

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 202-5-202-6

Clinical Material in Hospital

Name of College/Institute. Mangala Institute of Nursing Education Akole
 Faculty.....

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	Particular	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	Particular	Adequate
b.	Student Bed Ratio for UG & PG to be verified: (As per MSR) Calculate at Actual 1:3	Particular	Adequate
c.	Average Bed Occupancy in % : (Minimum 75%) ... 70.9% 80%	Particular	Adequate
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)		Adequate for UG students
<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:- 03/02/2025

Chairman of LIC

Member Of LIC

Dean/ Principal Stamp & Signature

Amunskur
 Mangala Institute Of Nursing Education
 Akole, Tal. Akole Dist Ahmednagar

Mangala Institute Of Nursing Education,Akole

Classification Of Bed

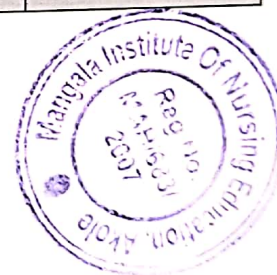
S r . N o	Name address of Affiliated Hospital	Total No.Bed	Med	Surg	Pedi atric	Ortho	Obst& Gyn	Psych	Opth& ENT	Skin	Neph.	Uro	Casual ty	ICU	Burn	Onco	Infection disease
	Parent Hospital																
1	Medicover Hospital Sangmaner	110	20	15	10	10	10	-	5	4	6	-	4	15	5	5	-
		Affiliated Hospital															
3	Harishchandra Hospital Akole	100	20	15	15	10	10	-	-	6	-	02	2	15	5	-	-
4	Kute Hospital ,Sangmaner	35	7	6	4	2	-	-	1	1	2	1	2	5	2	2	-
5	Chaityan Hospital Sangmaner	50	9	7	4	3	4	-	3	2	2	1	2	8	3	2	-
6	Nighute Hospital Sangmaner	30	-	-	-	-	30	-	-	-	-	-	-	-	-	-	-
7	Rural Health center	30	5	3	4	4	5	-	-	3	-	-	2	4	-	-	-
8	Paradhi Hospital	15	-	-	-	-	15	-	-	-	-	-	-	-	-	-	-
8	Total	370	41	31	27	19	64	-	4	12	4	4	8	32	10	4	-



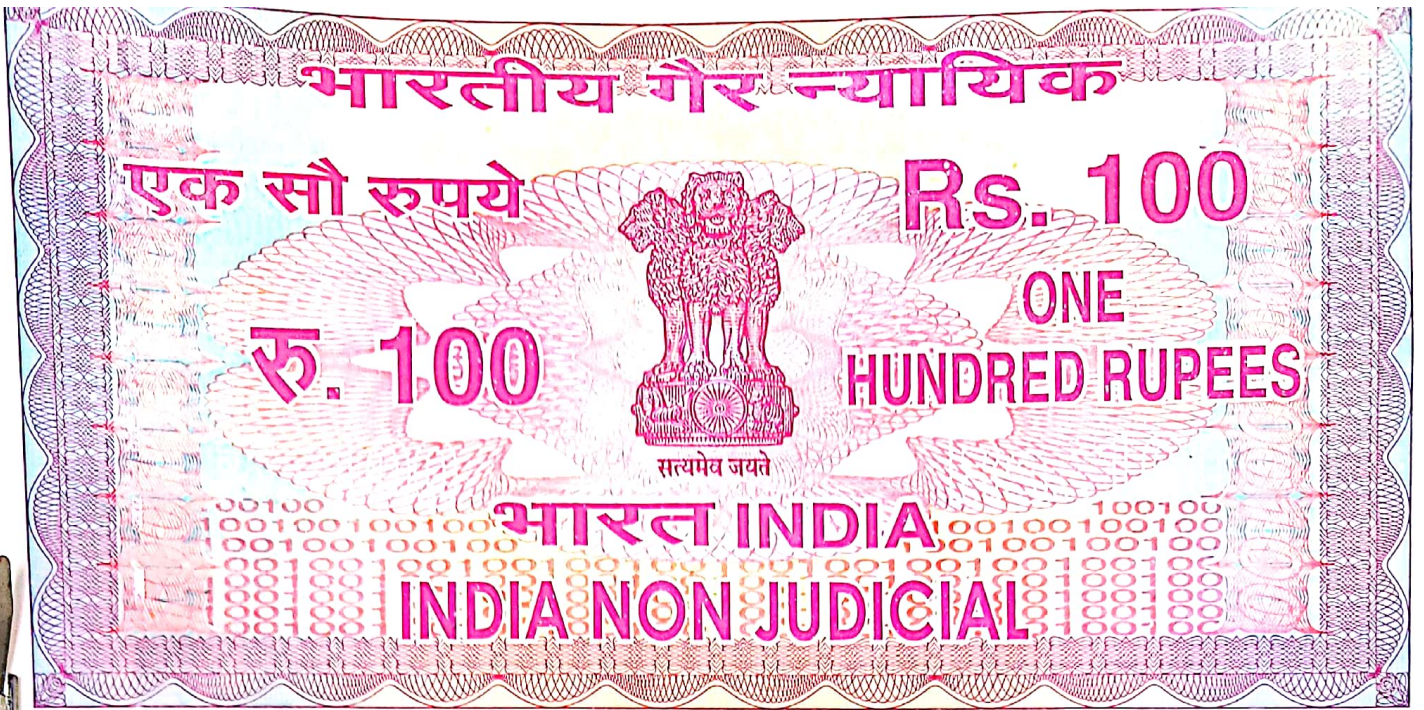
Mangala Institute Of Nursing
Education,Akole.Dist A Nagar

THANE MENTAL HEALTH HOSPITALS

SN	Clinical Areas	No. of Beds		No. of beds occupied on the day of inspection
		Male	Female	
1.	Acute Beds	50-60	50-60	86
2.	Chronic Beds	1450 - 1462		1212
3.	Mentally sick	70-80		47
4.	Mentally sick with medical illness	30-40		28
5.	Criminal ward	35	2-3	29
6.	Epileptic ward	60	60	89
7.	Day care centre	10-12		8
8.	Rehabilitation Unit	150-200		134
9.	Occupational health services	40-60		39
10.	Outreach services	6 centers : rural area		
11.	Total Wards	8	7	
Total Beds = 1850		1000	850	1672




President
 Mangala Institute Of Nursing
 Education, Akole, Dist A Nagar



महाराष्ट्र MAHARASHTRA

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16AA 201018
26/2/2023

प्रकार / अनुच्छेद

दस्तावेजी नोंदणी करणार आहेत का? होय/नही

नोंदणी करणार असल्यास दुय्यम विवेक

कार्यालयाचे नांव

मिळवलीचे पत्र

मोहरपत्रा रकम

मुद्रांक विकत घेणाऱ्याचे नाव

मुद्रांक विकत घेणाऱ्याचे पत्ता

मुद्रांक विकत घेणाऱ्याचे नाव

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Principal

Mangala Institute Of Nursing Education
Akole, Tal. Akole, Dist. Ahmednagar

करिता

समूह सुरेश खडसे

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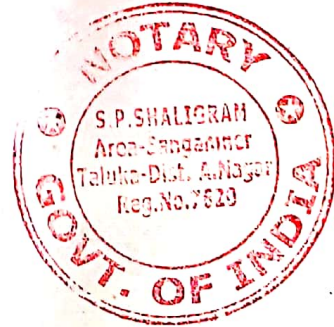
284240

श्री. बाळासाहेब रामदास येलमामे
मुद्रांक विक्रेता, अकोले नं. 90488/92
मु.पो. ता. अकोले, जि. अहमदनगर
मोबा.: 9890346894

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING entered into at Akole on
24/02/2023.

BETWEEN



Sahrudaya Healthcare Pvt.Ltds Medicover Hospital Sangamner ,having registered office at Sangamner herein after referred to as **Parent Hospital for period five years** (which expression shall unless repugnant to the context of meaning there of be deemed to include its successors and assigns) **OF THE ONE PART**

AND

Mangala Mahila Mandal Sanchalit Mangala Institute Of Nursing Education Akole Trustee Miss Samruddhi Khadase is Registered Trust Under Maharashtra Societies Registration Act , 1860 And Bombay Public Trust Act 1950 having Registered Office At Airoli Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assign) **OF THE OTHER PART.**

Where as **Sahrudaya Healthcare Pvt.Ltds Medicover Hospital Sangamner** as running 110 bed hospital at Sangamner at which is equipped with modern technology ,minor and major operation theater boyle machine electrocautery pulse oximeter, cardiac monitor , state of Art Ventilators And other Life saving Accessories And equipment as well as Other Machineries and facilities including well designed building and also supported by Highly qualified and experienced Doctors and staff and where as **Mangala Instituted of Nursing Education Akole** its Main Object inter Alia are.

1. To Provide training for **BSc Nursing Student** .

And where as **Mangala Institute Of Nursing Education Akole** desirous off Providing Training for Nursing Student but due to infrastructure constraints it is not in a position to provide training for nursing student by itself an where as **Mangala Institute of Nursing Education Akole** requested to provide this Hospital as **Parent Hospital for period of five year** And in infrastructure support for the aforesaid purpose as May be recommended by (**110 beded Hospital**) is agree to allow **BSc nursing student** for training on such terms and condition as are mentioned herein .

NOW THIS MEMORANDUM OF UNDERSTANDING WITHESESTH THAT:

1 **Sahrudaya Healthcare Pvt.Ltds.Medicover Hospital** shall Make available all infrastructure and professional support well as well expertise service to **Mangala Institute of Nursing Education Akole** purpose of training of nursing student .

2. In consideration of the above **Sahrudaya Healthcare Pvt.Ltds Medicover Hospital Sangamner.**

A) make available or cause to make available all required equipment for training of **BSc nursing student for period of five year.**

b) also make available supported equipment and machineries like inverter, portable x-ray and other machines ect. Of **BSc nursing student for period of five year.**

3. Upon request of **Mangala Institute of Nursing Education Akole** execute and sigh all such deed and documents as well as do or cause to be done all such acts. Deed and things with intent of realizing the intendments of this student

4. No variation of amendments of this understanding or oral promise or commit related to it shall be valid unless committed in writing and signed by on behalf of both the parties here to

5. nothing contained in this understanding shall be construed as allowing either party to be or to claim to be and again or representative of the other party of any purpose

6. No failure or delay by either party here to in exercise any right, power or privilege hereunder shall operate as a waiver thereof nor shall any singular or partial waiver thereof include any waiver or apply to any other right power or privilege

7. Any or all disputes arising out of or in connection with this understanding between the parties are hereby referred for the sole arbitration of **Dr. Anil Gundala** of any person nominated by him and such arbitration proceedings shall be in accordance with the provision of arbitration conciliation act, 1996

8. **Sahrudaya Healthcare Pvt.Ltds Medicover Hospital Sangamner .**

This hospital is treated as **Parent hospital for period five year** of allow the student to practices in the hospital .

In witness where of the parties here to have here into sets and subscribed their respective hand and seal the day and year 1st here in above written.

SIGNED SEALED AND DELIVERED

By the with in named

Sahrudaya Healthcare Pvt.Ltds Medicover Hospital Sangamner

Its incharge - Dr.Anil Gundala

In the presence of

1. *Laxmi Menjani*

2.



SIGNED SEALED AND DELIVERED

By the with in named

Mangala Institute of Nursing Education Akole

through its president

Miss - Samruddhi Khadase

In the presence of

1.

2.

Sau

President

Mangala Institute Of Nursing
Education, Akole. Dist A Nagar

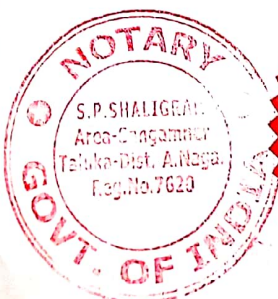


BEFORE ME

Shaligram
S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist.A.Nagar

NOTED & REGISTERED
AT SERIAL NO. 362/2023
Date : 13/04/2023

THIS DOCUMENT
CONTAINS 03 PAGES



AHMEDNAGAR ZILLA PARISHAD



AHMEDNAGAR

FORM 'C'

(See Rule - 5)

Certificate of Registration Under Section 5 of the Bombay
Nursing Homes

Registration Act 1949

No. - 37/2022

This is to certify that Shri./Smt-. Dr. Anil Krishna Gundala has been requested under the Bombay Nursing Homes Registration Act. 1949, in respect of - Sahrudaya Healthcare Pvt. Ltds Medicover Hospital situated at/ po New Akole Road, Gunjalwadi Tal- Sangamner Dist- Ahmednagar - Sahrudaya Healthcare Pvt. Ltds Medicover Hospital and has been authorized to carry on the said nursing home.

Registration No. :- AH-859

No. of Beds:- 110

Date of Registration. :- 08/03/2021

Place : Ahmednagar

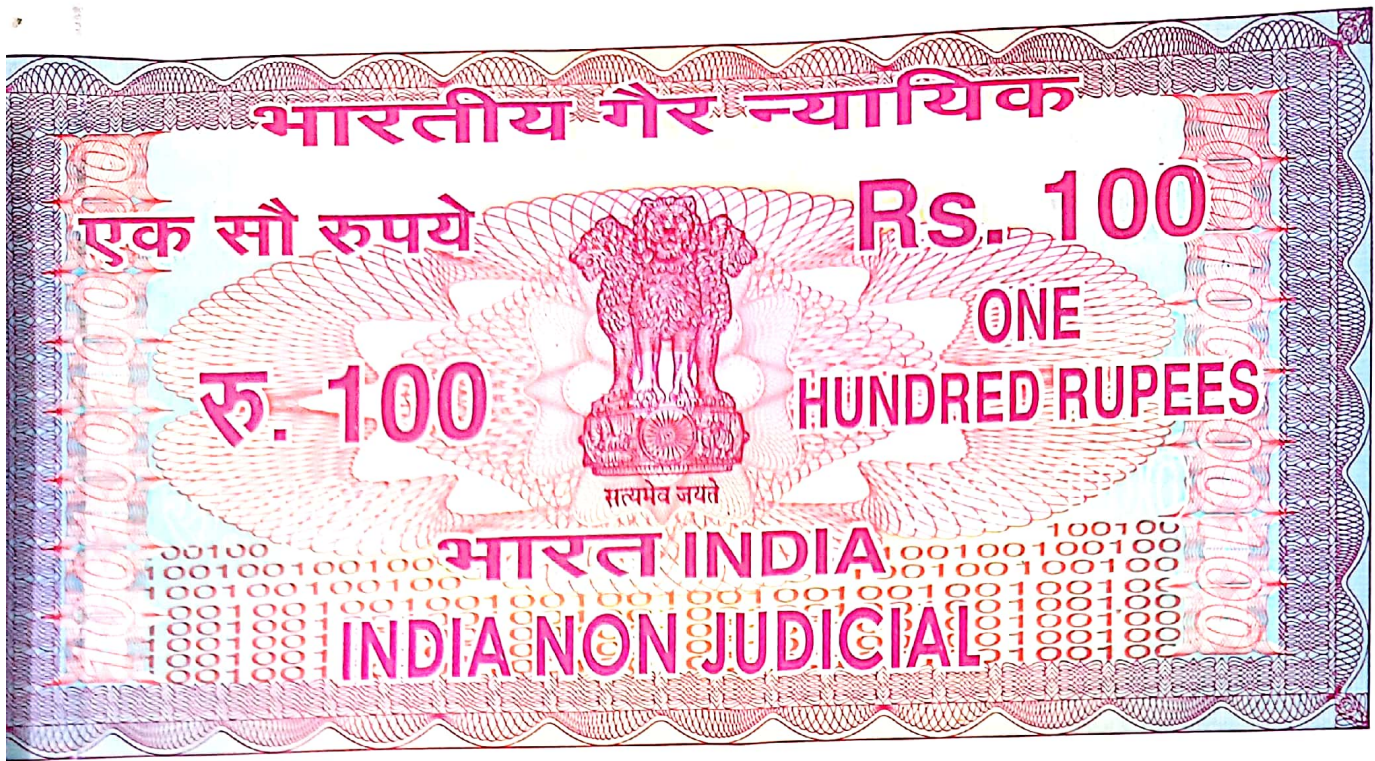
Date of issue of Certificate :- 07/03/2022

This Certificate of registration shall be valid upto - 04/12/2024

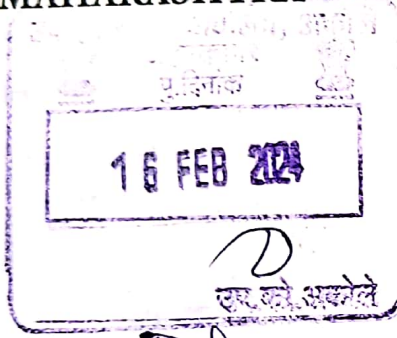


(Dr. Sandeep Sangale.)

Signature of the registering authority
District Health Officer
Zilla Parishad, Ahmednagar



हाराट्ट MAHARASHTRA



प्रमाणित / 2023

वसुधैव कुटुम्बकम्
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Principal
Mangala Institute of Nursing Education
Akole, Tal. Akole, Dist. Ahmednagar

श्री. बाळासाहेब रामदास येलमामे
मुद्रांक विक्रेता, अकोले नं. 90488/88
मु.पो.ता. अकोले, जि. अहमदनगर
मोबा.: 9890346899

श. अकोले
34309

(Signature)

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING entered into at Akole on

14/06/2024

Harishchandra Hospital Akole, having registered office Akole herein after referred to as **Affiliated Hospital for period ^{one} five years** (which expression shall unless repugnant to the context of meaning there of be deemed to include its successors and assigns) **OF THE ONE PART**

Mangala Mahila Mandal Sanchalit Mangala Institute Of Nursing Education Akole Trustee Miss Samruddhi Khadase is Registered Trust Under Maharashtra Societies Registration Act , 1860 And Bombay Public Trust Act 1950 having Registered Office At Airoli Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assign) **OF THE OTHER PART.**

Where as **Harishchandr Hospital Akole** as running ¹⁰⁰ 25 bed hospital at Akole at which is equipped with modern technology , minor and major operation theater boyle machine electrocautery pulse oximeter, cardiac monitor , state of Art Ventilators And other Life saving Accessories And equipment as well as Other Machineries and facilities including well designed building and also supported by Highly qualified and experienced Doctors and staff and where as **Mangala Instituted of Nursing Education Akole** its Main Object inter Alia are.

1. To Provide training for **BSC /GNM/ANM Nursing Student** .

And where as **Mangala Institute Of Nursing Education Akole** desirous off Providing Training for Nursing Student but due to infrastructure constraints it is not in a position to provide training for nursing student by itself an where as **Mangala Institute of Nursing Education Akole** requested to provide this Hospital as **Affiliated Hospital for period of five year** And in infrastructure support for the aforesaid purpose as May be recommended by (**100. beded Hospital**) is agree to allow **BSC/GNM/ANM nursing student** for training on such terms and condition as are mentioned herein .

Harishchandra Hospital Akole OWN THIS MEMORANDUM OF UNDERSTANDING WITHESESTH THAT:

- 1 shall Make available all infrastructure and professio nal support well as well expertise service to **Mangala Institute of Nursing Education Akole** purpose of training of nursing student .

2. In consideration of the above . **Harishchandra Hospital Akole**

- A) make available or cause to make available all required equipment for training of **BSC/ GNM/ANM nursing student for period of five year.**

- b) also make available supported equipment and machineries like inverter, portable x-ray and other machines ect. Of **BSC /GNM/ANM nursing student for period of five year.**

3. Upon request of **Mangala Institute of Nursing Education Akole** execute and sigh all such deed and documents as well as do or cause to be done all such acts. Deed and things with intent of realizing the intendments of this student

4. No variation of amendments of this understanding or oral promise or commit related to it shall we be valid unless committees in writing and sign by on be half of both the parties here to

5. nothing contain in this understanding shall be constructed as allowing either party to be or to claim to be and again or representative of the other party of any purpose

6. No failure or delay by either party here to in exercise any right, power or privilege her under shall operate has waiver there of nor shall any singal ar partial walver there of Include any walver or apply to any other right power or privilege

7. Any or all disputes arising out off or in connection with this understanding between the part is here to shall the refired for the sole arbitration of **Dr. Maruti Bhandkoll** of any person nominated by him and such arbitration proceedings shall be in accordance with the provsion of arbitration conciliation act . 1996

8. Harishchandra Hospital Akole

This hospital is treated as **AFFILETED** hospital for period five year of allow the student to practices in the hospital .


In witness where of the parties here to have here into sets and subscribed their respective hand and seal the day and year 1st here in above written.

SIGNED SEALED AND DELIVERED

By the with in name

Harishchandra Hospital Akole

Its incharge - **Dr. Maruti Bhandkoli**



हरिश्चंद्र
मल्टिस्पेशलिटी हॉस्पिटल अँड रिसर्च सेंटर
डॉ. भांडकोळी एम.के.
M.B.B.S., M.D. Medicine (Pune)
FCCM (Delhi), Reg.No. 2002/08/2758

SIGNED SEALED AND DELIVERED

By the with in named

Mangala Institute of Nursing Education Akole

thourgh its president

Miss - **Samruddhi Khadase**



President
Mangala Institute Of Nursing
Edluration, Akole, 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.BHANDKOLI MARUTI KAVAJI had been requested under the Bombay Nursing Homes Registration Act 1949.in respect of HARISHCHANDRA MULTISPECIALITY HOSPITAL & RESERCH CENTER situated at BEHIND OF BANK OF BARODA, ISLAMPETH, AKOLE and has been Authorised to carry on the said Nursing home.

Registration No - 634

Mat. 20

Date of Registration - 08/10/2020

Other 80

Place - Ahmednagar

Total 100 Beds

Date of issue of certificate - 13/04/2023

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

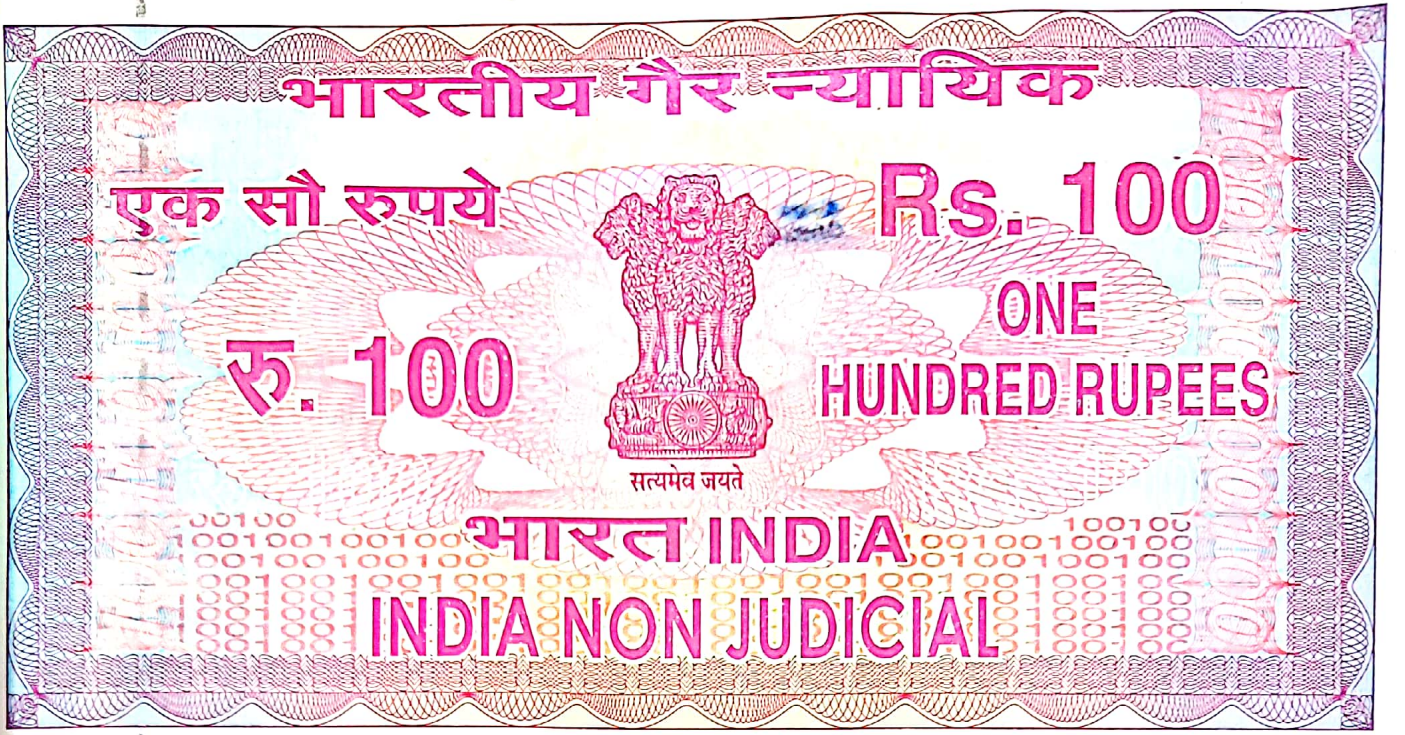


Sanjay
Signature of the Registering Authority
General Hospital, Ahmednagar

Copy to - Medical Superintendent, Sub Dist. Hospital, Akole 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.

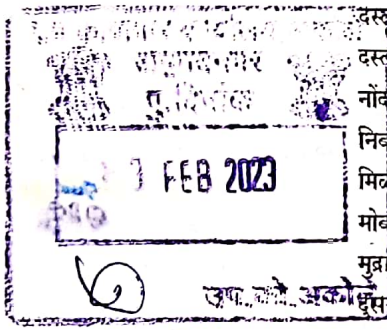


महाराष्ट्र MAHARASHTRA

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दि. २७/०२/२०२३



श्री. बाळासाहेब रामदास येलमाजे
मुद्रांक विक्रेता, अकोले नं. १०५४८/
मु.पो. ता. अकोले, जि. अहमदनगर
मोबा.: ९८९०३५६४९५

दस्तावा प्रकार अनुच्छेद क्रमांक :-
दस्त नोंदणी करणार आहेत का :-
नोंदणी होणार असल्यास दुय्यम
निबंधक कार्यालयाचे नाव
मिळकतीचे वर्णन
मोबदला रक्कम रुपये
मुद्रांक विकत घेणाऱ्याचे नाव
दस्तावा पक्षकाराचे नाव
हस्ते असल्यास त्याचे नाव व पत्ता
मुद्रांक विक्री नोंदवही अ.क्र./दिनांक
मुद्रांक विकत घेणाऱ्यांची सही
परवानाधारक मुद्रांक विक्रेत्याची सही :-
व परवाना क्रमांक तसेच मुद्रांक :-
विक्रीचे ठिकाण व पत्ता

नोटरी

Principal
Mangala Institute Of Nursing Education
Akole, Tal. Akole, Dist. Ahmednagar

करिता

समृद्धी सुरेश खडसे

900/-

२४५२७

Signature

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING entered into at Akole on 24/02/2023

BETWEEN



Kute Hospital Sangamner, having registered office at **AKOLE** herein after referred to as **Affiliated Hospital for period five years** (which expression shall unless repugnant to the context of meaning there of be deemed to include its successors and assigns) **OF THE ONE PART**

AND

Mangala Mahila Mandal Sanchalit Mangala Institute Of Nursing Education Akole Trustee Miss Samruddhi Khadase is Registered Trust Under Maharashtra Societies Registration Act , 1860 And Bombay Public Trust Act 1950 having Registered Office At Airoli Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assign) **OF THE OTHER PART.**

Where as **Kute Hospital Sangamner** as running **35 bed** hospital at Sangamner at which is equipped with modern technology , minor and major operation theater boyle machine electrocautery pulse oximeter, cardiac monitor , state of Art Ventilators And other Life saving Accessories And equipment as well as Other Machineries and facilities including well designed building and also supported by Highly qualified and experienced Doctors and staff and where as **Mangala Instituted of Nursing Education Akole** its Main Object inter Alia are.

5. To Provide training for **BSc Nursing Student** .

And where as **Mangala Institute Of Nursing Education Akole** desirous off Providing Training for Nursing Student but due to infrastructure constraints it is not in a position to provide training for nursing student by itself an where as **Mangala Institute of Nursing Education Akole** requested to provide this Hospital as **Affiliated Hospital for period of five year** And in infrastructure support for the aforesaid purpose as May be recommended by (**35 bedded Hospital**) is agree to allow **BSc Nursing student** for training on such terms and condition as are mentioned herein .

NOW THIS MEMORANDUM OF UNDERSTANDING WITHESESTH THAT:

1 **Kute Hospital Sangamner**

shall Make available all infrastructure and professional support well as well expertise service to **Mangala Institute of Nursing Education Akole** purpose of training of **BSc Nursing student**

2. In consideration of the above **Kute Hospital Sangamner**

A) make available or cause to make available all required equipment for training of **BSc Nursing student for period of five year.**

4. No variation of amendments of this understanding or oral promise or commit related to it shall be valid unless committed in writing and sign by on behalf of both the parties here to

5. nothing contain in this understanding shall be constructed as allowing either party to be or to claim to be and again or representative of the other party of any purpose

6. No failure or delay by either party here to in exercise any right, power or privilege her under shall operate has waiver there of nor shall any singal ar partial waiver there of include any waiver or apply to any other right power or privilege

7. Any or all disputes arising out off or in connection with this understanding between the part is here to shall the refired for the sole arbitration of Dr.Pradip Kute of any person nominated by him and such arbitration proceedings shall be in accordance with the provision of arbitration conciliation act , 1996

8. Kute Hospital Sangamner .p

This hospital is treated as Affiliated hospital for period five year of allow the student to practices in the hospital .

In witness where of the parties here to have here into sets and subscribed their respective hand and seal the day and year 1st here in above written.

SIGNED SEALED AND DELIVERED

By the with in named

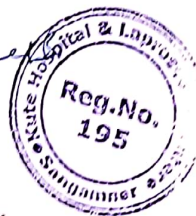
Kute Hospital Sangamner

Its incharge - Dr.Pradip Kute

In the presence of

1. U. B. Wakhare .

2.



SIGNED SEALED AND DELIVERED

By the with in named

Mangala Institute of Nursing Education Akole

through its president

Miss - Samruddhi Khadase

In the presence of

1. Raju Jagdale .

2.

Sam
President

Mangala Institute Of Nursing
Education, Akole, Dist A Nagar

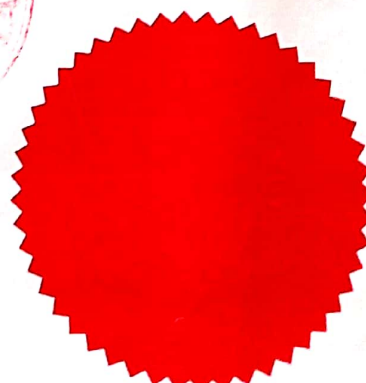
BEFORE ME

S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist.A.Nagar



NOTED & REGISTERED
AT SERIAL NO. 358/202
Date : 13/04/2023

THIS DOCUMENT
CONTAINS 03 PAGES



GOVT. OF MAHARASHTRA

HEALTH SERVICES

DISTRICT HOSPITAL, AHMEDNAGAR

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

(GEN.)

This is to certify that is DR.PRADEEP BHAUSAHEB KUTE / DR.SONALI PRADEEP KUTE had been requested under the Bombay Nursing Homes Registration Act 1949.in respect of KUTE HOSPITAL & LAPROSCOPY CENTRE situated at TAJANE MALA, NAVIN NAGAR ROAD, SANGAMNER and has been Authorised to carry on the said Nursing home.

Registration - 195

Date of Registration - 02/09/2011

Place - Ahmednagar

Date of issue of certificate - 01/04/2022

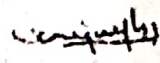
Mat. 19

Other 16

Total 35 Beds

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

(Medical Superintendent, Rural Hospital, SANGAMNER)


Signature of Registering Authority

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Chaitanya Hospital Sangamner ,having registered office at AKOLE herein after referred to as **Affiliated Hospital for period five years** (which expression shall unless repugnant to the context of meaning there of be deemed to include its successors and assigns) **OF THE ONE PART**

AND

Mangala Mahila Mandal Sanchalit Mangala Institute Of Nursing Education Akole Trustee Miss Samruddhi Khadase is Registered Trust Under Maharashtra Societies Registration Act , 1860 And Bombay Public Trust Act 1950 having Registered Office At Airoli Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assign) **OF THE OTHER PART.**

Where as **Chaitanya Hospital Sangamner** as running **50 bed** hospital at Sangamner at which is equipped with modern technology ,minor and major operation theater boyle machine electrocautery pulse oximeter, cardiac monitor , state of Art Ventilators And other Life saving Accessories And equipment as well as Other Machineries and facilities including well designed building and also supported by Highly qualified and experienced Doctors and staff and where as **Mangala Instituted of Nursing Education Akole** its Main Object inter Alia are.

3. To Provide training for **BSc Nursing Student** .

And where as **Mangala Institute Of Nursing Education Akole** desirous off Providing Training for Nursing Student but due to infrastructure constraints it is not In a position to provide training for nursing student by itself an where as **Mangala Institute of Nursing Education Akole** requested to provide this Hospital as **Affiliated Hospital for period of five year** And in infrastructure support for the aforesaid purpose as May be recommended by (**50 beded Hospital**) is agree to allow **BSc nursing student** for training on such terms and condition as are mentioned herein .

NOW THIS MEMORANDUM OF UNDERSTANDING WITHESESTH THAT:

1. **Chaitanya Hospital** shall Make available all infrastructure and professional support well as well expertise service to **Mangala Institute of Nursing Education Akole** purpose of training of nursing student .

2. In consideration of the above **Chaitanya Hospital Sangamner** .

A) make available or cause to make available all required equipment for training of **BSc nursing student for period of five year**.

4. No variation of amendments of this understanding or oral promise or commit related to it shall we be valid unless committees in writing and sign by on be half of both the parties here to

5. nothing contain in this understanding shall be constructed as allowing either party to be or to claim to be and again or representative of the other party of any purpose

6. No failure or delay by either party here to in exercise any right, power or privilege her under shall operate has waiver there of nor shall any singal ar partial waiver there of include any waiver or apply to any other right power or privilege

7. Any or all disputes arising out off or in connection with this understanding between the part is here to shall the refired for the sole arbritration of **Dr.Nitin Jathar** of any person nominated by him and such arbitration proceedings shall be in accordance with the provision of arbitration conciliation act . 1996

8. Chaitanya Hospital Sangamner .

This hospital is treated as **Affiliated hospital for period five year** of allow the student to practices in the hospital .

In witness where of the parties here to have here into sets and subscribed their respective hand and seal the day and year 1st here in above written.

SIGNED SEALED AND DELIVERED

By the with in named

Chaitanya Hospital Sangamner

Its incharge - **Dr.Nitin Jathar**

In the presence of

1. **Usha Wakchare**
- 2.

Dr. Nitin J. Jathar
M.B.B.S., D.T.C.D.
Consultant Chest Physician
Reg. No. 69518

SIGNED SEALED AND DELIVERED

By the with in named

Mangala Institute of Nursing Education Akole

thourgh its president

Miss - **Samruddhi Khadse**

In the presence of

1. **Raju Jagdale**
- 2.

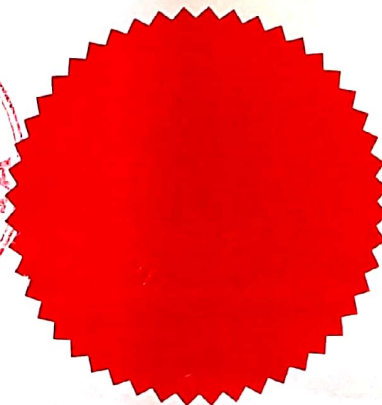
President
Mangala Institute Of Nursing
Education, Akole, Dist A Nagar

BEFORE ME

S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist.A.Nagar

NOTED & REGISTERED
AT SERIAL NO. 361/2023
Date : 13 / 04 / 2023

THIS DOCUMENT
CONTAINS 03 PAGES





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.NITIN JANARDHAN JATHAR had been requested under the Bombay Nursing Homes Registration Act 1949.in respect of CHAITANYA HOSPITAL situated at TAJANE MALA, NEW NAGAR ROAD, SANGAMNER and has been Authorised to carry on the said Nursing home.

Registration No - 98

Mat. - 00

Date of Registration - 01/12/2007

Other - 50

Place - Ahmednagar

Total - 50 Beds

Date of issue of certificate - 31/03/2023

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



[Signature]
Signature of Registering Authority
Civil Surgeon

General Hospital, Ahmednagar

Copy to - Medical Superintendent, Rural Hospital, Sangamner 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.



Nighute Hospital Sangamner ,having registered office at **AKOLE** herein after referred to as **Affiliated Hospital for period five years** (which expression shall unless repugnant to the context of meaning there of be deemed to include its successors and assigns) **OF THE ONE PART**

AND

Mangala Mahila Mandal Sanchalit Mangala Institute Of Nursing Education Akole Trustee Miss Samruddhi Khadase is Registered Trust Under Maharashtra Societies Registration Act, 1860 And Bombay Public Trust Act 1950 having Registered Office At Airoli Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assign) **OF THE OTHER PART.**

Where as **Nighute Hospital Sangamner** as running **30 bed** hospital at Sangamner at which is equipped with modern technology ,minor and major operation theater boyle machine electrocautery pulse oximeter, cardiac monitor , state of Art Ventilators And other Life saving Accessories And equipment as well as Other Machineries and facilities including well designed building and also supported by Highly qualified and experienced Doctors and staff and where as **Mangala Instituted of Nursing Education Akole** its Main Object inter Alia are,

4. To Provide training for **BSc Nursing Student** .

And where as **Mangala Institute Of Nursing Education Akole** desirous off Providing Training for Nursing Student but due to infrastructure constraints it is not in a position to provide training for nursing student by itself an where as **Mangala Institute of Nursing Education Akole** requested to provide this Hospital as **Affiliated Hospital for period of five year** And in infrastructure support for the aforesaid purpose as May be recommended by (**30beded Hospital**) is agree to allow **BSc nursing student** for training on such terms and condition as are mentioned herein .

NOW THIS MEMORANDUM OF UNDERSTANDING WITHESESTH THAT:

1 **Nighute Hospital Sangamner** shall Make available all infrastructure and professional support well as well expertise service to **Mangala Institute of Nursing Education Akole** purpose of training of nursing student .

2. In consideration of the above **Nighute Hospital Sangamner.**

A) make available or cause to make available all required equipment for training of **BSc nursing student for period of five year.**

4. No variation of amendments of this understanding or oral promise or commit related to it shall we be valid unless committees in writing and sign by on be half of both the parties here to

5. nothing contain in this understanding shall be constructed as allowing either party to be or to claim to be and again or representative of the other party of any purpose

6. No failure or delay by either party here to in exercise any right, power or privilege her under shall operate has waiver there of nor shall any singal ar partial waiver there of include any waiver or apply to any other right power or privilege

7. Any or all disputes arising out off or in connection with this understanding between the part is here to shall the refired for the sole arbitration of **Dr.Shantaram Nighute** of any person nominated by him and such arbitration proceedings shall be in accordance with the provision of arbitration conciliation act . 1996

8. Nighute Hospital Sangamner .

This hospital is treated as **Affiliated hospital for period five year** of allow the student to practices in the hospital .

In witness where of the parties here to have here into sets and subscribed their respective hand and seal the day and year 1st here in above written.


SIGNED SEALED AND DELIVERED

By the with in named

Nighute Hospital Sangamner

Its incharge - **Dr.Shantaram Nighute**

In the presence of

1. **Usha Wak Chaware** . 
- 2.


NIGHUTE HOSPITAL
Reg. No.69

SIGNED SEALED AND DELIVERED

By the with in named


Mangala Institute of Nursing Education Akole


thourgh its president

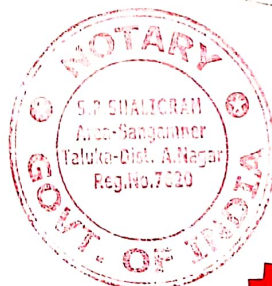
Miss - **Samruddhi Khadse**

In the presence of

1. **Raju Jagdale** .
- 2.


President
Mangala Institute Of Nursing
Education, Akole. Dist A Nagar

BEFORE ME

S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist.A.Nagar



NOTED & REGISTERED
AT SERIAL NO 35572023
Date : 13 / 04 / 2023

THIS DOCUMENT
CONTAINS 02-PAGES



GOVT. OF MAHARASHTRA



HEALTH SERVICES

DISTRICT HOSPITAL, AHMEDNAGAR

Certificate of Registration under section 5 of the Bombay Nursing Homes Registration Act- 1949 (Ren.)

This is to Certify that Is DR .SHANTARAM SITARAM NIGHUTE had been requested under the
Bombay Nursing Homes Registration Act 1949.in respect NIGHUTE HOSPITAL
& NURSING HOME situated at NEW NAGAR RD. SANGAMNER.and has been Authorised to
carry on the said Nursing home.

Registration No 69
Date of Registration -09/04/2015

Mat 30

Place - Ahmednagar

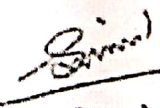
Total 30 Beds

Date of issue of certificate - 01/04/2021

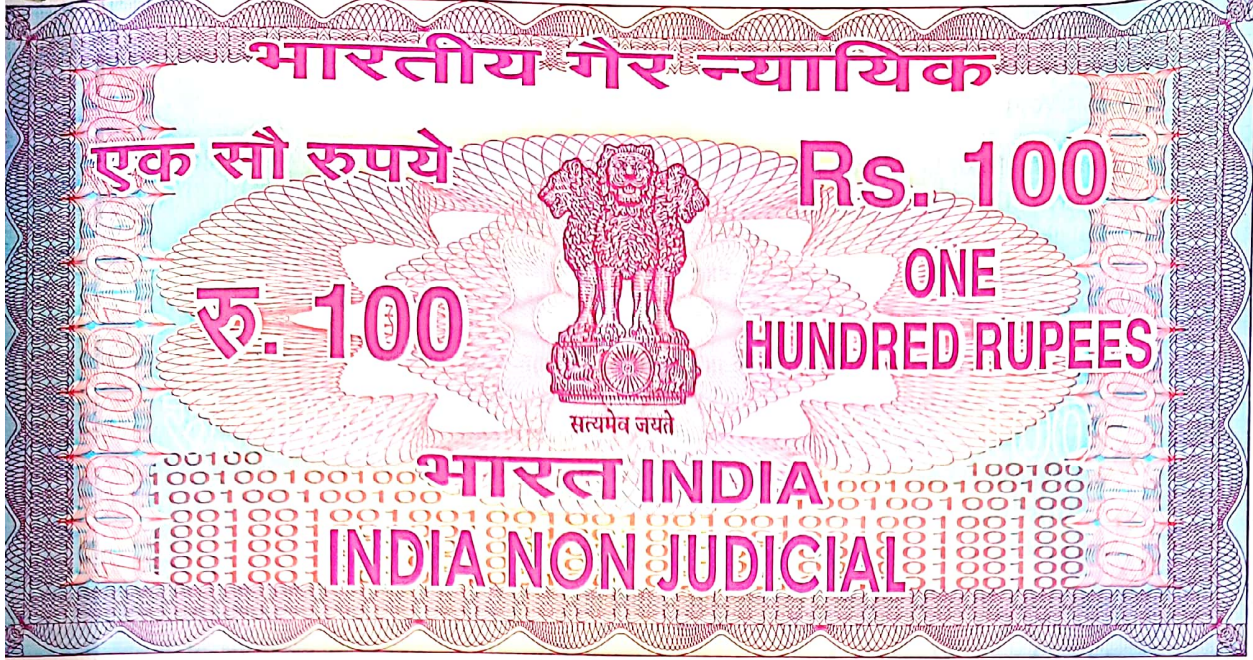
This Certificate of Registration shall be valid upto 31st March 2024 (Twenty FOUR)

(Medical Superintendent, Rural Hospital, SANGAMNER)




Signature of Registering authority
Civil Surgeon
General Hospital, Ahmednagar

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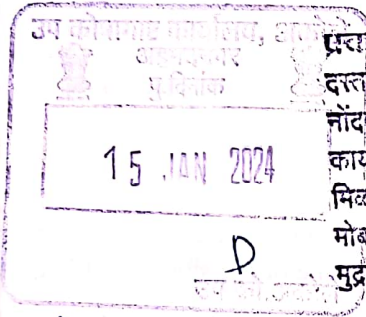


महाराष्ट्र MAHARASHTRA

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77AA 530911

9/19/2024



प्रकार / अनुच्छेद

दस्तावेज नोंदणी करणार आहेत का? होय/नाही

नोंदणी करणार असल्यास दुय्यम निबंधात

कार्यालयाचे नांव

मिळकतीचे वर्णन

मोबदला रकम

मुद्रांक विकस घेणाऱ्याचे नाव

ब पत्ता

Principal
Mangala
Akole, Dist. Amravati

मु.पो.ता.अकोले, जि.अहमदनगर

मु.पो.ता.अकोले, जि.अहमदनगर

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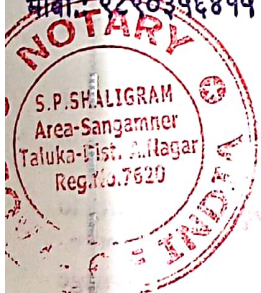
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मु.पो.ता.अकोले, जि.अहमदनगर

मु.पो.ता.अकोले, जि.अहमदनगर

श्री.बाळासाहेब रामदास रेलमागे
मुद्रांक विक्रेता, अकोले नं. 90488/90
मु.पो.ता.अकोले, जि.अहमदनगर
मोबा. 9290346894



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding entered into at Akole on this Pardhi Hospital, Akole own. Dr. Kiran Pardhi having registered office at Akole here in after referred to as an affiliated hospital for a five-year period (which expression shall unless the context or meaning be otherwise repugnant mean and include the heirs, legal representatives, executors, administrators, assigns) of one part



And

Mangala Mahila Mandal Sanchalit, Mangala Institute Of Nursing Education, Akole Trustees Dr. Samruddhi Khadase is a Registered Trust Under Maharashtra Societies Registration Act, 1860 And Bombay Public Trust Act 1950 having Register Office at Airoli Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assigns)Of the Other Part

Whereas **Pardhi Hospital, Akole** is running 100 bedded hospital at Akole and is equipped with modern technology, minor and major operation theater, Boyle machine, electrocautery, pulse oximeter, cardiac monitor, state-of-the-art ventilators, And other Lifesaving Accessories And equipment as well as Other Machineries and facilities including well-designed building and also supported by Highly qualified and experienced Doctors and staff and whereas Mangala Institute of Nursing Education, Akole its Main Object among other things are:

1. To Provide training for Nursing Students.

And whereas **Mangala Institute Of Nursing Education, Akole** is desirous of Providing Training for Nursing Students but due to infrastructure constraints is not in a position to provide training for nursing students by itself thus, **Mangala Institute of Nursing Education, Akole** requests to provide this Hospital as Affiliated Hospital for five years periods And the infrastructure support for the aforesaid purpose as may be required by the bedded Hospital and agrees to allow GNM, ANM, and **B.Sc nursing students** for training on such terms and condition as are mentioned herein.

NOW THIS MEMORANDUM OF UNDERSTANDING WITNESSETH THAT:

1. **Pardhi Hospital, Akole** shall Make available all infrastructure and professional support as well as expertise service to Mangala Institute of Nursing Education, Akole to train the **nursing students**.
2. In consideration of the above **Pardhi Hospital, Akole** will:
 - I. make available or cause to make available all required equipment for training of the **nursing student**
 - II. Also make available supported equipment and equipment for patient care, and other machines, etc. to the **nursing student**
3. Upon request of **Mangala Institute of Nursing Education, Akole** execute and sign all such deeds and documents as well as do or cause to be done all such acts. Deed and things with the intent of realizing the objectives of the student's training.
4. No variation of amendments of this understanding or oral promise or commitments related to it shall be valid unless committees state in writing and sign on behalf of both the parties hereto
5. Nothing contained in this understanding shall be construed as allowing either party to be or to claim to be and again of any representative of the other party for any purpose.
6. No failure or delay by either party hereto in exercising any right, power, or privilege shall operate as a waiver thereof nor shall any single or partial waiver thereof include any waiver or apply to any other right power, or privilege
7. Any or all disputes arising out of or in connection with this understanding between the parties is here to be referred for the sole arbitration of **Dr.Kiran Pardhi** or any person

person nominated by him and such arbitration proceedings shall be by the provision of the arbitration conciliation act. 1996.

8. **Pardhi Hospital, Akole** This hospital is treated as an affiliated hospital for five five-year periods by **Mangala Institute of Nursing Education, Akole** to allow the students to practice in the hospital.

In witness where of the parties here to have into sets and subscribed their respective hand and seal the day and year 1st herein above writing.

SIGNED SEALED AND DELIVERED

By the with-in-named

Pardhi Hospital, Akole

Its Incharge – **Dr. Kiran Pardhi**

In the presence of

1.

2.

SIGNED SEALED AND DELIVERED

By the with-in-named

Mangala Institute of Nursing Education, Akole

through its President

Dr Samruddhi Khadase

In the presence of

1.

2.

K. Pardhi

Dr. Kiran M. Pardhi
M.B.B.S., M.S. (OBGY)
Reg.No.2010/05/1742



S. Khadase

President

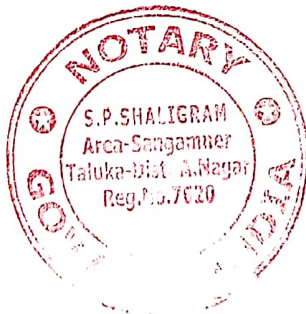
Mangala Institute Of Nursing
Education, Akole, Dist A Nagar



BEFORE ME

S. P. Shaligram

S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist. A. Nagar



NOTED & REGISTERED

AT SERIAL NO 19 /2024

Date 08 /02 /2024

**THIS DOCUMENT
CONTAINS 03 PAGES**



GOVT. OF MAHARASHTRA



HEALTH SERVICES

DISTRICT HOSPITAL, AHMEDNAGAR

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

This is to Certify that **DR. YASHWANTH PARADHI**
had been requested under the Bombay Nursing Homes Registration Act 1949,
in respect of **IDR PARADHI HOSPITAL** situated at **CHANDRABAGH**
(**IDR PARADHI Hospital**) and has been Authorised to carry on the said
Nursing home.

Registration No. 615 / 20

Date of Registration- 27/1/2020

Place - Ahmednagar

Date of issue of certificate - 27/02/2020

This Certificate of Registration shall be valid upto **23/03/2023** (Twenty Three)
(Medical Superintendent, Rural Hospital, Akole)

Mat. 10

Other 10

Total 20 Beds



Signature of Registering authority
C. V. S. JOSHI
District Hospital, Ahmednagar

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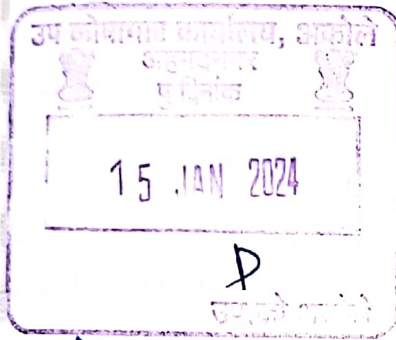


महाराष्ट्र MAHARASHTRA

2023

77AA 530913

94912028



प्रकार / अनुच्छेद

दस्तावी नोंदणी करणार आहेत का? होय/नाही

नोंदणी करणार असल्यास दुय्यम विवरण

कार्यालयाचे नांव

मिळकतीचे वर्जन

मोबदला रक्कम

मुद्रांक विकत घेणाऱ्याचे नाव

Principal
Mandala Institute Of Nursing Education
Akole, Tal. Akole, Dist. Ahmednagar
मु.पो.ता. अकोले, जि. अहमदनगर
मोबा. 9690346894

दस्तावा पक्षकाराचे नाव

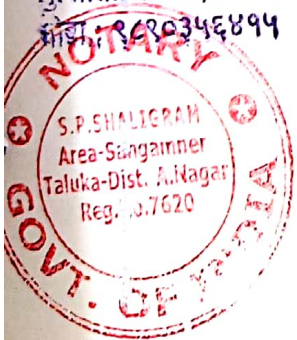
हस्ते असल्यास नाव व पत्ता

मुद्रांक शुल्क रक्कम

मुद्रांक विक्री नोंद घेई अनु क्र.

मुद्रांक विकत घेणाऱ्याची सही

श्री.वाळसाहेब रामदास येलमामे
मुद्रांक विक्रेता, अकोले नं. 904886/96
मु.पो.ता. अकोले, जि. अहमदनगर
मोबा. 9690346894



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding entered into at Akole on this Arote Hospital, Akole having registered office at Akole here in after referred to as an affiliated hospital for a five-year period (which expression shall unless the context or meaning be otherwise repugnant mean and include the heirs, legal representatives, executors, administrators, assigns) of one part



And

Mangala Mahila Mandal Sanchalit, Mangala Institute Of Nursing Education, Akole Trustees Miss Samruddhi Khadase is a Registered Trust Under Maharashtra Registration Act, 1860 And Bombay Public Trust Act 1950 having Register Office at Navi Mumbai Dist-Thane (which expression shall unless repugnant to context there off be deemed to include its successors and assigns) Of the Other Part

Whereas **Arote Hospital, Akole** is running 10.... bedded hospital at Akole and is equipped with modern technology, minor and major operation theater, Boyle machine, electrocardiogram, pulse oximeter, cardiac monitor, state-of-the-art ventilators, And other Lifesaving Appliances, And equipment as well as Other Machineries and facilities including well-designed building and also supported by Highly qualified and experienced Doctors and staff and whereas **Mangala Institute of Nursing Education, Akole** its Main Object among other things are:

1. To Provide training for Nursing Students.

And whereas **Mangala Institute Of Nursing Education, Akole** is desirous of Providing Training for Nursing Students but due to infrastructure constraints is not in a position to provide training for nursing students by itself thus, **Mangala Institute of Nursing Education, Akole** requests to provide this Hospital as Affiliated Hospital for five years periods And the infrastructure support for the aforesaid purpose as may be required by the 50 bedded Hospital and agrees to allow GNM, ANM, and B.Sc nursing students for training on such terms and condition as are mentioned herein.

NOW THIS MEMORANDUM OF UNDERSTANDING WITNESSETH THAT:

1. **Arote Hospital, Akole** shall Make available all infrastructure and professional support as well as expertise service to **Mangala Institute of Nursing Education, Akole** to train the nursing students.
2. In consideration of the above **Arote Hospital, Akole** will:
 - I. make available or cause to make available all required equipment for training of the nursing student
 - II. Also make available supported equipment and equipment for patient care and other machines, etc. to the nursing student
3. Upon request of **Mangala Institute of Nursing Education, Akole** execute and sign all such deeds and documents as well as do or cause to be done all such acts, Deed and things with the intent of realizing the objectives of the student's training.
4. No variation of amendments of this understanding or oral promise or commitments related to it shall be valid unless committees state in writing and sign on behalf of both the parties hereto
5. Nothing contained in this understanding shall be construed as allowing either party to be or to claim to be and again of any representative of the other party for any purpose
6. No failure or delay by either party hereto in exercising any right, power, or privilege shall operate as a waiver thereof nor shall any single or partial waiver thereof include any waiver or apply to any other right power, or privilege
7. Any or all disputes arising out of or in connection with this understanding between the parties is here to be referred for the sole arbitration of **Dr. Sudam Arote** or any person

nominated by him and such arbitration proceedings shall be by the provision of the arbitration conciliation act. 1996.

8. Arote Hospital, Akole This hospital is treated as an affiliated hospital for five five-year periods by Mangala Institute of Nursing Education, Akole to allow the students to practice in the hospital.

In witness where of the parties here to have into sets and subscribed their respective hand and seal the day and year 1st herein above writing.

SIGNED SEALED AND DELIVERED

By the with-in-named

Arote Hospital, Akole

Its Incharge – Dr. Sudam Arote

In the presence of

1.

2.

SIGNED SEALED AND DELIVERED

By the with-in-named

Mangala Institute of Nursing Education, Akole

through its President

Dr Samruddhi Khadase

In the presence of

1.

2.

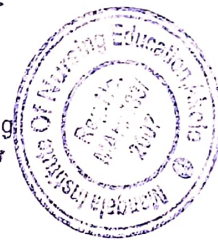


4/12
DR. SUDAM LAXMAN AROTE
MBBS, DGO
Fellow In IVF & Test Tube Baby
Reg.No. 2008/09/3229

Sau

President

Mangala Institute Of Nursing
Education, Akole, Dist A Nagar



BEFORE ME

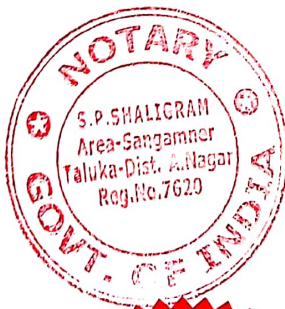
S. P. Shaligram
S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist.A.Nagar

NOTED & REGISTERED

AT SERIAL NO 21 / 12024

Date 08 / 02 / 2024

THIS DOCUMENT
CONTAINS 03 PAGES





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.SUDAM LAXMAN AROTE had been requested under the Bombay Nursing Homes Registration Act 1949.in respect of AROTE MATERNITY & LAPROSCOPY CENTER situated at BEHIND SARDA PETROL PUMP, AKOLE and has been Authorised to carry on the said Nursing home.

Registration No - 404

Mat. 05

Date of Registration - 16/03/2020

Other 05

Place - Ahmednagar

Total 10 Beds

Date of issue of certificate - 28/04/2023

This Certificate of Registration shall be valid upto 31st March 2024 (Twenty Four)
31st March 2026 (Twenty Six)

Sanjay
4/8/23



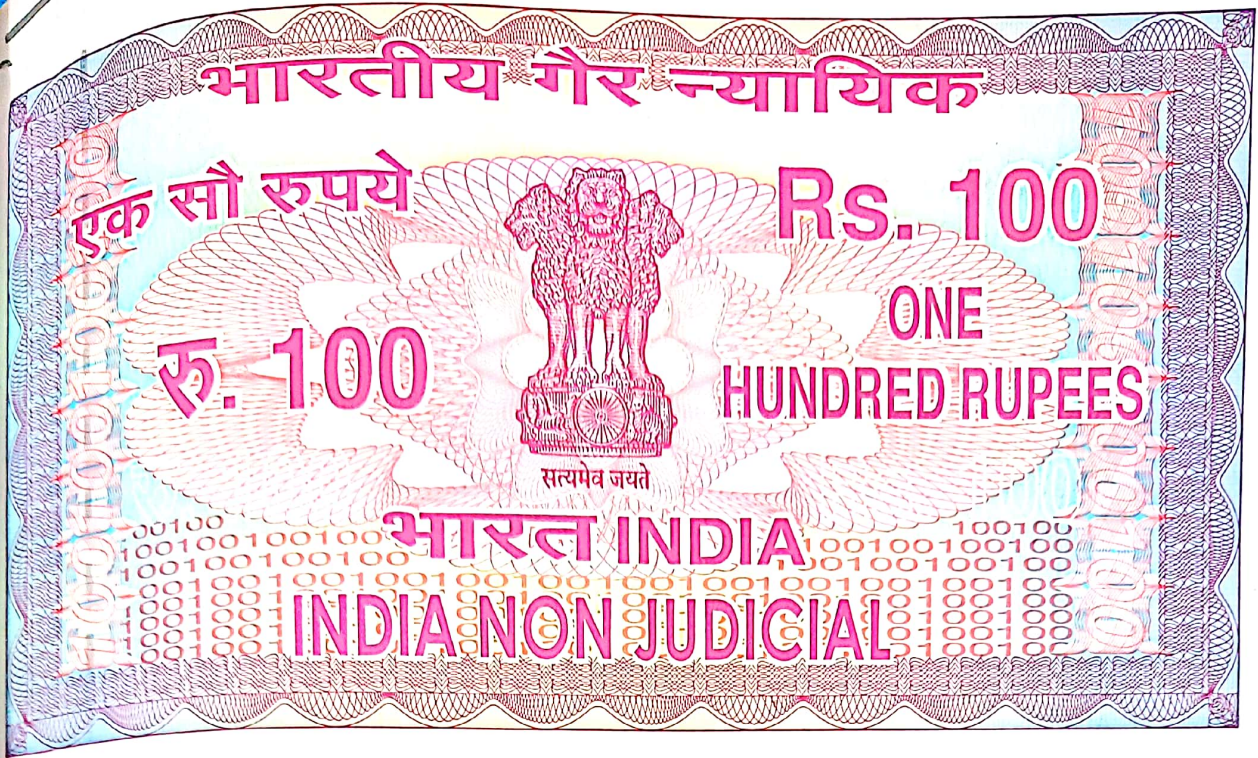
Sanjay
Signature of Registering Authority
General Hospital, Ahmednagar

Copy to - Medical Superintendent, Sub Dist. Hospital, Akole 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.

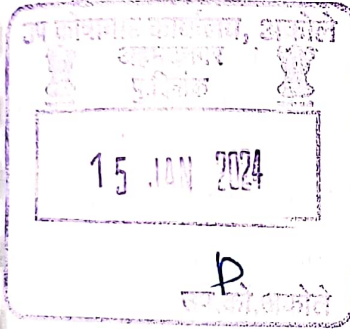
DR.SUDAM LAXMAN AROTE
Fellow in IVF & Test Tube Baby
Reg.No.2008/09/3229
MBBS,DGO
4/8/23



महाराष्ट्र MAHARASHTRA

० 2023 ०

77AA 530910
94912028



श्री. बाळासाहेब देवदास नवलामे
मुद्रांक विक्रेता, अकोले नं. १०५४८/९८
मु.पो.ता.अकोले, जि. अहमदनगर
मोबा. ९८९०३५६४९५

प्रकार / अनुच्छेद

दस्ताची नोंदणी करणार आहेत का? होय/नाही

नोंदणी करणार असल्यास दुय्यम निदेशक

कार्यालयाचे नांव

मिळकतीचे वर्धन

मोबदला रक्षण

मुद्रांक विकस घेणाऱ्याचे नाव

व पत्ता

दुसऱ्या पक्षकाराचे नाव

हस्ते असल्यास नाव व पत्ता

मुद्रांक शुल्क रक्कम

मुद्रांक दिली नोंद वही अनु क्र.

मुद्रांक विकत घेणाऱ्याची सही

Principal

Mangala Institute of Nursing Education

Akole, Tal. Akole, Dist. Ahmednagar, Maharashtra

मु.पो.ता.अकोले, जि. अहमदनगर

मोबा. ९८९०३५६४९५

रोजेद्र गिषक लेखणे

964

22/2/24

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding entered into at Akole on this Nawale Hospital, Akole own. Dr Devidas Nawale having registered office at Akole here in after referred to as an affiliated hospital for a five-year period (which expression shall unless the context or meaning be otherwise repugnant mean and include the heirs, legal representatives, executors, administrators, assigns) of one part



And

Mangala Mahila Mandal Sanchalit, Mangala Institute Of Nursing Education, Akole Trustees Dr. Samruddhi Khadase is a Registered Trust Under Maharashtra Societies Registration Act, 1860 And Bombay Public Trust Act 1950 having Register Office at Airoli, Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assigns) Of the Other Part

Whereas **Nawale Hospital, Akole** is running 35.. bedded hospital at Akole and is equipped with modern technology, minor and major operation theater, Boyle machine, electrocautery, pulse oximeter, cardiac monitor, state-of-the-art ventilators, And other Lifesaving Accessories And equipment as well as Other Machineries and facilities including well-designed building and also supported by Highly qualified and experienced Doctors and staff and whereas **Mangala Institute of Nursing Education, Akole** its Main Object among other things are:

1. To Provide training for Nursing Students.

And whereas **Mangala Institute Of Nursing Education, Akole** is desirous of Providing Training for Nursing Students but due to infrastructure constraints is not in a position to provide training for nursing students by itself thus, **Mangala Institute of Nursing Education, Akole** requests to provide this Hospital as Affiliated Hospital for five years periods And the infrastructure support for the aforesaid purpose as may be required by the 50 bedded Hospital and agrees to allow GNM, ANM, and **B.Sc nursing students** for training on such terms and condition as are mentioned herein.

NOW THIS MEMORANDUM OF UNDERSTANDING WITHESESTH THAT:

1. **Nawale Hospital, Akole** shall Make available all infrastructure and professional support as well as expertise service to **Mangala Institute of Nursing Education, Akole** to train the **nursing students**.
2. In consideration of the above **Nawale Hospital, Akole** will:
 - I. make available or cause to make available all required equipment for training of the **nursing student**
 - II. Also make available supported equipment and equipment for patient care, and other machines, etc. to the **nursing student**
3. Upon request of **Mangala Institute of Nursing Education, Akole** execute and sign all such deeds and documents as well as do or cause to be done all such acts. Deed and things with the intent of realizing the objectives of the student's training.
4. No variation of amendments of this understanding or oral promise or commitments related to it shall be valid unless committees state in writing and sign on behalf of both the parties hereto
5. Nothing contained in this understanding shall be construed as allowing either party to be or to claim to be and again of any representative of the other party for any purpose
6. No failure or delay by either party hereto in exercising any right, power, or privilege shall operate as a waiver thereof nor shall any single or partial waiver thereof include any waiver or apply to any other right power, or privilege
7. Any or all disputes arising out of or in connection with this understanding between the

person nominated by him and such arbitration proceedings shall be by the provision of the arbitration conciliation act. 1996.

8. **Nawale Hospital, Akole** This hospital is treated as an affiliated hospital for five five-year periods by **Mangala Institute of Nursing Education, Akole** to allow the students to practice in the hospital.

In witness where of the parties here to have into sets and subscribed their respective hand and seal the day and year 1st herein above writing.

SIGNED SEALED AND DELIVERED

By the with-in-named

Nawale Hospital, Akole

Its Incharge – **Dr. Devidas Nawale**

In the presence of

1.

2.

Dr. Devidas S. Nawale

MBBS, MD

(General Medicine)

Reg. No.: 2013/09/2843

SIGNED SEALED AND DELIVERED

By the with-in-named

Mangala Institute of Nursing Education, Akole

through its President

Dr Samruddhi Khadase

In the presence of

1.

2.

Samruddhi
President

Mangala Institute Of Nursing
Education, Akole, Dist A Nagar

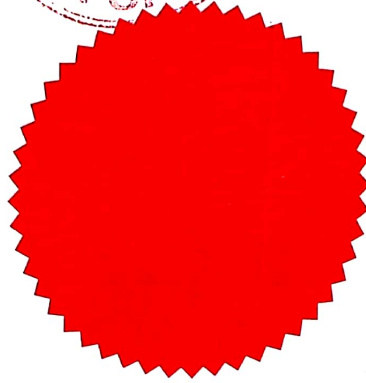


BEFORE ME

Shaligram
S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist. A. Nagar

NOTED & REGISTERED
AT SERIAL NO 20 12024
Date 08 1 02 12024

THIS DOCUMENT
CONTAINS 03 PAGES



GOVT. OF MAHARASHTRA

HEALTH SERVICES

DISTRICT HOSPITAL, AHMEDNAGAR

**Certificate of Registration under section 5 of the
Bombay Nursing Homes Registration Act- 1949
(New Reg.)**

This is to certify that **DR.DEVIDAS SOMA NAWALE** had been requested under the
Bombay Nursing Homes Registration Act 1949, in respect of **DR.NAWALE HOSPITAL**,
situated at **OPP. AKOLE BUS STAND, AKOLE** and has been Authorised to carry on the
said Nursing home.

Registration 660

Date of Registration - 19/05/2021

Place - Ahmednagar

Date of issue of certificate - 19/05/2021

Mat. 25

Other 10

Total 35 Beds

This Certificate of Registration shall be valid upto 31st March 2024 (Twenty Four)

(Medical Superintendent, Rural Hospital AKOLE)



Signature of Registering Authority

Chief Medical Officer

District Hospital, Ahmednagar

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Scanned with CamScanner

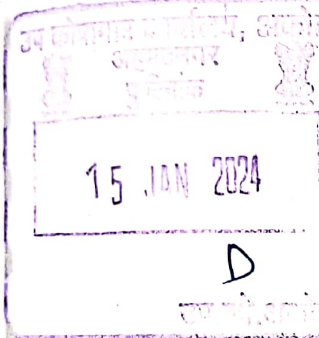


महाराष्ट्र MAHARASHTRA

प्रकार / अनुसूद्ध ० 2033 ०

77AA 530912

०८०१२०२४



दस्तावेज नोंदणी करणार आहेत का? होय/नाही

नोंदणी करणार असल्यास दुय्यम निबंधक

कार्यालयाचे नांव

मिळकतीचे वर्षाज

मोबदला रकम

मुद्रांक विकस घेणाऱ्याचे नाव

व पत्ता

दुसऱ्या पक्षकाराचे नाव

हस्ते असल्यास नाव व पत्ता

मुद्रांक शुल्क रकम

मुद्रांक विक्री नोंद वही अनु क्र.

मुद्रांक विकत घेणाऱ्याची सही

Principal

Mangal Chavan, Principal, Mangal Chavan Education

Ahmednagar, Dist. Ahmednagar

M. P. S. Akole, Dist. Ahmednagar

मोबा. ९८९०३५६४९५

कित

२०२४

१६

२२८२६

श्री. बाळासाहेब रामदास येलमावे
मुद्रांक विक्रेता, अकोले नं. ९०५४८/९८
मु.पो.ता. अकोले, जि. अहमदनगर
मोबा. ९८९०३५६४९५



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding entered into at Akole on this Akole Hospital, Akole own. Dr. Prakash wakchuare having registered office at Akole here in after referred to as an affiliated hospital for a five-year period (which expression shall unless the context or meaning be otherwise repugnant, mean and include the heirs, legal representatives, executors, administrators, assigns) of one part



And

Mangala Mahila Mandal Sanchalit, Mangala Institute Of Nursing Education, Akole Trustees Dr. Samruddhi Khadase is a Registered Trust Under Maharashtra Societies Registration Act, 1860 And Bombay Public Trust Act 1950 having Register Office at Akole, Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assigns)Of the Other Part

Whereas **Akole Hospital, Akole** is running 20.. bedded hospital at Akole and is equipped with modern technology, minor and major operation theater, Boyle machine, electrocautery, pulse oximeter, cardiac monitor, state-of-the-art ventilators, And other Lifesaving Accessories And equipment as well as Other Machineries and facilities including well-designed building and also supported by Highly qualified and experienced Doctors and staff and whereas **Mangala Institute of Nursing Education, Akole** its Main Object among other things are:

1. To Provide training for Nursing Students.

And whereas **Mangala Institute Of Nursing Education, Akole** is desirous of Providing Training for Nursing Students but due to infrastructure constraints is not in a position to provide training for nursing students by itself thus, **Mangala Institute of Nursing Education, Akole** requests to provide this Hospital as Affiliated Hospital for five years periods And the infrastructure support for the aforesaid purpose as may be required by the bedded Hospital and agrees to allow GNM, ANM, and **B.Sc nursing students** for training on said terms and condition as are mentioned herein.

NOW THIS MEMORANDUM OF UNDERSTANDING WITNESSESTH THAT:

1. **Akole Hospital, Akole** shall Make available all infrastructure and professional support as well as expertise service to **Mangala Institute of Nursing Education, Akole** to train the **nursing students**.
2. In consideration of the above **Akole Hospital, Akole** will:
 - I. make available or cause to make available all required equipment for training of the **nursing student**
 - II. Also make available supported equipment and equipment for patient care, other machines, etc. to the **nursing student**
3. Upon request of **Mangala Institute of Nursing Education, Akole** execute and sign such deeds and documents as well as do or cause to be done all such acts. Deeds and things with the intent of realizing the objectives of the student's training.
4. No variation of amendments of this understanding or oral promise or commitment related to it shall be valid unless committees state in writing and sign on behalf of the parties hereto
5. Nothing contained in this understanding shall be construed as allowing either party to be or to claim to be and again of any representative of the other party for any purpose
6. No failure or delay by either party hereto in exercising any right, power, or privilege shall operate as a waiver thereof nor shall any single or partial waiver thereof constitute any waiver or apply to any other right power, or privilege
7. Any or all disputes arising out of or in connection with this understanding between the parties is here to be referred for the sole arbitration of **Dr. Prakash Wakchaure**

- person nominated by him and such arbitration proceedings shall be by the provision of the arbitration conciliation act. 1996.
8. Akole Hospital, Akole This hospital is treated as an affiliated hospital for five five-year periods by Mangala Institute of Nursing Education, Akole to allow the students to practice in the hospital.

In witness where of the parties here to have into sets and subscribed their respective hand and seal the day and year 1st herein above writing.

SIGNED SEALED AND DELIVERED

By the with-in-named

Akole Hospital, Akole

Its Incharge – Dr. Prakash Wakchaure

In the presence of

1.

2.

SIGNED SEALED AND DELIVERED

By the with-in-named

Mangala Institute of Nursing Education, Akole

through its President

Dr Samruddhi Khadase

In the presence of

1.

2.

Wakchaure P.O.



Sam

President

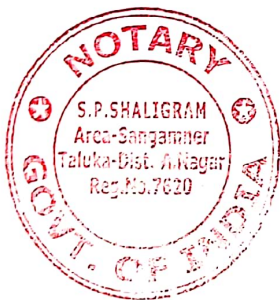
Mangala Institute Of Nursing
Education, Akole, Dist A Nagar



BEFORE ME

S. P. Shaligram

S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist.A.Nagar



NOTED & REGISTERED
AT SERIAL NO 18 12024
Date 08 102 12024

THIS DOCUMENT
CONTAINS 03 PAGES





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.PRAKASH PANDHARINATH WAKCHAURE had been requested under the Bombay Nursing Homes Registration Act 1949.in respect of AKOLE HOSPITAL situated at AGASTI KARKHANA RD, RADHANAGAR COLONY, AKOLE and has been Authorised to carry on the said Nursing home.

Registration No - 579

Mat. - 02

Date of Registration - 01/02/2019

Other - 18

Place - Ahmednagar

Total - 20 Beds

Date of issue of certificate - 10/03/2023

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



(Signature)
Signature of Registering Authority
Civil Surgeon

General Hospital, Ahmednagar
Dist. Ahmednagar

Copy to - Medical Superintendent, Rural Hospital, Akole 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.

And

Mangala Mahila Mandal Sanchalit, Mangala Institute Of Nursing Education, Akole Trustees Miss Samruddhi Khadase is a Registered Trust Under Maharashtra Societies Registration Act, 1860 And Bombay Public Trust Act 1950 having Register Office at Akole Navi Mumbai Dist-Thane (which expression shall unless repugnant to context or meaning there off be deemed to include its successors and assigns) Of the Other Part

Whereas Bangal Hospital, Akole is running .15... bedded hospital at Akole and is equipped with modern technology, minor and major operation theater, Boyle machine, electrocardiogram, pulse oximeter, cardiac monitor, state-of-the-art ventilators, And other Lifesaving Accessories And equipment as well as Other Machineries and facilities including well-designed building and also supported by Highly qualified and experienced Doctors and staff and whereas Mangala Institute of Nursing Education, Akole its Main Object among other things are:

1. To Provide training for Nursing Students.

And whereas Mangala Institute Of Nursing Education, Akole is desirous of Providing Training for Nursing Students but due to infrastructure constraints is not in a position to provide training for nursing students by itself thus, Mangala Institute of Nursing Education, Akole requests to provide this Hospital as Affiliated Hospital for five years periods And to infrastructure support for the aforesaid purpose as may be required by the 50 bedded Hospital and agrees to allow GNM, ANM, and B.Sc nursing students for training on such terms and condition as are mentioned herein.

NOW THIS MEMORANDUM OF UNDERSTANDING WITNESSETH THAT:

1. Bangal Hospital, Akole shall Make available all infrastructure and professional support as well as expertise service to Mangala Institute of Nursing Education, Akole to train the nursing students.
2. In consideration of the above Bangal Hospital, Akole will:
 - I. make available or cause to make available all required equipment for training of the nursing student
 - II. Also make available supported equipment and equipment for patient care and other machines, etc. to the nursing student
3. Upon request of Mangala Institute of Nursing Education, Akole execute and sign all such deeds and documents as well as do or cause to be done all such acts. Deeds and things with the intent of realizing the objectives of the student's training.
4. No variation or amendments of this understanding or oral promise or commitment related to it shall be valid unless committees state in writing and sign on behalf of all the parties hereto
5. Nothing contained in this understanding shall be construed as allowing either party to be or to claim to be and again of any representative of the other party for any purpose
6. No failure or delay by either party hereto in exercising any right, power, or privilege shall operate as a waiver thereof nor shall any single or partial waiver thereof include any waiver or apply to any other right power, or privilege
7. Any or all disputes arising out of or in connection with this understanding between the parties is here to be referred for the sole arbitration of Dr. Bangal or any power

nominated by him and such arbitration proceedings shall be by the provision of the arbitration conciliation act. 1996.

8. **Bangal Hospital, Akole** This hospital is treated as an affiliated hospital for five five-year periods by **Mangala Institute of Nursing Education, Akole** to allow the students to practice in the hospital.

In witness where of the parties here to have into sets and subscribed their respective hand and seal the day and year 1st herein above writing.

SIGNED SEALED AND DELIVERED

By the with-in-named

Bangal Hospital, Akole

Its Incharge – Dr. Bangal

In the presence of

1.

2.

SIGNED SEALED AND DELIVERED

By the with-in-named

Mangala Institute of Nursing Education, Akole

through its President

Dr Samruddhi Khadase

In the presence of

1.

2.

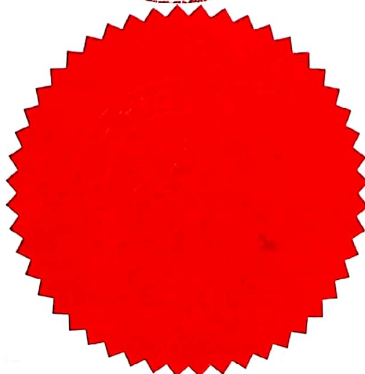
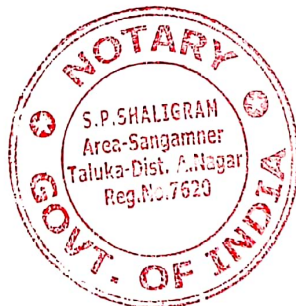
Dr. Bangal
Dr. Bangal Balrughnalya
Akole- 422601 (A.Nagar)
Reg.No.: 403

Sau
President
Mangala Institute Of Nursing
Education, Akole, Dist A Nagar

BEFORE ME
S. P. Shaligram
S. P. SHALIGRAM
Advocate & Notary Public
Sangamner, Dist.A.Nagar

NOTED & REGISTERED
AT SERIAL NO 22 12024
Date 08 102 12024

THIS DOCUMENT
CONTAINS 03 PAGES





GOVT. OF MAHARASHTRA



HEALTH SERVICES

DISTRICT HOSPITAL, AHMEDNAGAR

**Certificate of Registration under section 5 of the
Bombay Nursing Homes Registration Act- 1949
(Ren.)**

This is to certify that is DR.HARSHDA DARSHAN BANGAL had been requested under the Bombay Nursing Homes Registration Act 1949.in respect of DR.BANGAL BAL RUGNALAY situated at AGASTI KARKHANA ROAD, MAHALAXMI MANGAL KARYALAYA APPO., NEAR STATE BANK, AKOLE and has been Authorised to carry on the said Nursing home.

Registration - 403

Mat. 00

Date of Registration - 01/02/2019

Other 15

Place - Ahmednagar

Total 15 Beds

Date of issue of certificate - 01/04/2022

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

(Medical Superintendent, Rural Hospital, AKOLE)




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

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Scanned with CamScanner

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 सत्यमेव जयते आरोग्य सेवा	महाराष्ट्र शासन आरोग्य सेवा प्रादेशिक मनोरुग्णालय, ठाणे.	
	इमेल-rmhthane@gmail.com	दूरध्वनी क्र. ०२२ - २५८२१८१० ७८३१-३७

आरोग्य सेवा

जा.क्र.प्रामरुठा/रुग्णकक्ष/शैक्षणिकभेट/ /२३
वैद्यकिय अधीक्षक, प्रादेशिक मनोरुग्णालय, ठाणे
दिनांक:- २०.०७.२०२३.

प्रति,
प्राचार्य,
मंगला संस्था नर्सिंग एज्युकेशन,
अकोला, जि.अहमद नगर.

विषय:-मंगला संस्था नर्सिंग एज्युकेशन, ता.अकोला, जि.अहमद
नगर येथिल जी.एन.एम.व्दितीय वर्ष विद्यार्थ्यांना
प्रात्यक्षिक अनुभव परवानगी बाबत...

संदर्भ:-आपले कडील दि.२०.०६.२०२३ रोजीचे पत्र.८०/२३

उपरोक्त संदर्भित पत्रानुसार आपणास कळविण्यात येते कि,
आपल्या संस्थेतील बी.एस.सी.नर्सिंग च्या एकुण ७ विद्यार्थ्यांना व जी.एन.
एम च्या १८ एकुण २५ विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी दि.१७.०७.
२०२३ रोजी पासून परवानगी देण्यात येत आहे.

वरील कालावधीसाठीचे अध्ययन शुल्क ५६,२५०/-रु (शासकिय
नियमानुसार) प्राप्त झाले आहे.



(डॉ.नेताजी मुळीक)
वैद्यकिय अधीक्षक,
प्रादेशिक मनोरुग्णालय, ठाणे

प्रत:- उपअधीक्षक/अधिसेविका, प्रादेशिक मनोरुग्णालय ठाणे.यांना पुढील
कार्यवाहीसाठी.

प्रत:- रुग्णकल्याण समिती विभाग, प्रादेशिक मनोरुग्णालय ठाणे

RIT

			ग्रामीण रुग्णालय, अकोले
			जिल्हा अहमदनगर कोल्हार धोटी रोड, बाजारसदामेजारी अकोले
फोन क्र. ०२४२४ २२१३२४, २२१३२९ फॅक्स ०२४२४ २२१३२४			E-Mail – rhakoleanagar@gmail.com
जा.क्र.ग्रा.रु.अ/आस्था/अनुभव प.प्र/ /२०२३			msrhakole222@rediffmail.com
49			दिनांक :- २१/०६/२०२३

प्रती,
मा.जिल्हा सल्ला चिकित्सक
जिल्हा रुग्णालय अहमदनगर


विषय:-बी.एस.सी.नर्सिंग प्रशिक्षणार्थी विद्यार्थ्यांना प्रत्यक्षिक अनुभवासाठी
परवानगी देण्याबाबत.....

संदर्भ:- मंगला इन्स्टिटयुट ऑफ नर्सिंग एज्युकेशन अकोले यांचे पत्र जा.क्र.
mns/2023/783 दि.२०/०६/२०२३


महोदय,



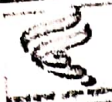


वरील संदर्भीय विषयान्वये मंगला इन्स्टिटयुट ऑफ नर्सिंग एज्युकेशन अकोले यांचे नर्सिंग स्कूल मधिल बी.एस.सी.नर्सिंग प्रशिक्षणार्थी विद्यार्थ्यांना या रुग्णालयात प्रत्यक्षिक अनुभवासाठी परवानगी देण्याबाबतचा प्रस्ताव या कार्यालयात सादर केला आहे.

तरी मंगला इन्स्टिटयुट ऑफ नर्सिंग एज्युकेशन अकोले यांच्या बी.एस.सी.नर्सिंग प्रत्यक्षिक अनुभवासाठी परवानगी प्रस्तावची तपासणी करून प्रस्ताव तिन प्रतीत आपणाकडे पुढील योग्य त्या कार्यवाहीसाठी सोबत सादर करित आहोत.


वैधानिक अधिकारी (कां-१)
ग्रामीण रुग्णालय, अकोले
जिल्हा अहमदनगर

सोबत:- प्रस्ताव ३ प्रतीत.


17-7-23.
अखिल लिपीक
जिल्हा रुग्णालय, अहमदनगर

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जिल्हा आरोग्य अधिकारी (डॉ. बापुसाहेब नागरगोजे)		दुरध्वनी क्रमांक ०२४१/२३२३०१० (का.) ०२४१/२३२६०२३ (का.)		जिल्हा आरोग्य विभाग/मा.था.स./कक्ष ४/४३५९-६१ / २३ दि.१३/०९/२०२३
आरोग्य सेवा		जा.क्र.आरोग्य विभाग/मा.था.स./कक्ष ४/४३५९-६१ / २३ दि.१३/०९/२०२३		


प्रति,
 मा.उपसंचालक, आरोग्य सेवा.
 नाशिक मंडळ नाशिक.

विषय :- खाजगी परिचर्या प्रशिक्षण संस्थेतील विद्यार्थ्यांना ग्रामीण अनुभववाकरीता प्राथमिक आरोग्य केंद्र वापरण्यास परवानगी मिळणेबाबत....

संदर्भ :- प्राचार्य, मंगला इन्स्टिट्यूट ऑफ नर्सिंग एज्युकेशन अकोले जिल्हा अहमदनगर यांचे कडिल पत्र जावक क्र MINE/२०२३/८०३/२०२३/ दिनांक २१/०६/२०२३.

उपरोक्त संदर्भीय विषयान्वये प्राचार्य, मंगला इन्स्टिट्यूट ऑफ नर्सिंग एज्युकेशन अकोले जिल्हा अहमदनगर या खाजगी Basic B.sc. Nursing संस्थेमधील विद्यार्थ्यांना ग्रामीण अनुभववाकरीता प्रा.आ.केंद्र म्हाळादेवी, विठा, मुगाव आणि देवठाण तालुका अकोले, जिल्हा अहमदनगर या ठिकाणी परवानगी देणे बाबतचा प्रस्ताव ३ प्रतीत आपल्या कार्यालयाकडे सादर करण्यात येत आहे.

सोबत :- सदर संस्थेचा १ ते १२ मुद्यांचा विहीत नमुन्यातील प्रपत्र अ व व तसेच इतर कागदपत्रांच्या साक्षांकित केलेल्या अशा ३ प्रतित प्रस्ताव सादर करण्यात येत आहे.


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

प्रत माहितीस्तव.....

- प्राचार्य, मंगला इन्स्टिट्यूट ऑफ नर्सिंग एज्युकेशन अकोले, तालुका अकोले, जिल्हा अहमदनगर.


आयुक्त लिपिक
 उपसंचालक, आरोग्य सेवा
 नाशिक मंडळ, नाशिक

20 SEP 2023



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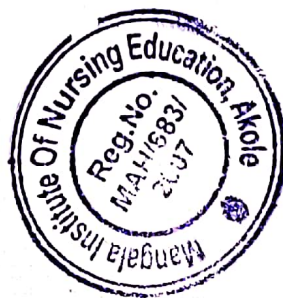
Reg. No. : MIONE/2023/111

Date : 18/07/2023

Mental Health lab Inventory

sr. no	Name Of Items	Quantity
1.	Table	3
2.	Chair	3
3.	Cupboard	1
	CHART	
4.	ICD -10	1
5.	Types Of Schizophrenia	1
6.	Reminders	2
7.	Growth Mindset	2
8.	Kind Of Yourself	1
	Models	
9.	Psychological Test	1
10.	Memory Process	1
11.	Maslows hierarchy of Need	1
12.	Emotions	1

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Reg. No. :

Date : / /20

Mental Health lab Inventory

sr. no	Name Of Items	Quantity
1.	Table	3
2.	Chair	3
3.	Cupboard	1
	CHART	
4.	ICD -10	1
5.	Types Of Schizophrenia	1
6.	Reminders	2
7.	Growth Mindset	2
8.	Kind Of Yourself	1
	Models	
9.	Psychological Test	1
10.	Memory Process	1
11.	Maslows hierarchy of Need	1
12.	Emotions	1

सा विद्या या विमुक्तये

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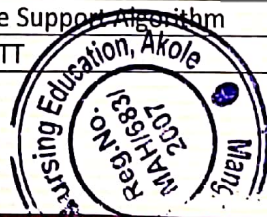
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Reg. No. : MINE/2023/179

Date : 03/02/2025

Advanced Nursing lab Inventory

Sr. no	Name Of Items	Quantity
1.	Crash Card Trolley	
2.	ETT no 9	1
3.	ETT No-8	1
4.	ETT No-8.5	1
5.	Soft Seal Cuff No-6	1
6.	Soft Seal Cuff No-7	1
7.	Soft Seal Cuff No-8	1
8.	Bucket	1
9.	Plastic Jar	1
10.	Steel Enema Can	1
11.	Nelson Inhaler	3
12.	AV retractor	2
13.	Allise Forcep	2
14.	Spegmomanometer	1
15.	Digital BP apperatus	4
16.	Sthetoscope	4
17.	Test Tube Stand	1
18.	Vasculum	2
19.	Ovum forcep	1
20.	Uterine curette	1
21.	Uterine sound	2
22.	Bed pan	5
23.	Sterile tray	20
24.	Sterile dressing drum(big)	2
25.	Sterile dressing drum(small)	1
CHARTS		
26.	Ventilator Management algorithm	1
27.	Adult IECA Chair of Survival and Adult OHCA Chain Of Survival	1
28.	Adult Basic Life Support Algorithm	1
29.	Adult Cardiac Arrest Algorithm	1
30.	Adult Post Cardiac Arrest Care Algorithm	1
31.	Neonatal Resuscitation Algorithm	1
32.	Snellens Charts	1
33.	Pediatric Basis life Support Algorithm	1
34.	Large Resistant ETT	2



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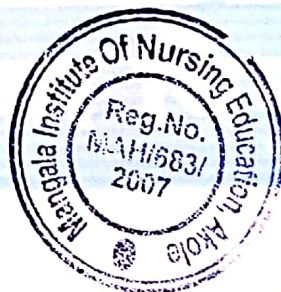
Reg. No. : MINE/2015/178

Date : 03/02/2025

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Computer lab Inventory

sr. no	Name Of Items	Quantity
1.	Monitor	11
2.	CPU	11
3.	MOUSE	11
4.	KEYBOARD	11
5.	PLASTIC STOOL	07
6.	CHAIR	04
7.	COMPUTERB TABLE	05



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Reg. No. : 19NC/2022-23/109

Date 18/07/2023

MANGALA INSTITUTE OF NURSING EDUCATION, AKOLE

ANATOMY LAB UPDATED INVENTORY

SR. NO.	ITEMS	Quantity
I	KEY CARD TOTAL	
1	HUMAN LUNGS	1
2	HUMAN MALE REPRODUCTIVE SYSTEM	4
3	HUMAN UTERUS	1
4	HUMAN FEMALE REPRODUCTIVE SYSTEM	2
5	HUMAN DIGESTIVE SYSTEM	2
6	URINARY SYSTEM	1
7	HUMAN SKIN	1
8	HUMAN LOWER JAW WITH TEETH	1
9	HUMAN EAR	2
II	MODEL	
1	HUMAN LIVER PANCREAS	1
2	HUMAN LIVER	2
3	URINARY SYSTEM	1
4	HUMAN KIDNEY	1
5	HUMAN EYE	1
6	HUMAN HEART	1
7	LUNGS	1
8	BRAIN	1
9	CEREBRUM	1
10	INTESTINE	1
11	BONE SET	2
12	MICROSCOPE	1
13	CHAIR	2
14	TABLE	1
15	BULLETIN BOARD	1
16	FETAL SKULL	1
17	HUMAN TORSO	4
18	HUMAN SKELETON	2
19	FEMALE PELVIS	1

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III	CHARTS	
1	DIGESTIVE SYSTEM	1
2	HUMAN EYE	1
3	HUMAN HEART	1
4	RESPIRATORY SYSTEM	2
5	MALE REPRODUCTIVE SYSTEM	1
6	HUMAN EAR	3
7	EXCRETORY SYSTEM	2
8	CIRCULATION OF BLOOD	1
9	LYMPHATIC SYSTEM	1
10	ENDOCRINE SYSTEM	1
11	MUSCLES	1



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MANGALA INSTITUTE OF NURSING EDUCATION AKOLE

MCH LAB INVENTORY

SR. NO	NAME OF INSTRUMENT	QUANTITY
1	Weighing Machine	4
2	Baby weighing Machine	6
3	Placenta	2
4	Bed	2
5	Locker	2
6	Screen	1
7	Bedsheet	2
8	Blanket	2
9	Pillow	1
10	Mackintosh	1
11	Draw Sheet	1
12	Labour Table	1
13	Delivery table Dummy	1
14	Female pelvis	1
15	Fetal Skull	2
16	Development Of Human Fetus	2
17	Human Fetus in pelvis	1
18	Baby Dummy	4
19	Baby cradle	1
20	First Stage Labour Chart	1
21	Second Stage Labour Chart	1
22	Complete breech Presentation Chart	1
23	Breast Changes In pregnancy chart	1
24	Sterile tray	10
25	Bowl	5
26	Kidney Tray	5
27	Breast Pump	3
28	Hot water Bag	1
29	Infant Mucus extractor	5
30	Dutch Speculum	2
31	Fetoscope	12

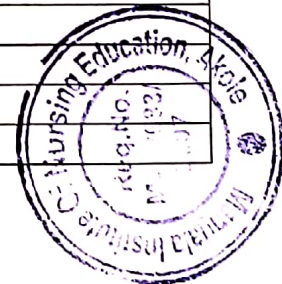
32	Sim's Speculum	2
33	Hegars Dilator	1set
34	Allis Forcep	4
35	Ovum Forcep	1
36	Doyne's retractor	2
37	Episiotomy Scissor	1
38	BP Handle	1
39	Weightly Forcep	2
40	Female pelvise with stand	1
41	Wooden spatula	1
42	Copper-T 380 A	1
43	Baby soap with soap dish	1
44	Hegars Dilator n	1set
45	Vaccum Aspiration Set	1
46	Doyne's Dilator	1set
47	Tunning Fork	5
48	Milk Bottle	2
49	Urethral Dilator	1set
50	Measuring Tape	5
51	pelvimeater	1
52	Vaginal Suturing Model	1
53	Breast Self Examination Model	1
54	Curve Artery Forcep	17
55	Cuscos speculum	2

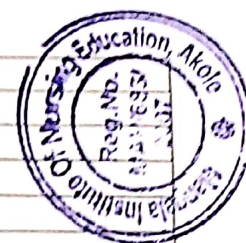


S. S. S.
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FON LAB INVENTORY-

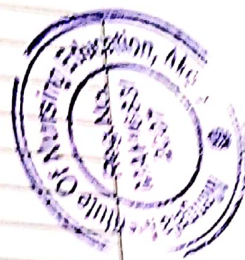
Sr.no	Articles	Quantity
1.	Kettle (big)	1
	(small)	1
2.	Jug (big)	1
	(small)	2
3.	Nelson's Inhaler	10
4.	Spirit lamp	2
5.	Basin (Gindi)	
	(big)	10
	(Medium)	8
	(Small)	3
6.	Bowl (Enamel) (Big)	5
	(small)	5
7.	Bowl (Steel) (Big)	10
	(medium)	3
	(small)	3
8.	Sterile Tray (Big)	15
	(Medium)	10
	(small)	10
9.	Enamel Tray(big)	7
	(medium)	1
	(small)	5
10.	Injection Tray (Big)	4
11.	Sterilizer (Big)	1
	(Medium)	1
	(small)	1
12.	Kidney Tray (plastic) (Big)	10
	(Medium)	8
	(Small)	5
13.	Kidney tray steel	
	Big	7
14.	Sterile drum (Big)	3
	(Medium)	2
	(small)	3





1.	NS	4
2.	DNS	4
3.	RL	2
4.	5D	1
5.	Savlon solution	1
6.	Glycerine	2
7.	Nicodin	2
8.	Hydrogen Peroxide	2
9.	Metrogyl	3
10.	Potassium Per magnet	1
11.	Liquid Paraffin	2
12.	Bandages	1 box
13.	Microslides	2 box
14.	Tongue depressor curve	8
	Straight	6
15.	Mouth gag	5
16.	Chittle forcep	7
17.	Sponge holder	8
18.	Allis forcep	4
19.	Plane forcep	30
20.	Straight artery forcep	30
21.	Curve artery forcep (big)	20
	Curve artery forcep (small)	18
22.	Nasal Speculum	5
23.	proctoscope	4
24.	Tooth forcep	20
25.	Percussion Hammer	2
26.	Tuning Fork	4
27.	BP Handler	3
28.	Nail cutter	8
29.	Pomley syringe (ear irrigation syringe)	2
30.	Test tube Holder	24
31.	Laryngoscope (big)	1
	(small)	1
32.	ET Tube	7
33.	Urometer bag	6
34.	gloves	4
35.	Tracheostomy tube	1
36.	Colostomy kit	1
37.	O2 reservior bag	6
38.	IV set	2
39.	BT set	6
40.	NG tube	15
41.	Syringe 2 ml	10
42.	Syringe 5 ml	2
43.	Syringe 50 ml	10
44.	Syringe 1 ml	8
45.	Spinal needle	

46.	Airway	5
47.	Urine catheter all sizes	10
48.	Suction catheter all sizes	10
49.	Douche set	16 + 10
50.	Stethoscope	10
51.	Beaker (plastic) (big)	8
	(medium)	4
	(small)	7
52.	Beaker (glass) (big)	1
	(small)	6
53.	funnel	4
54.	Ounce glass	2
55.	Urometer	1
56.	O2 supplier	1
57.	Glucometer	2
58.	Glucose strip	1 box
59.	Spring wt machine	1
60.	Glycerine Syringe	6
61.	Haemometer	8
62.	Nebulizer machine	1
63.	Thermometer	5
64.	BP Apparatus	4
65.	Test tube stand	9
66.	Test Tube	35
67.	Cotton role 4	
68.	Glass burrate	2
69.	Air rings	2
70.	Ice cap	3
71.	Weights	2
72.	Hot water bag	5
73.	Sand Bags	5
74.	Sputum mug	10
75.	Soap dish	4
76.	Mug	4
77.	Rings	5
78.	Urinals	5
79.	Bed Pan (plastic)	3
	(steel)	1
80.	IV Stand	3
81.	Cardiac table	2
82.	Side Locker	4
83.	Bed	4
84.	Back rest	3

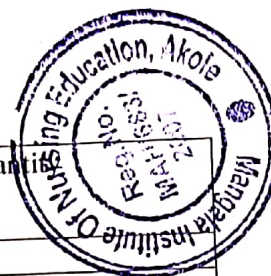


Sr.no	Articles	Quantity
	❖ Compartment-I	
a	Face Napkin	
b	Drawsheet	
c	Pillow cover	
	❖ Compartment-II	
a	Bed sheet	
b	Counter pen	
	❖ Compartment-III	
a	Blanket	
b		



See
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COMMUNITY HEALTH LAB INVENTORY



Sr. no	Articles	Quantities
1.	Community Bags	58
2.	Stethoscopes	9
3.	BP Apparatus	6
4.	Fetoscope	42
5.	Soap Dish	13
6.	Spirit lamp	28
7.	Kidney tray (plastic)	36
	Kidney tray (steel)	27
8.	Mackintosh sheet	7
9.	Cotton roll	4
10.	Small towel	14
11.	Big towel	1
12.	Draw sheet	4
13.	Test Tube	40
14.	Test tube holder	13
15.	Syringe 2 ml	8
16.	Syringe 5 ml	5
17.	Syringe 10 ml	9
18.	Measuring Tape	8
19.	Sample bulb	2
20.	Thermometer	9
21.	Test Tube Stand	9
22.	Bowl	12
23.	Sample container	37
24.	Tooth forcep	33
25.	Cord clamp	1
26.	Infant Mucus retractor	5
27.	Nail Brush	13
28.	Spring WT Machine	9
29.	Plain Forcep	13
30.	Straighet scissor	5
31.	Curved scissor	7
32.	Suture cutting scissor	8
33.	Plain forceps	13
34.	Artery forceps	14
35.	Glucometer	1
36.	BSL Strips	19
37.	Droper pack	1
38.	Nail brush	16
39.	Deep tube Well model	1
40.	Sanitary well model	1
41.	Slow Sand filler model	1
42.	TV with Table	1

[Signature]
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