Public & Notary For
Amravati District (M.S.) India
Mob-9890343638

सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

WITNESSETH:

WHEREAS, Educator desires to provide educational experiences to its Students (hereinafter, "Students") enrolled in its Nursing Program; and

WHEREAS, Hospital is willing to make available its facilities to said Educator, Faculty, and Students for educational training and clinical experiences which will necessarily include some activities and tasks performed by Students in learning the techniques of the Program,

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

I. DEFINITIONS.

- 1.1 **Course.** "Course" shall mean the specific Course within which the Student is currently enrolled to complete Program requirements.
- 1.2 **Educational Experiences.** "Educational Experiences" shall mean those clinical/educational activities taking place at Hospital leading to satisfaction of Course requirements.
- 1.3 **Faculty.** "Faculty" shall mean qualified Educator personnel assigned as the responsible Faculty or the clinical instructor for Students participating in Educational Experiences at Hospital.
- 1.4 **Patients.** "Patients" shall mean any persons provided care, facilities or services, directly or indirectly, by or through Hospital or related organization.
- 1.5 **Policies of Hospital.** "Policies of Hospital" shall mean and include the Bylaws and rules of Hospital, the Bylaws and rules of the Medical Staff as approved by the Board, rules and regulations of the Department and other established policies, practices and procedures of Hospital.
- 1.6 **President/Director.** "President" shall mean the person holding the position currently titled President of Hospital or such other title as may hereinafter be adopted to describe the Executive of Hospital exercising overall authority with respect to the operation and management of Hospital.

II. THE HOSPITAL SHALL:

- 2.1 The hospital is hundred bedded and will be extension as per prospective plan.
- 2.2 Accept Educator Students for which Students placements have been reviewed, planned and arranged for Educational Experiences by Educator. The number of Students eligible to participate in Education Experience will be mutually determined by MOU of both parties and may be altered by mutual MOU.
- 2.3 Make available those Educational Experiences and training agreed upon.
- 2.4 Arrange for an orientation program for the purpose of familiarizing the Students with Hospital's philosophy, policies and procedures for providing care, with its Patients, physical facilities, and such other aspects as are pertinent to Educational Experience of Students.
- 2.5 Provide conference and classroom space within Hospital facilities, as available, pursuant to mutually arranged schedules of use.

-2-

D. V. Saglani
2-8-2019
D. V. SAGLANI
Advocate & Notary For
Mumbai District (M.S.) India
Mob: 9890343636

Jaykumar
सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

- 2.6 Provide necessary emergency care to the Students in the event of sudden illness or injury occurring at Hospital; the costs of such care to be the responsibility of the Student.

III. THE EDUCATOR SHALL:

- 3.1 Have the authority and responsibility for the Course and Program, including curriculum development, appointment of qualified Faculty to supervise Students, evaluation of Educational Experience, assignment of Students, and maintenance of educational standards.
- 3.2 Perform its responsibilities and obligations under this MOU consistent with Hospital Policies and Procedures.
- 3.3 Provide, at least one (1) month prior to the start of any semester for which Students are to be placed under this MOU, the anticipated number of Students, the proposed schedule planned, and the kind of Educational Experiences and activities desired.
- 3.4 Assign only Students believed to be in good health at the time of reporting for their Educational Experience, which includes a negative skin test for tuberculosis, and proof of immunization or natural history of mumps, rubella, and rubeola.
- 3.5 Educator agrees to require that its Students obtain and maintain, prior to the performance of this MOU, appropriate infectious materials training which includes exposure to blood borne pathogens, infectious waste handling, preventing transmission of tuberculosis and the use of universal precautions as required by state and federal law, and any other training as required by the hospital.
- 3.6 Instruct Students on their responsibility for respecting the confidential and privileged nature of information which may come to their attention in regard to Patient medical records and other Hospital information. Hospital shall retain the responsibility for selection of Patient to be involved in training assignments with any Student, it being agreed that Hospital reserves the right to except any Patient from initial or continued involvement in program activities at Hospital.

IV. THE PARTIES AGREE:

- 4.1 Hospital and Educator shall maintain good communication between institutions and to confer on plans, problems and changes related to the Educational Experiences of the Students.
- 4.2 Hospital shall notify Educator when any Student is determined by Hospital to be unacceptable for reasons of health, performance, or other causes which could interfere with Hospital operation or quality of patient care, and that upon receiving such notification, Educator shall withdraw any Student from assignment at Hospital.
- 4.3 Neither party, in performing its responsibilities and obligations under this MOU, will discriminate against any person because of said person's race, creed, religion, national origin, sex or age.
- 4.4 By mutual understanding and meeting of both the parties can resolve the issues related to the clinical experience.

-3-

MEMORANDUM OF UNDERSTANDING

D. V. Saglani
25.5.2019

D. V. SAGLANI

Advocate & Notary For
Mumbai, Maharashtra & India

Jadhav
अध्यक्ष
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

V. INDEMNIFICATION:

- 5.1 Educator shall indemnify and hold harmless Hospital from any damages Hospital may suffer as a result of claims, demands, losses, costs, or judgments arising out of the acts or omissions, of Educator, its Faculty, its clinical instructors, its Students, or agents, in the performance of obligations under this MOU.
- 5.2 Hospital shall use its best efforts to give to Educator notice in writing within sixty (60) days after receiving any such claims made against Hospital, or after it has knowledge of any other damage, loss or expense threatened or incurred in regard to Hospital resulting from the above acts or omissions.

VI. COMPENSATION:

- 6.1 This MOU does not contemplate the payment of any fee or remuneration by either part due to the other, but is intended to jointly benefit both parties by improving the education and professional preparation of the Students.
- 6.2 Neither the Hospital nor the Educator shall at any time be held responsible for any compensation arrangements between the party of the clinical instructor and the students.

VII. TERM AND TERMINATION :

- 7.1 Term. The term of this MOU shall be for minimum 30 year commencing on the 1st August day of 2019.
- 7.1.1 Renewal. This MOU may be renewed for successive years upon mutual approval in writing.
- Termination. This MOU may be terminated as follows:
- 7.2.1 Termination of MOU. In the event Hospital and Educator shall mutually agree in writing, this MOU may be terminated on terms and date stipulated therein.
- 7.2.2 Early Termination. This MOU may be terminated by either party with or without cause by delivering a written notice of termination to the other party at least thirty (30) days prior to such early termination.
- 7.3 Effect of Termination. All Students enrolled in the Program at the time notice of terminations is given shall be permitted to complete the Program until all required Educational Experiences have been offered to Students then enrolled. However, no other Students shall be placed at Hospital for Educational Experiences after the termination date or notice of termination date, whichever is sooner.

MEMORANDUM OF UNDERSTANDING

-4-

D. V. Saglani
8.8.2019

D. V. SAGLANI
Advocate & Notary For
Amravati District (M.S.) India

P. Kulkarni
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सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

VIII. STATUS OF PARTIES:

- 8.1 In performing the services as contemplated hereunder, Hospital and Educator agree that Educator, Faculty and Students are acting as independent contractors and not as the agents or employees of Hospital. As appropriate, Educator and Faculty agree to pay, as they become due, all federal and state income taxes, as well as other taxes, including self employment taxes due and payable on the compensation paid to the Faculty by Student and to indemnify and hold Hospital harmless from any and all taxes, penalties or interest which might arise by Faculty's failure to do so. This provision shall survive the termination of this MOU.
- 8.2 No Student in the Program will be deemed to be an employee of Hospital and Hospital will not be liable for the payment of any wage, salary or compensation of any kind for service provided by the Students. Further, no Student will be covered under Hospital's Worker's compensation, Social Security or Unemployment Compensation programs.
- 8.3 The Student will, to the extent required by the hospital, maintain proof of health records, insurances required and progress toward educational goals.

IX. GENERAL PROVISIONS:

- 9.1 Assignment. Assignment of the MOU or the rights or obligations hereunder shall be invalid without specific written consent of the other party herein, except that this MOU may be assigned by Hospital without the written approval of Educator to any successor entity operating the facility now operate by Hospital or to a related or affiliated organization.
- 9.2 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this MOU shall not operate as nor be construed to be, a waiver of any subsequent breach hereof.
- 9.3 Governing Law. This MOU shall be construed and governed by the laws of the state in which the Hospital resides.
- 9.4 Amendments. This MOU may be amended only by an instrument in writing signed by the parties hereto.
- 9.5 Notices. Notices or communications herein required or permitted shall be given the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivered at the following address unless either party shall otherwise designate its new address by written notice:
- Educator
Address
City, State, Zip
- Hospital
Address
City, State, Zip
- 9.6 Execution. This MOU and any amendments thereto shall be executed in duplicate copies on behalf of Hospital and Educator by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

D. V. Saglani
8-8-2019
D. V. SAGLANI
A Notary & Notary For

Jaadhore
सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

X. EXECUTION:

IN WITNESS WHEREOF, the duly authorized officers and representatives of Hospital and Educator have executed this MOU the 6th day of August 2019.

HOSPITAL

By:

Signature:

Director/Trustee

[Handwritten Signature]



Date: 8th August 2019

DIN No. 00255942
Amravati Advertisements & Health Care Pvt. Ltd

[Handwritten Signature]
DIRECTOR

Printed: Hi-Tech Multi Speciality Hospital And Research Center, Rajapeth, Amravati.

Title: _____

EDUCATOR

By:

Signature:

President/Director/Principal

[Handwritten Signature]



Date: 8th August 2019

Printed: Saraswati Bahuddheshiya Shikshan Sanstha, Amravati.

Title: *Mr Sanjay S. Patil*

ग्य

Witness

[Handwritten Signature]

[Handwritten Signature]

N.R.S. No. 439/2019
Dt 08-08-2019

[Handwritten Signature]

[Handwritten Signature]

ATTESTED BY ME

[Handwritten Signature]
8/8/2019

D. V. SAGLANI

Advocate & NOTARY For
Amravati District (M.S.) India



[Handwritten Signature]
सचिव

सरस्वती बहुउद्देशिय शिक्षण संस्था सं
- अमरावती -

Form NO. 32
The Company Act, 1956
Particulars of Appointment of Directors and Manager and change among them
(Pursuant to section 283(2))

Name of Company: - 11-90054
Nominal Capital: - 1500000/-

Name of the Company: - Anaravali Amusements Pvt. Ltd.

Presented by: - Dr Anil S. Bonde

1. Appointment of and changes among Directors

Name or Names in full	Father's Husband's Name	Usual Residential address	Nationality	Date of appointment, or change	Brief particulars of change
(1)	(2)	(3)	(4)	(5)	(6)
Shri Anantrao Bode	Mahadeorao	Rudhara, Aet.	Indian	28/02/2001	Resignation from Directorship
Dr. Sru. Wasudha Bonde	Anil	Bonde Hosp. Shande Plot Rajapeth, Aet.	Indian	28/02/2001	Appointment as Director
Dr. Sru. Triveni Bonde	Sukhdeorao	Bonde Hosp. Shande Plot Rajapeth, Aet.	Indian	28/02/2001	Appointment as Director
Shri Sukhdeorao Bonde	Rambhan	Bonde Hosp. Shande Plot Rajapeth, Aet.	Indian	28/02/2001	Appointment as Director
Dr. Dinesh Waghade	Harotran	Aerudhar Colony Elvira Nagar, Aet.	Indian	28/02/2001	Appointment as Director
Dr. Swapnil Shirbhate	Dandharrao	2F, Krushal Colony, Aet.	Indian	28/02/2001	Appointment as Director
Dr. Abhisit Deshpalkh	Udayrao	2, Rajendra Colony, Aet.	Indian	28/02/2001	Appointment as Director

2. Deitted

Appointment of and changes in managership and secretaryship.

Name in full	Father's Husband's Name	Usual Residential address	Nationality	Date of appointment, or change	Brief particulars of change
(1)	(2)	(3)	(4)	(5)	(6)

NOT APPLICABLE

Filed for registration on 28th May at March 2001.

Signature

Anil S. Bonde

सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

AMRAVATI AMUSEMENT PVT. LTD.
NEAR NANDA MARKET, RAJAPETH, AMRAVATI.

Copy of resolution

Following resolution was passed at the Board Meeting of the Directors of Amravati Amusement Pvt. Ltd. which was held on 20.02.2001 at the registered office of the company at near Nanda Market, Amravati.

M. BUSINESS

ALLOTMENT OF SHARES

The Board considered the item No.1 on Agenda item & passed the following resolution.

Resolved that 140000 Equity shares of Rs. 10/- each in the capital of the company be & are hereby allotted to the applicants as per list placed before the meeting as initialled by the chairman for the purpose of allotment.

Resolved Further that Dr. Anil Bonde (C.M.D) be & is hereby authorised to return of allotment pursuant to section 75 of the companies Act, 1956 with the Registrar of companies concerned in the prescribed form.

APPOINTMENT OF DIRECTORS.

The Board considered the No.2 on Agenda item & passed the following resolution.

- "RESOLVED that (1) Shri Sukhdeorao Rambhau Bonde
(2) Dr. Abhijit Udayrao Deshmukh
(3) Dr. Dinesh Marotrao Waghade
(4) Dr. Swapnil Damodharrao Shirbhate
(5) Dr. Sau. Vasudha Anilrao Bonde
(6) Dr. Sau. Triveni Sukhdeorao Bonde

are hereby appointed as regular Directors on the Board of the company.

RESIGNATION OF A DIRECTOR

The Board considered the No.3 on agenda item & passed the following resolution.

"RESOLVED that while expressing sincere appreciation of the Board for the efficient & matured advice of Shri Anantrao M. Gudhe to this company, the tenure of his office as a Director of the company, that his resignation be & is hereby accepted being effective from 20.02.2001 as per resignation letter dated 20.01.2001 which is produced before this meeting.



BY ORDER OF THE BOARD

[Signature]
ANIL S. BONDE
(C.M.D)

NAMES, ADDRESSES AND OCCUPATIONS OF THE ALLOTTEES.

Sl. No.	Name of allottee in full	Address and occupation of the allottee	Number of shares allotted		
			Equity shares	Preference shares other than Redeemable Preference shares	Redeemable Preference shares
1.	2.	3.	4.	5.	6.
01.01.01	Sau. Triveni Sukhdevrao Bonde	Bonde Hosp. Bhande Plot, Aet.	20000	---	---
02.01.01	Shri Sukhdevrao Raabhas Bonde	Bonde Hosp. Bhande Plot, Aet.	20000	---	---
03.01.01	Dr. Anil Sukhdevrao Bonde	Bonde Hosp. Bhande Plot, Aet.	20000	---	---
04.01.01	Dr. Sou. Wasudha Anil Bonde	Bonde Hosp. Bhande Plot, Aet.	20000	---	---
05.01.01	Dr. Dinesh Marotrao Waghade	Amrutdhar Colony Ekvira Nagar, Aet.	20000	---	---
06.01.01	Dr. Swapnil Dawodharran Shirbhate	29, Krushak Colony, Aet.	20000	---	---
07.01.01	Dr. Abhijit Udayrao Deshpalkh	2, Rajendra Colony, Aet.	20000	---	---

and this 7th day of March 2001.



Signature

[Handwritten Signature]

Designation

(DR. ANIL S. BONDE)
CHAIRMAN

[Handwritten Signature]

सचिव

सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

AMRAVATI MUNICIPAL CORPORATION



FORM 'C'
(See Rule 5)

CERTIFICATE OF REGISTRATION UNDER
SECTION 5 OF THE BOMBAY NURSING HOME
REGISTRATION ACT, 1949

No. AMC/PHD/FW/NH/ 54/2025

This is to certify that Shri/Smt. Dr. Vasudha Anil Bende
has been registered under the Bombay Nursing Homes Registration Act, 1949 in
respect of Hitech Multispeciality Hospital & Research Centre
situated at Rajapeth Near Nanda Market Amravati
and has been authorised to carry on the said nursing home.

Registration No. 54

Bed : 100 Maternity : 45 other Nursing Patients : 55

Date of registration + Renewal 1-4-2025

Place Rajapeth Amravati

Date of Issue of Certificate : 1-4-2025

This Certificate of registration shall be valid upto 31 march 2028

Municipal Corporation Amravati.



महत्वाची सूचना
आपण सादर केलेल्या प्रस्तावात तपासणीत नसलेल्या
रजि. क्र. ११४९ व त्याअंतर्गत केलेलेकी झालेल्या
मुद्रांकपत्राच्या आधारे अंकारची कृती आढळून आल्यास
जेव्हाही आवश्यक सद्य अस्थायी अधिकार राखून ठेवून
संपन्न न्यायपत्र द्यावात यात आहे.

Med
01/04/25
Signature of the registering authority
&
Medical Officer of Health
Municipal Corporation, Amravati

सूचना : अग्निशमन व इलेक्ट्रीक ना हरकत प्रमाणपत्र मुदतीमध्ये नुतनीकरण करून घेणे बंधनकारक राहिल.
अन्यथा Noc चे मुदती दिनांकासोबत या प्रमाणपत्राची वैधता संपुष्टात येईल याची नोंद घ्यावी.

Jadhav
सचिव
अमरावती बहुउद्देशीय शिक्षण संस्था
अमरावती

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781
Fax: 24024068/24023515
Website: <http://mpcb.gov.in>
Email: ps0@mpcb.gov.in



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

ORANGE/L.S.I

Date: 01/07/2025

No:- Format1.0/PSO/UAN No.0000241490/CO/2507000090

To,
Hi-tech Multispeciality Hospital & Research Centre
,Near Nanda Market
-444606
Email:amravati.amusement@gmail.com
Contact No.:9867118072



Your Service is Our Duty

Grant of Renewal of Combined 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-0000241490 dated 27.05.2025
 2. Report of SRO- MPCB, Amravati dated 06.05.2025
 3. SCN for Refusal issued on 27.05.2025
 4. Documents uploaded on 09.06.2025

After examining the proposal, The Maharashtra Pollution Control Board hereby grant of Combined Consent to operate 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 31-03-2025 To 31-03-2027
2. HCF Area : - Plot Area 836.00 M² with Built-up area 750.00 M².
3. **Activities Included**
 - a. Total Number of Beds : 100 Nos. (As per BNH certificate no. 54 valid upto 31-03-2025)
4. **Conditions under the Water (P&CP) Act, 1974:-**
 1. Quantity of total water consumption shall not exceed 20 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

Sanjay

सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

12. 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.
13. 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.
14. 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.
15. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.
16. 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, Amravati within 30 days. Non submission of B.G. in specified time shall attract 12 % interest on BG

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.



Ramdas

b361e2cd
1ac1c909
b8caa811
9a93730f
ef1b5e0b
3e42e850
f0f58348
c264622e

Signed by: Dr. Vishwajeet Ramesh Thakur
Principal Scientific Officer
For and on behalf of,
Maharashtra Pollution Control Board
pso@mpcb.gov.in
2025-07-01 18:33:01 IST

Received Consent/Authorization fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	75000.00	TXN2503006441	26/03/2025	Online Payment

One term fee of Rs. 15,000/- and 12% interest of Rs. 59,601/- for late submission of BG is been deducted from above submitted fees of Rs. 75,000/- and remaining fee of Rs. 390/- is with Board which may be considered for further renewal of CCA

Copy to:

1. Regional Officer, MPCB, Amravati and Sub-Regional Officer, MPCB, Amravati |
- You shall ensure BG compliance
2. Chief Accounts Officer, MPCB, Sion, Mumbai
3. I/C EIC- for record & website updating purpose.

सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती



महाराष्ट्र MAHARASHTRA

2021

११/३/२०२२

BG 767118

कार्यवाही इस्टीमेट ऑफ नर्सरी सहकारिता - मंग. शिक्षण संस्था

लुडोने



Memorandum of Understanding as Affiliated Hospital

For Clinical Permission
Between

RAINBOW INSTITUTE OF MEDICAL SCIENCES

Amravati

Principal, Saraswati Institute of Nursing Sciences & Research, Amravati (Educator)

THIS AFFILIATION MOU is entered into by and between **RAINBOW INSTITUTE OF MEDICAL SCIENCES, Amravati** institution in the State of **Maharashtra** (hereinafter "Hospital") and **Saraswati Institute of Nursing Sciences & Research, Amravati** an educational institution in the State of Maharashtra.

© 2011 MEMORANDUM OF UNDERSTANDING

Notary

N.V. Kolhatkar
N.V. KOLHATKAR
NOTARY & ADVOCATE
Maharashtra State, India
REGD. No. 2248
@ 5-5-2011

Janabhai
सचिव
सरस्वती बहुउद्देशीय शिक्षण संस्था
अमरावती

WITNESSETH:

WHEREAS, Educator desires to provide educational experiences to its Students (hereinafter, "Students") enrolled in its Nursing Program; and

WHEREAS, Hospital is willing to make available its facilities to said Educator, Faculty, and Students for educational training and clinical experiences which will necessarily include some activities and tasks performed by Students in learning the techniques of the Program,

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

I. DEFINITIONS:

- 1.1 Course. "Course" shall mean the specific Course within which the Student is currently enrolled to complete Program requirements. ANM (2YEARS), GNM (3 YEARS), B.Sc Nsg (4 Years)
- 1.2 Educational Experiences. "Educational Experiences" shall mean those clinical/educational activities taking place at Hospital leading to satisfaction of Course requirements.
- 1.3 Faculty. "Faculty" shall mean qualified Educator personnel assigned as the responsible Faculty or the clinical instructor for Students participating in Educational Experiences at Hospital.
- 1.4 Patients. "Patients" shall mean any persons provided care, facilities or services, directly or indirectly, by or through Hospital or related organization.
- 1.5 Policies of Hospital. "Policies of Hospital" shall mean and include the Bylaws and rules of Hospital, the Bylaws and rules of the Medical Staff as approved by the Board, rules and regulations of the Department and other established policies, practices and procedures of Hospital.
- 1.6 Chairperson. "Chairperson" shall mean the person holding the position currently titled President of Hospital or such other title as may hereinafter be adopted to describe the Executive of Hospital exercising overall authority with respect to the operation and management of Hospital.

II. THE HOSPITAL SHALL:

- 2.1 Accept Educator Students for which Student placements have been reviewed, planned and arranged for Educational Experiences by Educator. The number of Students eligible to participate in Education Experience will be mutually determined by MOU of both parties and may be altered by mutual MOU.
- 2.2 Make available those Educational Experiences and training agreed upon.
- 2.3 Arrange for an orientation program for the purpose of familiarizing the Students with Hospital's philosophy, policies and procedures for providing care, with its Patients, physical facilities, and such other aspects as are pertinent to Educational Experience of Students.
- 2.4 Provide conference and classroom space within Hospital facilities, as available, pursuant to mutually arranged schedules of use.
- 2.5 Provide necessary emergency care to the Students in the event of sudden illness or injury occurring at Hospital; the costs of such care to be the responsibility of the Student.

III. THE EDUCATOR SHALL:

- 3.1 Have the authority and responsibility for the Course and Program, including curriculum development, appointment of qualified Faculty to supervise Students, evaluation of Educational Experience, assignment of Students, and maintenance of educational standards and Uniform.

(IMPLICATION OF UNDERSTANDING)

[Handwritten Signature]

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सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

Notary

[Handwritten Signature]
N. V. KULHATKAR
NOTARY & ADVOCATE
Maharashtra State, India
REGD No. 2348

- 3.2 Perform its responsibilities and obligations under this MOU consistent with Hospital Policies and Procedures.
- 3.3 Provide, at least one (1) month prior to the start of any semester for which Students are to be placed under this MOU, the anticipated number of Students, the proposed schedule planned with list of students and the kind of Educational Experiences and activities desired.
- 3.4 Assign only Students believed to be in good health at the time of reporting for their Educational Experience, which includes a negative skin test for tuberculosis, and proof of immunization or natural history of mumps, rubella, and rubeola ,HIV etc.
- 3.5 Educator agrees to require that its Students obtain and maintain, prior to the performance of this MOU, appropriate infectious materials training which includes exposure to blood borne pathogens, infectious waste handling, preventing transmission of tuberculosis and the use of universal precautions as required by state and federal law, and any other training as required by the hospital.
- 3.6 Instruct Students on their responsibility for respecting the confidential and privileged nature of information which may come to their attention in regard to Patient medical records and other Hospital information. Hospital shall retain the responsibility for selection of Patient to be involved in training assignments with any Student, it being agreed that Hospital reserves the right to except any Patient from initial or continued involvement in program activities at Hospital.

IV. THE PARTIES AGREE:

- 4.1 Hospital and Educator shall maintain good communication between institutions and to confer on plans, problems and changes related to the Educational Experiences of the Students.
- 4.2 Hospital shall notify Educator when any Student is determined by Hospital to be unacceptable for reasons of health, performance, or other causes which could interfere with Hospital operation or quality of patient care, and that upon receiving such notification, Educator shall withdraw any Student from assignment at Hospital.
- 4.3 Neither party, in performing its responsibilities and obligations under this MOU, will discriminate against any person because of said person's race, creed, religion, national origin, sex or age.

V. INDEMNIFICATION:

- 5.1 Educator shall indemnify and hold harmless Hospital from any damages Hospital may suffer as a result of claims, demands, losses, costs, or judgments arising out of the acts or omissions, of Educator, its Faculty, its clinical instructors, its Students, or agents, in the performance of obligations under this MOU.
- 5.2 Hospital shall use its best efforts to give to Educator notice in writing within sixty (60) days after receiving any such claims made against Hospital, or after it has knowledge of any other damage, loss or expense threatened or incurred in regard to Hospital resulting from the above acts or omissions.

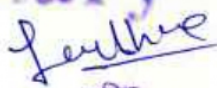
VI. COMPENSATION:

- 6.1 This MOU does not contemplate the payment of any fee or remuneration by either part due to the other, but is intended to jointly benefit both parties by improving the education and professional preparation of the Students.
- 6.2 Neither the Hospital nor the Educator shall at any time be held responsible for any compensation arrangements between the party of the clinical instructor and the students.

MEMORANDUM OF UNDERSTANDING


N.V. KOLHATKAR
NOTARY & ADVOCATE
Maharashtra State, India
REGD. No. 2542

Notary



सचिव

सरस्वती बहुज्देशिय शिक्षण संस्था
अमरावती



and delivered at the following address unless either party shall otherwise designate its new address by written notice:

Educator

Address

City, State, Zip

Hospital

Address

City, State, Zip

9.6 Execution. This MOU and any amendments thereto shall be executed in duplicate copies on behalf of Hospital and Educator by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

X. EXECUTION:

IN WITNESS WHEREOF, the duly authorized officers and representatives of Hospital and Educator have executed this MOU the 22nd day of April 2022.

XI. The affiliation fees will be decided by Hospital & Educator in the month of May 2022 with Management.

HOSPITAL

By: *[Signature]*

Chairman

Chairperson Rainbow Institute of Medical Sciences Date 5th May 2022

Printed: Rainbow Institute of Medical Sciences, Amravati
Unit of Health, Community Health Center
Besides Hotel Neelam, Opp. Empire Mall,
Badnera Road, Amravati-444605
Maharashtra, India

Notary



Title: _____

ATTESTED THE SIGNATURE OF THE
EDUCATOR AND NOT RESPONSIBLE
FOR THE CONTENTS

N.R.S. No. 6015/2011 Date 5.5.2022

EDUCATOR

By: *[Signature]*

Principal

Principal Sarawati Institute of Nursing
Science & Research, Amravati Date 5.5.2022

Printed: Sarawati Institute of Nursing Sciences & Research, Amravati.
Sarawati Nagar 2, Near Sahil Lawn, Badnera Road, Amravati 444701

ATTESTED BY ME

[Signature]
R.V. KULKARNI
NOTARY & ADVOCATE
MAHARASHTRA, INDIA
Reg. No. 1042

Title: _____



[Signature]

सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

AMRAVATI MUNICIPAL CORPORATION



FORM 'C'
(See Rule 5)

CERTIFICATE OF REGISTRATION UNDER SECTION 5 OF THE BOMBAY NURSING HOME REGISTRATION ACT, 1949

No. AMC/PHD/FWINHI 324/2023

This is to certify that Shri/Smt. Dr. Shyam Harikisanji Rathi
has been registered under the Bombay Nursing Homes Registration Act, 1949 in
respect of Rainbow Institute of Medical Sciences
(A Unit of Shubh Sanderh Health Care LLP)
situated at Beside Hotel Neelam Badnera Road Amravati
and has been authorised to carry on the said nursing home.

Registration No. 324

Bed : 137 Maternity : 11 other Nursing Patients : 126 (Total - one hundred
thirty seven Bed)

Date of registration / Renewal : 1-4-2023

Place : Badnera Road Amravati

Date of Issue of Certificate : 30-10-2023

This Certificate of registration shall be valid upto 31 march, 2026

Municipal Corporation, Amravati.



ॐ नमो भगवते वासुदेवाय
सर्वस्वतः शिवाय नमः
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सर्वस्वतः शिवाय नमः

Signature of the Registering authority
&
Medical Officer of Health
Municipal Corporation, Amravati

टिपण्णतः अमिशनम व इलेक्ट्रीक ना इतका प्रमाणपत्र मुदतीमध्ये मुताकीकरण करून घेणे बंधनकारक राहिल
अथवा Noc चे मुदती दिनांकासोबत या प्रमाणपत्राची वेचता संयुक्त वेईस कारी नोंद घ्यावी.

सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

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/M.S.I

Date: 28/05/2024

No:- Format1.0/CC/UAN No.0000187226/CO/2405002545

To,
Rainbow Institute of Medical Sciences (Unit of Shubh
Sandesh
Health Care)
Plot No. 46/2, Survey No.46/2 ; Mouja Rajapeth,
Beside Hoteel Neelam, Badnera Road
Amravati-444605
Email:shubhsandeshhealthcare@gmail.com
Contact No.:9623573743



Renewal of Combined 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. Combined Consent and Bio-Medical Waste Authorization granted by the Board vide no.Format1.0/CC/UAN No.0000106227/CO/2205000410 dated 08/05/2022
 2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 15/12/2023
 3. Minutes of 2nd CC meeting held on 29.04.2024

After examining the proposal, The Maharashtra Pollution Control Board hereby grant renewal of 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 **01-01-2024** To **31-12-2025**
2. The capital investment of the HCF is **₹3325.54** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 1846.01 M² with Built-up area 2366.19 M².
4. **Activities Included**
 - a. Total Number of Beds : **137 Nos.** (As per BNH certificate no. 324 valid upto 31-03-2026)
 - I. General Beds : **137 Nos**

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

1. Quantity of total water consumption shall not exceed 25 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
		NA			

8. Conditions about Non Hazardous Wastes:-

Sr No	Type of Waste	Quantity	UoM	Treatment	Disposal
			NA		

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

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. You shall submit the bank guarantee of INR 1.5 lakh towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Amravati within 30 days. Non submission of B.G. in specified time shall attract revocation of this CCA without further notice

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.



Avinash

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Signed by: Dr. Avinash Dhakne
Member Secretary
For and on behalf of,
Maharashtra Pollution Control Board
ms@mpcb.gov.in
2024-05-28 22:15:10 IST

Received Consent/Authorization fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	150000.00	TXN2312002787	15/12/2023	Online Payment
2	50000.00	TXN2402001516	07/02/2024	Online Payment

Copy to:

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

Avinash
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सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती



महाराष्ट्र MAHARASHTRA

© 2018 ©

१३०६६

UL 875591

१६/०८/२०१८

Handwritten signatures and names in Marathi, including 'जयवंत शिंदे' and 'जयवंत ड. हेमंत'.



Memorandum of Understanding as Parent Hospital
For Clinical Permission
Between

Director, Dr. Hemant Ramdraji Murkey, Dr. Karuna Hemant Murkey,
Aarogyam Institute of Medical Sciences, Wallcut Compound, Cotton Market Chowk,
Amravati

And
President/Secretary, Saraswati Bahuddheshiya Shikshan Sanstha, Amravati (Educator)

THIS MOU is entered into by and between the Director Dr. Hemant Ramdraji Murkey, Dr. Karuna Hemant Murkey, of Aarogyam Institute of Medical Sciences, Wallcut Compound, Cotton Market Chowk, Amravati in the State of Maharashtra (here in after "Hospital") is the Trustee member of Saraswati Bahuddheshiya Shikshan Sanstha, Amravati And the President, Saraswati Bahuddheshiya Shikshan Sanstha, Amravati, under which educational institution run as Saraswati Institute of Nursing Sciences and Research, Amravati for the purpose of Affiliated Hospital.

S. V. TAKALE
NOTARY & ADVOCATE FOR
MAHARASHTRA STATE, INDIA
REGD. No 3328

Notary

Handwritten signature of the Notary and text: 'सचिव सरस्वती बहुउद्देशिय शिक्षण संस्था - अमरावती -'

WITNESSETH:

WHEREAS, Educator desires to provide educational experiences to its Students (here in after, "Students") enrolled in its Nursing Program and

WHEREAS, Hospital is willing to make available its facilities to said Educator, Faculty, and Students for educational training and clinical experiences which will necessarily include some activities and tasks performed by Students in learning the techniques of the Program,

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows

I. DEFINITIONS:

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- 2.1 The hospital is ~~fully~~ ^{fully} bedded and will be extension as per prospective plan.
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- 2.5 Provide conference and classroom ~~space~~ within Hospital facilities, as available, pursuant to mutually arranged schedules of use.



S. V. TAKALE
NOTARY & ADVOCATE FOR
MAHARASHTRA STATE, INDIA
REGD. No 3328

Jambhore
सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

- 2.6 Provide necessary emergency care to the Students in the event of sudden illness or injury occurring at Hospital, the costs of such care to be the responsibility of the Student.

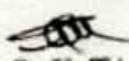
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- 3.3 Provide, at least one (1) month prior to the start of any semester for which Students are to be placed under this MOU, the anticipated number of Students, the proposed schedule planned, and the kind of Educational Experiences and activities desired.
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IV. THE PARTIES AGREE:

- 4.1 Hospital and Educator shall maintain good communication between institutions and to confer on plans, problems and changes related to the Educational Experiences of the Students.
- 4.2 Hospital shall notify Educator when any Student is determined by Hospital to be unacceptable for reasons of health, performance, or other causes which could interfere with Hospital operation or quality of patient care, and that upon receiving such notification, Educator shall withdraw any Student from assignment at Hospital.
- 4.3 Neither party, in performing its responsibilities and obligations under this MOU, will discriminate against any person because of said person's race, creed, religion, national origin, sex or age.
- 4.4 By mutual understanding and meeting of both the parties can resolve the issues related to the clinical experience.

Notary



S. V. TAKALE
NOTARY & ADVOCATE FOR
MAHARASHTRA STATE, INDIA
REGD. No 3328



Jambhore

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अमरावती

V. INDEMNIFICATION:

- 5.1 Educator shall indemnify and hold harmless Hospital from any damages Hospital may suffer as a result of claims, demands, losses, costs, or judgments arising out of the acts or omissions, of Educator, its Faculty, its clinical instructors, its Students, or agents, in the performance of obligations under this MOU.
- 5.2 Hospital shall use its best efforts to give to Educator notice in writing within sixty (60) days after receiving any such claims made against Hospital, or after it has knowledge of any other damage, loss or expense threatened or incurred in regard to Hospital resulting from the above acts or omissions.

VI. COMPENSATION:

- 6.1 This MOU contemplate the payment of any fee or remuneration by either part due to the other, but is intended to jointly benefit both parties by improving the education and professional preparation of the Students.
- 6.2 Neither the Hospital nor the Educator shall at any time be held responsible for any compensation arrangements between the party of the clinical instructor and the students.

VII. TERM AND TERMINATION :

- 7.1 **Term.** The term of this MOU shall be for minimum 10 year commencing on the 1 August day of 2019.
- 7.1.1 **Renewal.** This MOU may be renewed for successive years upon mutual approval in writing.
- 7.2 **Termination.** This MOU may be terminated as follows:
- 7.2.1 **Termination of MOU.** In the event Hospital and Educator shall mutually agree in writing, this MOU may be terminated on terms and date stipulated therein.
- 7.2.2 **Early Termination.** This MOU may be terminated by either party with or without cause by delivering a written notice of termination to the other party at least thirty (30) days prior to such early termination.
- 7.3 **Effect of Termination.** All Students enrolled in the Program at the time notice of terminations is given shall be permitted to complete the Program until all required Educational Experiences have been offered to Students then enrolled. However, no other Students shall be placed at Hospital for Educational Experiences after the termination date or notice of termination date, whichever is sooner.

Notary


S. V. TINKALE
NOTARY & ADVOCATE FOR
MAHARASHTRA STATE, INDIA
REGD. No 3225




सचिव

सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

VIII. STATUS OF PARTIES:

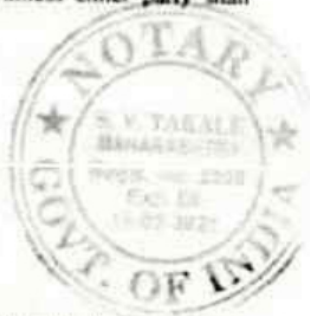
- 8.1 In performing the services as contemplated hereunder, Hospital and Educator agree that Educator, Faculty and Students are acting as independent contractors and not as the agents or employees of Hospital. As appropriate, Educator and Faculty agree to pay, as they become due, all federal and state income taxes, as well as other taxes, including selfemployment taxes due and payable on the compensation paid to the Faculty by Students and to indemnify and hold Hospital harmless from any and all taxes, penalties or interest which might arise by Faculty's failure to do so. This provision shall survive the termination of this MOU.
- 8.2 No Student in the Program will be deemed to be an employee of Hospital nor will Hospital be liable for the payment of any wage, salary or compensation of any kind for service provided by the Students. Further, no Student will be covered under Hospital's Worker's compensation, Social Security or Unemployment Compensation programs.
- 8.3 The Student will, to the extent required by the hospital, maintain proof of health records, insurances required and progress toward educational goals.

IX. GENERAL PROVISIONS:

- 9.1 Assignment Assignment of the MOU or the rights or obligations hereunder shall be invalid without specific written consent of the other party herein, except that this MOU may be assigned by Hospital without the written approval of Educator to any successor entity operating the facility now operate by Hospital or to a related or affiliated organization.
- 9.2 Waiver of Breach The waiver by either party of a breach or violation of any provision of this MOU shall not operate as nor be construed to be, a waiver of any subsequent breach hereof.
- 9.3 Governing Law This MOU shall be construed and governed by the laws of the state in which the Hospital resides.
- 9.4 Amendments This MOU may be amended only by an instrument in writing signed by the parties hereto.
- 9.5 Notices Notices or communications herein required or permitted shall be given the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivered at the following address unless either party shall otherwise designate its new address by written notice.

Educator
 Address
 City, State, Zip
 Hospital
 Address
 City, State, Zip

- 9.6 Execution This MOU and any amendments thereto shall be executed in duplicate copies on behalf of Hospital and Educator by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.



Notary

S. V. TAKALE
 NOTARY & ASSOCIATE FOR
 MAHARASHTRA STATE, INDIA
 REGD. NO. 2228

Jadhav
 सचिव
 सरस्वती बहुउद्देशिय शिक्षण संस्था
 अमरावती

X. EXECUTION:

IN WITNESS WHEREOF, the duly authorized officers and representatives of Hospital and Educator have executed this MOU the 6th day of August 2019.

HOSPITAL

By: _____ Date: 22 Oct 2019

Signature :

Director/Trustee :- Dr. Hemant Ramdraji Murkey, Dr. Karuna Hemant Murkey,

Printed :- Aarogyam Institute of Medical Sciences, Cotton Market Chowk, Amravati

Title: _____ Partner

EDUCATOR

By: _____ Date: 22 Oct 2019

Signature :

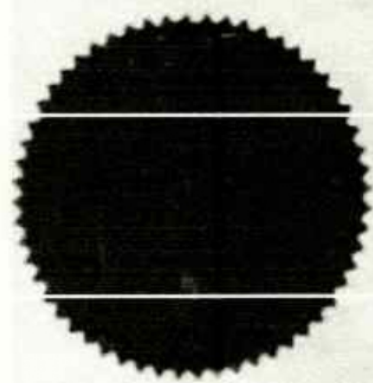
Secretary
President/Director/Secretary Saraswati Bahuddeshiya
Shikshan Sanstha, Amravati

Printed: Saraswati Bahuddeshiya Shikshan Sanstha, Amravati.

Title: _____



Notary



ATTESTED THE SIGNATURE OF THE EXECUTANT AND NOT RESPONSIBLE FOR THE CONTENTS
M.R.S. No. 6668 Date 23/10/19
2019

ATTESTED BY ME

S. V. TAKALE
NOTARY ADVOCATE
MAHARASHTRA STATE, INDIA
Regd. No. 3327



सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 0721-2563594,
0721-2563592
Fax: 0721-2563597
Website: <http://mpcb.gov.in>
Email: roamravati@mpcb.gov.in



Maharashtra Pollution
Control Board Sahkar
Surbhi Bapatwadi, Near
Vivekanand Colony,
Amravati-444606

ORANGE/

Date: 09/02/2024

No:- Format1.0/RO/UAN No.0000187726/CO/2402000718

To,
AAROGYAM INSTITUTE OF MEDICAL SCIENCES
J Bajaj Nagar, Walcut Compound Amravati
Tq. & Dist. Amravati.
Email: karuna_murkey@rediffmail.com
Contact No.:9823069100



Combined Consent to 1st 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-0000187726& BMW Auth No.
 2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 23/11/2023

After examining the proposal, The Maharashtra Pollution Control Board hereby grant 1st 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 **23-11-2023** To **30-11-2025**

2. The capital investment of the HCF is ₹331.37 Lakhs (As per C.A Certificate Submitted by HCF)

3. HCF Area: - Plot Area 908.33 M² with Built-up area 825.38 M².

4. Activities Included

a. Total Number of Beds : **50 Nos.** (As per BNH certificate no. 141 valid upto 31-03-2025)

I. General Beds : **8 Nos**

II. ICU/ICU Beds : **20 Nos**

III. Operation Theatre : **2 Nos**

IV. Maternity Beds : **6 Nos**

V. Other Beds : **14 Nos**

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

1. Quantity of total water consumption shall not exceed 10 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
		NA			

8. Conditions under Solid Waste Management rules 2016

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

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

1. You shall adhere to the BMW Generation quantity and storage conditions as specified in Schedule-I of BMW Management Rules, 2016, as amended.
2. You shall segregate and handover BMW to BMW T&D CTF **Global Eco Save Systems, Amaravati** Strictly complying with the Provisions of Schedule-I and Maintain record of the same.
3. **Cytotoxic Drugs/ Waste:** You shall have separate storage, marked with the symbol of Bio Hazard & Cytotoxic Hazard for outdated, discarded, unused cytotoxic drugs/waste and submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs in the format prescribed by CPCB which is available on www.cpcb.nic.in along with Annual Report to MPCB with a copy to CPCB before 30th June of every year.
4. **Mercury Waste:** You shall manage the Mercury Waste in HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per guidelines published by CPCB as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities" (www.cpcb.nic.in).
10. You shall not undertake Modifications/ Upgradation in existing facility without obtaining prior Environment Clearance under the Provision of EIA notification, 2006 Or Consent to Establish from the MPC Board as applicable.
11. Any unauthorized change in Location, Name, personnel, equipment or working conditions as mentioned in the application by you shall constitute a breach of this CCA. In case of any change you shall apply fresh for CCA or amendment as applicable.
12. You shall not Rent, Lend, Sell, Transfer or Close Down the facility or otherwise transport / Handover the Bio-Medical waste generated for any other purpose without obtaining prior written permission of the MPC Board.
13. This Board reserves the right to review, amend, suspend, revoke, or change any of the conditions applicable under this CCA and the same shall be binding on the HCE.
14. You shall maintain records of MPC board Officers visit and shall obey all the lawful instructions issued by the Board Officers from time to time.
15. Any violation of provisions of BMW Management Rules, 2016 as amended shall attract the penal provisions of Environment (Protection) Act, 1986 and Violations under the provisions of Water (P&CP) Act 1974, Air (P&CP) act 1981 shall attract provisions of respective act including closure of the facility and prosecution.
16. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.
17. You shall submit the bank guarantee of INR 1.25 lakhs towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Amravati within 30 days. Non submission of B.G. in specified time shall attract revocation of this CCA without further notice



[Handwritten signature]
[Handwritten initials]

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 acb8d107
 c42e3414
 430d39c9
 e85bf701
 eb7aef91
 d8df0775
 1621494f

Signed by: Mr. S. D. Patil
 Regional Officer
 For and on behalf of,
Maharashtra Pollution Control Board
 roamravati@mpcb.gov.in
 2024-02-09 14:06:09 IST

Received Consent/Authorization fee of -



MAHARASHTRA 24 FEB 2024

24 FEB 2024

21/2/2024

21AB 781046

सरस्वती इन्स्टीट्यूट ऑफ हॉस्पिटल सायनेस एंड
रिसर्च अँड रीहबिलिटेशन

[Signature]

संजय दिगम्बर देशमुख
मुंबई विवेका ला केंद्र
महसिल कार्यालय



Memorandum of Understanding

For Clinical Permission between

Director, Dr. Shrikant Deshmukh, Manas Clinic/Baba Rehabilitation Center, Jogiekar Plot, Congress Nagar Road, Amravati

and

Secretary, Saraswati Institute of Nursing Sciences & Research, Amravati (Educator)
THIS AFFILIATION MOU is entered into by and between

Director Dr. Shrikant Deshmukh of Manas Clinic/Baba Rehabilitation Center, Jogiekar Plot, Congress Nagar Road, Amravati institution in the State of Maharashtra (hereinafter "Hospital") and The Secretary, Saraswati Institute of Nursing Sciences & Research, Amravati an educational institution in the State of Maharashtra

WITNESSETH:

WHEREAS, Educator desires to provide educational experiences to its Students (hereinafter, "Students") enrolled in its Nursing Program; and WHEREAS, Hospital is willing to make available its facilities to said Educator, Faculty, and Students for educational training and clinical experiences which will necessarily include some activities and tasks performed by Students in learning the techniques of the Program, NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

[Signature]

सचिव

सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती



NOTARY

N. V. NALHATKAR
NOTARY & ADVOCATE
Maharashtra State, India
REGD. No. 2969

11 FEB 2024

I. DEFINITIONS:

- 1.1 **Course** "Course" shall mean the specific Course within which the Student is currently enrolled to complete Program requirements
- 1.2 **Educational Experiences** "Educational Experiences" shall mean those clinical/educational activities taking place at Hospital leading to satisfaction of Course requirements.
- 1.3 **Faculty** Faculty" shall mean qualified Educator personnel assigned as the responsible Faculty or the clinical instructor for Students participating in Educational Experiences at Hospital.
- 1.4 **Patients** "Patients" shall mean any persons provided care, facilities or services, directly or indirectly, by or through Hospital or related organization.
- 1.5 **Policies of Hospital** "Policies of Hospital" shall mean and include the Bylaws and rules of Hospital, the Bylaws and rules of the Medical Staff as approved by the Board, rules and regulations of the Department and other established policies, practices and procedures of Hospital.
- 1.6 **President** "President" shall mean the person holding the position currently titled President of Hospital or such other title as may hereinafter be adopted to describe the Executive of Hospital exercising overall authority with respect to the operation and management of Hospital.

II. THE HOSPITAL SHALL:

- 2.1 Access Educator Students for which Student placements have been reviewed, planned and arranged for Educational Experiences by Educator. The number of Students eligible to participate in Education Experience will be mutually determined by MOU of both parties and may be altered by mutual MOU.
- 2.2 Make available those Educational Experiences and training agreed upon
- 2.3 Arrange for an orientation program for the purpose of familiarizing the Students with Hospital's philosophy, policies and procedures for providing care, with its Patients, physical facilities, and such other aspects as are pertinent to Educational Experience of Students.
- 2.4 Provide conference and classroom space within Hospital facilities, as available, pursuant to mutually arranged schedules of use
- 2.5 Provide necessary emergency care to the Students in the event of sudden illness or injury occurring at Hospital, the costs of such care to be the responsibility of the Student.

III. THE EDUCATOR SHALL:

- 3.1 Have the authority and responsibility for the Course and Program, including curriculum development, appointment of qualified Faculty to supervise Students, evaluation of Educational Experience, assignment of Students, and maintenance of educational standards
- 3.2 Perform its responsibilities and obligations under this MOU consistent with Hospital Policies and Procedures

Provide, at least one (1) month prior to the start of any semester for which Students are to be placed under this MOU, the anticipated number of Students, the proposed schedule planned, and the kind of Educational Experiences and activities desired.



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अमरावती

NOTARY

Munim
N. V. KOLHATKAR
NOTARY & ADVOCATE
Maharashtra State, India
REGD No 2940

assign only Students believed to be in good health at the time of reporting for their Educational Experience, which includes a negative skin test for tuberculosis, and proof of immunization or natural history of mumps, rubella, and rubeola.

3.5 Educator agrees to require that its Students obtain and maintain, prior to the performance of this MOU, appropriate infectious materials training which includes exposure to blood borne pathogens, infectious waste handling, preventing transmission of tuberculosis and the use of universal precautions as required by state and federal law, and any other training as required by the hospital.

3.6 Instruct Students on their responsibility for respecting the confidential and privileged nature of information which may come to their attention in regard to Patient medical records and other Hospital information. Hospital shall retain the responsibility for selection of Patient to be involved in training assignments with any Student, it being agreed that Hospital reserves the right to except any Patient from initial or continued involvement in program activities at Hospital.

IV. THE PARTIES AGREE:

4.1 Hospital and Educator shall maintain good communication between institutions and to confer on plans, problems and changes related to the Educational Experiences of the Students.

4.2 Hospital shall notify Educator when any Student is determined by Hospital to be unacceptable for reasons of health, performance, or other causes which could interfere with Hospital operation or quality of patient care, and that upon receiving such notification, Educator shall withdraw any Student from assignment at Hospital.

4.3 Neither party, in performing its responsibilities and obligations under this MOU, will discriminate against any person because of said person's race, creed, religion, national origin, sex or age.

V. INDEMNIFICATION:

5.1 Educator shall indemnify and hold harmless Hospital from any damages Hospital may suffer as a result of claims, demands, losses, costs, or judgments arising out of the acts or omissions, of Educator, its Faculty, its clinical instructors, its Students, or agents, in the performance of obligations under this MOU.

5.2 Hospital shall use its best efforts to give to Educator notice in writing within sixty (60) days after receiving any such claims made against Hospital, or after it has knowledge of any other damage, loss or expense threatened or incurred in regard to Hospital resulting from the above acts or omissions.

VI. COMPENSATION:

6.1 This MOU does not contemplate the payment of any fee or remuneration by either part due to the other, but is intended to jointly benefit both parties by improving the education and professional preparation of the Students.

6.2 Neither the Hospital nor the Educator shall at any time be held responsible for any compensation arrangements between the party of the clinical instructor and the students.

VII. TERM AND TERMINATION :



NOTARY

NOTARY
PUBLIC
STATE OF CALIFORNIA
My Comm. Expires: 12/31/2018
My Comm. No: 123456789

Parbhanshi
सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

7.1 **Term.** The term of this MOU shall be for minimum 5 year commencing on the 1st November of 2024 and terminating on the 30 October 2029.

7.1.1 **Renewal.** This MOU may be renewed for successive years upon mutual approval in writing.

7.2 **Termination.** This MOU may be terminated as follows:

7.2.1 **Termination by MOU.** In the event Hospital and Educator shall mutually agree in writing, this MOU may be terminated on terms and date stipulated therein.

7.2.2 **Early Termination.** This MOU may be terminated by either party with or without cause by delivering a written notice of termination to the other party at least thirty (30) days prior to such early termination.

7.3 **Effect of Termination.** All Students enrolled in the Program at the time notice of terminations is given shall be permitted to complete the Program until all required Educational Experiences have been offered to Students then enrolled. However, no other Students shall be placed at Hospital for Educational Experiences after the termination date or notice of termination date, whichever is sooner.

VIII. STATUS OF PARTIES:

8.1 In performing the services as contemplated hereunder, Hospital and Educator agree that Educator, Faculty and Students are acting as independent contractors and not as the agents or employees of Hospital. As appropriate, Educator and Faculty agree to pay, as they become due, all federal and state income taxes, as well as other taxes, including selfemployment taxes due and payable on the compensation paid to the Faculty by Student and to indemnify and hold Hospital harmless from any and all taxes, penalties or interest which might arise by Faculty's failure to do so. This provision shall survive the termination of this MOU.

8.2 No Student in the Program will be deemed to be an employee of Hospital nor will Hospital be liable for the payment of any wage, salary or compensation of any kind for service provided by the Students. Further, no Student will be covered under Hospital's Worker's compensation, Social Security or Unemployment Compensation programs.

8.3 The Student will, to the extent required by the hospital, maintain proof of health records, insurances required and progress toward educational goals.

IX. GENERAL PROVISIONS:

9.1 **Assignment.** Assignment of the MOU or the rights or obligations hereunder shall be invalid without specific written consent of the other party herein, except that this MOU may be assigned by Hospital without the written approval of Educator to any successor entity operating the facility now operate by Hospital or to a related or affiliated organization.

9.2 **Waiver of Breach.** The waiver by either party of a breach or violation of any provision of this MOU shall not operate as nor be construed to be, a waiver of any subsequent breach hereof.

9.3 **Governing Law.** This MOU shall be construed and governed by the laws of the state in which the Hospital resides.

9.4 **Amendments.** This MOU may be amended only by an instrument in writing signed by the parties hereto.

9.5 **Notices.** Notices or communications herein required or permitted shall be given the respective parties by registered or certified mail (said notice being deemed given as of the



NOTARY

N.V. KOLHATKAR
NOTARY & ADVOCATE
Maharashtra State, India

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सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

(date of mailing) or by hand delivered at the following address unless either party shall otherwise designate its new address by written notice.

Educator

Address

City, State, Zip

Hospital

Address

City, State, Zip

9.6 Execution. This MOU and any amendments thereto shall be executed in duplicate copies on behalf of Hospital and Educator by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

X. EXECUTION:

IN WITNESS WHEREOF, the duly authorized officers and representatives of Hospital and Educator have executed this MOU the 11 th day of February 2025.

XI. The affiliation in fees will be decided in the month of June 2026 with Management.

HOSPITAL
[Signature]
Dr. Shrikant Deshmukh

By: **Reg.No.36101 MDDPM (Mumbai)**

Date 11/02/2025

PSYCHIATRIST

Printed: **Jogtekar Psychotherapy & Rehabilitation Clinic/Baba Rehabilitation Center, Jogtekar Plot, Congress**

Title: _____

EDUCATOR
[Signature]

By: **Secretary**

Date 11/02/2025

Secretary

Saraswati Institute of Nursing Sciences & Research, Amravati.

Saraswati Bahudeshiya Shikshan Sanstha

Title: **Amravati**



ATTESTED BY ME

[Signature]
N.V. KOLHATKAR
NOTARY & ADVOCATE
Maharashtra State, India

NOTARY

ATTESTED THE SIGNATURE OF THE EXECUTANT AND NOT RESPONSIBLE FOR THE CONTENTS

N.R.S No 1374 Date 11.2.2025



[Signature]
सचिव
सरस्वती बहुदेशिय शिक्षण संस्था
अमरावती

AMRAVATI MUNICIPAL CORPORATION



FORM 'C'
(See Rule 5)

CERTIFICATE OF REGISTRATION UNDER SECTION 5 OF THE BOMBAY NURSING HOME REGISTRATION ACT, 1949

No. AMC/PHD/FW/NH/288/2023

This is to certify that Shri/Smt. Dr. Sankant Babasaheb Deshmukh
has been registered under the Bombay Nursing Homes Registration Act, 1949 in
respect of Mamas Clinic
situated at Joglekar Plot Congress Nagar Road Amravati
and has been authorised to carry on the said nursing home.

Registration No. 288

Bed : 015 Maternity : - Nil - other Nursing Patients : 015 (Total fifteen Bed)

Date of registration / Renewal 4-10-2023

Place Joglekar plot Amravati

Date of Issue of Certificate : 17-10-2023

This Certificate of registration shall be valid upto 31 march. 2026


Municipal Corporation, Amravati.

ॐ महाराष्ट्री सुवर्ण के
अपने राज्य केनेका अन्तर्गत संघर्षित नतीन होम
के अंत १९४९ व संघर्षित केनेकी अन्तर्का
सुवर्ण सुवर्ण केनेकी प्रकाशी कुरी अन्तर्का अन्तर्का
केनेकी सुवर्ण केनेकी वर केनेकी अन्तर्का सुवर्ण केनेकी
अन्तर्का अन्तर्का केनेकी केनेकी

V. S. Deshmukh
Signature of the registering authority
&
Medical Officer of Health
Municipal Corporation, Amravati

सुचना : अन्तिरापन व इलेक्ट्रीक ना हरकत प्रमाणपत्र मुदतीमध्ये मुतनीकरण करून घेणे बंधनकारक राही
अन्तर्का Noc चे मुदती दिनांकासोबत वा प्रमाणपत्राची वैधता संयुक्त वेईत याची नोंद घ्यावी.

Joglekar
संस्कृत बहुउद्देशीय शिक्षण संस्था
अमरावती



MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 0721-2563593
Fax: 0721-2563597
Website: <http://mpcb.gov.in>
Email:
sroamravati1@mpcb.gov.in



Sahkar Surbhi Bapatwadi,
Near Vivekanand Colony,
Amravati- 444606

ORANGE/S.S.I

Date: 04/10/2024

No:- Format1.0/SRO/UAN No.0000215294/CO/2410000350

To,
Manas Hospital
Congress Nagar Road,
Joglekar Plot, Amravati,
Ta. & Dist. Amravati-444606
Email: drshrikant.deshmukh@gmail.com
Contact No.:9823046036



Combined Consent to 1st 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: Your application for Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.MPCB-CONSENT-0000215294 dated 11/07/2024.

After examining the proposal, The Maharashtra Pollution Control Board hereby grant 1st 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 **30-06-2024** To **30-06-2026**
2. The capital investment of the HCF is **₹322.90** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 6758.00 M² with Built-up area 3000.00 M².
4. **Activities Included**
 - a. Total Number of Beds : **15 Nos.** (As per BNH certificate no. 288 valid upto 31-03-2026)
 - I. General Beds : **9 Nos**
 - II. Other Beds : **6 Nos**
5. **Conditions under the Water (P&CP) Act, 1974:-**
 1. Quantity of total water consumption shall not exceed 2 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:-**

Sahkar Surbhi
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

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**.

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

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

8. Conditions under Solid Waste Management rules 2016

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

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

1. You shall adhere to the BMW Generation quantity and storage conditions as specified in Schedule-I of BMW Management Rules, 2016, as amended.
 2. You shall segregate and handover BMW to BMW T&D CTF **Global Eco Save Systems, Amaravati** Strictly complying with the Provisions of Schedule-I and Maintain record of the same.
 3. **Cytotoxic Drugs/ Waste:** You shall have separate storage, marked with the symbol of Bio Hazard & Cytotoxic Hazard for outdated, discarded, unused cytotoxic drugs/waste and submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs in the format prescribed by CPCB which is available on www.cpcb.nic.in along with Annual Report to MPCB with a copy to CPCB before 30th June of every year.
 4. **Mercury Waste:** You shall manage the Mercury Waste in HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per guidelines published by CPCB as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities" (www.cpcb.nic.in).
10. You shall not undertake Modifications/ Upgradation in existing facility without obtaining prior Environment Clearance under the Provision of EIA notification, 2006 Or Consent to Establish from the MPC Board as applicable.
 11. Any unauthorized change in Location, Name, personnel, equipment or working conditions as mentioned in the application by you shall constitute a breach of this CCA. In case of any change you shall apply fresh for CCA or amendment as applicable.
 12. You shall not Rent, Lend, Sell, Transfer or Close Down the facility or otherwise transport / Handover the Bio-Medical waste generated for any other purpose without obtaining prior written permission of the MPC Board.
 13. This Board reserves the right to review, amend, suspend, revoke, or change any of the conditions applicable under this CCA and the same shall be binding on the HCE.
 14. You shall maintain records of MPC board Officers visit and shall obey all the lawful instructions issued by the Board Officers from time to time.

15. Any violation of provisions of BMW Management Rules, 2016 as amended shall attract the penal provisions of Environment (Protection) Act, 1986 and Violations under the provisions of Water (P&CP) Act 1974, Air (P&CP) act 1981 shall attract provisions of respective act including closure of the facility and prosecution.
16. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.
17. You shall submit the bank guarantee of INR 1.15 lakhs towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Amravati within 30 days. Non submission of B.G. in specified time shall attract revocation of this CCA without further notice

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.



a8c10337
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81ed468a
7c1b798d
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3e951c09
3e80dbe4

Signed by: Mr. Sushilkumar Rathod
Sub Regional Officer
For and on behalf of
Maharashtra Pollution Control Board
sroamravati@mpcb.gov.in
2024-10-04 11:33:46 IST

Received Consent/Authorization fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	15000.00	TXN2407002005	11/07/2024	Online Payment
2	226.00	TXN2409001278	10/09/2024	Online Payment

Copy to:

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

J. Ambhane
सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती



आरोग्य सेवा आयुक्तालय

(महाराष्ट्र राज्य)

"आरोग्य भवन" सेंट जॉर्जेस रुग्णालय, आवर, पी.डिमेलो रोड, मुंबई - ४०० ००९

कार्यालय	दूरध्वनी	Website : http://maha-arogya.gov.in
संचालक (वैयक्तिक)	२२६२१०३१-३६	Email : dhs_2005@rediffmail.com
सहसंचालक (रुग्णालये-राज्यस्तर)	२२६२१००६	Email : jdhs03@gmail.com
सहसंचालक (प्रा.आकेंद्र-जिपस्तर)	२२६११४७१	Fax No. 022-22621034 / 22620234 (DHS) ८३३९-६९
आदेश	क्र.आआसे/कक्ष-३/टे-१/सरस्वती इ.ऑफ नर्सिंग/जीएनएम/ एएनएम व बीएससी/प्रात्य. अनुभव/परवानगी/जा.क्र. - /२५, दि. २२ जून, २०२५.	

विषय - खाजगी परिचर्या प्रशिक्षण संस्थेला प्रात्यक्षिक अनुभवाकरीता परवानगी बाबत.
सरस्वती इंस्टिट्यूट ऑफ नर्सिंग सायन्सेस, अँड रिसर्च अमरावती.

- संदर्भ-१) उप संचालक, आरोग्य सेवा, अकोला यांचे पत्र क्र.अस्था-७/शुश्रूषा/प्रात्य. अनुभव / ५४४४-४८/२०२५, दि. ०५.०२.२०२५
- २) सार्वजनिक आरोग्य विभाग शासन निर्णय क्र.प्राअसं-२०१२/६३९/प्र.क्र.११७/आ-४, मंत्रालय, मुंबई दि. १८ सप्टेंबर, २०१२ व शुध्दीपत्रक दि. २० नोव्हेंबर, २०१२.
- ३) सार्वजनिक आरोग्य विभाग शासन निर्णय क्र.संकीर्ण-२०१३/प्र.क्र.३०७/आरोग्य-३, आरोग्य-४, मंत्रालय, मुंबई दिनांक ०३ ऑगस्ट, २०१३.

उपरोक्त विषयी संदर्भिय पत्रान्वये उपसंचालक, आरोग्य सेवा, अकोला मंडळ, अकोला यांचे मार्फत सरस्वती इंस्टिट्यूट ऑफ नर्सिंग सायन्सेस, अँड रिसर्च अमरावती या खाजगी परिचर्या प्रशिक्षण संस्थेच्या जी.एन.एम, ए.एन.एम व बी.एस.सी.नर्सिंग अभ्यासक्रमाच्या प्रशिक्षणार्थीना सामान्य रुग्णालय, अमरावती, जिल्हा स्त्री रुग्णालय, अमरावती व विभागीय संदर्भ सेवा रुग्णालय, अमरावती या शासकीय आरोग्य संस्थेत प्रात्यक्षिक अनुभवासाठी परवानगी मिळणे बाबतचा प्रस्ताव आयुक्तालयास प्राप्त झालेला आहे. त्यानुषंगाने हे आयुक्तालय पुढील प्रमाणे आदेश निर्गमित करित आहे.

सरस्वती इंस्टिट्यूट ऑफ नर्सिंग सायन्सेस, अँड रिसर्च अमरावती या खाजगी परिचर्या प्रशिक्षण संस्थेच्या जी.एन.एम, ए.एन.एम व बी.एस.सी.नर्सिंग अभ्यासक्रमाच्या प्रशिक्षणार्थीना सामान्य रुग्णालय, अमरावती, जिल्हा स्त्री रुग्णालय, अमरावती व विभागीय संदर्भ सेवा रुग्णालय, अमरावती या शासकीय आरोग्य संस्थेत प्रात्यक्षिक अनुभवासाठी परवानगी संदर्भिय शासन निर्णयातील अटी, शर्ती व उपसंचालक, आरोग्य सेवा, अकोला यांच्या शिफारशीच्या व खालील अटींची पूर्तता करण्याच्या अधिन राहून सन २०२४-२५ या शैक्षणिक कालावधी करिता प्रथम वर्षासाठी प्रात्यक्षिक अनुभवासाठी परवानगी प्रदान करण्यात येत आहे. पुढील दोन शैक्षणिक वर्षासाठीची परवानगी संबंधित संस्था प्रमुखांकडून देण्यात येईल.

१. सार्वजनिक आरोग्य विभाग आणि वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग यांनी सध्या निर्देशित केलेल्या अटी व शर्तीचे पालन करणे संस्थेवर बंधनकारक राहिल.

२. भारतीय परिचर्या परिषद, नवी दिल्ली, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक/ महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ यांनी सदर अभ्यासक्रमासाठी केलेल्या नियमांचे व मानकांचे पालन करणे संस्थेस बंधनकारक राहिल.

Jeethu

(कृ.मा.प.)

सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

३. भारतीय परिचर्या परिषद, नवी दिल्ली, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक, महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ यांनी सदर अभ्यासक्रमासाठी विहित केलेल्या प्रमाणकांची योग्यरित्या पूर्तता करून संस्थेने दरवर्षी परिषदेची मान्यता मिळविणे आवश्यक आहे. त्यानुसार भारतीय परिचर्या परिषदे (INC) चे योग्यता प्रमाणपत्र (Suitability Certificate) सादर करणे आवश्यक राहिल.
४. ग्रामीण कार्यानुभव-कालावधी दरम्यान सदर अभ्यासक्रमाच्या विद्यार्थ्यांचे नियमित पर्यवेक्षण संबंधित संस्थेतील शिक्षकाने करावे. विद्यार्थ्यांच्या सुरक्षिततेची जबाबदारी संबंधित संस्थेची राहिल.
५. तीन वर्षांनंतर संस्थेने स्वतःची चिकित्सालयीन सुविधा उपलब्ध करून घेणे बंधनकारक राहिल. तदनंतर उपरोक्त शासकीय आरोग्य संस्थेत प्रात्यक्षिक अनुभवासाठी परवानगी देता येणार नाही.
६. संदर्भिय शासन निर्णय क्र.२ व ३ मधील अटी व शर्तीची पूर्तता करून घेण्याची जबाबदारी संबंधित आरोग्य संस्था प्रमुखांची राहिल.
७. संबंधित खाजगी परिचर्या प्रशिक्षण संस्थेकडून अग्रिम शुल्क आकारणी करून, त्याचा भरणा चलना द्वारे शासन खाती जमा करण्यात यावा व याबाबतचे सर्व अभिलेख स्वतंत्र रित्या ठेवून, तपासणीच्या वेळी संबंधितांना वेळोवेळी उपलब्ध करून द्यावेत. या खाती जमा केलेल्या रकमेचा हिशोब अचूक व अद्यावत राहिल, याबाबतची सर्वस्वी जबाबदारी संबंधित आरोग्य संस्था प्रमुखांची राहिल.
८. शासकीय प्रशिक्षण केंद्रातील विद्यार्थ्यांना प्रात्यक्षिक अनुभवाकरिता प्रथम प्राधान्य देण्यात येईल. याची नोंद घ्यावी. तदनंतर खाजगी परिचर्या विद्यालयाची एकूण संख्या लक्षात घेता संस्था प्रमुखांनी त्यांच्या अधिनस्थ असलेल्या सर्व रुग्णालयाचे प्रात्यक्षिक अनुभवासाठी स्थानिक स्तरावर नियोजन करून परवानगी देण्याची कार्यवाही करावी.
९. संबंधित खाजगी परिचर्या प्रशिक्षण संस्थेतील जी.एन.एम, ए.एन.एम व बी.एस.सी.नर्सिंग या अभ्यासक्रमाचे विद्यार्थी/ विद्यार्थींनो नियमित येतात की नाही व याचा फायदा संबंधित संस्थेला होतो का ते पाहावे व त्याचा अहवाल आयुक्तालयास सादर करावा.

(मा.संचालक, यांची मान्य टिपणी)

W. G. G. G.
(डॉ.सुनिता गोल्हाईत)
सह संचालक, आरोग्य सेवा,
(रुग्णालये-राज्यस्तर), मुंबई)

प्रति,
उपसंचालक, आरोग्य सेवा
अकोला मंडळ, अकोला.

प्रत- जिल्हा शल्य चिकित्सक, सामान्य रुग्णालय, अमरावती.

/- आपणास कळविण्यांत येते की संबंधित संस्थेकडून शासन निर्णय दिनांक १८ सप्टेंबर, २०१२ व दिनांक ०३ ऑगस्ट, २०१३ च्या शासन निर्णयानुसार प्रथमतः अग्रिम शुल्क भरणा करण्यात यावा. तसेच आदेशातील नमूद अटी व शर्तीची पूर्तता करून घेण्याची सर्वस्वी जबाबदारी आपली राहिल, याची नोंद घ्यावी.

प्रत- प्राचार्य, सरस्वती इन्स्टिट्यूट ऑफ नर्सिंग सायन्सेस, अँड रिसर्च अमरावती.

J. S. S.

सचिव
सरस्वती बहुउद्देशिय शिक्षण संस्था
अमरावती

Information Concern about Parent Hospital

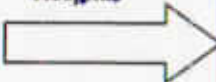
1. Is College of Nursing have parent/own/Affiliated hospital:- PARENT Allopathic Hospital :-NA

2. Full Name of Parent/Own Hospital:- HI TECH MULTISPECIALITY HOSPITAL. Owner of The Hospital:-DR ANIL BONDE

PARENT & AFFILIATED HOSPITAL

[Attach separate sheet if required]

Sr. No	Name of hospital with address Contact no of Hospital Medical Superintendent or Authority Including Parent as well as Affiliated	TOTAL Bed Strength	Parent (P) / Affiliated (A)	TOTAL Bed Occupancy on inspection day	% Bed Occupancy on inspection day	Distance from College/ Institute (Max 30 km & Hilly & Tribal 50 km)	Speciality Area	Is student actually posted if yes verify with document	*M.P.C.B CERT NO and date issue and valid till	*BMW CERT NO and date issue and valid till	*PC-PND CERT NO and date issue and valid till	M.O.U In notarized Date & Validity	BNHA no. & Valid till	Details on web site (YES/NO)	Remark
01	Hi Tech Multi-Specialty Hospital	100	Parent (P)			7.4 KM	Multispecialty Hospital	Yes	1.0/BO/PSO/H OD-2006000556	1.0/HO/PSO/HO D-2006000556		01/08/2019 TO 30/07/2049	54 31 March 2028	Yes	
02	RAINBOW INSTITUTE OF MEDICAL SCIENCE & RESEARCH, AMRAVATI	137	AFFILIATED (A)			4.9 KM	SUPER SPECIALITY	YES	UAN NO: 0000187226/C O/2405002545	UAN NO: 0000187226/CO/2405002545		01/04/2022 TO 30/08/2027	324 31 March 2026	Yes	
03	AROGYUAM INSTITUTE OF MEDICAL SCIENCES, AMRAVATI	50	AFFILIATED (A)			7.6 KM	PEDIATRIC/ GYANE SPECIALITY	YES	UAN NO:0000266451/CO/2601001032	UAN NO:0000266451/CO/2601001032		01/08/2019 TO 30/07/2029	141 31 March 2028	Yes	
04	SHRI SANT ACUTEMAHARAJ HEART HOSPITAL, MARDI ROAD, AMRAVATI	200	Affiliated (A)			9.2 KM	CARDIO-VASCULAR SPECILITY	YES	UAN No.0000247828/CO/2509000944	UAN No.0000247828/CO/2509000944		13/02/2026 To 12/02/2037	MH/AMR/NT/0878 31 March 2028	Yes	
05	DISTRICT GENERAL HOSPITAL, AMRAVATI	379	AFFILIATED (A)			7.9 KM	GENERAL (GOVT)	YES	-	-	-	-	-	Yes	Govt Hospital
06	DISTRICT HOSPITAL FOR WOMEN, AMRAVATI	205	AFFILIATED (A)			8 KM	OBGY GYANE SPECIALITY (GOVT)	YES	-	-	-	-	-	Yes	Govt Hospital

07	SUPER SPECIALITY HOSPITAL, AMRAVATI (GOVT)	100	AFFILIATED (A)	-	-	8 KM	MULTI-SPECIALITY	YES	-	-	-	-	Yes	Govt Hospital
	Total Beds	1171	-	-	-	-	-	-	-	-	-	-	-	-
08	MANAS CLINIC & BABA DE-ADDICTION CENTER, AMRAVATI	Provision for Psychiatric / Mental Health Minimum 20 bedded with distance in KM			-	8.2 KM	PSYCHIATRIC SPECIALITY	YES	UAN No. 0000215294/CO/2410000350	UAN No. 0000215294/CO/2410000350	19/10/2019 TO 10/2029	28th 31 March 2026	Yes	
STUDENT PATIENT RATIO CHECK STRICTLY MAINTAIN 1:3 (Except Psychiatric / Mental														
TOTAL BED STRENGTH EXCEPT MENTAL HEALTH Affiliated + Parent Hospital 		Course	BSC	PBBSC	MSC	AN M	GNM			ANY OTHER IN NSG	TOTAL Number of Intake capacity	STUDENT PATIENT RATIO = Total Number of bed/Total number Intake	Remark	
		INTAKE CAPACITY	40	-	-	40	50							

*Please attach separate copy