

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

**Clinical Material in Hospital**

Name of College/Institute Mangala Institute of Nursing Education Akole  
 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.) <b>To be made available on web site</b>	Particular	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: <b>Copy to be made available on web site</b>	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%...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"> <li>As per Central Council Norms/ University Norms, above Infrastructure must be available at College.</li> <li>If Infrastructure is available, then mark "Adequate" &amp; do not attach any Documents it should be available on college website</li> <li>In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report</li> </ul>			

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

Date:-

Chairman of LIC

Member Of LIC



*J. Manjappa*  
**PRINCIPAL**  
 Mangala Institute of Nursing Education  
 Akole, Tal. Akole, Dist. Ahilyanagar

Member Of LIC

# 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
<b>Parent Hospital</b>																	
1	Medicover Hospital Sangmaner	110	20	15	10	10	10	-	5	4	6	-	4	15	5	5	-
<b>Affiliated Hospital</b>																	
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	<b>Total</b>	<b>370</b>	<b>41</b>	<b>31</b>	<b>27</b>	<b>19</b>	<b>64</b>	<b>-</b>	<b>4</b>	<b>12</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>32</b>	<b>10</b>	<b>4</b>	<b>-</b>

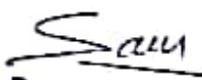


Mangala Institute Of Nursing  
Education, Akole, Dist A Nagar

**THANE MENTAL HEALTH HOSPITALS**

SN	Clinical Areas	No. of Beds		No. of beds occupied on the day of inspection
		Thane Mental Hospital		
		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	
	<b>Total Beds = 1850</b>	<b>1000</b>	<b>850</b>	<b>1672</b>



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



महाराष्ट्र MAHARASHTRA

2022

16AA 201018  
26/2/2023

प्रकार / अनुच्छेद

दस्तावेजी नोंदणी करणार आहेत का? होय/नाही

नोंदणी करणार असल्यात दुय्यम विवेक नोरी

कार्यालयाचे पत्ता

मिळवलीचे पत्रे

मोबदला रकम

मुद्रांक विक्रेता देणाऱ्याचे पत्ता

पत्ता

कुठल्या पेशवरीत देणार

उप.को.अकोलेदुरीचे अक्षरवत्त पत्र व पत्रा

मुद्रांक शुल्क रकम

मुद्रांक दिली नोंद वही क्र. नं.

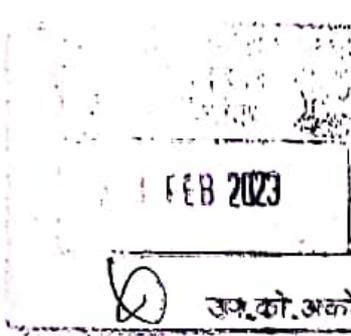
मुद्रांक विक्रेता देणाऱ्याची पत्ता

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

करिता

समूह श्री सुरेश खडसे

9000 20424



श्री. बाळासाहेब रामदास येलमा  
मुद्रांक विक्रेता, अकोले नं. 9048C/9C  
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 contex 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 Institued 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 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. 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 1<sup>st</sup> here in above written.

**SIGNED SEALED AND DELIVERED**

By the with in named

**Sahrudaya Healthcare Pvt.Ltds Medicover Hospital Sangmner**

Its incharge - **Dr. Anil Gundala**

In the presence of

1. *Laxmi Menbani*

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**

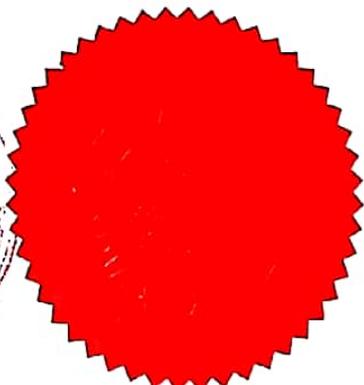
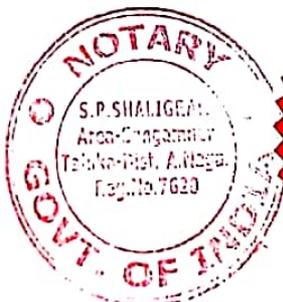


**BEFORE ME**

*S. P. 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**



# AHILYANAGAR ZILLA PARISHAD



## AHILYANAGAR

### FORM 'C'

(See Rule - 5)

Certificate of Registration Under Section 5 of the Bombay  
Nursing Homes

Registration Act 1949

No. - 77/2025

This is to certify that Shri./Smt. Dr. Anil Krishna Gundala has requested under the Maharashtra Nursing Homes Registration Act, 2021, in respect of - Sahrudaya Healthcare Pvt. Ltd's Medcover Hospital situated At Post :- New Akole Road, Gunjalwadi, Tal-Sangamner, Dist-Ahilyanagar- Sahrudaya Healthcare Pvt. Ltd's Medcover 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. :- Ahilyanagar

Date of issue of Certificate :- 16/06/2025

This Certificate of registration shall be valid upto :- 31/08/2026



(Dr. Bapusaheb Nagargoje.)

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



महाराष्ट्र MAHARASHTRA

महाराष्ट्र शासन, अहमदनगर  
अहमदनगर  
पु. दिनांक  
**16 FEB 2024**  
रा. रा. अकोले

प्रकरण 7/2023

दस्तावी नोंदणी करणार आहेस का? होय/नाही  
नोंदणी वनगार अहमदनगर जिल्हा न्याय मंडळक

कार्यालय क्र. \_\_\_\_\_

शिकवणी ले. क्र. \_\_\_\_\_

शेवटचा क्र. \_\_\_\_\_

मुदत रिकार वेळापत्राचा क्र. \_\_\_\_\_

वेळापत्राचा क्र. \_\_\_\_\_

दस्तावा क्र. \_\_\_\_\_

91AA 318850



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

रा. रा. अकोले

3 4309

श्री. बाळासाहेब रामदास येलसामे  
मुद्रांक धिक्रेता, अकोले नं. 9048C/9C  
पु.पो.ता. अकोले, जि. अहमदनगर  
मोबा.: 9890346894

**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 <sup>one</sup> ~~five~~ **Affiliated Hospital for period 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 <sup>100</sup> ~~28~~ 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 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. Maruti Bhandkoli of any person nominated by him and such arbitration proceedings shall be in accordance with the provision of arbitration conciliation act . 1996

**S. 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 1<sup>st</sup> here in above written.

**SIGNED SEALED AND DELIVERED**

By the with in name

Harishchandra Hospital Akole

Its incharge - Dr. Maruti Bhandkoli



**SIGNED SEALED AND DELIVERED**

By the with in named

Mangala Institute of Nursing Education Akole

through its president

Miss - Samruddhi Khadase

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



**President**  
Mangala Institute Of Nursing  
Education, 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.

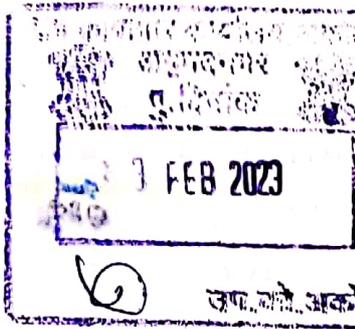


महाराष्ट्र MAHARASHTRA

2022

16AA 201024

दि. २७/०२/२०२३



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

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

करिता  
समृद्धी सुरेश खडसे

900/-

२४५२७

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

**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 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 **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 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.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 1<sup>st</sup> 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. **Ug wa Wakchaur** . 

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

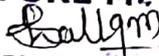
1. **Raju Jagule** ,

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. 358/202  
Date : 13/04/2023

**THIS DOCUMENT**  
CONTAINS 03 PAGES





GOVT. OF MAHARASHTRA  
HEALTH SERVICES

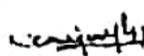
**DISTRICT HOSPITAL, AHMEDNAGAR**

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	Mat. 19
Date of Registration -	02/09/2011	Other 16
Place -	Ahmednagar	Total 35 Beds
Date of issue of certificate -	01/04/2023	

This Certificate of Registration shall be valid upto 31st March 2026 (Twenty six)  
(Medical Superintendent, Rural Hospital, SANGAMNER)

  
Signature of Registering Authority



Maharashtra Pollution Control Board  
महाराष्ट्र प्रदूषण नियंत्रण मंडळ

# BIOCLEAN SYSTEMS (INDIA) PVT. LTD.

Pune Office: Building No. A-10, Flat No. 00, Moora Nagar Koregaon Park, Pune -411001 (M.H.)



**BIOCLEAN**  
SYSTEMS (INDIA) PVT. LTD.  
A 100% VENTURE COMPANY



Online QR

Uniqe Registration No.: SNG-174



Online QR

## Registration Certificate

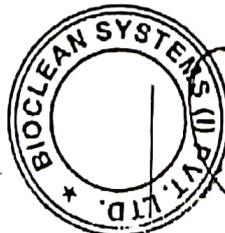
Outward No. : OW/Cer/2023-24

Date : 08-Jan-2024

This is to certify that DR KUTE PRADEEP BHAUSAHEB (174), KUTE HOSPITAL & LAPAROSCOPY CENTER 40 FT D.P.ROAD, TAJANE MALA, SANGAMNER, Tal.SANGAMNER Dist. AHMEDNAGAR is registered with M/s Bioclean Systems (India) Pvt. Ltd., Nilayam Housing Society, Near Make May Care Showroom, Vinayaknagar, Nagar Pune Road, Ahmednagar - 414001, Maharashtra for management of Bio Medical waste in accordance with, the provision of Bio Medical Waste Management rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

- |   |   |   |                           |
|---|---|---|---------------------------|
| 1 | Authorized Person of HCE<br>(Name and Designation)                  | : | DR KUTE PRADEEP BHAUSAHEB |
| 2 | Bombay Nursing Home Act Registration Details                        |   |                           |
|   | a. BNH Registration No  | : | 195                       |
|   | b. BNH Issue Date   | : | 01-Apr-2022               |
|   | c. Total Number of Beds   | : | 35                        |
|   | d. BNH validity (Form 'C')  | : | 31-Mar-2025               |
| 3 | Common Treatment Facility Registration Details                      |   |                           |
|   | a. Date of Registration   | : | 02-May-2019               |
|   | b. No. of Beds Registered   | : | 63                        |
|   | c. Issue Date   | : | 08-Jan-2024               |
|   | d. Registration Validity  | : | 07-Jan-2025               |
| 4 | Renewal of CTF Membership (if applicable)                           |   |                           |
|   | a. Renewal Date   | : | 07-Jan-2025               |
|   | b. No. of Beds  | : | 63                        |
| 5 | MPCB Consents (Establish/ 1 <sup>st</sup> Operator/Renewal Details) |   |                           |
|   | a. Consent / CCA Number   | : | NOT RECEIVED              |
|   | b. Issue Date   | : |                           |
|   | c. Validity upto  | : |                           |

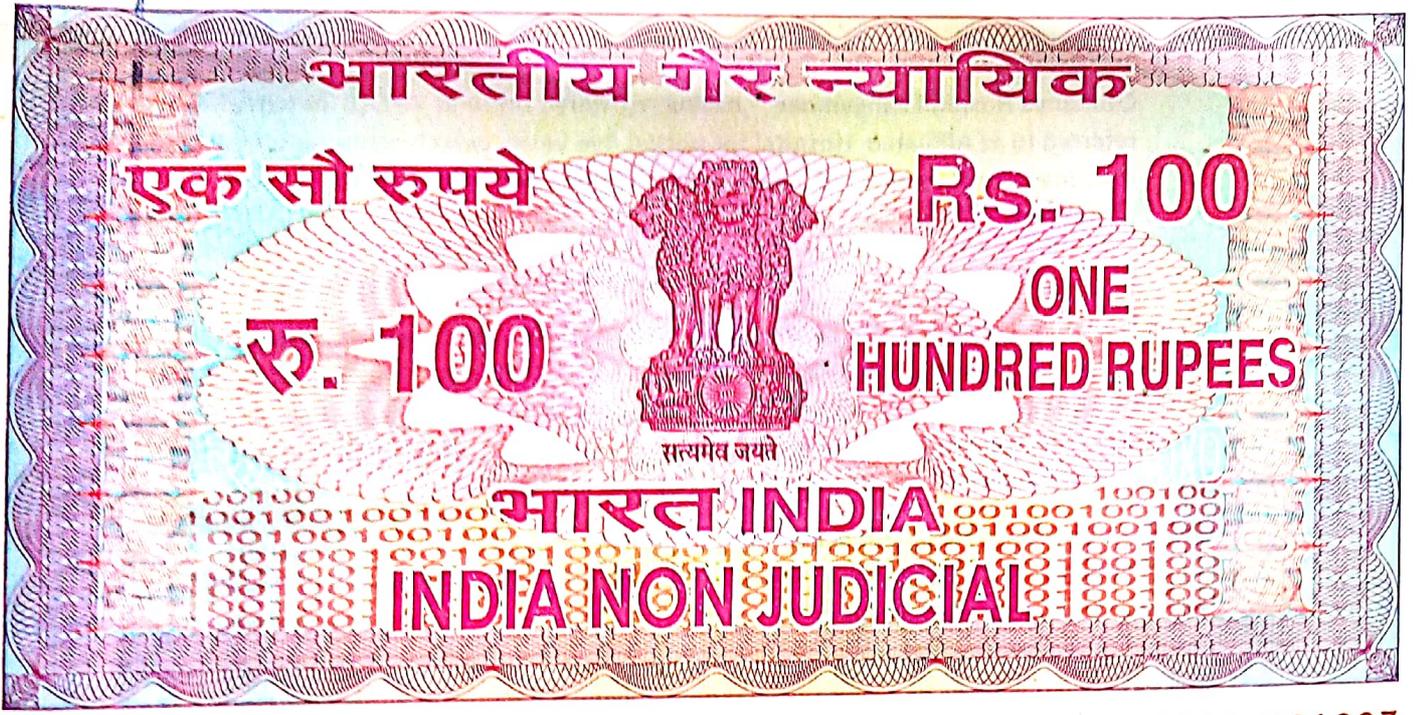
Ahmednagar Office:  
Nilayam Housing Society Near John Deere Tractor  
Showroom Nagar -Pune Road Ahmednagar-414001  
Ph.:(0241) 2324131, Mob 9225322576



For Bioclean Systems (India) Pvt. Ltd.

*M. D. Kute*  
Authorized Signatory  
Date- 8/01/2024

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

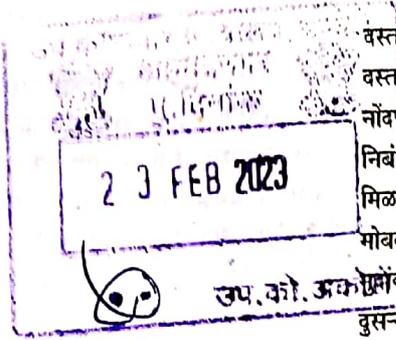


महाराष्ट्र MAHARASHTRA

2022

16AA 201027

दि. 27/02/2023



वस्ताचा प्रकार अनुच्छेद क्रमांक :-  
वस्त नोंदणी करणार आहेत का :-  
नोंदणी होणार असल्यास दुय्यम  
निबंधक कार्यालयाचे नाव  
मिळकतीचे वर्णन  
मोबवला रक्कम रुपये  
उप. को. अ. क्र. 9048C/98 विकत घेणाऱ्याचे नाव  
वुसऱ्या पशकाराचे नाव  
हस्ते असल्यास त्याचे नाव व पत्ता  
मुद्रांक शुल्क रक्कम रुपये  
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/-

28429

श्री. बाळासाहेब रामदास येलमाव  
मुद्रांक विक्रेता, अकोले नं. 9048C/98  
मु.पो. ता. अकोले, जि. अहमदनगर  
मोबा.: 9890346894

MEMORANDUM OF UNDERSTANDING

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

BETWEEN



**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 arbitration 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 1<sup>st</sup> 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

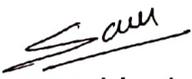
**Mangala Institute of Nursing Education Akole**

through its president

Miss - **Samruddhi Khadse**

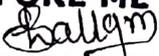
In the presence of

1. **Raju Jadhule** .
- 2.

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



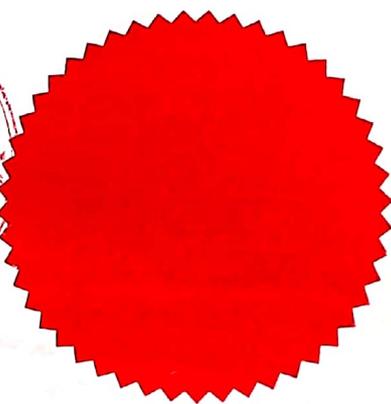
**BEFORE ME**

  
**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

Date of Registration - 01/12/2007

Place - Ahmednagar

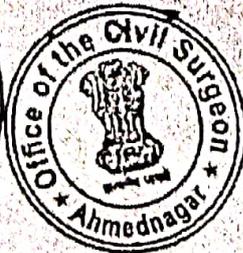
Date of issue of certificate - 31/03/2023

Mat. - 00

Other - 50

Total - 50 Beds

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



*[Signature]*  
Signature of Registering Authority  
**Civil Surgeon**

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.



**BIOCLEAN SYSTEMS (INDIA) PVT. LTD.**  
 Pune Office: Building No. A-10, Flat No. 08, Meera Nagar Koregaon Park, Pune - 411001 (M.H.)



Unique Registration No.: SNG-91



Offline QR



Online QR

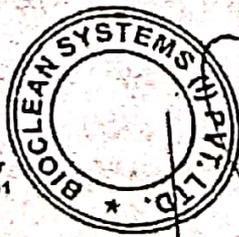
## Registration Certificate

Outward No. : OW/Cer/2023-24

Date : 02-Nov-2023

This is to certify that DR JATHAR NITIN JANARDHAN (91), CHAITANYA HOSPITAL, NEW NAGAR ROAD, TAJANE MALA, SANGAMNER, Tal. SANGAMNER Dist. AHMEDNAGAR is registered with M/s Bioclean Systems (India) Pvt. Ltd., Nilayam Housing Society, Near Make May Care Showroom, Vinayaknagar, Nagar Pune Road, Ahmednagar - 414001, Maharashtra for management of Bio Medical waste in accordance with the provision of Bio Medical Waste Management rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

- |   |   |                           |
|---|---|---------------------------|
| 1 | Authorized Person of HCE<br>(Name and Designation)                  | DR JATHAR NITIN JANARDHAN |
| 2 | Bombay Nursing Home Act Registration Details                        |                           |
|   | a. BNH Registration No  | 98                        |
|   | b. BNH Issue Date   | 31-Mar-2023               |
|   | c. Total Number of Beds   | 50                        |
|   | d. BNH validity (Form 'C')  | 31-Mar-2026               |
| 3 | Common Treatment Facility Registration Details                      |                           |
|   | a. Date of Registration   | 01-Feb-2019               |
|   | b. No. of Beds Registered   | 50                        |
|   | c. Issue Date   | 02-Nov-2023               |
|   | d. Registration Validity  | 01-Nov-2024               |
| 4 | Renewal of CTF Membership (if applicable)                           |                           |
|   | a. Renewal Date   | 01-Nov-2024               |
|   | b. No. of Beds  | 50                        |
| 5 | MPCB Consents (Establish/ 1 <sup>st</sup> Operator/Renewal Details) |                           |
|   | a. Consent / CCA Number   | CONSENT/2008000269        |
|   | b. Issue Date   | 07-Aug-2020               |
|   | c. Validity upto  | 31-Mar-2023               |



For Bioclean Systems (India) Pvt. Ltd.

*[Handwritten Signature]*

Authorised Signatory  
Date: 02/11/23

Ahmednagar Office:  
 Nilayam Housing Society Near John Deere Tractor  
 Showroom Nagar - Pune Road Ahmednagar - 414001  
 Ph: (0241) 2324131, Mob 9225322576

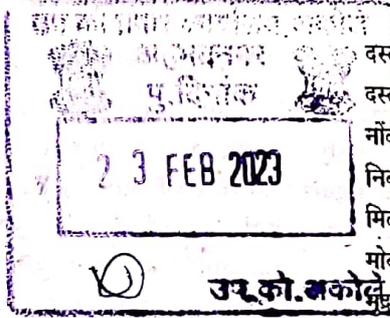
Note: HCF shall display copy of Registration Certificate at front Desk and Temporary BMW storage area.



महाराष्ट्र MAHARASHTRA

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16AA 201019



दि. २७/०२/२०२३

नोटरी

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

करिता

समृद्धी सुरेश खडसे

श्री. बाळासाहेब रामदास येलमामे  
मुद्रांक विक्रेता, अकोले नं. १०५४८/१८  
मु.पो. ता. अकोले, जि. अहमदनगर  
मोबा.: ९८९०३५६४१५

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

900/-

२४५२७

**MEMORANDUM OF UNDERSTANDING**

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

**BETWEEN**



**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 1<sup>st</sup> 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 Chawase*

2.

*Shantaram Nighute*  
**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**

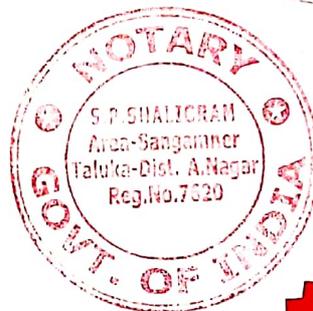
In the presence of

1. *Raju Jagdale*

2.

*Samruddhi Khadse*  
**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 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 HOSPIT L  
& NURSING HOME situated at NEW NAGAR RD. SANGAMNER.and has her Authorized to  
carry on the said Nursing home.

Registration No 69

Date of Registration -09/04/2015

Place - Ahmednagar

Date of Issue of certificate - 01/04/2024

Mat 30

Total 30 Beds

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

(Medical Superitendent, Rural H<sup>o</sup> sp<sup>l</sup> . SANGAMNER)



Signature of Registering authority

Civil Surgeon

General Hospital, Ahmednagar

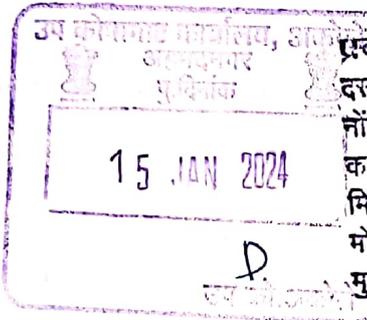


महाराष्ट्र MAHARASHTRA

2023

77AA 530911

9/19/2024



प्रस्ताव / अनुच्छेद

दस्तावी नोंदणी करणार आहेत का? होय/नाही

नोंदणी करणार असल्यास दुय्यम निबंधक

कार्यालयाचे नांव

मिळकतीचे वर्णन

मोबदला रक्कम

मुद्रांक विकस घेणाऱ्याचे नाव व पत्ता

Principal  
Mangala Institute of Nursing Education  
Akole, Dist. A. Nagar, Dist. A. Nagar

मु.पो. ता. अकोले, जि. अहमदनगर  
मोबा. 9790346894

मु.पो. ता. अकोले, जि. अहमदनगर  
मोबा. 9790346894

करिता

वीर

दुसऱ्या पक्षकाराचे नाव

हस्ते असल्यास नाव व पत्ता

मुद्रांक शुल्क रक्कम

मुद्रांक विक्री नोंद वही अनु क्र.

मुद्रांक विकत घेणाऱ्याची राही

रविंद्र तिलक जेडवुले

96a

22/24

श्री. व.ळासाहेब रामदास रेलमामे  
मुद्रांक विक्रेता, अकोले नं. 9048C/9C  
मु.पो. ता. अकोले, जि. अहमदनगर  
मोबा. 9790346894



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding entered into at Akole on this **Pardhi Hospital, Akole** owned by **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 .10.. 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 Machinerics 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 WITHESESTH 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 1<sup>st</sup> 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.

*Kiran M. Pardhi*

**Dr. Kiran M. Pardhi**  
M.B.B.S., M.S. (O.B.G.Y.)  
Reg. No. 2010/05/1742



SIGNED SEALED AND DELIVERED

By the with-in-named

**Mangala Institute of Nursing Education, Akole**

through its President

**Dr Samruddhi Khadase**

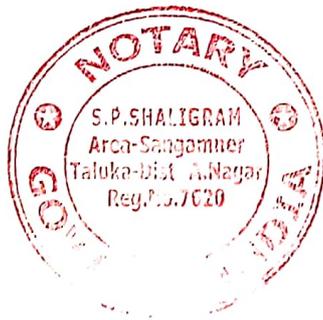
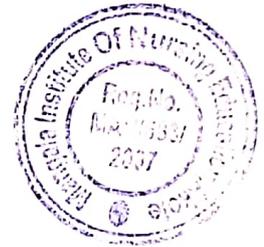
In the presence of

- 1.
- 2.

*Samruddhi Khadase*

**President**

Mangala Institute Of Nursing  
Education, Akole, Dist A Nagar



**BEFORE ME**

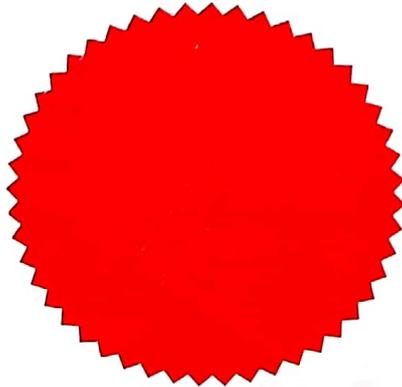
*S. P. Shaligram*

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

**NOTED & REGISTERED**

AT SERIAL NO 19 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.KIRAN MAHADHU PARADHI had been requested under the Bombay Nursing Homes Registration Act 1949.in respect of DR.PARADHI HOSPITAL situated at NEAR S.T. STAND, AKOLE and has been Authorised to carry on the said Nursing home.

Registration No - 616(A)

Date of Registration - 27/02/2020

Mat. - 05

Other - 05

Place - Ahmednagar

Total - 10 Beds

Date of issue of certificate - 08/06/2023

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, 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.

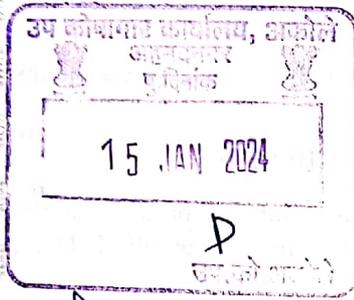


महाराष्ट्र MAHARASHTRA

© 2023 ©

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94912028



प्रकार / अनुच्छेद

दस्तावी नोंदणी करणार आहेत का? होय/नाही

नोंदणी करणार असल्यास दुय्यम विचंयक ००२३

कार्यालयाचे नांव

मिळकतीचे वर्जन

मोबदला रकम

मुद्रांक विकस घेणाऱ्याचे नाव

य पत्ता

श्री. वाळसाहेब रामदास गेलमामे  
Mandala Institute Of Nursing Education  
Akole, Tal. Akole, Dist. Amhednagar  
मु.पो.ता. अकोले, जि. अहमदनगर

मोबा. ९८३०३५६४९५

किसीप

दुसऱ्या पक्षकाराचे नाव

हस्ते असल्यास नाव व पत्ता

मुद्रांक शुद्ध रक्कम

मुद्रांक विक्री नोंद घेही अनु क्र.

मुद्रांक विकस घेणाऱ्याची सही

बालेद्र पीषक लेखुवे  
Sou २२०६

श्री. वाळसाहेब रामदास गेलमामे  
मुद्रांक विक्रेता, अकोले नं. १०५४८/९८  
मु.पो.ता. अकोले, जि. अहमदनगर  
मोबा. ९८३०३५६४९५



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 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 **Arote Hospital, Akole** is running .10.... 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 WITNESSESTH 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 1<sup>st</sup> 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.



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

SIGNED SEALED AND DELIVERED

By the with-in-named

**Mangala Institute of Nursing Education, Akole**

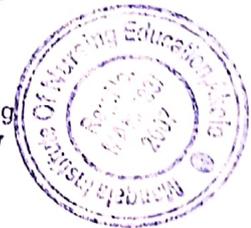
through its President

**Dr Samruddhi Khadase**

In the presence of

- 1.
- 2.

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

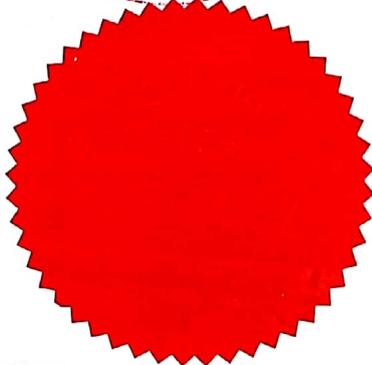


**BEFORE ME**

*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

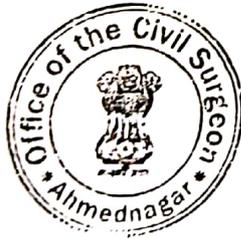
Other 05

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)~~ *Sanjay*  
~~31st March 2026 (Twenty Six)~~ *4/8/23*



*Sanjay*  
Signature of Registering Authority  
Civil Surgeon  
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.

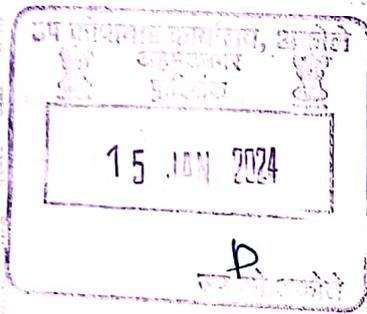
*4154*  
Fellow In IVF & Test Tube Baby  
Reg.No.2008/09/3229  
MBBS,DGO  
DR.SUDAM LAXMAN AROTE



महाराष्ट्र MAHARASHTRA

प्रकार / अनुच्छेद 2023

77AA 530910  
94512028



दस्ताची नोंदणी करणार आहेत का? होय/नाही  
नोंदणी करणार असल्यास मुख्य निदेशक  
कार्यालयाचे नांव **Principal**  
मिळकतीचे वर्शन **Mangala Institute of Nursing Education**  
मोबदला रक्षण **Akole, Dist. Ambedkar, Maharashtra**  
मुद्रांक विकस घेणाऱ्याचे नाव **श्री. बाळासाहेब रामदास रोल्सामे**  
मुद्रांक विकस घेणाऱ्याची राहणी **मु.पो.ता. अकोले, जि. अहमदनगर**  
मोबा. 9290354894

श्री. बाळासाहेब रामदास रोल्सामे  
मुद्रांक विक्रेता, अकोले नं. 90488/88  
मु.पो.ता. अकोले, जि. अहमदनगर  
मोबा. 9290354894

तुसच्या पक्षकाराचे पाय  
हस्ते असल्यास नाव व पत्ता  
मुद्रांक शुल्क रक्कम  
मुद्रांक दिली नोंद घेही अनु क्र.  
मुद्रांक विकस घेणाऱ्याची राहणी

श्री. बाळासाहेब रोल्सामे

904

22728



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 parties is here to be referred for the sole arbitration of **Dr.Devidas Nawale** or any



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 1<sup>st</sup> herein above writing.

SIGNED SEALED AND DELIVERED

By the with-in-named

**Nawale Hospital, Akole**

Its Incharge – **Dr. Devidas Nawale**



In the presence of

**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**

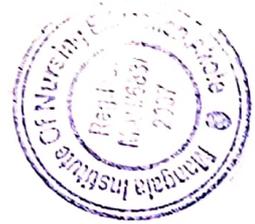
through its President

**Dr Samruddhi Khadase**



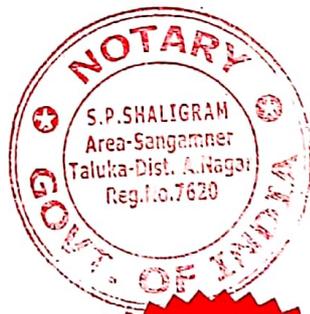
President

Mangala Institute Of Nursing  
Education, Akole, Dist A Nagar



In the presence of

- 1.
- 2.



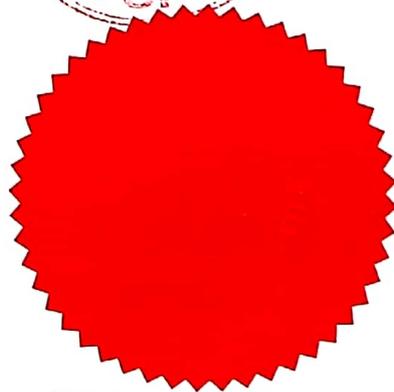
**BEFORE ME**

*S. P. 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 is 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

Mat. 25

Date of Registration - 19/05/2021

Other 10

Place - Ahmednagar

Total 35 Beds

Date of issue of certificate - 19/05/2021

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

(Medical Superintendent, Rural Hospital AKOLE)



Signature of Registering Authority

Medical Superintendent, Rural Hospital Akole

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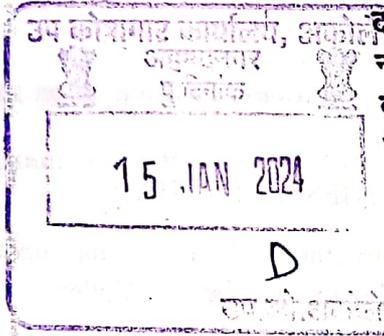
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महाराष्ट्र MAHARASHTRA

प्रकार / अनुच्छेद 2033

77AA 530912



दस्तावेजी नोंदणी करणार आहेत का? होय/नाही

०८०१२०२४

नोंदणी करणार असल्यास दुय्यम निबंधक

केदार

कार्यालयाचे नांव

Principal

मिळकतीचे वर्णन

Manjiv Education, Akole, Dist. Ahmednagar

मोबदला रक्षण

मु.पो.ता.अकोले, जि.अहमदनगर

मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता

मु.पो.ता.अकोले, जि.अहमदनगर

मोबा. ९८९०३५६४९५

दुसऱ्या पक्षकाराचे नाव

अकोले जिल्हाक जेठपुत्रे

हस्ते असल्यास नाव व पत्ता

मुद्रांक शुल्क रक्षण

मुद्रांक विक्री नोंद वही अनु क्र.

मुद्रांक विकत घेणाऱ्याची सही

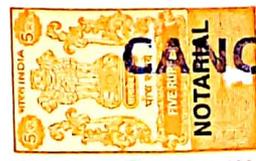
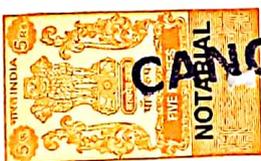
२२८२६

श्री. बाळासाहेब रामदास येलमाणे  
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 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 **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 such terms and condition as are mentioned herein.

NOW THIS MEMORANDUM OF UNDERSTANDING WITHESESTH 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, 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.Prakash Wakchaure** or any



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 1<sup>st</sup> 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.

*Wakchaure P*



SIGNED SEALED AND DELIVERED

By the with-in-named

**Mangala Institute of Nursing Education, Akole**

through its President

**Dr Samruddhi Khadase**

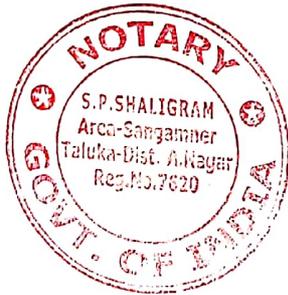
In the presence of

- 1.
- 2.

*Samruddhi*

President

Mangala Institute Of Nursing Education, Akole, Dist A Nagar



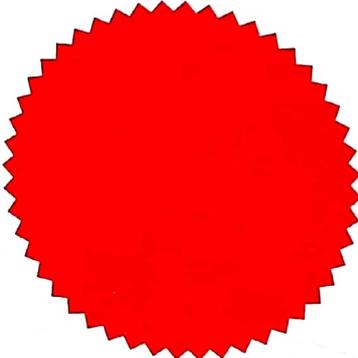
BEFORE ME

*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

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.

# MAHARASHTRA POLLUTION CONTROL BOARD

Phone : 0241-2470852  
Fax : 0241-2470852

Your Service is our duty.



"Your Service is our Duty"

Sub Regional Office,  
Savitribai Fule Vyapari Sankul,  
Near T. V. Centre, 1st Floor, Hall No. 2 &  
3, Savedi, Ahmednagar - 414003  
E-mail - sroahmednagr@mpcb.gov.in  
Visit At - <http://mpcb.gov.in>

## LETTER OF BIO-MEDICAL WASTE AUTHORISATION

*[Authorization for Generation of Bio-Medical Wastes under Rule 7(4)]*

I. File number of authorization and date of issue

SRO-AHMEDNAGAR/BMW\_AUTH/2110000429. Date: 28/10/2021

II. Dr. Bangal Balrugnalay Akole is hereby granted an authorisation for generation of biomedical waste on the premises, At. Agasti Karkhana Road Akole.

III. This authorization shall valid for a period up to 30/04/2024 an application shall be made by the occupier/operator for renewal 3 Months before expiry of earlier authorization.

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

V. No of Beds: 10 (Only Ten Beds)

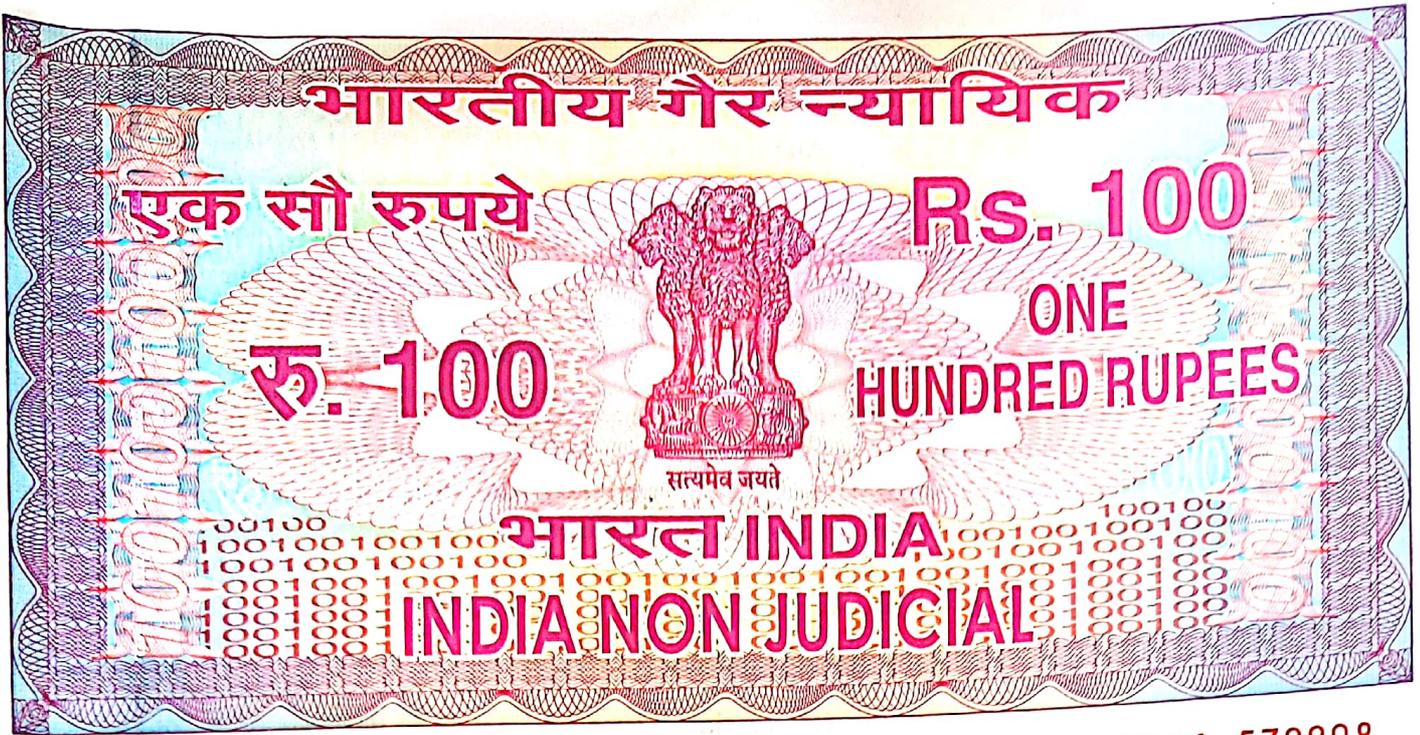
### Terms and Conditions of authorization

1. The "authorized Person" Dr. Harshada Darshan Bangal of Dr. Bangal Balrugnalay Akole shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The authorization shall be produced for inspection at the request of an officer authorized by the prescribed authority i.e. Member Secretary, MPCB.
3. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
4. The authorization is granted for generation of Bio-Medical Waste (BMW) in waste Categories and quantities listed here in below:

MPCB-BMW\_AUTH- 0000035942



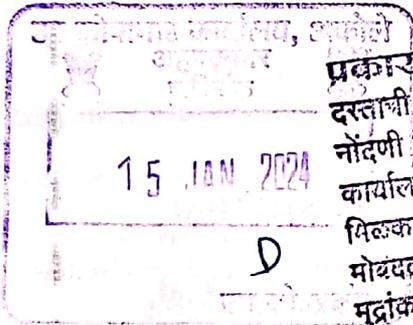
Page 1 | 5



महाराष्ट्र MAHARASHTRA

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१८/१/२०२०



प्रकार / अनुच्छेद  
दस्तावी नोंदणी करणार आहेत का? होय/नाही  
नोंदणी करणार असल्यास मुद्रांक विभाग  
कार्यालयाचे नांव  
मिळकतीचे वर्ग  
मोबदला रकम  
मुद्रांक विकत घेणाऱ्याचे नाव  
दुसऱ्या पक्षकाराचे नाव  
हस्त असल्यास नाव व पत्ता  
मुद्रांक शुल्क रकम  
मुद्रांक विक्री नोंद वही भाग क्र.  
मुद्रांक विकत घेणाऱ्याची सही

Principal  
Mangal Education  
Akole, Dist. Ahmednagar  
मु.पो.ता. अकोले, जि. अहमदनगर  
मोबा. ९८९०३५६४५५

बसु

करिता  
शंभु गिबक जेसुठ  
२०२०

श्री. बाळासाहेब रामदास येलमामे  
मुद्रांक विक्री, अकोले नं. १०५४८/९८  
मु.पो.ता. अकोले, जि. अहमदनगर  
मोबा. ९८९०३५६४५५



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding entered into at Akole on this Bangal 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



**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 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 **Bangal Hospital, Akole** is running .15... 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. **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. 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. Bangal** or any person

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 1<sup>st</sup> 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.

*Dr. Bangal*

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

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.

*Sau*

President

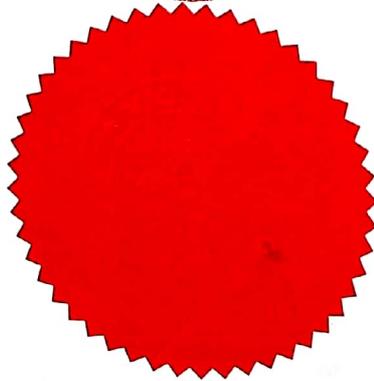
Mangala Institute Of Nursing  
Education, Akole. Dist A Nagar

**BEFORE ME**

*S. P. Shaligram*

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

**NOTED & REGISTERED**  
AT SERIAL NO 22 12024  
Date 08 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  
(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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# MAHARASHTRA POLLUTION CONTROL BOARD

Phone : 0241-2470852  
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3, Servedi, Ahmednagar - 414003  
E-mail - aroahmednagr@mpcb.gov.in  
Visit At - <http://mpcb.gov.in>

## LETTER OF BIO-MEDICAL WASTE AUTHORISATION

*[Authorization for Generation of Bio-Medical Wastes under Rule 2(4)]*

I. File number of authorization and date of issue

SRO-AHMEDNAGAR/BMW\_AUTH/2/10000429. Date: 28/10/2021

II. Dr. Bangal Balrughnalay Akole is hereby granted an authorisation for generation of biomedical waste on the premises, At. Agasthi Karkhana Road Akole.

III. This authorization shall valid for a period up to 30/04/2024 an application shall be made by the occupier/operator for renewal 3 Months before expiry of earlier authorization.

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

V. No of Beds: 10 (Only Ten Beds)

### Terms and Conditions of authorization

1. The "authorized Person" Dr. Harshada Darshan Bangal of Dr. Bangal Balrughnalay Akole shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The authorization shall be produced for inspection at the request of an officer authorized by the prescribed authority i.e. Member Secretary, MPCB.
3. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
4. The authorization is granted for generation of Bio-Medical Waste (BMW) in waste Categories and quantities listed here in below:

MPCB-BMW\_AUTH-0000035942



Page 1/5