

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

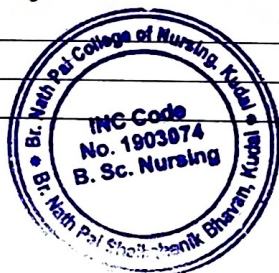
Clinical Material in Hospital

Name of College/Institute **Br.Nath Pai College of Nursing, Kudal Faculty-Nursing**

HOSPITAL DETAILS

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) To be made available on web site		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		Adequate
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual		Adequate
c.	Average Bed Occupancy in % : (Minimum 75%)		Adequate
d.	Clinical facilities for PG to be verified:-(As per MSR)		Adequate
	(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
<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:-

[Signature]
Principal / Dean
Br. Nath Pai College of Nursing
Kudal
Dean/ Principal Stamp & Signature

**BR.NATH PAI COLLEGE OF NURSING, KUDAL
HOSPITAL DETAILS
2026-27**

PARENT HOSPITAL		
SR.NO	NAME OF HOSPITAL	NO OF BEDS SANCTIONED
1.	LATE YASHWANTRAO NAIK RURAL HOSPITAL & RESEARCH CENTER	100
AFFILIATED HOSPITAL		
1	GOVT MEDICAL COLLEGE SINDHUDURG	350
2	WOMES & CHILD HOSPITAL, KUDAL	100
3	DEENANATH MANGESHKAR HOSPITAL, PUNE	950
4	REGIONAL MENTAL HOSPITAL RATNAGIRI	365
5	SAIROOP HOSPITAL MIDC KUDAL	10
UPH/RPH		
TAL-KUDAL-URBAN & RURAL PRIMARY HEALTH CENTER, PANDUR, WALAWAL, MANGAON TAL-VENGURLA-PARULE RURAL AREA PRIMARY HEALTH CENTER & SUBCENTER		



आरोग्य विभाग, जिल्हा परिषद सिंधुदुर्ग

(सन 1949 च्या दि बॉम्बे होम्स रजिस्ट्रेशन ॲक्टच्या कलम 5 अन्वये दिलेले रजिस्ट्रेशन सर्टिफिकेट)


दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्ट, 1949 अन्वये

प्रमाणपत्र

हॉस्पिटलचे नाव बॅ.नाथ पै शिक्षण संस्था, सिंधुदुर्ग, संचलित, कै. यशवंतराव नाईक ग्रामीण रुग्णालय व संशोधन केंद्र नेरुर, तालुका-कुडाळ, जिल्हा-सिंधुदुर्ग, चेअरमन श्री.उमेश सुंदर गाळवणकर, यांचे येथील नर्सिंग होम रजिस्टर केले असून सदर हॉस्पिटल हे जनरल व मॅटर्निटी हॉस्पिटल म्हणुनच वापर करणेचा आहे.

- रजिस्ट्रेशन क्रमांक - 69 प्रसुती कॉटस् - 10
- रजिस्ट्रेशन दिनांक - 23/04/2024 इतर रुग्णासाठी कॉटस् - 90
- ठिकाण - सिंधुदुर्गनगरी

सदरचे सर्टिफिकेट दिनांक 31/03/2027 पर्यंत कार्यवाहीत राहिल.


जिल्हा आरोग्य अधिकारी
जिल्हा परिषद सिंधुदुर्ग

जा.क्र.सिंजिप/आवि/टी-4/ 211 / 2024

आरोग्य विभाग, जिल्हा परिषद सिंधुदुर्ग

सिंधुदुर्गनगरी दि. 23/04/2024

प्रति,

श्री.उमेश सुंदर गाळवणकर,
मु.पो.नेरुर, ता.कुडाळ,
जिल्हा-सिंधुदुर्ग

View Application Data

Application ID	: Maitri24ROA7C39		
Title	: Mr.	Full Name	: UMESH SUNDAR GALVANKAR
Street Address 1	: Br Nath Pai Shaikshanik Bhavan, Plot No 4, Kudal MIDC area, Kudal, Sindhudurg	Street Address 2	: - N.A. -
District	: Sindhudurg	Taluka	: Kudal
Village	: Pinguli	Pincode	: 416550
Email	: usgalvankar@gmail.com	Mobile Code	: 91
Mobile No	: 9422055089	Aadhar No	: - N.A. -
PAN No	: - N.A. -	Created Date	: 29/04/2024
Land Allotment	: No	Designation	: CHAIRMAN
State	: MAHARASHTRA		

Industry Information

Industry Name	: Br Nath Pai Shikshan Sansthas Late Yashwantrao Naik Rural Hospital and Research Centre	Background of the Company	: Trust
Brief Summary of the Company	: - N.A. -		
Total estimated project cost (in INR)	: 50000000.00	Foreign Direct Investment (in INR)	: 0.00
Target Commercial Operation Date	: 29/04/2024	Total number of employees in India	: 145
Name of Parent Company	: - N.A. -	Name of company incorporated in India	: - N.A. -
Registration/ Incorporation No.	: - N.A. -	Registration Date/ Incorporation Date	: - N.A. -
Is MIDC.	: No	Land / Premises Requirement (In sq. meters)	:
Whether land / premises is in possession	:	MIDC District	: - N.A. -
MIDC Area	: - N.A. -	Plot/Gala/Shed Number	: - N.A. -

Plot Area	: 0	Midc Pincode	: - N.A. -
Street Address 1	: Dewoolwada, Kudal Walawal Road, Nerur, Kudal, Sindhudurg.		
Plot No.	: 1836	District	: Sindhudurg
Taluka	: Kudal	Village	: NERUR(DEWOOLWADA)
Pincode	: 416525	Company PAN	: - N.A. -
Office Plot No.	: Plot No. 0	Street Address 1	: Br Nath Pai Shaikshanic Bhavan, Kudal MIDC area, Kudal, Sindhudurg
State	: MAHARASHTRA	District	: Sindhudurg
Taluka	: Kudal	Village	: Pinguli
Pincode	: 416550	Email ID	: ynrhrc@gmail.com
Landline Country Code +	: - N.A. -	STD Code	: - N.A. -
Landline No	: - N.A. -		
Prefered District 1	: - N.A. -	Prefered District 2	: - N.A. -
Prefered District 3	: - N.A. -	Website	: - N.A. -
PAN Number of the Industry	: AABTB1496N	TIN Number of the Industry	: - N.A. -
Type Of Industry	: Service Industry (Retail)		
Total Project Cost (in INR)	:	Investment in Plant & Machinery (in INR)	:
Investment in Land (in INR)	:	Investment in Building (in INR)	:
Investment in Other (in INR)	:		
Proposed Finances Total (in INR)	:	Equity / Internal Accrual (in INR)	:
Term loans from Financial Institutions (in INR)	:	Unsecured loan (in INR)	:
Other sources (in INR)	:	Industry Sector	:
Product Name 1	: - N.A. -	Major raw materials	: - N.A. -
Estimated Installed production capacity (no./ton/litre)	: - N.A. -	Product Name 2	: - N.A. -
Major raw materials 2	: - N.A. -	Estimated Installed production capacity (no./ton/litre) 2	: - N.A. -
Product Name 3	: - N.A. -	Major raw materials 3	: - N.A. -

Estimated installed production capacity (no./ton/litre) 2 : - N.A. -

Estimated annual power requirement in KW :

Estimated annual water requirement in m3 :

Supervisory (In %) :

Other than supervisory (in %) :

Total employment (In %) :

Facilitation that may be required for the project :

Land and Related Permissions, Environmental clearances, MPCB consent, Power connection, Fire Department Permission, Water Permission

FDI Proportion (in %) : 0.00

Pollution Category : Orange

Country of Parent Entity : INDIA

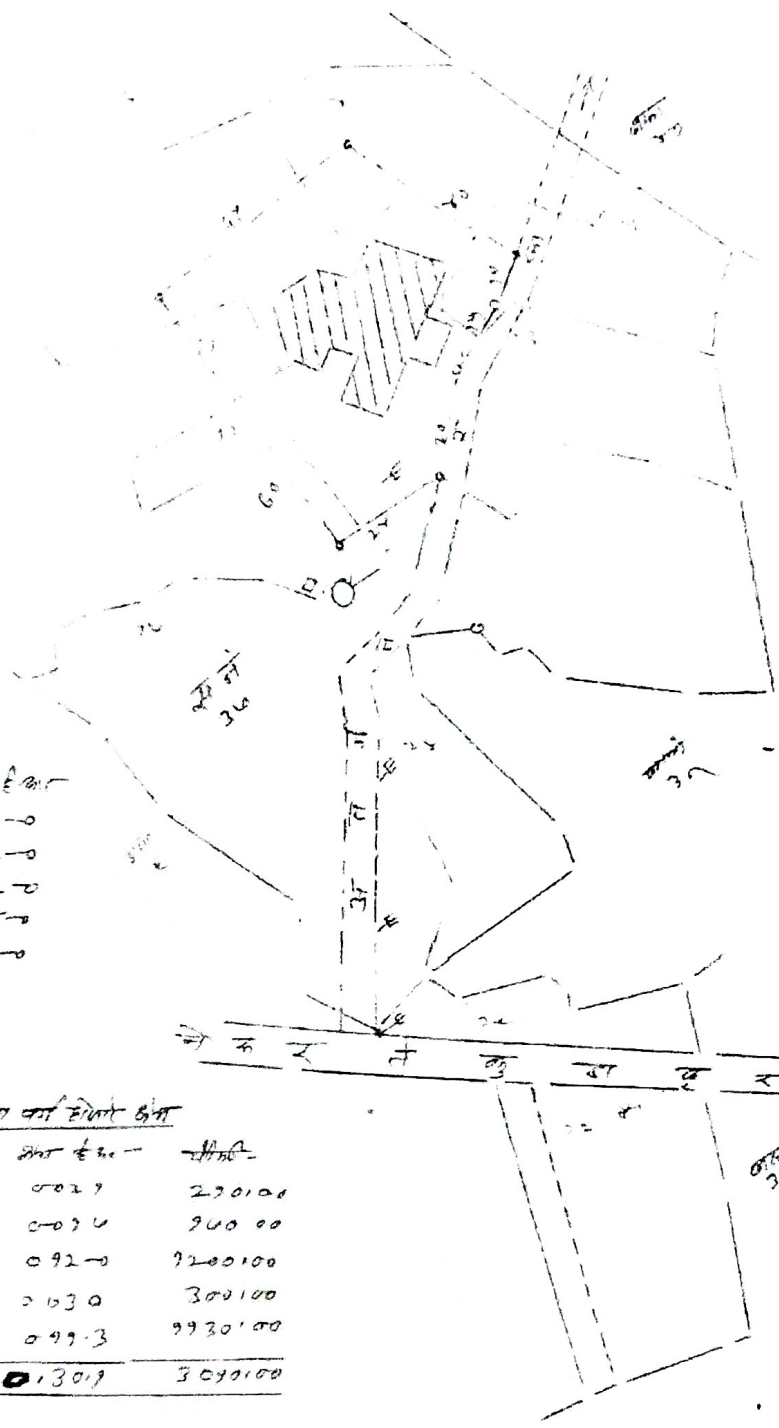
Country of Beneficial Owner of Investment into India : INDIA

Sector of Investment :

Sub-Sector Investment : Other

पाने 34

माली - काठगाव
 पावसा - कुणव
 माली - पंचसुई



मिळवणी प्रमाणित होत
 0.30.7
 सा प्रमाणित होत
 0.02.2
 एकूण (अ) - 0.23.3

442-उपरोधी पोल

पान	दिश	अर क्षेत्र
36	8	0.93-0
36	9	0.92-0
36	10	0.30-0
36	11	0.28-0
36	12	0.93-0

मिळवणी करणे काय होत होत

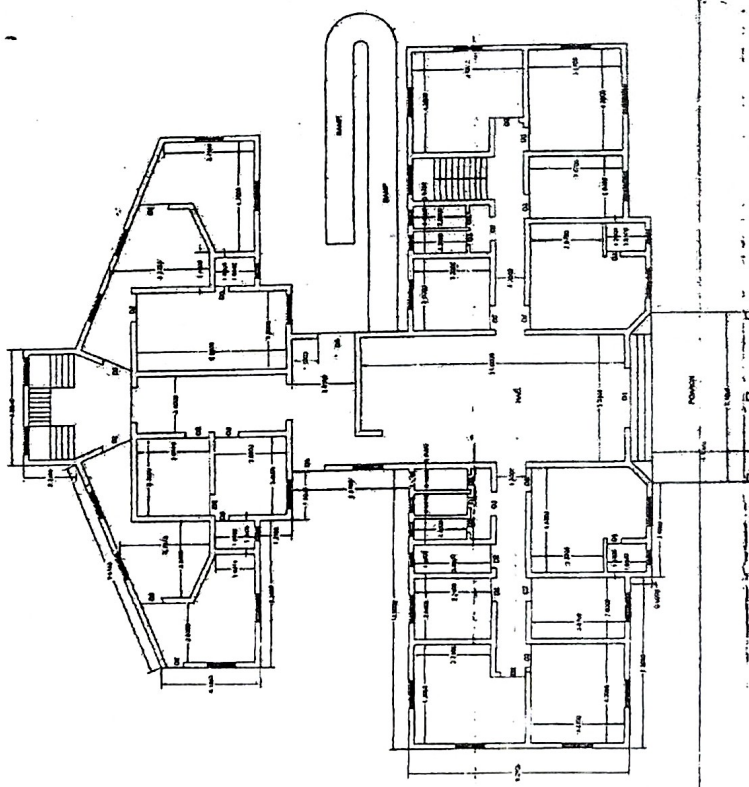
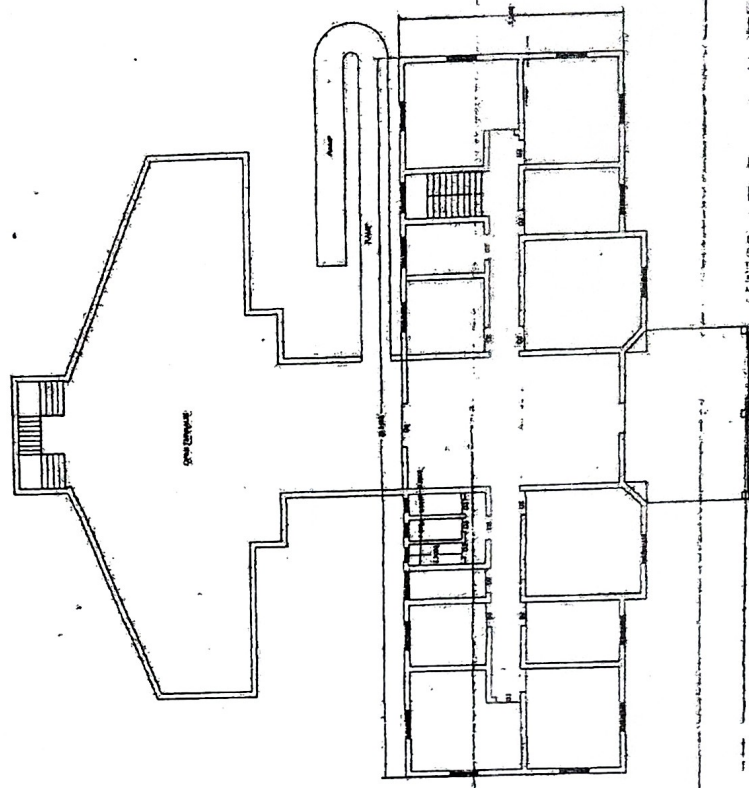
पान	दिश	अर क्षेत्र	मूल्य
36	8	0.93	230100
36	9	0.92	200000
36	10	0.92	2200100
36	11	0.28	300100
36	12	0.93	2230100
एकूण क्षेत्र		0.30.7	3090100

या आले काय किंवा प्रमाणित मिळवणी वीर असे.

(Handwritten signature)

प्रमाण 2' 2000
 J. J. J.
 गुलशीलास लक्ष्मण पाण्डे
 रिटायर्ड मॅन्टनेन्स सर्व्हर

EXISTING PLAN FOR
ENGINEERING COLLEGE
PRATISHTHAN NERUR,
TAL. KUDAL, DIST. BINDHUPURG.



OWNERS SIGNATURES:

SIGN:

RHALESH R. PAVAR
3172, P. M. S. Road, Nerur,
M.A.P. Tal. Kudal, Dist. Bindhupurg.

SCALE: 1:100

ALL DIMENSIONS ARE IN METRES.

भारतीय गैर न्यायिक
भारत INDIA

रु. 500



पाँच सौ रुपये

Rs. 500

INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA

2023

BY 187635

जाडपत्र - २

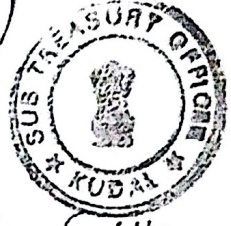
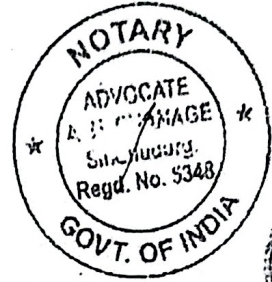
प्रतिज्ञापत्रा व्यतिरिक्त

पुत्राक विक्रीने ठिकाण : कुळकर्णी राडंपचवडींग कुडाळ पाषाणा त्त. कुडाळ-०२,
दस्ताचा प्रकार विक्रीनामा / अनुच्छेद क्र.

दस्त गोंदगी कारणात कोणताही होय/नाही दुय्यम निबंधक वन्यालय
पिढकनीचे उरणे

पोवदला रकम

प्रकाश वामन नेरुरकर शिबिर रनेव्या सिंधुदुर्ग जिल्हा
कुळकर्णी राडंपचवडींग कुडाळ पाषाणा त्त. कुडाळ-०२
मुद्रांकनाची रकम ५०० दि. १०/०६/२३ दि. २८/०६/२३



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परकना क्र. १५०८००२

(सुधायक आम)

28 JUN 2023

P. Chavhan

करारनामा

हा करार आज दिनांक १८ माहे फेब्रुवारी सन २०२४ ते दिवशी गांव मौजे कुडाळ, ता.
कुडाळ, जि. सिंधुदुर्ग येथे

Handwritten signature

श्री. प्रकाश वामन नेरुरकर,
वय:- ६६ वर्षे, धंदा:-शेती
अध्यक्ष,
लेट मिसेस इंगोट्राऊट नाईक विद्या प्रतिष्ठान, मुंबई,
नेरुर, देऊळवाडा, तालुका - कुडाळ, जिल्हा सिंधुदुर्ग

लिहून घेणार

गांभी

श्री. उमेश सुंदर गाळवणकर
वय ४८ वर्षे, धंदा- व्यवसाय,
चेअरमन,
बॅ. नाथ पै शिक्षण संस्था, सिंधुदुर्ग,
मु. पो. पिंगुळी, तालुका कुडाळ, जिल्हा सिंधुदुर्ग

लिहून देणार

लिहून देतो करार ऐसाजे,

१) ज्याअर्थी,

लिहून घेणार हे लेट गिसेस इंगेट्राऊट नाईक विद्या प्रतिष्ठान मुंबई, नेरूर, तालुका कुडाळ, जिल्हा सिंधुदुर्ग या ट्रस्टचे विश्वस्त व अध्यक्ष आहेत. सदर ट्रस्ट दिनांक ०२.०५.१९७७ पासून कार्यरत असून तो धर्मादाय आयुक्त कार्यालय, मुंबई येथे नोंदणी क्रमांक ई-६५४८ अन्वये नोंदणीकृत आहे. सदर ट्रस्ट हा महाराष्ट्र सार्वजनिक विश्वस्त अधिनियम १९५० च्या अधिनियम व नियमानुसार विश्वस्त आणि पदाधिकार्याद्वारे चालविला जात आहे. यांस यापुढे लिहून घेणार (जो अभिव्यक्ती संदर्भ किंवा त्याचा अर्थ विपरीत असल्याशिवाय त्यामध्ये कायदेशीर/निर्वाचीत प्रतिनिधी, कार्यकारी अधिकारी, प्रशासक, उत्तराधिकारी आणि नियुक्ती यांचा समावेश आहे, असे मानले जाईल). उपरोक्त चॅरिटेबल ट्रस्टच्या व्यवस्थापकीय समितीवर श्री. प्रकाश वामन नेरूरकर, वय:- ६६ वर्षे, धंदा:- शेती हे कार्यरत असून त्यांना हा करार करण्याचा अधिकार आहे.

आणि ज्याअर्थी

लिहून देणार हे बॅ. नाथ पै शिक्षण संस्था सिंधुदुर्ग, प्लॉट नं. ०३ एम.आय.डी.सी., तालुका - कुडाळ जिल्हा - सिंधुदुर्ग या संस्थेचे चेअरमन असून सदर संस्था दिनांक ०७.०७.२००३ पासून कार्यरत असून संस्था क्रमांक एफ-२०७२, सिंधुदुर्ग येथील धर्मादाय आयुक्त कार्यालयात नोंदणीकृत आहे. ही संस्था सार्वजनिक न्यास अधिनियम १८६० व १९५० अधिनियम आणि नियमानुसार विश्वस्त आणि पदाधिकार्याद्वारे चालविले जात आहे. यांस यापुढे लिहून देणार (जो अभिव्यक्ती संदर्भ किंवा त्याचा अर्थविपरीत असल्याखेरीज त्याचा अर्थ समजला जाईल आणि त्याचे उत्तराधिकारी आणि उक्त धर्मादाय ट्रस्टच्या नियुक्त्या यांचा समावेश केला जाईल). श्री. उमेश सुंदर गाळवणकर वय ४८ वर्षे, धंदा- व्यवसाय यांना हा करार करण्याचा अधिकार आहे.

आणि ज्याअर्थी

लिहून घेणार यांच्या मालकी व कब्जाभोग्याची गांव मौजे साईगांव, ता. कुडाळ, जि. सिंधुदुर्ग येथे सा. नं. ३७ (जुना १८६), हि. नं. ४, ५, ७, १०, ११, १२ व १३, तसेच सा. नं. ३८ (जुना १८९), हि. नं. १ या वर्णनाची जमिन असून त्यावर त्यांच्या मालकी व कब्जाभोग्याची इंग्रिश ग्रामीण रुग्णालय व संशोधन केंद्र या नावाने घालणाऱ्या रुग्णालयाची इमारत आहे. तिला नेरुर देऊळवाडा ग्रामपंचायत घर नं. १८३६ असा पडलेला आहे. लिहून घेणार यांचे मार्फत सन १९९३ ते सन २००३ या कालावधीत स्वतःचे प्रसुती रुग्णालय कार्यरत होते. सदर रुग्णालय चालविण्यासाठी आवश्यक असणाऱ्या विविध सरकारी प्राधिकरणाचे परवाने व परवानग्या घेण्यात आल्या होत्या. या रुग्णालयांमध्ये महिलांशी संबंधित सर्व आरोग्य समस्यांवर उपचार होत होते. आपल्या सेवाभावी कार्यामुळे काही वेळा विनाशुल्क तर काही वेळा माफक दरात या रुग्णालयात रुग्णांना आरोग्य सेवा मिळत असे. या रुग्णालयात रुग्णवाहिका, स्वतंत्र मेडिकल वॉर्ड, अतिदक्षता विभाग, शस्त्रक्रिया विभाग, ओपीडी, महिलांसाठी स्वतंत्र विश्रांती कक्ष, डॉक्टरांसाठी चिकित्सा कक्ष, परिचर्या कक्ष, सामान्य रुग्ण तपासणी कक्ष इत्यादी सोयी उपलब्ध होत्या. परंतु काही कारणांमुळे सदर रुग्णालय सन २००३ मध्ये बंद पडले.

आणि ज्याअर्थी

लिहून घेणार यांचे सदरचे रुग्णालय बंद स्थितीत असल्यामुळे त्यांना ते सुस्थितीत व चालूस्थितीत आणावयाचे आहे. त्यासाठी बराच खर्च अपेक्षित आहे. परंतु त्यासाठी तेवढा निधी लिहून घेणार यांच्याकडे उपलब्ध नाही. त्यामुळे उपरोक्त रुग्णालय सुस्थितीत आणण्याचा जो काही खर्च होईल तो लिहून घेणार यांनी करावयाचा ठरलेले आहे. मात्र, खर्च झालेला निधी लिहून घेणार यांना लिहून घेणार यांच्याकडून मागता येणारा नाही किंवा वसूल करून घेता येणारा नाही.

आणि ज्याअर्थी

लिहून देणार यांच्या संस्थेमार्फत भूखंड क्रमांक ०४ एम.आय.डी.सी. येथे विविध अभ्यासक्रम सुरू आहेत. यामध्ये नर्सिंग, फिजिओथेरेपी, बी.एड., सी.बी.एस.ई. स्कूल, जुनियर कॉलेज यांचा समावेश आहे. जिल्ह्यातील गरजू व पात्र विद्यार्थ्यांना उच्च दर्जाचे आणि परवडणारे शिक्षण देण्याचे कार्य ही संस्था निरंतर करत आहे.

आणि ज्याअर्थी

लिहून देणार यांच्या विनंतीनुसार लिहून देणार यांनी आपल्या अधिपत्याखालील सक्षम प्राधिकार्याने जारी केलेल्या जमिनीच्या नोंदीनुसार रुग्णालयाच्या इमारतीच्या जागेसह हे. आर. ०-३०-१ (नियोजित अकृषिक) एवढ्या भूखंडावरील रुग्णालय व परीसर हा आरोग्य संबंधित उपक्रम चालविण्यासाठी मान्यता दिली आहे.

आणि ज्याअर्थी

लिहून देणार यांनी सदर इमारत व गांव मौजे साईगांव, ता. कुडाळ, जि. सिंधुदुर्ग येथे स. नं. ३७, हि. नं. ४, ५, ७, ११ व १२ पैकी सोबतच्या नकाशात हिरव्या रंगाने दाखविलेले क्षेत्र हे. आर. ०-३०-१, एवढ्या क्षेत्राची जागा, ज्यावर हे. आर. ०-०६-६ या क्षेत्रावर रुग्णालयाची इमारत उभी आहे, अशी जागा प्रतिफलाच्या तत्त्वावर देण्यास लिहून देणार यांना सहमती दर्शविली असून लिहून देणार यांनीही सदर रुग्णालय व जागा प्रतिफलाच्या तत्त्वावर देण्यास सहमती दर्शविली आहे. याकरिता लिहून देणार व लिहून देणार यांनी परस्पर सहमतीने करारनामाच्या अटी व शर्ती लिखित स्वरूपात नोंदविण्यास सहमती दर्शविली आहे. सदर करारनामा पुढील काळात सार्वजनिक धर्मादाय संस्था अधिनियमांच्या तरतुदीनुसार कार्यान्वित राहिल.

२) उद्देश :-

लिहून देणार हे खालील उद्देशाच्या हेतूने रुग्णालय चालविणार आहेत:-

त्यामध्ये ३०, ५० किंवा १०० खाटांचे रुग्णालय, रिहॅबिलिटेशन सेंटर, डे केअर सेंटर, आरोग्य सुविधा, आरोग्याशी संबंधित उपक्रम, रक्तपेढी, हायड्रोथेरेपी सेंटर, डायलेसीस सेंटर, आरोग्य शिबिर, भारतीय

जनऔषधी केंद्र इत्यादी सुरु करावयाचे आहे. सदरचा उद्देश हा लिहून घेणार यांच्या न्यासाच्या घटनेनुसार आहे. मात्र लिहून देणार यांनी रुग्णालय व रुग्ण सेवेच्या व्यतिरिक्त दुसरी संस्था किंवा ट्रेनिंग अॅकॅडमी किंवा नर्सिंग कॉलेज काढावयाचे नाही.

३) करारनाम्यातील अटी व शर्ती :-

अ) करारनाम्यातील प्रतिफलाची रक्कम ही मुद्दा क्रमांक ०४ अन्वये लिहून देणार व लिहून घेणार यांना मान्य असून सदर प्रतिफलाची रक्कम लिहून देणार यांनी लिहून घेणार यांना द्यावयाची आहे.

ब) लिहून देणार हे करारनाम्यात नमूद केलेल्या सर्व अटी व शर्तीचे पालन करण्यास सहमत आहेत. तसेच सदर प्रतिफल दोन्ही पक्षांकडून (लिहून देणार व लिहून घेणार) स्वाक्षरी केल्याच्या दिनांकापासून पुढील १५ वर्षांच्या कालावधीसाठी रुग्णालय व जागा लिहून देणार यांना अटी व शर्तीच्या अधीन राहून प्रतिफलाच्या तत्त्वावर देण्यास लिहून घेणार यांची सहमती आहे.

क) लिहून देणार व लिहून घेणार यांनी करारावर स्वाक्षरी केल्यापासून पुढील पंधरा वर्षांच्या कालावधीसाठी सदर करारनामा ग्राह्य असेल.

ड) लिहून देणार व लिहून घेणार यांच्या परस्पर सहमतीवर करारनाम्याची मुदत वाढ किंवा नूतनीकरण केले जाऊ शकते.

इ) रुग्णालय चालविण्यासाठी आवश्यक असणाऱ्या सर्व परवानग्या मिळवण्याची जबाबदारी लिहून देणार यांची राहिल. मात्र ज्या काही परवानग्या घेण्यात येतील त्या सर्व परवानग्या लिहून देणार- बॅ. नाथ पै शिक्षण संस्था, सिंधुदुर्ग यांच्या नावाने घेण्यात येतील.

फ) करारनाम्याच्या कालावधीत इमारत व जागा यावरील मालकी हक्क हा लिहून घेणार - कै. सौ. इंगेट्राऊट नाईक विद्या प्रतिष्ठान मुंबई यांचा राहिल तसेच लिहून देणार हे लिहून घेणार यांच्या मालकी हक्काशी सहमत असतील.



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ग) करारनाम्याद्वारे दिलेली इमारत व जागा यासंबंधी काही वादविवाद आणि कायदेशीर बाबी प्रलंबित असल्यास त्याचे निराकरण करण्याची जबाबदारी लिहून घेणार यांची राहिल.

ह) लिहून देणार यांना नजीकच्या काळात किंवा भविष्यात प्रतिफलाच्या तत्त्वावर चालविण्यास घेतलेले रुग्णालय चालवताना काही तांत्रिक किंवा कायदेशीर अडचणी आल्यास त्या सोडविण्यासाठी लिहून घेणार यांनी प्रयत्न करावयाचे आहेत. मात्र प्रयत्न करूनही तांत्रिक किंवा कायदेशीर अडचणी सुटण्यास अडचणी निर्माण झाल्यास हा करार रद्द करण्यासाठी लिहून देणार यांनी लिहून घेणार यांना तीन महिने अगोदर नोटीस द्यावयाची आहे.

य) रुग्णाच्या तक्रारी, हलगर्जीपणा, वैद्यकीय दुर्लक्ष किंवा चुका आढळून आल्यास त्यास लिहून देणार हे जबाबदार राहतील. रुग्णालय ताब्यात घेतल्यापासून ज्या काही घटना घडतील त्याबाबतची नुकसान भरपाई (Indemnity) ही लिहून देणार यांच्यावर राहिल.

र) रुग्णालयाच्या कोणत्याही कारभारात लिहून घेणार संस्थेने करारात नमूद केलेल्या अटी व शर्ती व्यतिरिक्त हस्तक्षेप करावयाचा नाही.

४) करारनाम्याचे प्रतिफल :-

अ) करारनाम्यात निश्चित झालेली रक्कम रुपये २५,०००/- प्रतिमहा, माहे फेब्रुवारी २०२४ पासून प्रत्येक महिन्याच्या पहिल्या आठवड्यात द्यावयाची आहे. सदरच्या प्रतिफलात दर ५-वर्षांनी १० टक्क्यांनी वाढ करावयाची आहे.

ब) लिहून देणार यांनी लिहून घेणार यांना करारनाम्याची निश्चित झालेली रक्कम रु. २५,०००/- ही धनाकर्ष/ आर.टी.जी.एस./एन.इ.एफ.टी. किंवा ऑनलाईन पद्धतीद्वारे जे उपलब्ध होईल त्यानुसार द्यावयाची आहे.

क) लिहून देणार यांना सी.एस.आर. देणगी किंवा सरकारी योजनेअंतर्गत निधीसाठी मागणी करावयाची असल्यास लिहून घेणार यांना कोणतीही हरकत असणार नाही. अशावेळी लिहून देणार यांनी त्यांच्या



Handwritten signature or initials.

विश्वस्त संस्थेच्या नावे अर्ज करावयाचा आहे व त्यासाठी त्यांच्या संस्थेचे बँक खाते राहिल. अशा योजना किंवा देणगी मधून तसेच वैद्यकीय उपकरण यांच्यासाठी मिळणाऱ्या निधीचा विनियोग हा रुग्णालयाच्या उद्देशासाठी करावयाचा आहे. मात्र सदरील निधीमधून जर कारागारवरील बांधकाम किंवा शस्त्रक्रियेसाठी किंवा आरोग्याच्या दृष्टीने उपयुक्त अचल वस्तु उभारण्यास किंवा खरेदी केल्यास त्याची मालकी लिहून घेणार याची राहणारी आहे. लिहून घेणार यास त्यांच्या संस्थेसाठी किंवा रुग्णालयासाठी सी.एस.आर. देणगी किंवा सरकारी योजनेअंतर्गत निधीसाठी मागणी करावयाची असल्यास लिहून घेणार यांना कोणतीही हरकत असणार नाही. अशा योजना किंवा देणगी मधून तसेच वैद्यकीय उपकरण यांच्यासाठी मिळणाऱ्या निधीचा विनियोग हा रुग्णालयाच्या उद्देशासाठी करावयाचा आहे. मात्र त्याची मालकी लिहून घेणार यांची राहिल. परंतु जर लिहून घेणार यांनी लिहून घेणार यांच्या नावे सी.एस.आर. देणगी किंवा सरकारी योजनेअंतर्गत निधीसाठी मागणी केल्यास त्यातून खरेदी केलेल्या वस्तूंची मालकी लिहून घेणार यांची राहिल.

ड) लिहून घेणार हे रुग्णालया व्यतिरिक्त दुसरी संस्था किंवा ट्रेनिंग अॅकेडेमी किंवा नर्सिंग कॉलेज काढणार नाही. मात्र सदरील अतिरिक्त अॅक्टीव्हिटी काढायची झाल्यास लिहून घेणार यांची पूर्व परवानगी घेईल व त्यापासून मिळणार निधीच्या ३० टक्के रक्कम ही लिहून घेणार ट्रस्टच्या बँक खात्यात जमा करेल.

५) कर भरणा:-

- 1) लिहून घेणार यांनी सर्व प्रलंबित मालमत्ता कर, सरकारी कर, वीज बिले, तसेच इतर थकबाकी जानेवारी 2024 पर्यंत पूर्ण करावयाची आहे.
- 2) लिहून घेणार यांनी रुग्णालयीन कर्मचाऱ्यांचे वेतन व इतर अनुषंगिक खर्चाची थकबाकी पूर्ण करावयाची आहे.
- 3) लिहून घेणार यांची फेब्रुवारी २०२४ नंतर संबंधित मालमत्ता कर, लाईट बिल व इतर अनुषंगिक खर्च करावयाची जबाबदारी राहिल.

६) इमारतीच्या बांधकामात बदल करणे किंवा इतर डागडुजी करणे :-

इमारतीच्या बांधकामात बदल करण्याची जबाबदारी लिहून घेणार यांची राहिल तसेच सदर इमारतीमध्ये इमारतीची डागडुजी, काही आवश्यक बदल या अनुषंगाने करावयाची कामे लिहून घेणार यांनी करावयाचे आहे.

७) विज बिल :-

लिहून घेणार यांनी करारनाम्यातील इमारतीस आवश्यक वीज जोडणी घेतली असून त्याबाबतचा पुढील खर्च हा लिहून घेणार यांनी करावयाचा आहे.

८) करारनाम्याची समाप्ती :-

अ) पंधरा वर्षांचा कालावधी पूर्ण झाल्यावर करारनामा संपुष्टात येईल.

ब) करारनाम्याचा कालावधी पूर्ण होण्यापूर्वी लिहून घेणार यांना सदर करारनामा रद्द करावयाचा असल्यास लिहून घेणार यांनी लिहून घेणार यांना 3 महिन्यांची आगाऊ नोटीस देवून सदरची जागा रिकामी करावयाची आहे. अशा स्थितीत सदर बंद अवस्थेतील रुग्णालयाला सुस्थितीत आणण्यासाठी करण्यात आलेल्या संपूर्ण खर्चाची मागणी लिहून घेणार यांना करता येणारी नाही.

क) लिहून घेणार यांनी १ वर्षांच्या आत रुग्णालय सुस्थितीत आणून चालू करावयाचे आहे. जर उक्त मुदतीत तशी पूर्तता लिहून घेणार यांच्याकडून झाली नाही तर लिहून घेणार व घेणार यांच्या सहमतीने ती आणखी १ वर्ष कालावधीसाठी वाढविता येईल. मात्र मुदतीत रुग्णालय लिहून घेणार यांनी सुरु केले नाही तर हा करार रद्द करावयाचा आहे.

९) करारनाम्याची नोंदणी :-

सदर करारनाम्याची नोंदणी करण्यासाठी आवश्यक असलेले मुद्रांक शुल्क व त्या अनुषंगाने येणारे खर्च हे लिहून घेणार यांनी करावयाचे आहे. तसेच या

सर्व कायदेशीर बाबींकरिता येणारा सर्व हा लिहून घेणार व लिहून घेणार यांनी परस्पर सहाय्यीने करावयाचा आहे.

१०) अधिकार क्षेत्र :-

सर्व करारनाम्याचे न्यायीक अधिकार क्षेत्र हे कुडाळ-सिंधुदुर्ग असे राहिल.

सर्व करारनामा लिहून घेणार- श्री. प्रकाश वागन नेरुरकर
अध्यक्ष/विभरता, लेट मिसेस इंगेट्राऊट नाईक विद्या प्रतिष्ठान मुंबई आणि
लिहून घेणार- श्री. उमेश सुंदर माळवणकर चेअरमन, बॅ. नाथ पै शिक्षण
संस्था, सिंधुदुर्ग, पु. पो. पिगुळी, तालुका- कुडाळ,
जिल्हा- सिंधुदुर्ग यांच्यात सही व शिक्क्यानीशी करण्यात आला.

सिडब्लू बाधार कार्ड नं.
8633 7660 1811

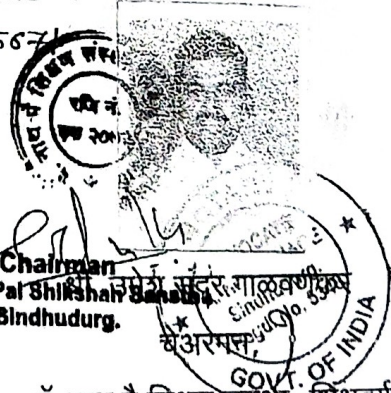
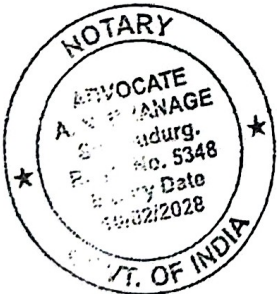


Managing Trustee
Late Mrs. Ingeerat Naik Vidya Pratishthan

श्री. प्रकाश वामन नेरुरकर
अध्यक्ष,
Regd. No. 5348

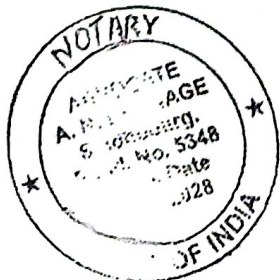
लेट मिसेस इंगेट्राऊट नाईक विद्या प्रतिष्ठान, मुंबई
लिहून घेणार

सिडब्लू बाधार कार्ड नं.
6650 5533 5671



Chairman
Mr. Nath Pal Shikshan Sanstha
Sindhudurg.

बॅ. नाथ पै शिक्षण संस्था, सिंधुदुर्ग,



BEFORE ME
SIGNED & EXECUTED
AVADHUT N. BHANAGE
ADVOCATE & NOTARY
DOCUMENT REGD NO. 248
DATE - 14/02/2024

लिहून घेणार



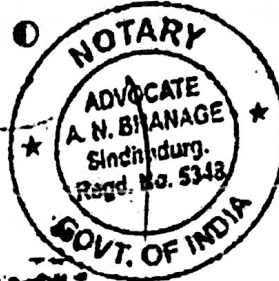
महाराष्ट्र MAHARASHTRA

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जाहपत्र - १

प्रतिज्ञापत्रा द्यतिरिक्त



मुद्रांक क्रितीचे स्थान : कुडाळी हायमार्टिम कुडाळ परबना क्र. कुडाळ-०२,
वस्तुवा शिबडा / अमुच्छेद क्र.

कसने त्रौदणी छापीणार आहेत का ? होय/नाही दुय्यम निबंधक कार्यालय
सिधुदुर्गाचे कर्तुन

मोचदल्ल रक्कम

दुसऱ्यापक्षाचे नांव कल्पना व्यंकटेश भंडारी / सुनिता रघुनाथ भोले
मुद्रांकाची रक्कम १००१ - नोंद दिव्ति क्र. २३२५ दि. ०७/०७/२४

शंक घणान्नीची सही) परबाना क्र. १५०८००२

(सुधाकर रमाकांत कुडाळी
मुद्रांक विकेता

- 5 JUL 2024

मेंमोरॅडम ऑफ अंडरस्टॅंडींग

श्री. उमेश सुं गाळवणकर, वय ४८ वर्षे
चेअरमन, बॅ. नाथ पे शिक्षण संस्था सिंधुदुर्ग
एम आय डी सी, प्लॉट नं ०४, ता. कुडाळ,
जि. सिंधुदुर्ग. पिन कोड ४१६५५०

लिहून देणार

यांसी

सौ. कल्पना व्यंकटेश भंडारी, वय ४७ वर्षे
प्राचार्या, बॅ. नाथ पे कॉलेज ऑफ नर्सिंग, कुडाळ
बॅ. नाथ पे शैक्षणिक भवन, एम. आय. डी. सी.,
प्लॉट नं. ०४ ता. कुडाळ जि. सिंधुदुर्ग, पिन कोड ४१६५२०

लिहून घेणार

लिहून देतात मेमोरेंडम ऑफ अंडरस्टैंडींग ऐसाजे की,

१) लिहून घेणार यांचे बॅ.नाथ पै कॉलेज ऑफ नर्सिंग, कुडाळ अंतर्गत बी.एस्सी नर्सिंग हा अभ्यासक्रम असून लिहून घेणार या सदर कॉलेज च्या प्राचार्या आहेत. सदर नर्सिंग महाविद्यालय सन २००९-१० पासून भारतीय परिचर्या परिषद नवी दिल्ली, महाराष्ट्र परिचर्या परिषद मुंबई आणि महाराष्ट्र शासन यांच्या मान्यतेने सुरु असून महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक शी संलग्न आहे.

२) लिहून घेणार यांना सदरील अभ्यासक्रमाचा भाग म्हणून विद्यार्थ्यांना प्रात्यक्षिक कार्यासाठी रुग्णालयाची आवश्यकता आहे.

३) लिहून देणार श्री. उमेश सुं गाळवणकर यांचे बॅ.नाथ पै शिक्षण संस्था सिंधुदुर्ग संचालित, कै.यशवंतराव नाईक ग्रामीण रुग्णालय व संशोधन केंद्र नेरुर या नावाने १०० खाटांचे सुसज्ज हॉस्पिटल नेरुर, कुडाळ येथे आहे.

४) लिहून देणार यांचे सदर हॉस्पिटल लिहून घेणार यांच्या सदरील अभ्यासक्रम सुरु असलेल्या ठिकाणापासून ४.०० किमी अंतरावर आहे.

५) त्याअर्थी खालीलप्रमाणे लिहून घेणार व लिहून देणार यांच्यामध्ये करार करण्यात येत आहे.

६) लिहून देणार हे लिहून घेणार यांचे स्वतःचे हॉस्पिटल निर्माण होईपर्यंत लिहून देणार हे स्वतःचे हॉस्पिटल विद्यार्थ्यांच्या प्रात्यक्षिक कार्याच्या अनुभवासाठी उपलब्ध करून देणार आहेत.

७) विद्यार्थ्यांच्या प्रात्यक्षिक कार्याच्या अनुभवासाठी आवश्यक असणाऱ्या सर्व सोई सुविधा लिहून देणार हे उपलब्ध करून देणार आहेत.

म्हणून लिहून दिले मेमोरेंडम ऑफ अंडरस्टैंडींग आज दिनांक ०८/०७/२०२४ रोजी



वर्दी

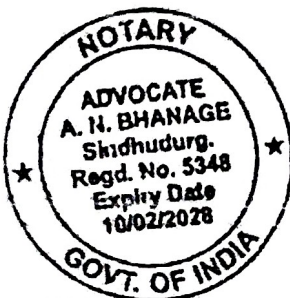
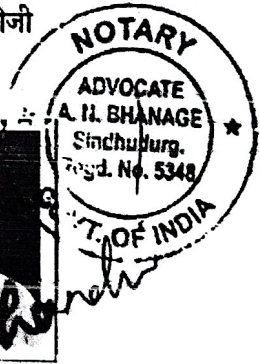
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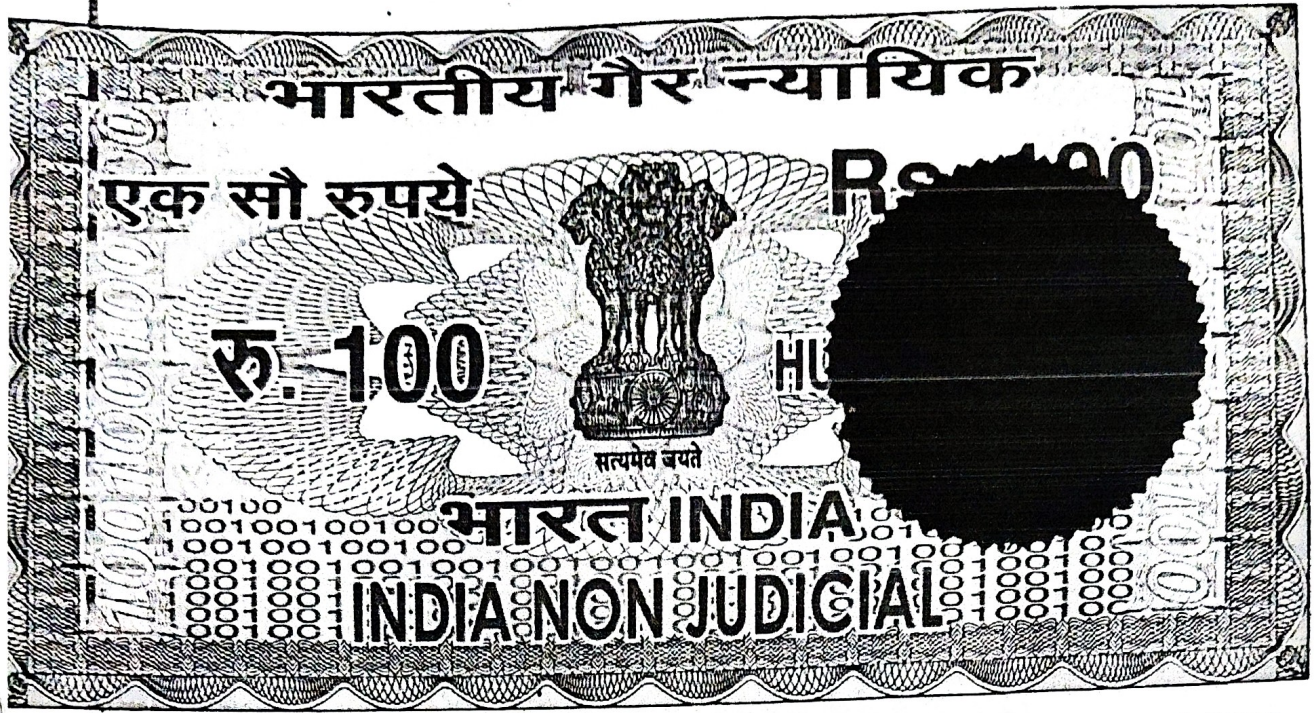
ओब्ध आधर
कॉर्ड नं.
4126 4413 8908



लिहून घेणार



Avadhut N. Bhanage
BEFORE ME
SIGNED & EXECUTED
AVADHUT N. BHANAGE
ADVOCATE & NOTARY
DOCUMENT REGD NO. 1080
DATE - 9/07/2024



महाराष्ट्र MAHARASHTRA

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जाडपत्र-२

प्रतिज्ञापत्रा व्यतिरिक्त

क्षेत्रे ठिकाण : कुळकर्णी टाईमरूमिंग कुडाळ परवाना क्र. कुडाळ-०३७

प्रकार : कर्जा / अनुच्छेद क्र.

शी कर्जा आहत का ? होय/नाही दुय्यम निबंधक कार्यालय

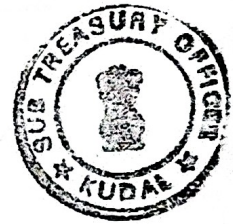
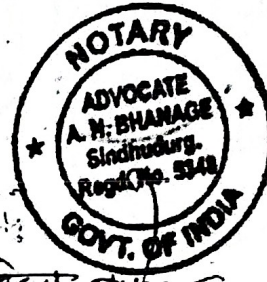
शि दर्शन

रक्कम : नव्वेप्रयत्नकें नाचु. पै. शि क्षम वेला : ५५५

क्षाचे नांव : प्रो. रमण शि कि लु कुते सुभाय कामत - पु. म. म. म.

शि रक्कम : १००/- नोंद विक्री क्र. ३२ दि. ०९/४/२४

रकम (सुधाकर रमणकोत कुळकर्णी) परवाना क्र. १५०८००२



Sub-Treasurer, Kudal

27 MAR 2024

AGREEMENT

This agreement made at Kudal 02 April 2024 between the Director, Public Health Department Maharashtra, behalf of civil Surgeon District Hospital Sindhudurg exercising executive power of the Government of state of Maharashtra hereinafter referred to as 'the Government' (which expression shall unless context does not admit include his successors) of the One Part and (1) Shri. Umesh Sundar Galvankar, Chairman Of Br. Nath Pai Shikshan Sanstha Sindhudurg (herein after referred to as "Nursing Institute") an institute registered under the Societies Registration Act, 1860 - (No.21 of 1860) and having its registered office at Kamat Building, Bachat Mandir, Bazharpeth Kudal, Dist-Sindhudurg.

hereinafter referred to as the Manager (Which expression shall unless the context does not so admit, include then the survivors or survivor of them the heirs, executors and administrators of the last survivor members or member at the time being on the Managing Committee of the said institute) of the other part.

The Institute has established **Basic.B.Sc Nursing/ANM/GNM/** situated at (hereinafter referred to as 'the said institute") Br. Nath Pai Shaikshanik Bhavan Plot No-04,MIDC,Tal-Kudal Dist-Sindhudurg (hereinafter referred to an 'the Nursing College which has no hospital facilities for training students belonging to the said Nursing School & College).

AND WHEREAS the Institute and Manager have requested the Government to permit them to use 100 beds in Jilha Mahila v Bal Rugnalay(District Women & Children Hospital Kudal) more particularly described in the first schedule hereunder Written (hereinafter referred to as "the said Hospital" as well as other facilities available in the said Hospital for being utilized by the Students of the said institute for training purpose only.

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

AND WHEREAS the institute and manager have agreed to construct within One year from the date of this agreement a fully equipped Hospital consisting of 100 beds with modern sophisticated investigational amenities and facilities at their own cost and adjoining the Nursing College Campus. AND WHEREAS the parties are desirous of recording the said terms & conditions.

NOW THIS AGREEMENT WITNESSES AS FOLLOWS:-

- 1) In consideration of the grant of license by the Government to the Manager to Make used of the said hospital furniture and equipment and incidental services to be provided by the government to the Nursing Institute, the manger shall pay to the government as and by way of license fee calculated at the rate of **Rs. 150/-** used by the institute. The said amount of the license fee shall be paid by the manager to concerned Dean in advance on the first day of January to 31st March each and every year during the subsistence of this license.

2) In pursuant of the said agreement and in consideration of the manager agreeing to pay to the government license fee at the rate afore said at the time and in the manner herein before mentioned, the Government hereby grants to the Managers a license and permission to have access to and use the said only for the purpose of training. Students of the license institute during the period commencing from the 02nd day of April 2024 and ending on The 31st day of March 2026.

Provided that if government is satisfied that the institute and Manager have duly performed and observed all the terms and conditions of this agreement and have achieved reasonable and / or significant progress towards the construction on and setting up of their own Hospital, the Government may grant extension of this license for such a further period and at such license fee as the Government may determine, considering the new Indian Nursing Council norms dated 16.02.2012.

3) This License shall extend to the employees, agents, students and such other persons as may be lawfully required by the Institute for training the students of the Institute.

4) THE GOVERNMENT HEREBY AGREES:-

a) That the Manger may use the existing furniture, dead stock and clinical facilities belonging to the hospital for the purpose of training students of the institute. If any additional furniture, dead stock and equipment is required by the Nursing institute for training students of the institute as per the appropriate councils of India and Universities requirement then the same shall be provided, installed and maintained by the manager, at their own costs. Provided that entire medical equipment of the said Hospital shall, at the discretion of the Civil Surgeon, District Hospital, Oros Sindhudurg of the said Hospital be available to all the patients of the said Hospital.

b) That the Dean / Medical superintendent of the said Hospital shall be responsible for the care of the patients in the said hospital.

c) Provided that the exact condition and responsibility of administration, teaching and care of patients shall be worked at and fixed by initial consultation between the Director of Health Service, Director, Medical Education & research And the Institute. Provided also that the decision in this regard by the Director of Health Services on the parties here to.

5) The Manager undertake and agree :-

a) To use the said 100 beds in the said Hospital for the purpose of clinical experience & practical training to its students only and for no other purpose whatsoever.

b) At their own cost and risk to store items of furniture, equipment and property of Manager in the said Hospital after taking prior permission in writing from the Civil Surgeon, District Hospital, Oros, Sindhudurg of the said Hospital.

c) The Manager requires any additional staff for purposes of the training programme of the Institute, the same shall be appointed and maintained by the Manager at their own cost, Provided further the provision for residential quarters of such additional staff shall be made by the Institute and Manager at their own costs.

d) During the period of this agreement, the staff and the students of the Institute who will be in the premises of the said Hospital shall always be subject to the disciplinary control of the Civil Surgeon, District Hospital, Oros Sindhudurg.

e) That the government shall be entitled to periodically evaluate the recurring expenditure involved as a result of utilization of facilities of the said Hospital by the Institute and if upon evaluation, government is required to incur additional expenditure on that account, then the manager shall bear and pay to the government such a additional recurring expenditure.

f) To pay for or make good at their expense any damage caused or done by any of the students and staff of the Institute to the inmates of the said Hospital and for its property or any part of the said Hospital or any part appertaining thereto to which the staff and students of the Institute have access, except fair wear and tear related to the proper use of the said Hospital by the institute.

g) To keep at all times the said Hospital premise and its precincts clean, neat and in good sanitary conditions.

h) Not to do or permit to be done anything upon the premises of the said Hospital and its precincts which may be a nuisance, annoyance or disturbance to the patients and inmates of the said Hospital or to the owners, occupiers or residents of other premises in the vicinity.

i) That government or any other person authorized by Government from time to time shall have the right to inspect the said Hospital (including the said beds therein which the Manager are permitted to use) on behalf of the Government and the Manager, office bearers, staff and the students of the

Institute shall render to such person full assistance enable person inspect the said Hospital. If such person requires the Manager to comply with directions in this behalf, then the Manager shall without demur comply with them.

j) To comply with all the directions or instructions issued by the government from time to time.

(6) The License hereby granted shall not confer on the manager, staff and students of the Institute any rights other than those hereby expressly granted.

(7) If the Manager fails to pay the License fee on the date fixed for the payment under these presents or if and whenever there shall be a breach of any of the terms and conditions here of by the Manager or if the Government is satisfied that the Manager has not achieved reasonable or significant progress towards construction and setting up of their own hospital, then the License hereby granted may be terminated by the Government by giving to the Manager three months prior notice in writing in that behalf and in the event of such termination or the expiration the Manager shall not be entitled to any damages caused to them or of the buildings or additional floors or improvements built or carried out on the premises of the said Hospital by the Manager.

(8) Without prejudice to any other rights and remedies of the Government arrears of the said License fee shall be deemed to be arrears of land revenue and as such may be recovered by the government from the manager as arrears of and revenue under the provisions of the Maharashtra Land Revenue code, in 1966, and any amendments thereof.

9) The Licensee (Manager) shall indemnify and keep the licensor indemnified against ill cost, charge, losses and damages which the licensor may suffer or incur by virtue of any negligence on the part of licensee which shall effect the

licensor (Govt.) and to reimburse the licensor (Govt.) all such costs, charges or expenses losses or damages as the case may be, immediately on demand by the licensor (Govt.). The decision of the licensor (Govt.) in this regard shall be final and binding on the licensee and the licensee shall not have any right to dispute the same.

10) The licensee (Manager) shall not be entitled to carry out any renovation and interior work in said premises, as per there requirement.

11) The licensee (Manager) shall use the said premises only for its lawful object business purpose. The licensee (Manager) shall not carry out any business in contravention of any law or statute for the time being in force.

12) The licensee (Manager) shall comply with all rules, regulations and bye laws applied for the said premises.

13) The licensee (Manager) shall not allow to private person/ third person in the premises.

14) The licensee (Manager) shall not be entitled to sub- rent the said premises the licensee (Manager) shall, however, be entitled to permit any of its subsidiaries or affiliates to use the premises.

15) The licensee (manager) shall have a right to peacefully enjoy the said premises subject to compliance with rules and regulation applicable to the said premises.

16) The licensee (manager) shall not bring and store any hazardous or inflammable articles in the said premises.

17) The licensee (Manager) shall not do anything in the said premises which is likely to be a nuisance or annoyance to the other occupants or which can cause any damage to the said premises or any part thereof.

18) The license can be terminated by either party by giving three months notice of its intention to terminate the license without any reason. The license shall be terminated at the expiry of such notice period.

19) The license terms and condition as may be mutually agreed up or, at expiry of the license period provided here in, for the renewed period, the parties shall execute and register fresh license deed.

20) The licensor (Govt.) shall have to carry out inspection of the said premises, during reasonable working hours either by its self or through its agents, wherever possible.

21) The licensee (Manager) shall be bound and liable to pay all amounts as required in terms of this license deed till it uses and occupies the said premises in quiet vacant, peaceful and unencumbered condition.

22) In case the Licensee (manager.) carries out any illegal business at the said premises the license shall be decided to be terminated and the licensee (manager) shall be liable and bound to vacate the said premises forthwith apart from further action under the prevailing rules and regulation for the time being in force.

23) Upon expiry of termination or earlier determination of this license and in the event of the license (manager) failing to hand over quiet, vacant and peaceful possession of the said premises to the licensee remove its articles and effects belonging to the licensee (manager) from the said premises the licensor (govt.) shall be and titled to remove the licensee's manager articles from the said premises at the cost of the licensor shall not render themselves liable for any civil or criminal action by doing so. This authority is irrevocable and constitutes the basis of these licenses and licensees shall not be entitled to dispute and any challenge call in question the validity or reasonable nests of this authority.

In witness where of the Governor of Maharashtra has caused the Civil Surgeon, District Hospital, Oros Sindhudurg, Government of Maharashtra to said his hand affix the seal of his office there to for an his behalf of and the manager of the institute here into said their hands on the day here first here in above written.

FIRST SCHEDULE ABOVE REFERRED TO
(Description of the Hospital Premise)

SECOND SCHEDULE ABOVE REFERRED TO
(Here set out particulars on each bed like its serial number, number of the ward in which it is situated etc.)

SIGNED, SEALED AND DELIVERED

By Dr. Shripad Harihar Patil, Civil Surgeon, District Hospital Oros, Sindhudurg to the Government of Maharashtra for and behalf of the Governor of Maharashtra in the presence of

- (1)
- (2)

SIGNED, SEALED AND DELIVERED By the above named Managers of the institute.

1) Shri. Umesh Sundar Galvankar, Chairman, Br.Nath Pai Shikshan Sanstha Sindhudurg, Tal-Kudal, Dist-Sindhudurg.

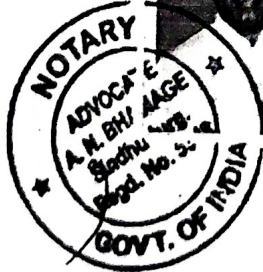
In presence of -

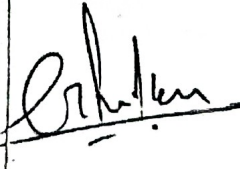
- 1) Kitan Katarolker  Identity Aadhar card
- 2) Shankar Madhav  No. 5501 9300 1873

I know the Deponent -

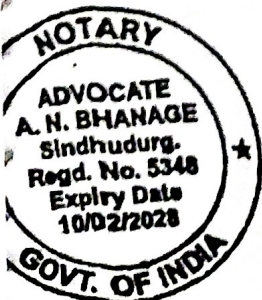
PLACE: Kudal

DATE : 2/04/2024.





Identity Aadhar card No. 6650 5533 5671



BEFORE ME
SIGNED & EXECUTED
AVADHUT N. BHANAGE
ADVOCATE & NOTARY
DOCUMENT REGD NO. 600
DATE - 2/04/2024.



महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग

१० वा मजला, गोकुळदास तेजपाल रुग्णालय इमारत, कॉफ्रॅड मार्केट जवळ,
लोकमान्य टिळक मार्ग, मुंबई - ४०० ००१.

दूरध्वनी क्रमांक- ०२२-२२६३२३६५

ई-मेल phd.arogyad@mah.gov.in

क्र.प्रात्यक्षिक-२०२४/प्र.क्र.९८/आरोग्य-४

दि. १५ मार्च, २०२४

प्रति,

आयुक्त,
आरोग्य सेवा तथा अभियान संचालक,
राष्ट्रीय आरोग्य अभियान, मुंबई.

विषय:- बॅ.नाथ पै शिक्षण संस्था, सिंधुदुर्ग संचालित, बॅ.नाथ पै नर्सिंग महाविद्यालय, कुडाळ, जि.सिंधुदुर्ग या खाजगी महाविद्यालयास शैक्षणिक प्रयोजनार्थ परवानगी मिळण्याबाबत...

- संदर्भ:-
- १) शासन निर्णय, सार्वजनिक आरोग्य विभाग क्र.प्राअसं-२०१२/६३९/प्र.क्र.११७/आरोग्य-४, दिनांक १८.०९.२०१२.
 - २) शासन निर्णय, सार्वजनिक आरोग्य विभाग क्र.एचएसपी-१६९०/सीआर ९६/आरोग्य-३, दिनांक ०३.०८.१९९०.
 - ३) सहसंचालक, आरोग्य सेवा, रुग्णालये (राज्यस्तर), मुंबई यांचे दि.०२.११.२०२३ रोजीचे पत्र.

महोदय,

सहसंचालक, आरोग्य सेवा, रुग्णालये (राज्यस्तर), मुंबई यांच्या प्रस्तावानुसार, "बॅ.नाथ पै शिक्षण संस्था, सिंधुदुर्ग संचालित, बॅ.नाथ पै नर्सिंग महाविद्यालय, कुडाळ, जि.सिंधुदुर्ग या खाजगी महाविद्यालयातील विद्यार्थ्यांना शासन निर्णय, सार्वजनिक आरोग्य विभाग, दि.१८.०९.२०१२ व दि.०३.०८.२०१३ मधील व खालील अटी व शर्तीच्या अधीन राहून, प्रशिक्षणार्थीना ग्रामीण भागातील आरोग्य सेवेचा प्रात्यक्षिक अनुभव मिळण्यासाठी, जिल्हा महिला व बाल रुग्णालय, कुडाळ, जि.सिंधुदुर्ग ही आरोग्य संस्था आरोग्य प्रशिक्षण केंद्र म्हणून संलग्न करण्यास अंतिम संधी म्हणून शैक्षणिक वर्ष सन २०२४-२५ व सन २०२५-२६ या २ वर्षांच्या कालावधीसाठी विशेष वाव म्हणून परवानगी देण्यात येत आहे.

अटी व शर्ती:-

- १) शासकीय रुग्णालयातील खाटा प्रात्यक्षिक अनुभवासाठी वापरण्यास परवानगी देतेवेळी शासकीय परिचर्या संस्थेतील विद्यार्थी/ विद्यार्थीनींना प्रथम प्राधान्य देण्यात येईल. नंतर वैद्यकीय शिक्षण व संशोधन विभागांतर्गत संस्था, महानगरपालिका व राज्य कामगार रुग्णालयामार्फत संस्थांमधील विद्यार्थी/ विद्यार्थीनींना परवानगी देण्यात येईल. तदनंतर खाटा शिल्लक राहिल्यास खाजगी

- परिचर्या संस्थेतील विद्यार्थी/ विद्यार्थीनींना प्रात्यक्षिक अनुभवासाठी खाटा वापरण्यास परवानगी देण्यात येईल, याची जिल्हा शल्यचिकित्सक, सिंधुदुर्ग यांनी खात्री करावी.
- २) वें.नाथ पै शिक्षण संस्था, सिंधुदुर्ग संचालित, वें.नाथ पै नर्सिंग महाविद्यालय, कुडाळ, जि.सिंधुदुर्ग संस्थेने जास्तीत जास्त ३ वर्षांच्या कालावधीत स्वतःची चिकित्सालयीन सुविधा उपलब्ध करून घ्यावी. ३ वर्षांनंतर शासकीय रुग्णालयातील खाटा वापरण्यास परवानगी देण्यात येणार नाही.
 - ३) अशाप्रकारे शुल्क आकारून शैक्षणिक प्रयोजनार्थ संलग्न केल्यास जिल्हा महिला व बाल रुग्णालय, कुडाळ, जि.सिंधुदुर्ग येथे येणारे विद्यार्थी/ प्रशिक्षणार्थीकरीता निवास (Residential)/ खानावळ (Mess)/वाहतुक (Transport) इत्यादी सोयी सुविधा आरोग्य विभागाकडून उपलब्ध होणार नाहीत.
 - ४) दरवर्षी प्रतिदिन प्रति खाटा रु.१५०/- एवढे शुल्क अग्रीम स्वरूपात जिल्हा शल्यचिकित्सक यांनी संस्थेकडून प्राप्त करून घ्यावे व शासनाच्या महसूली जमा खात्यात कोषागार कार्यालयाच्या सल्ल्यानुसार जमा करावे.
 - ५) संस्थेने शैक्षणिक प्रयोजनार्थ खाटा वापरताना प्राथमिक प्राथमिक आरोग्य केंद्रांच्या वाहतूक व आंतररुग्ण सेवांवर व रुग्णालय परिसरातील सुव्यवस्थेवर त्याचा कोणताही अनुचित परिणाम होणार नाही याची जिल्हा शल्यचिकित्सक, सिंधुदुर्ग यांनी दक्षता घ्यावी.
 - ६) जिल्हा महिला व बाल रुग्णालय, कुडाळ, जि.सिंधुदुर्ग येथे येणाऱ्या बी.एससी.नर्सिंग/ आर.ए.एन.एम. व जीएनएम विद्यार्थ्यांनी रुग्णालयाच्या नियमांचे काटेकोरपणे पालन करावे.
 - ७) संस्थेने विद्यार्थ्यांसाठी चिकित्सालयीन सुविधा वापरताना जिल्हा महिला व बाल रुग्णालय, कुडाळ, जि.सिंधुदुर्ग येथील कर्मचाऱ्यांच्या सेवा संस्थेस वापरता येणार नाहीत.
 - ८) जिल्हा महिला व बाल रुग्णालय, कुडाळ, जि.सिंधुदुर्ग येथील वैद्यकीय अधिकारी व कर्मचाऱ्यांमार्फत रुग्णांना द्यावयाच्या आरोग्य सेवा सुविधा तसेच सर्व राष्ट्रीय आरोग्य कार्यक्रमांतर्गत सेवा पूर्वीप्रमाणेच सुरु ठेवाव्यात.
 - ९) याबाबतचे करारपत्र रु.१००/- च्या स्टॅम्प पेपरवर संस्थेचे जबाबदार अधिकारी व जिल्हा शल्यचिकित्सक यांचे स्वाक्षरीने तयार करावे.

आपली.

(नीलम संगवई)

(नीलम संगवई)

अवर सचिव, महाराष्ट्र शासन

प्रत :-

१. सहसंचालक, आरोग्य सेवा, रुग्णालय (राज्यस्तर), मुंबई.
२. उपसंचालक, आरोग्य सेवा, कोल्हापूर मंडळ, कोल्हापूर.
३. पोलिस अधिक्षक, जिल्हा सिंधुदुर्ग.
४. जिल्हा शल्यचिकित्सक, कुडाळ, जि.सिंधुदुर्ग.

महाराष्ट्र शासन, सार्वजनिक आरोग्य विभाग
जिल्हा रुग्णालय सिंधुदुर्ग-सिंधुदुर्गनगरी
ता.कुडाळ जि.सिंधुदुर्ग कोकण विभाग,महाराष्ट्र राज्य) पिन कोड-४१६८१२
दुरध्वनी/फॅक्स ०२३६२-२२८९,०० (औपध भांडार) २२८९,०० (प्रशासकीय कार्यालय)
District Hospital Sindhudurg-Sindhudurnagri
Tal.Kudal Dst.Sindhudurg (Konkan- Maharashtra) Pin Code 416812
Telefax - 02362-228900 (Medical Store) / 28902 (Office)
e mail - cssindhudurg@yahoo.co.in/ cssindhudurg@gmail.com

१४९१७
जा.क्र/जिरुसिं/आस्था/नर्सिंग होम नोंदणी/२०१६

दिनांक - २७/१०/२०१६

दाखला

दाखला देणेत येतो कि, सिंधुदुर्ग जिल्हयासाठी महाराष्ट्र शासनाच्या सार्वजनिक आरोग्य विभागाचे नियंत्रणाखाली जिल्हा रुग्णालय सिंधुदुर्ग हे -सिंधुदुर्गनगरी जिल्हा मुख्यालयी कार्यरत आहे.या रुग्णालयासाठी शासनाने २०० खाटा मंजूर केलेल्या आहेत.त्या व्यतिरीक्त मा.खासदार विकास कार्यक्रमातुन १०० खाटांचा आंतररुग्ण कक्ष बांधणेत आलेला आहे.त्या प्रमाणे एकुण ३०० खाटा उपलब्ध आहेत.हे रुग्णालय शासकीय असलेन त्याची नोंदणी महाराष्ट्र नर्सिंग होम अॅक्ट २००५ मध्ये करणेत येत नाही.

(डॉ.एस.व्ही.कुलकर्णी)

जिल्हा शल्य चिकित्सक,सिंधुदुर्ग

प्रत -

चेअरमन

बॅ.नाथ पै शिक्षण संस्था,सिंधुदुर्ग प्लॉट नं.४ एम.आय.डी.सी पिंगुळी ए/एस कुडाळ जि.
सिंधुदुर्ग पिन कोड ४१६ ५२०

२/- त्यांचे पत्र क्र - दि.२७/१०/२०१६ नुसार पुढील कार्यवाहीसाठी





महाराष्ट्र शासन

सार्वजनिक आरोग्य विभाग

जिल्हा शल्य चिकित्सक, सिंधुदुर्ग यांचे कार्यालय

जिल्हा रुग्णालय सिंधुदुर्ग-सिंधुदुर्गनगरी ता.कुडाळ, जि.सिंधुदुर्ग

दुर्गवर्ती ०२३६०-००८९०४ (वैयक्तिक) ००८९०० (प्रशासकीय कार्यालय) ०२८९०१ (रुग्णालय)

e mail - cssindhudurg@yahoo.co.in/cssindhudurg@gmail.com

प्रमाणपत्र

प्रमाणपत्र देणेत येते कि, जिल्हा रुग्णालय सिंधुदुर्ग मु.पो सिंधुदुर्गनगरी ता.कुडाळ जि.सिंधुदुर्ग हे रुग्णालय महाराष्ट्र शासनाचे सार्वजनिक आरोग्य विभागाचे नियंत्रणाखाली आहे. महाराष्ट्र शासनाचे रुग्णालयांची नोंदणी महाराष्ट्र नर्सिंग होम ॲक्ट या अंतर्गत केली जात नाही.

स्थळ - सिंधुदुर्गनगरी

दिनांक - १९/३/२०२५



(डॉ. एम. ए. च. पाटील)

जिल्हा शल्य चिकित्सक सिंधुदुर्ग

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

रु. 100



सत्यमेव जयते

ONE
HUNDRED RUPEES

भारत INDIA
INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA

2023

89AA 110591

28 MAR 2024

दिनांक

दि.नं.

५५४५२

स्टॅम्प क्रमांक

श्री. गोविंद बाबा मेडिकल प्राइवेट लि.

कुडाल हॉस्पिटल संजय सिव्हा

यांचे रु. (100) दिले स्टॅम्प कोड क्र. २६०१०२५

अॅफिडेव्हीट, करारपत्र, मॉरमेज, मुळपत्र व छरेदी पत्र



28 MAR 2024

He

AGREEMENT

(FOR COLLECTION, TRANSPORTATION, TREATMENT & DISPOSAL OF BIO MEDICAL WASTE)

1) Assistant Manager,
Mr. Mahesh Mahadev Patil.

M/s. Shree Govind Bio Medical Private Limited.,
Plot No. H-148, Kudal MIDC, Tal- Kudal,
Dist. Sindhudurg, Pin Code: 416550.

Party No. 01

2) Dean,

Government Medical College & Civil Hospital Sindhudurg,
Aree, Tal -Kudal. Dist- Sindhudurg.

Party No. 02

This agreement is executed as per the permission (Combined Consent & BMW Authorization) granted by the Maharashtra Pollution Control Board in favour of M/s. Shree Govind Bio Medical Private Limited., Sindhudurg in respect of Operate Common Bio Medical Waste Collection, Transportation, Treatment & Disposal Facility for all Sindhudurg District since 2008.

As per the Bio-Medical Waste Management Rules 1998 & Revised Rules 2016 each & every Health Care Establishment/Facility mandatory to obtain Membership Certificate of CBMWTF (Common Bio-Medical Waste Treatment Facility) for Disposal of Bio-Medical Waste generated at their institute.

This agreement is executed, Date 01.04.2024 Permission of both Party No. 01 and Party No.02 for Bio Medical Waste Collection, Transportation, Treatment & Disposal. Their terms & conditions are mentioned below.

1. Party No. 01 is Operating Facility of Common Bio Medical Waste Collection, Transportation, Treatment & Disposal as per Central & Maharashtra Pollution Control Board Bio Medical Waste Management Rules 1998 & Revised Rules 2016 under Environment Protection Act 1986 & their amendments. It is mandatory to Party No. 02 to take Membership Certificate & renew time to time from Party No.01 & Obey all Rules as per Bio-Medical Waste Management Rules 2016.
2. Party No. 02 will be not allow proposal of registration under Bombay Nursing Home Act 1949 to all Health Care Establishment (HCE's), if HCE not having valid period of Membership Certificate of Party No.01.
3. For the purpose of the records implemented as per Environment (Protection) Act – 1986, Maharashtra Pollution Control Board / Bombay Nursing Home Act-1949, any other concern Authority will be signed by Party No. 01 at the time of the visit, Bio Medical Waste register will be easily available at HCE / Institute in order to sign by biomedical waste collection representative, which is Party No. 02 whole responsibility.
4. Party No. 02 will segregate the Bio Medical Waste as per the colour code / category (Yellow, Red, Blue and White) & as per rules of Maharashtra Pollution Control Board. Party No. 02 will not mix any other waste in Bio Medical Waste like foodstuff carry bags, fruits, Meal, Papers, Coconut, Flower etc.
5. Party No. 02 will deliver the Bio Medical Waste within prescribed time to the collection van without any hesitation. The concerning institute/hospital will be responsible for putting the bio medical waste bags in the vehicle and signing the waste register.
6. Party No. 02 know very well that un-segregated & without Bar Code Bio-Medical Waste bag/container will not collected by Party No. 01.
7. Bio Medical Waste Bags should Seal properly before handover to transporter & regularly maintain proper record by Party No.02.
8. Party No. 02 will give human anatomical waste for disposal with proper authentication sign & stamp, whenever required.



9. Any type of Bio Medical Waste for e.g. Plastic Bottle, IV sets, IV Bottle, Syringes, Glass bottle should be given to Party No. 01 only. It is not allowed Party no. 02 to sale in the scrap or dispose at any other place, by mistake it happen hospital will held responsible for this type mistake.

10. Segregated Bio Medical Waste will be collected by the Party No.01 Transporter and transported to BMW Treatment / Disposal Facility.

11. Party No. 01 responsible for Transportation, Treatment & Disposal of collected Bio Medical waste.

12. Party No. 01 will collect Bio Medical Waste regularly as per route plan from HCE. If any changes in route concern Transporter will contact with HCE.

13. Party No. 02 Government Medical college & District Hospital Sindhudurg has to pay Rs.13.2/- per Bed per Day for Biomedical waste Collection Transportation, Treatment & Disposal charges. Government Taxes Applicable.

14. Every year only 10% agreed charges will be increased in total amount, as per increase cost consideration of Transportation/Fuel, Machinery maintenance, Electricity, Worker wages, PPE etc.

15. The payment for the Collection, Transportation, Treatment & Disposal of Bio Medical Waste is to be paid yearly basis in advance & the Party No. 01 will issue Membership Certificate & receipt of the same.

16. Party No. 02 will pay separate / extra charges for Bio Medical waste collection Bag, Container, Dust Bin, Bar Code & Other waste & Covid-19 Bio Medical Waste Collection, Transportation, Treatment & Disposal.

17. Government Holidays, Sunday, National Holiday, Public Holiday or any occasion like curfew, band etc. that days Bio-Medical Waste will be collected on the next day, but the charges for that day will be added in the bill.

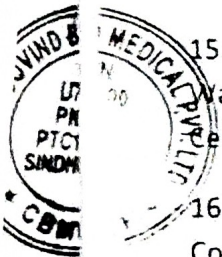
18. After putting the bill please keep the payment ready to avoid inconvenience.

19. If the anyone institute of Party No. 02 fails to make the payment as per agreement, Party No.01 will wait up to 2 months and after that Party No.01 will stop the service and inform to M.P.C.B. and Concern Authority. The concern institute/Hospital will be responsible for further cause and consequence which will be adore in future.

20. Needles should be terminated within the institute/ Hospital by Party No.02, hence needle terminator should be kept in the institute/Hospital & this is mandatory as per rule.

21. If the institute / hospital remains closed at the arrival of Bio Medical Waste collection vehicle, Party No. 02 will have to pay the charge of that particular day even if the waste is not available.

22. Party No. 02 will immediately inform if increase the bed capacity or in Address there is any other change to Party No. 01 in written on authorised letter head.



23. Written information must be submit to the service provider of any extra or less beds are employed rather than in Registration. Charges will be paid for the extra bed from the same day without prior information, if any changes in number of beds will cause the problem.

24. Party No. 02 agreed to inform Party No. 01 regarding any service related complaint of Bio Medical waste collection & Other Issues within 24 hrs.

25. Party No. 02 submit the Maharashtra Pollution Control Board / Bombay Nursing Home Act-1949 Registration Certificate / Doctor Degree Certificate, Registration Certificate /Any other concern Authority certificate to Party No. 01 during the Registration.

26. Party No. 02 should pay charges & Renew Membership Certificate time to time every year as per MPCB Norms. If not renewed 10 % Penalty charges will applicable for every month.

27. Party No. 02 should mandatory to renew time to time MPCB Bio Medical Waste Consent/Authorisation as per BMW Management Rules 2016.

28. The concerning institution / hospital of Party No. 02 have their duty to give training & make aware of the Bio Medical Waste to their staff.

29. The total system will be carried out as per C.P.C.B. & M.P.C.B. rules and regulations of BMW Management Rules 2016, the respected amendment for the both the laws will be incorporated as and when published.

30. The Agreements one time permanent, bound by MPCB Rule between Party No.01 & Party No.02.

31. The term and conditions are strictly followed for the both parties no claim will be entertained thereafter.

32. Both Party No.01 & Party No.02 undersign below for reading, understanding & agree of above agreement.

Party No. 01

- 1) Assistant Manager,
Mr. Mahesh Mahadev Patil.

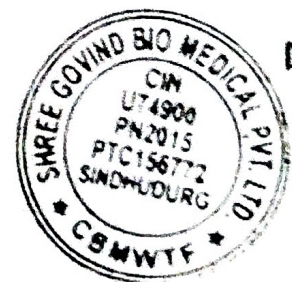
M/s. Shree Govind Bio Medical Private Limited.,


Plot No. H-148, Kudal MIDC, Tal- Kudal,
Dist. Sindhudurg, Pin Code: 416550.

Party No. 02

- 2) Dean,

Government Medical College & Civil Hospital Sindhudurg,
Oros, Tal -Kudal, Dist- Sindhudurg.




अधिष्ठाता
शासकीय वैद्यकीय
महाविद्यालय व रुग्णालय
सिंधुदुर्ग.

Witness :-

1) Name: श्री प्रविण चौधरीकर
श्री GMCH Sindhudurg.

Shri

2) Name: सोमनाथ दत्तात्रय ननावरे
.....

Shri



महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग

जिल्हा शल्य चिकित्सक, सिंधुदुर्ग यांचे कार्यालय

मु. सिंधुदुर्गनगरी ता. कुडाळ, जि. सिंधुदुर्ग

दुरध्वनी ०२३६२-२२८६५४ (वैयक्तिक) २२८९०२ (प्रशासकीय कार्यालय) २२८९०१ (रुग्णालय)

e mail - cssindhudurg@yahoo.co.in/cssindhudurg@gmail.com

जा.क्र./जिरुसिं/आस्था/एम.एस.सी.नर्सिंग /बॅ.नाथ पै/२०२५/10295

दिनांक - १/७/२०१५

ना हरकत प्रमाणपत्र

प्रमाणपत्र देणेत येते कि, बॅ.नाथ पै शिक्षण संस्था, सिंधुदुर्ग या शैक्षणिक संस्थेकडून महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांचेशी संलग्न एम.एस्सी नर्सिंग हा पदव्युत्तर २ वर्षांचा अभ्यासक्रम सन - २०२५-२६ या वर्षात सुरु करणेत येणार आहे. त्याकरिता सार्वजनिक आरोग्य विभाग, महाराष्ट्र शासन मंत्रालय, मुंबई यांच्या प्रशासकीय नियंत्रणाखालील १०० खाटांचे जिल्हा महिला व बाल रुग्णालय कुडाळ, ता.कुडाळ, जि.सिंधुदुर्ग येथील रुग्णालयाच्या रुग्णालयीन खाटा शैक्षणिक प्रयोजनार्थ वापरणेस देणेस या कार्यालयाची हरकत नाही. बॅ.नाथ पै शिक्षण संस्था, सिंधुदुर्ग संचालित बॅ.नाथ पै नर्सिंग महाविद्यालय, कुडाळ, जि.सिंधुदुर्ग या संस्थेचे कुडाळ येथे बी.एस्सी नर्सिंग अभ्यासक्रमाचे महाविद्यालय कार्यरत आहे. सदरच्या महाविद्यालयातील विद्यार्थ्यांना ग्रामीण भागातील आरोग्य सेवेचा प्रात्यक्षिक अनुभव मिळणेसाठी जिल्हा महिला व बाल रुग्णालय, कुडाळ, ता.कुडाळ, जि.सिंधुदुर्ग या रुग्णालयाच्या खाटा - सन - २०२४-२५ व २०२५-२६ या वर्षात वापरण्याकरिता शासनाकडून दिनांक - १५/३/२०२४ रोजीच्या पत्रान्वये १ ते ९ अटी नमूद करून मान्यतेचे पत्र देण्यात आलेले आहे. (संदर्भ शासन पत्र क्रमांक - सार्वजनिक आरोग्य विभाग मंत्रालय, मुंबई क्र. प्रात्यक्षिक - २०२४ प्र.क्र. ९८/ आरोग्य - ४, दिनांक - १५/३/२०२४) सिंधुदुर्ग जिल्ह्यातील शासकीय तसेच खाजगी संस्थेमध्ये एम.एस्सी नर्सिंग हा अभ्यासक्रम सुरु नसल्याने वरील रुग्णालयाच्या खाटा प्रात्यक्षिक अनुभवाच्या परवानगीसाठी वापरणेबाबत यापूर्वी ना - हरकत प्रमाणपत्र या कार्यालयाकडून दिलेले नाही.




(डॉ.एस.एच.पाटील)
जिल्हा शल्य चिकित्सक सिंधुदुर्ग

प्रत -चेअरमन, बॅ.नाथ पै शिक्षण संस्था, सिंधुदुर्ग प्लॉट नं.४ एम.आय.डी.सी पिंगुळी ए/एस कुडाळ जि.सिंधुदुर्ग
पिन कोड ४१६ ५२०

२/- त्यांचे पत्र क्र - ८५/२०२५, दिनांक - ३/७/२०२५ नुसार पुढील कार्यवाहीसाठी



महाराष्ट्र शासन

सार्वजनिक आरोग्य विभाग

जिल्हा शल्य चिकित्सक, सिंधुदुर्ग यांचे कार्यालय

जिल्हा रुग्णालय सिंधुदुर्ग-सिंधुदुर्गनगरी ता. कुडाळ, जि. सिंधुदुर्ग

दुरध्वनी ०२३६२-२२८६५४ (वैयक्तीक) २२८९०२ (प्रशासकिय कार्यालय) २२८९०१ (रुग्णालय)

e-mail - cssindhudurg@yahoo.co.in/cssindhudurg@gmail.com

To,

The principal,
Br.Nath Pai College of Nursing, Kudal
Sindhudurg.

Sub – Completion of clinical posting of 4th semester B.Sc. Nursing Students.

Respected Madam,

With reference to the above mentioned subject, I would like to inform you that 24 students of 4th semester B.Sc. Nursing have completed their clinical posting in the subject of Adult Health Nursing II in The Government Medical College and Hospital and Civil Hospital Sindhudurg from 14.10.2024 to 29.10.2024 and 04/11/2024 to 02/12/2024 as per their schedule.

During this period they have exposed to Medical Surgical Nursing department.

Students are good and hardworking. The posting was a great help for all of us.

This is for your kind information.

अधिसेविका

शा.वै.म.व रु.व

जिल्हा रुग्णालय, सिंधुदुर्ग

अधिसेविका

जिल्हा रुग्णालय, सिंधुदुर्ग



Br. Nath Pai Shikshan Sanstha, Sindhudurg's
Br. Nath Pai College of Nursing, Kudal

(Affiliated to Maharashtra University of Health Sciences, Nashik
Approved by Indian Nursing Council, New Delhi, Maharashtra Nursing Council, Mumbai & Govt. of Maharashtra, Mumbai)

Br. Nath Pai Shaikshanik Bhavan, MIDC, Plot No. 4, Tal : Kudal, Dist : Sindhudurg. Pincode : 416520

(02362) 221207 / 221181 02362 - 221961 brnathpainursing@gmail.com

Ref. No.: BNP/BSC/NSG/267/2024

Date: 09/11/2024

प्रति,
मान. अधिष्ठाता,
शासकीय वैद्यकीय महाविद्यालय व रुग्णालय सिंधुदुर्ग
सिंधुदुर्गनगरी



विषय- परिचर्या प्रशिक्षण शुल्क जमा करित असल्याबाबत....

संदर्भ- १) जा.क्र. शावैमवरुसि/प्रात्यक्षिक अनुभवाकरीता परवानगी देणेबाबत/१४६८-७१/२०२४,
दिनांक- २४/०९/२०२४.

महोदय,

बॅ.नाथ पै शिक्षण संस्था सिंधुदुर्ग संचालित, बॅ.नाथ पै स्कूल ऑफ नर्सिंग अंतर्गत सन २००९-१० पासून बी.एस्सी नर्सिंग अभ्यासक्रम परिचर्या परिषद नवी दिल्ली, महाराष्ट्र परिचर्या परिषद मुंबई आणि महाराष्ट्र शासन यांच्या मान्यतेने सुरु असून महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक शी संलग्न आहे.

आमच्या बॅ.नाथ पै कॉलेज ऑफ नर्सिंग कुडाळ मधील विद्यार्थ्यांना आपल्या हॉस्पिटल मध्ये परिचर्या प्रशिक्षणासाठी परवानगी देण्यात आलेली आहे. त्यानुसार आम्ही आमच्या नर्सिंग महाविद्यालयातील IInd सेमिस्टर, IVth सेमिस्टर व Vth सेमिस्टर बी एस्सी नर्सिंग मधील विद्यार्थ्यांना परिचर्या प्रशिक्षणासाठी पाठविण्यात आले होते.

सदर परिचर्या प्रशिक्षण शुल्क आपल्या कार्यालयास आपण दिलेल्या बँक खात्यात आर.टी.जी.एस व्दारे जमा करण्यात आले असून त्याचा तपशील पुढील प्रमाणे.

अ.क्र.	अभ्यासक्रमाचे नाव	कालावधी	विद्यार्थी संख्या	प्रात्यक्षिक कार्य दिवस	एकूण शुल्क	आर.टी.जी.एस क्रमांक व दिनांक
१	II nd सेमिस्टर	२५/०९/२०२४ ते ०९/१०/२०२४	१२	१५ दिवस	१५०*१५*१२ = २७,०००/-	आर.टी.जी.एस नं. BKIDH२४२९८९४३४९ दिनांक २४/१०/२०२४
		१०/१०/२०२४ ते २४/१०/२०२४	११	१५ दिवस	१५०*१५*११ = २४,७५०/-	
२	IV th सेमिस्टर	१४/१०/२०२४ ते २९/१०/२०२४	२४	४५ दिवस	१५०*४५*२४ = १,६२,०००/-	
		०४/११/२०२४ ते ०२/१२/२०२४				
३	V th सेमिस्टर	२५/०९/२०२४ ते १४/१०/२०२४	२०	२० दिवस	१५०*२०*२० = ६०,०००/-	
		१५/१०/२०२४ ते ०७/११/२०२४	१९	२० दिवस	१५०*२०*१९ = ५७,०००/-	
एकूण					३,३०,७५०/-	

तरी आमची आपणास नम्र विनंती आहे की, सदर परिचर्या प्रशिक्षण शुल्क स्विकारण्यात यावे

सहकार्य आहेच वृद्धीगत व्हावे !

भावक लिपिक

य वैद्यकीय महाविद्यालय
रुग्णालय, सिंधुदुर्ग

सोबत- आर.टी.जी.एस पावती साक्षात्कीत प्रत रु. ३,३०,७५०/-

आपली विश्वासू

Principal / Dean

Br. Nath Pai College of Nursing

BMEDH24299894349

Bank Of India

24/10/2014

Date

RTGS / NEFT remittance slip

Amount Rs. 330750

Amount in words Three Lac Thirty Thousand Seven Hundred

Name of beneficiary Govt - Medical College And Hospital

Address of beneficiary Sindhu (D.M.) Office - Sindhu

Name of Beneficiary's Bank State Bank of India

Beneficiary/Account No. 0000040264354138

Name of Branch 0203 - Sindhu

IF SC Code (11 Digit) SBIN0004511

Account No. 140820100000238 Cheque No. 125507

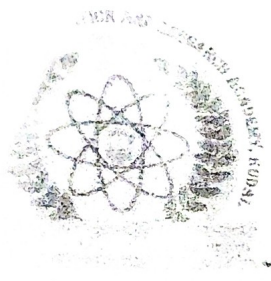
Name of A/C holder Ba-North East College of

Mobile No. Mumbai

Signature of A/C holder



Clerk



Br. Nath Pai-Shikshan Sanstha, Sindhudurg's
Br. Nath Pai College of Nursing, Kudal

Br. Nath Pai Shaikshank Bhavan, MIDC, Plot No. 4, Tal : Kudal, Dist : Sindhudurg. Pincode : 416520
(02362) 221207 / 221181 02362 - 221961 brnathpainursing@gmail.com

Ref. No.: BNP/BSC/NSG/

Date : 18 / 09 / 2024

To,
The Dean,
Govt. Medica. College & Hospital,
Sindhudurg,
Dist - Sindhudurg.



Subject: Seeking permission for clinical posting of B.Sc. Nursing students.

Respected Sir,


As per the reference for the subject cited above, we the Br. Nath Pai College of Nursing, Kudal request you to grant the permission for clinical posting of II Semester, IV Semester, and V semester B.Sc. Nursing students in your esteemed hospital. The details of clinical posting are as follow.

Sr. No.	Class	Date	Days	Group	No. of Students
1	II Semester B.Sc. Nursing	25/09/2024 to 09/10/2024	15 ✓	A	12
		10/10/2024 to 24/10/2024	15 ✓	B	11
2	IV Semester B.Sc. Nursing	14/10/2024 to 29/10/2024	45 ✓	A	24
		04/11/2024 to 02/12/2024			
3	V Semester B.Sc. Nursing	25/09/2024 to 14/10/2024	20 ✓	A	20
		15/10/2024 to 07/11/2024	20 ✓	B	19

We hope for your co-operation of staff and permit us to use the infrastructure of your hospital. Kindly grant us permission and do the needful.

Note:- Students will be not there in clinical from 30/10/2024 to 03/11/2024 as they are proceeding for Diwali vacation.

Thanking you,


20/09/24
Dr. Nath Pai
Br. Nath Pai College of Nursing, Kudal



Yours faithfully,


Dr. Nath Pai
Br. Nath Pai College of Nursing, Kudal



महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, सिंधुदुर्ग

Government Medical College & Hospital, Sindhudurg

Near Civil Hospital, A/P.Oras, Ta.-Kudal, Dist. Sindhudurg

Phone No.(02362 228355) Pin-416812

E-mail ID-deangmchsindhudurg@gmail.com

जा.क्र.शावैमवरुसि/ प्रशिक्षण शुल्क पोच / 357

/2024

दि. 3/02/2024

04/02/2025

प्रमाणपत्र

प्रमाणित करण्यात येते कि, शैक्षणिक वर्ष 2024-25 या वर्षाचे परिचर्या प्रशिक्षण शुल्क बॅ. नाथ पै कॉलेज ऑफ, नर्सिंग कुडाळ, सिंधुदुर्ग या संस्थेकडून रक्कम रुपये 3,30,000/- फक्त,(तीन लाख तीस हजार सातशे पन्नास रुपये मात्र) एवढे प्रशिक्षण शुल्क RTGS मार्फत दिनांक 24-10-2024 रोजी खाते क्रमांक: 00000080268358966 या प्रशासकिय अधिकारी, शावैमवरु सिंधुदुर्ग,यांचे नावे स्टेट बँक ऑफ इंडिया या खात्यात जमा झाले.

करिता प्रमाणपत्र देण्यात येत आहे.

प्रशासकिय अधिकारी,

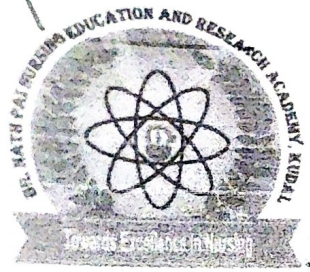
शासकिय वैद्यकीय महाविद्यालय व रुग्णालय

प्रशासकिय अधिकारी

शासकिय वैद्यकीय महाविद्यालय व रुग्णालय
सिंधुदुर्ग

प्रति,

मा. प्राचार्य, बॅ. नाथ पै कॉलेज ऑफ नर्सिंग, कुडाळ.



Br. Nath Pai. Shikshan Sanstha, Sindhudurg's

Br. Nath Pai College of Nursing, Kudal

(Affiliated to Maharashtra University of Health Sciences, Nashik)
Approved by Indian Nursing Council, New Delhi, Maharashtra Nursing Council, Mumbai & Govt. of Maharashtra, Mumbai)

Br. Nath Pai Shaikshanik Bhavan, MIDC, Plot No. 4, Tal : Kudal, Dist : Sindhudurg. Pincode : 416520

(02362) 221207 / 221181 ☎ 02362 - 221961 ✉ brnathpainursing@gmail.com

Ref. No.: BNP/BSC/NSG/ 284/ 2025

Date : 23 / 09 / 2025

To,

The Dean,
Govt. Medical College,
Sindhudurnagari,
Oros.

Subject: Seeking permission for clinical posting of Second Year (4th Semester) Students.

Respected Sir,

As per the subject cited above, we the **Br. Nath Pai College of Nursing, Kudal** requesting you to grant us the permission to post our Second Year (4th Semester) Students (23 students) in your esteemed institute from 06th October 2025 to 17th October 2025 & 24th October 2025 to 10th November 2025 in the subject of Adult Health Nursing – II. The details of posting are as follow:

SR. NO	DATE	STUDENT
1	06/10/2025 to 17/10/2025 24/10/2025 to 10/11/2025	23

We hope for your kind co-operation of staff and permit us to use the infrastructure.

So kindly consider this and do the needful.

Thanking you,

H. Prasad
23 SEP 2025
आवक लिपिक
शासकीय वैद्यकीय महाविद्यालय
व रुग्णालय, सिंधुदुर्ग



Yours faithfully,

H. Prasad
Principal / Dean
Br. Nath Pai College of Nursing
Kudal

Note – Students will be on Diwali Vacation from 18th October 2025 to 23rd October 2025.

BR. NATH PAI COLLEGE OF NNURSING, KUDAL**STUDENT NAMES**

Roll No.	Student Names
1	Ms. Prachi Dnyandev Birmole
2	Ms. Bhakti Shrikrishna Dhuri
3	Mr. Anuraj Gajanan Gawade
4	Ms. Shraddha Kamalakar Ghadi
5	Ms. Gauravi Sanjay Hindalekar
6	Ms. Dipti Sanjay Humarmalekar
7	Ms. Manasi Mukund Kalanekar
8	Ms. Nisha Laxman Kumbhar
9	Ms. Nanda Tanaji Madhav
10	Ms. Kashish Guruprasad Mandkulkar
11	Ms. Harshada Ravindra Mharav
12	Ms. Asmita Bankat Mhetre
13	Mr. Aditya Rajendra Mane
14	Ms. Raksha Raghoba Naik
15	Ms. Sakshi Sandeep Naik
16	Ms. Vishakha Devanand Naik
17	Ms. Manasvi Virendra Palav
18	Ms. Trushna Arvind Parab
19	Ms. Pragati Pramod Prabhudesai
20	Ms. Vaibhavi Omprakash Ravale
21	Ms. Pooja Prabhakar Rawool
22	Ms. Siya Vishwanath Rawool
23	Ms. Diksha Rajendra Sawant



Heardar
Principal's Sign

Principal / Dean
Br. Nath Pai College of Nursing
Kudal



महाराष्ट्र शासन

सार्वजनिक आरोग्य विभाग

जिल्हा शल्य चिकित्सक, सिंधुदुर्ग यांचे कार्यालय

जिल्हा रुग्णालय सिंधुदुर्ग-सिंधुदुर्गनगरी ता. कुडाळ, जि. सिंधुदुर्ग

दुरध्वनी ०२३६२-२२८६५४ (वैयक्तीक) २२८९०२ (प्रशासकिय कार्यालय) २२८९०१ (रुग्णालय)

e-mail - cssindhudurg@yahoo.co.in/cssindhudurg@gmail.com

To,

The Principal,

Br. Nath Pai College of Nursing,

Kudal, Sindhudurg.

Sub – Completion of clinical posting of 3rd Semester B. Sc. Nursing Students.

Respected Madam,

With reference to the above mentioned subject, I would like to inform you that 23rd students of 3rd Semester B. Sc. Nursing have completed their clinical posting in Government Medical College and Hospital and Civil Hospital, Sindhudurg from 01/04/2025 to 30/04/2025 as per their schedule.

During this period they have exposed to Medical & Surgical Departments (Medical, Surgical, Casualty, ICU, Dialysis, Eye department, etc.).

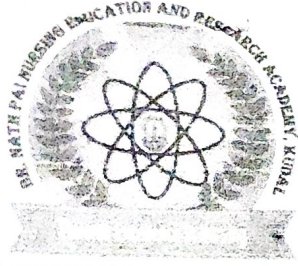
Student are good and hardworking. The posting was a great help for all of us.

This is for your kind information.

Matron

Government Medical college and
Hospital, Sindhudurg

अधिसेविका
जिल्हा रुग्णालय, सिंधुदुर्ग



Br. Nath Pai Shikshan Sanstha, Sindhudurg's
Br. Nath Pai College of Nursing, Kudal

Affiliated to Maharashtra University of Health Sciences, Nashik
Approved by Indian Nursing Council, New Delhi, Maharashtra Nursing Council, Mumbai & Govt. of Maharashtra, Mumbai

Br. Nath Pai Shaikshanik Bhavan, MIDC, Plot No. 4, Tal : Kudal, Dist : Sindhudurg. Pincode : 416520

(02362) 221207 / 221181 02362 - 221961 brnathpainursing@gmail.com

Ref. No.: BNP/BSC/NSG/103/2025

Date : 19/03/2025

To,
The Dean,
Govt. Medical College,
Sindhudurgnagari,
Oros.

Subject: Seeking permission for clinical posting of IIIrd Semester B.Sc Nursing Students.

Respected Sir,

As per the subject cited above, we the **Br. Nath Pai College of Nursing, Kudal** requesting you to grant us the permission to post our IIIrd Semester B.Sc Nursing Students in your esteemed institute from 01/04/2025 to 30/04/2025 to fulfill their requirement Subject of Adult Health Nursing I. The details of posting are as follow:


Academic Course	No. of Students	No of Days	Duration
III rd Semester B.Sc. Nursing	12	15 days	01/04/2025 to 15/04/2025
	11	15 days	16/04/2025 to 30/04/2025

We hope for your kind co-operation of staff and permit us to use the infrastructure.


So kindly consider this and do the needful.

Thanking you,

Yours Faithfully,


Principal/Dean
Br. Nath Pai College of Nursing
Kudal



 20 MAR 2025
आवक लिपिक

शासकीय वैद्यकीय महाविद्यालय
व रुग्णालय, सिंधुदुर्ग

BKIDP25122830694

Bank Of India

Date: 02/05/15

RTGS / NEFT remittance slip Amount Rs. 51750

Amount in words Fifty one thousand Seven hundred

Name of beneficiary Govt Medical College And Hospital

Address of beneficiary Sindhvi Admin office Sindhvi Nagar

Name of Beneficiary's Bank State Bank of India

Beneficiary/Account No. 40264354188

Name of Branch 02AS Sindhvi

IFSC code (11 digit) SBIN0004511

Account No. 14082011000038 Cheque No. 125649

Name of A/C holder BANAM RAJ GON

Mobile No.

Signature of A/C holder


Clerk



महाराष्ट्र शासन

सार्वजनिक आरोग्य विभाग

जिल्हा शल्य चिकित्सक, सिंधुदुर्ग यांचे कार्यालय

जिल्हा रुग्णालय सिंधुदुर्ग-सिंधुदुर्गनगरी ता. कुडाळ, जि. सिंधुदुर्ग

दुरध्वनी ०२३६२-२२८६५४ (वैयक्तीक) २२८९०२ (प्रशासकिय कार्यालय) २२८९०१ (रुग्णालय)

e-mail - cssindhudurg@yahoo.co.in/cssindhudurg@gmail.com

To,

The Principal,

Br. Nath Pai College of Nursing,

Kudal, Sindhudurg.

Sub – Completion of clinical posting of 1st Semester B. Sc. Nursing Students.

Respected Madam,

With reference to the above mentioned subject, I would like to inform you that 37 students of 1st Semester B. Sc. Nursing have completed their clinical posting in Government Medical College and Hospital and Civil Hospital, Sindhudurg from 05/05/2025 to 24/05/2025 as per their schedule.

During this period they have exposed to Medical & Surgical Departments (Medical, Surgical, Casualty, ICU, Dialysis, Eye department, etc.).

Student are good and hardworking. The posting was a great help for all of us.

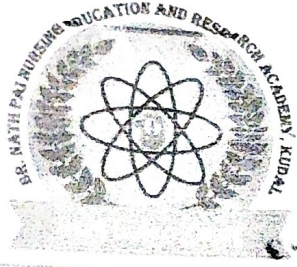
This is for your kind information.

Matron

Government Medical college and
Hospital, Sindhudurg

अधिसेविका

जिल्हा रुग्णालय, सिंधुदुर्ग



Br. Nath Pai Shikshan Sanstha, Sindhudurg's
Br. Nath Pai College of Nursing, Kudal

(Affiliated to Maharashtra University of Health Sciences, Nashik
Approved by Indian Nursing Council, New Delhi, Maharashtra Nursing Council, Mumbai & Govt. of Maharashtra, Mumbai)

Br. Nath Pai Shaikshanik Bhavan, MIDC, Plot No. 4, Tal : Kudal, Dist : Sindhudurg. Pincode : 416520

(02362) 221207 / 221181 02362 - 221961 brnathpainursing@gmail.com

Ref. No.: BNP/BSC/NSG/157/2025

Date : 24/04/2025

To,
The Dean,
Govt. Medical College,
Sindhudurgnagari,
Oros.

Subject: Seeking permission for clinical posting of 1st Semester B.Sc Nursing Students.

Respected Sir,

As per the subject cited above, we the **Br. Nath Pai College of Nursing, Kudal** requesting you to grant us the permission to post our 1st Semester B.Sc Nursing Students in your esteemed institute from 05/05/2025 to 24/05/2025 to fulfill their requirement Subject of Nursing Foundation I. The details of posting are as follow:

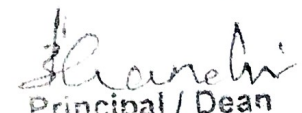
Academic Course	No. of Students	No of Days	Duration
1 st Semester B.Sc. Nursing	18	10 days	05/05/2025 to 14/05/2025
	19	10 days	15/05/2025 to 24/05/2025

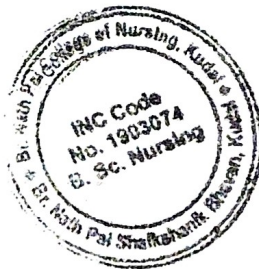
We hope for your kind co-operation of staff and permit us to use the infrastructure.

So kindly consider this and do the needful.

Thanking you,

Yours Faithfully,


Principal / Dean
Br. Nath Pai College of Nursing
Kudal

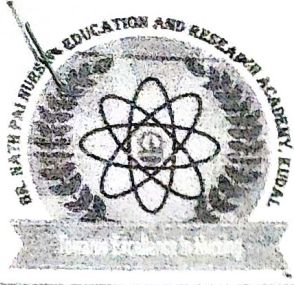


12 5 APR 2025

आवक लिपिक

शासकीय वैद्यकीय महाविद्यालय

व रुग्णालय, सिंधुदुर्ग



Br. Nath Pai Shikshan Sanstha, Sindhudurg's

Br. Nath Pai College of Nursing, Kudal

(Affiliated to Maharashtra University of Health Sciences, Nashik)

Approved by Andhra Pradesh Nursing Council, New Delhi; Maharashtra Nursing Council, Mumbai & Govt. of Maharashtra, Mumbai)

Br. Nath Pai Shaikshanik Bhavan, MIDC, Plot No. 4, Tal : Kudal, Dist : Sindhudurg. Pincode : 416520

(02362) 221207 / 221181 02362 - 221961 bmathpainursing@gmail.com

Ref. No.: BNP/BSC/NSG/190/2025

Date : 30/05/2025

प्रति,
मान. अधिष्ठाता,
शासकीय वैद्यकीय महाविद्यालय व रुग्णालय सिंधुदुर्ग
सिंधुदुर्गनगरी



विषय- परिचर्या प्रशिक्षण शुल्क जमा करीत असल्याबाबत....

महोदय,

बॅ.नाथ पै शिक्षण संस्था सिंधुदुर्ग संचलित, बॅ.नाथ पै स्कूल ऑफ नर्सिंग अंतर्गत सन २००९-१० पासून बी.एस्सी नर्सिंग अभ्यासक्रम परिचर्या परिषद नवी दिल्ली, महाराष्ट्र परिचर्या परिषद मुंबई आणि महाराष्ट्र शासन यांच्या मान्यतेने सुरु असून महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक शी संलग्न आहे.

आमच्या बॅ.नाथ पै कॉलेज ऑफ नर्सिंग कुडाळ मधील विद्यार्थ्यांना आपल्या हॉस्पिटल मध्ये परिचर्या प्रशिक्षणासाठी परवानगी देण्यात आलेली आहे. त्यानुसार आम्ही आमच्या नर्सिंग महाविद्यालयातील Ist सेमिस्टर बी एस्सी नर्सिंग मधील विद्यार्थ्यांना परिचर्या प्रशिक्षणासाठी पाठविण्यात आले होते.

सदर परिचर्या प्रशिक्षण शुल्क आपल्या कार्यालयास आपण दिलेल्या बँक खात्यात आर.टी.जी.एस द्वारे जमा करण्यात आले असून त्याचा तपशील पुढील प्रमाणे.

अ.क्र.	अभ्यासक्रमाचे नाव	कालावधी	विद्यार्थी संख्या	प्रात्यक्षिक कार्य दिवस	एकूण शुल्क	आर.टी.जी.एस क्रमांक व दिनांक
१	Ist सेमिस्टर बी.एस्सी नर्सिंग	०५/०५/२०२५	१८	१० दिवस	१५०*१०*१८ = २७,०००/-	आर.टी.जी.एस नं. BKIDY२५१५०८६१९२६ दिनांक ३०/०५/२०२५
		१४/०५/२०२५				
		१५/०५/२०२५	१९	१० दिवस	१५०*१०*१९ = २८,५००/-	
		२४/०५/२०२५				
एकूण					५५,५००/-	

तरी आमची आपणास नम्र विनंती आहे की, सदर परिचर्या प्रशिक्षण शुल्क स्विकारण्यात यावे सहकार्य आहेच वृद्धीगत व्हावे !

आपली विश्वासू

Principal / Dean

Principal / Dean

Br. Nath Pai College of Nursing
Kudal

सोबत- आर.टी.जी.एस पावती साक्षांकीत प्रत रु. ५५,५००/-

30 MAY 2025
ऑविक लिपिक

शासकीय वैद्यकीय महाविद्यालय
व रुग्णालय, सिंधुदुर्ग

BKIDY25150861926

Bank Of India

Date: 30/05/20

RTGS / NEFT remittance slip Amount Rs. 55500

Amount in words

Govt Medical College And Hospital Sirsidi

Name of beneficiary
Admin office Sirsidi

Address of beneficiary
Name of Beneficiary's Bank State Bank of India

Beneficiary/Account No. 40264354188

Name of Branch OTAS

IFSC code (11 digit) SBIN0001511

Account No. 141820110000038 Cheque No. 131124

Name of A/C holder Br Nath Pai College of

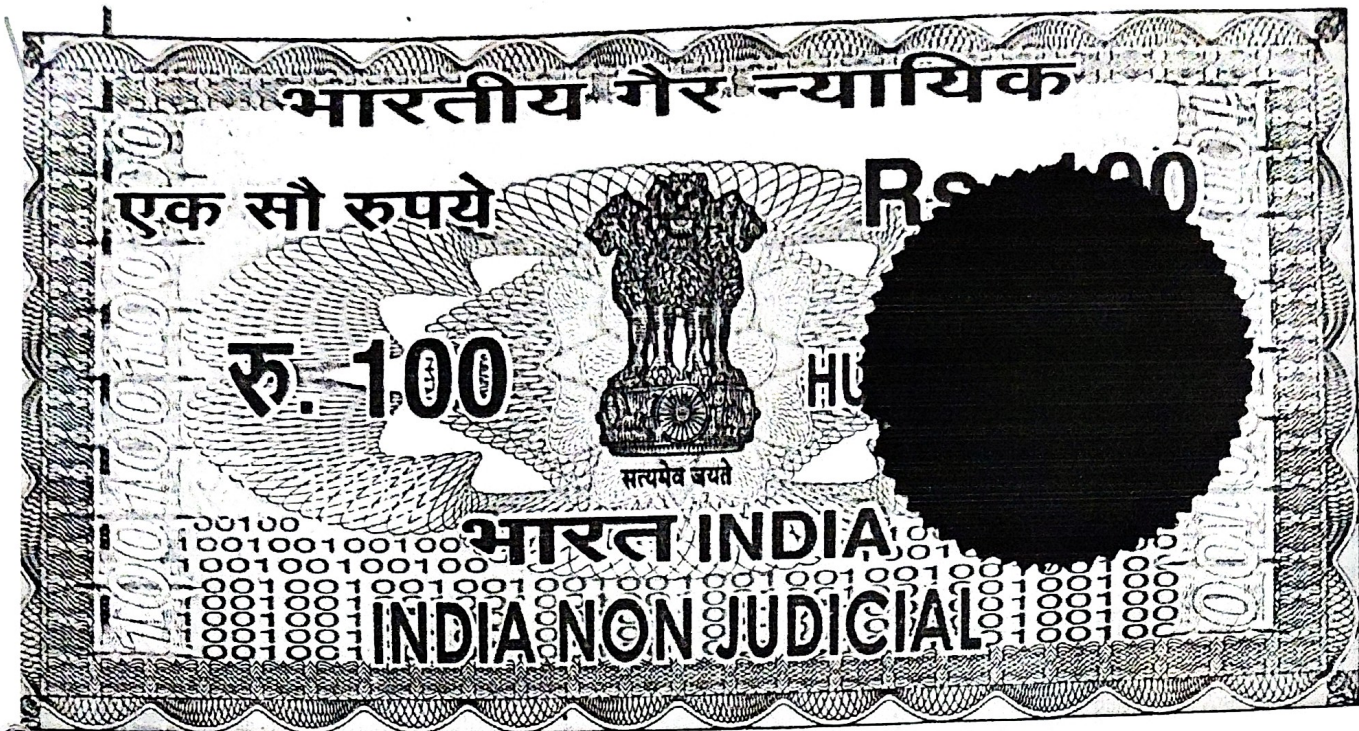
Mobile No. Nursing

Signature of A/C holder

Clerk



Br Nath
Principal / Dean
Br. Nath Pai College of Nursing
Kudal



महाराष्ट्र MAHARASHTRA

© 2022 ©

51AA 774395

जाडपत्र-२

प्रतिज्ञापत्रा व्यतिरिक्त

तिचे ठिकाण : कुळकर्णी टॉपप्लॉट कुडाल परजना क्र.कुडाल-०३०

प्रकार : .../अनुच्छेद क्र.

युी करणार आहेत का ? होय/नाही दुय्यम निबंधक कार्यालय

जि वर्ग

रक्कम

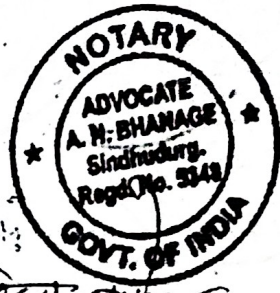
क्षेत्राचे नोंदिलेले सार्वजनिक स्थानाचे नोंदिलेले ...

रक्कम १००/- नोंद क्र. ३२ दि. ०९/१२

Zone

पत्रवानी क्र. १५०८००२

(सुधायार रमाकोरि कर्य करणी ...)



...

27 MAR 2024

Signature

Signature

AGREEMENT

This agreement made at Kudal 02 April 2024 between the Director, Public Health Department Maharashtra, behalf of civil Surgeon District Hospital Sindhudurg exercising executive power of the Government of state of Maharashtra hereinafter referred to as 'the Government' (which expression shall unless context does not admit include his successors) of the One Part and (1)Shri. Umesh Sundar Galvankar, Chairman Of Br. Nath Pai Shikshan Sanstha Sindhudurg (herein after referred to as " Nursing Institute") an institute registered under the Societies Registration Act, 1860 - (No.21of 1860) and having its registered office at Kamat Building, Bachat Mandir, Bazharpeth Kudal, Dist-Sindhudurg .

hereinafter referred to as the Manager (Which expression shall unless the context does not so admit, include then the survivors or survivor of them the heirs, executors and administrators of the last survivor members or member at the time being on the Managing Committee of the said institute) of the other part.

The Institute has established **Basic.B.Sc Nursing/ANM/GNM/** situated at (hereinafter referred to as 'the said institute") Br. Nath Pai Shaikshanik Bhavan Plot No-04,MIDC,Tal-Kudal Dist-Sindhudurg (hereinafter referred to an 'the Nursing College which has no hospital facilities for training students belonging to the said Nursing School & College).

AND WHEREAS the Institute and Manager have requested the Government to permit them to use 100 beds in Jilha Mahila v Bal Rugnalay(District Women & Children Hospital Kudal) more particularly described in the first schedule hereunder Written (hereinafter referred to as "the said Hospital" as well as other facilities available in the said Hospital for being utilized by the Students of the said institute for training purpose only.

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

AND WHEREAS the institute and manager have agreed to construct within One year from the date of this agreement a fully equipped Hospital consisting of 100 beds with modern sophisticated investigational amenities and facilities at their own cost and adjoining the Nursing College Campus. AND WHEREAS the parties are desirous of recording the said terms & conditions.

NOW THIS AGREEMENT WITNESSES AS FOLLOWS:-

- 1) In consideration of the grant of license by the Government to the Manager to Make used of the said hospital furniture and equipment and incidental services to be provided by the government to the Nursing Institute, the manger shall pay to the government as and by way of license fee calculated at the rate of Rs. 150/- used by the institute. The said amount of the license fee shall be paid by the manager to concerned Dean in advance on the first day of January to 31st March each and every year during the subsistence of this license.

2) In pursuant of the said agreement and in consideration of the manager agreeing to pay to the government license fee at the rate afore said at the time and in the manner herein before mentioned, the Government hereby grants to the Managers a license and permission to have access to and use the said only for the purpose of training. Students of the license institute during the period commencing from the 02st day of April 2024 and ending on The 31st day of March 2026.

Provided that if government is satisfied that the institute and Manager have duly performed and observed all the terms and conditions of this agreement and have achieved reasonable and / or significant progress towards the construction on and setting up of their own Hospital, the Government may grant extension of this license for such a further period and at such license fee as the Government may determine, considering the new Indian Nursing Council norms dated 16.02.2012.

3) This License shall extend to the employees, agents, students and such other persons as may be lawfully required by the Institute for training the students of the Institute.

4) THE GOVERNMENT HEREBY AGREES:-

a) That the Manger may use the existing furniture, dead stock and clinical facilities belonging to the hospital for the purpose of training students of the institute. If any additional furniture, dead stock and equipment is required by the Nursing institute for training students of the institute as per the appropriate councils of India and Universities requirement then the same shall be provided, installed and maintained by the manager, at their own costs. Provided that entire medical equipment of the said Hospital shall, at the discretion of the Civil Surgeon, District Hospital, Oros Sindhudurg of the said Hospital be available to all the patients of the said Hospital.

b) That the Dean / Medical superintendent of the said Hospital shall be responsible for the care of the patients in the said hospital.

c) Provided that the exact condition and responsibility of administration, teaching and care of patients shall be worked at and fixed by initial consultation between the Director of Health Service, Director, Medical Education & research And the Institute. Provided also that the decision in this regard by the Director of Health Services on the parties here to.

5) The Manager undertake and agree :-

a) To use the said 100 beds in the said Hospital for the purpose of clinical experience & practical training to its students only and for no other purpose whatsoever.

b) At their own cost and risk to store items of furniture, equipment and property of Manager in the said Hospital after taking prior permission in writing from the Civil Surgeon, District Hospital, Oros, Sindhudurg of the said Hospital.

c) The Manager requires any additional staff for purposes of the training programme of the Institute, the same shall be appointed and maintained by the Manger at their own cost, Provided further the provision for residential quarters of such additional staff shall be made by the Institute and Manager at their own costs.

d) During the period of this agreement, the staff and the students of the Institute who will be in the premises of the said Hospital shall always the subject to the disciplinary control of the Civil Surgeon, District Hospital, Oros Sindhudurg.

e) That the government shall be entitled to periodically evaluate the recurring expenditure involved as a result of utilization of facilities of the said Hospital by the Institute and if upon evaluation, government is required to incur additional expenditure on that account, then the manager shall bear and pay to the government such a additional recurring expenditure.

f) To pay for or make goods at their expense any damage caused or done by any of the students and staff of the Institute to the inmates of the said Hospital and for its property or any part of the said Hospital or any part appertaining thereto to which the staff and students of the Institute have access, except fair wear and tear related to the proper use of the said Hospital by the institute.

g) To keep at all times the said Hospital premise and it precincts clean, neat and in good sanitary conditions.

h) Not to do or permit to be done anything upon the premises of the said Hospital and its precincts which may be a nuisance, annoyance or disturbance to the patients and inmates of the said Hospital or to the owners, occupiers or residents of other premises in the vicinity.

i) That government or any other person authorized by Government from time to time shall have the right to inspect the said Hospital (including the said beds therein which the Manager are permitted to use) on behalf of the Government and the Manger, office bearers, staff and the students of the

Institute shall render to such person full assistance enable person inspect the said Hospital. If such person requires the Manager to comply with directions in this behalf, then the Manager shall without demur comply with them.

j) To comply with all the directions or instructions issued by the government from time to time.

(6) The License hereby granted shall not confer on the manager, staff and students of the Institute any rights other than those hereby expressly granted.

(7) If the Manager fails to pay the License fee on the date fixed for the payment under these presents or if and whenever there shall be a breach of any of the terms and conditions here of by the Manager or if the Government is satisfied that the Manager has not achieved reasonable or significant progress towards construction and setting up of their own hospital, then the License hereby granted may be terminated by the Government by giving to the Manager three months prior notice in writing in that behalf and in the event of such termination or the expiration the Manager shall not be entitled to any damages caused to them or of the buildings or additional floors or improvements built or carried out on the premises of the said Hospital by the Manager.

(8) Without prejudice to any other rights and remedies of the Government arrears of the said License fee shall be deemed to be arrears of land revenue and as such may be recovered by the government from the manager as arrears of and revenue under the provisions of the Maharashtra Land Revenue code, in 1966, and any amendments thereof.

9) The Licensee (Manager) shall indemnify and keep the licensor indemnified against ill cost, charge, losses and damages which the licensor may suffer or incur by virtue of any negligence on the part of licensee which shall effect the

licensor (Govt.) and to reimburse the licensor (Govt.) all such costs, charges or expenses losses or damages as the case may be, immediately on demand by the licensor (Govt.). The decision of the licensor (Govt.) in this regard shall be final and binding on the licensee and the licensee shall not have any right to dispute the same.

10) The licensee (Manager) shall not be entitled to carry out any renovation and interior work in said premises, as per there requirement.

11) The licensee (Manager) shall use the said premises only for its lawful object business purpose. The licensee (Manager) shall not carry out any business in contravention of any law or statute for the time being in force.

12) The licensee (Manager) shall comply with all rules, regulations and bye laws applied for the said premises.

13) The licensee (Manager) shall not allow to private person/ third person in the premises.

14) The licensee (Manager) shall not be entitled to sub- rent the said premises the licensee (Manager) shall, however, be entitled to permit any of its subsidiaries or affiliates to use the premises.

15) The licensee (manager) shall have a right to peacefully enjoy the said premises subject to compliance with rules and regulation applicable to the said premises.

16) The licensee (manager) shall not bring and store any hazardous or inflammable articles in the said premises.

17) The licensee (Manager) shall not do anything in the said premises which is likely to be a nuisance or annoyance to the other occupants or which can cause any damage to the said premises or any part thereof.

OF INDIA
MILITARY

After

18) The license can be terminated by either party by giving three months notice of its intention to terminate the license without any reason. The license shall be terminated at the expiry of such notice period.

19) The license terms and condition as may be mutually agreed up or, at expiry of the license period provided here in, for the renewed period, the parties shall execute and register fresh license deed.

20) The licensor (Govt.) shall have to carry out inspection of the said premises, during reasonable working hours either by its self or through its agents, wherever possible.

21) The licensee (Manager) shall be bound and liable to pay all amounts as required in terms of this license deed till it uses and occupies the said premises in quiet vacant, peaceful and unencumbered condition.

22) In case the Licensee (manager.) carries out any illegal business at the said premises the license shall decided to be terminated and the licensee (manager) shall be liable and bound to vacate the said premises forthwith apart from further action under the prevailing rules and regulation for the time being in force.

23) Upon expiry of termination or earlier determination of this license and in the event of the license (manager) failing to hand over quiet, vacant and peaceful possession of the said premises to the licensee remove its articles and effects belonging to the licensee (manager) from the said premises the licensor (govt.) shall be and titled to remove the licensee's manager articles from the said premises at the cost of the licensor shall not render themselves liable for any civil or criminal action by doing so. This authority is irrevocable and constitutes the basis of these licenses and licensees shall not be entitled to dispute and any challenge call in question the validity or reasonable nests of this authority.

In witness where of the Governor of Maharashtra has caused the Civil Surgeon, District Hospital, Oros Sindhudurg, Government of Maharashtra to said his hand affix the seal of his office there to for an his behalf of and the manager of the institute here into said their hands on the day here first here in above written.

FIRST SCHEDULE ABOVE REFERRED TO
(Description of the Hospital Premise)

SECOND SCHEDULE ABOVE REFERRED TO
(Here set out particulars on each bed like its serial number, number of the ward in which it is situated etc.)

SIGNED, SEALED AND DELIVERED

By Dr. Shripad Harihar Patil, Civil Surgeon, District Hospital Oros, Sindhudurg to the Government of Maharashtra for and behalf of the Governor of Maharashtra in the presence of

- (1)
- (2)

SIGNED, SEALED AND DELIVERED By the above named Managers of the institute.

1) Shri. Umesh Sundar Galvankar, Chairman, Br.Nath Pai Shikshan Sanstha Sindhudurg, Tal-Kudal, Dist-Sindhudurg.

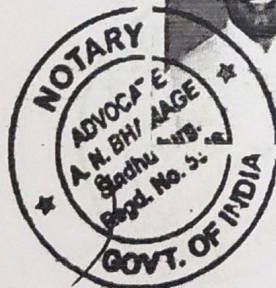
In presence of -

- 1) Kitan Katarholkar *Kitan* Identity Aadhar card
- 2) Shankar Madhav *Shankar* No. 55019300 1873

I know the Deponent -

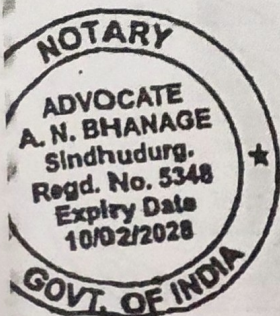
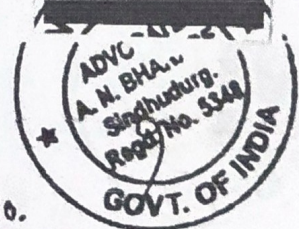
PLACE: Kudal

DATE : 2/04/2024.



[Signature]

Identity Aadhar card No. 6650 5533 5671



[Signature]
BEFORE ME
SIGNED & EXECUTED
AVADHUT N. BHANAGE
ADVOCATE & NOTARY
DOCUMENT REGD NO. 600
DATE - 2/04/2024.



महाराष्ट्र शासन

सार्वजनिक आरोग्य विभाग

जिल्हा शल्य चिकित्सक, सिंधुदुर्ग यांचे कार्यालय

जिल्हा रुग्णालय सिंधुदुर्ग-सिंधुदुर्गनगरी ता.कुडाळ, जि.सिंधुदुर्ग

दुरध्वनी ०२३६०-२२८९००८ (व्यक्तिक) ०२२९०० (प्रज्ञानकीय कार्यालय) ०२२९०१ (रुग्णालय)

e mail - cssindhudurg@yahoo.co.in/cssindhudurg@gmail.com

प्रमाणपत्र

प्रमाणपत्र देणेत येते की, जिल्हा रुग्णालय सिंधुदुर्ग मु.पो सिंधुदुर्गनगरी ता.कुडाळ जि.सिंधुदुर्ग हे रुग्णालय महाराष्ट्र शासनाचे सार्वजनिक आरोग्य विभागाचे नियंत्रणाखाली आहे. महाराष्ट्र शासनाचे रुग्णालयांची नोंदणी महाराष्ट्र नर्सिंग होम अॅक्ट या अंतर्गत केली जात नाही.

स्थळ - सिंधुदुर्गनगरी

दिनांक - १९/३/२०२५



(डॉ. ग.म. प.च. पाटील)

जिल्हा शल्य चिकित्सक, सिंधुदुर्ग



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण बोर्ड

Application for Consent/ Authorisation

Sir,
I/We hereby apply for*

- Consent to Establish/Operate/Renewal of consent under section 25 and 26 of the Water (Prevention & Control of Pollution) Act, 1974 as amended.
- Consent to Establish/Operate/Renewal of consent under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended.
- Authorization/renewal of authorization under Bio-Medical Wastes Management Rules, 2016 as amended, Hazardous waste (M,& TM)n Rules, 2016, in connection with my/our/existing/proposed activity from the premises as per the details given below.

1. General Information

UIN No:
MPCB-CONSENT-0000233588

Application submitted on:
23-01-2025

Industry Information

Industry Type: S.S Health-care Establishment (as defined in BMW Rules)
Category: Red
Scale: S.S.I

Consent To: Establish (New)
Submit to: SRO - Ratnagiri

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

First Name	Father / Husband Name	Last Name	Designation
D. Bhavana	Naranrao	Telang	Medical Supertinent
Mobile No	Telephone/Fax	Email	Aadhar No
982436721		bhavanatelang01@gmail.com	320082290071
Pin Code	Address	Pin Code	
416520	District Women & Child Hospital, Opp Tashildar office, Near SRM College, Kudal	416520	

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

District Women & Child Hospital,
Kudal

b) Address for Correspondance

Pin Code

416520

District

Sindhudurg

City/Town

Kudal

Survey/Gut No.

578/1

Name of premises /Building

District Women & Child Hospital

Road/Street

OPP TASHILDAR OFFICE

Area/Locality

Kudal (Sindhudurg)

Email

dwchsindhudurg@gmail.com

Website URL

https://www.ecmpcb.in/healthcare_establish/hce/Establish

c) Ownership of Facility

State Government

Name of the Department

Health Department

Land Ownership

State Owned

d) Month and year of commissioning of the HCF

17/01/2013

e) Area of the Facility / Hospital

i) Total plot area (in square meter)

10167

ii) Built up area (in square meter)

6404

iii) Open Plot Area (Sq.Mtr)

9782.30

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

Latitude (In degrees)

15.03

Longitude (In degrees)

73.4

g) Does HCF have Operation Theatre

Yes

Number of OT

2

h) Does HCF have Laundry facility in premises

Yes

No of Washing Machines

2

Capacity (Kg/Cycle)

12.00

i) Does HCF have Canteen/Cafeteria facility in premises

No

j) Does HCF have Hostel/Residential quarters in premises

No

3. BMW Authorization Details

a) Type of health treatment system

Medicine, Dental

b) Government Notification Details

Total number of Beds **Government Notification No** **Date of Notification**

100

2013

17-01-2013

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab

Yes

Average Samples/day

4 Consent Details

a) Sources of Water

- i) Surface Water** Yes
- Name of the water supply** **Water Consumption Quantity (CMD)**
- 1) Maharashtra Industrial Development Cooperation kudal 340
- ii) Ground Water** No
- iii) Tanker Water** No

b) Water Consumption Details

Surface Water (CMD)	Recycle Water (CMD)	Total Water Quantity Requirement (CMD)
		340

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Disposal
Domestic Purpose	150	75	Local Bodies Sewer
Technology Laboratory, Floor washing, Operation Theater	100	50	Local Bodies Sewer
Landscaping	80	50	On Land For Gardening
Industrial Cooling, spraying in mine pits or boiler feed	10	5	On Land For Gardening
Total	340.00	180.00	

d) Waste Water Treatment

Have you installed STP or ETP

1) **Municipal Solid Waste**

a) Biodegradable Waste(kg/day)	b) Recyclable Waste(kg/day)	c) Domestic Hazardous Waste(kg/day)
	5.00	12.00

e) Pollution

Whether D.G. Set Installed

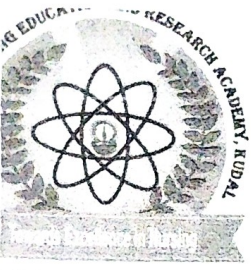
Capacity(KVA)	Make	Fuel Used	Fuel QTY	Unit	Stack Height in meter	Accoustic Enclosure for noise control
	Kirloskar	Diesel	80.00	Ltr/day	0	NO

Have you have Boller Installed

f) Additional Information

Have you have Bio Medical Waste Management Committee Constituted

Have you have Infection Control Committee Constituted



Br. Nath Pai College of Nursing, Kudal

(Affiliated to Maharashtra University of Health Sciences Nashik)
Approved by Indian Nursing Council, New Delhi, Maharashtra Nursing Council, Mumbai & Govt. of Maharashtra, Mumbai

Br. Nath Pai Shaikshanik Bhavan, MIDC, Plot No. 4, Tal : Kudal, Dist : Sindhudurg. Pincode : 416520
(02362) 221207 / 221181 02362 - 221961 brnathpainursing@gmail.com

No.: BNP/BSC/NSG/291/2025

Date: 03/10/2025

To,
The Medical Superintendent,
Womens and child Hospital,
Kudal,
Dist-Sindhudurg.

Subject: Seeking permission to Post our VII semester B.Sc. Nursing Students for clinical posting in your esteemed hospital from 03/10/2025 to 17/10/2025.

Respected Sir,

As per the subject cited above, we the **Br. Nath Pai College of Nursing, Kudal** requesting you to grant us permission to Post our VII semester B.Sc. Nursing Students for clinical posting in your esteemed hospital from 03/10/2025 to 17/10/2025 in the subject of **Midwifery/ Obstetrics and Gynecology Nursing**.

We hope for your kind co-operation of staff and permit us to use the infrastructure of your esteemed hospital.

So kindly consider this and do the needful.

Thanking you,

PNB
31/10/25



Yours faithfully

Principals
Principal / Dean
Br. Nath Pai College of Nursing
Kudal

(वि. नि. नमुना क्र. १) (Fin. R. Form No. 1)

सर्वसा. ११३ मई.
Gen 113 me.

मूळ प्रत [अहस्तांतरणीय]
ORIGINAL COPY [NON TRANSFERABLE]




शासनास केलेल्या प्रदानाची पावती
RECEIPT FOR PAYMENT TO GOVERNMENT

ठिकाण/Place..... kudal, Dist. Sindh 10/12/2025
वॉ. नाथ पे. डॉ. H. Kudal यांच्याकडून/
Received from..... बी. प्रसन्नी अंतिम वर्ष नर्सिंग प्रशिक्षण
रु./Rs..... 77,550/- (रुपये/Rupees) सत्ताहत्तर हजार पाचशे पन्नास मात्र.
on account of..... सत्याहत्तर हजार पाचशे पन्नास मात्र. Dw. H. Kudal

रोखपाल वा लेखापाल
Cashier or Accountant.

वैद्यकिय (सही/Signature)
जिल्हा महिला व बाल शिशु आरोग्य
सिंधुदुर्ग - कुडाळ

ये. का. मू. - 40,000 रु. (२०० घांती) - ३-२०१६ - ३ पीएच. - (एच) ३५२

		
महाराष्ट्र शासन सार्वजनिक आरोग्य विभाग जिल्हा महिला व बाल रुग्णालय, कुडाळ जि सिंधुदुर्ग		
बेटी बचाव, बेटी पढाव	वैद्यकीय अधीक्षक, जिल्हा महिला व बाल रुग्णालय, कुडाळ तहसिलदार कार्यालय समोर जिल्हा-सिंधुदुर्ग पिन कोड नं. ४१६ ५२०	
वैद्यकीय अधीक्षक (वै) कार्यालय दूरध्वनीक्र. -	०२३६२/२९५६९७	ई-मेल - dwchsindhudurg@gmail.com

जा.क्र.जिमबालरुकु/आस्था/५४८/२०२६

दिनांक:- १४/०२/२०२६

To,
 The principal,
 Br.Nath Pai College of Nursing,
 Kudal Sindhudurg.

Sub - Completion of clinical posting of 7th semester B.Sc.
 Nursing Students.

Respected Sir/Madam,

With reference to the above mentioned subject, I would like to inform you that 39 students of 7th semester B.Sc. Nursing have completed their clinical posting in the subject of Obstetrics And Gynecology Nursing I And II in The Government District Women And Child Hospital Kudal Sindhudurg from 03.10.2025 to 17.10.2025 as per their Academy schedule.

During this period they have exposed to Medical Obstetrics And Gynecology department.

Students are good and hardworking. The posting was a great help for all of us.


 Medical Superintendent
 District Women And Child Hospital, Kudal
 Sindhudurg - Kudal



Br. Nath Pai Shikshan Sanstha, Sindhudurg's

Br. Nath Pai College of Nursing, Kudal

(Affiliated to Maharashtra University of Health Sciences, Nashik)
Approved by Indian Nursing Council, New Delhi, Maharashtra Nursing Council, Mumbai & Govt. of Maharashtra, Mumbai

Br. Nath Pai Shaikshanik Bhavan, MIDC, Plot No. 4, Tai : Kudal, Dist : Sindhudurg. Pincode : 416520

(02362) 221207 / 221181 (02362) 221961 brnathpainursing@gmail.com

Ref. No.: BNP/BSC/NSG/392/2025

Date : 30/12/2025

प्रति,
मान. वैद्यकीय अधिकारी,
जिल्हा महिला व बाल रुग्णालय,
कुडाळ.

विषय- परिचर्या प्रशिक्षण शुल्क आर.टी.जी.एस द्वारे जमा करित असल्याबाबत.

महोदय,

बॅ.नाथ पै शिक्षण संस्था सिंधुदुर्ग संचलित, बॅ.नाथ पै कॉलेज ऑफ नर्सिंग महाविद्यालय सन २००९-१० पासून भारतीय परिचर्या परिषद नवी दिल्ली, महाराष्ट्र परिचर्या परिषद मुंबई आणि महाराष्ट्र शासन यांच्या मान्यतेने सुरु असून महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक शौ संलग्न आहे.

उपरोक्त विषयास अनुसरून आमच्या बॅ.नाथ पै कॉलेज ऑफ नर्सिंग मधील अंतीम वर्ष बी.एस्सी नर्सिंग (7th Semester) अभ्यासक्रमातील विद्यार्थ्यांना आपल्या जिल्हा महिला व बाल रुग्णालय, कुडाळ येथे दिनांक ०३/१०/२०२५ ते १७/१०/२०२५ या कालावधी करिता परिचर्या प्रशिक्षणासाठी पाठविण्यात आलेले आहे.

सदर परिचर्या प्रशिक्षण शुल्क आर.टी.जी.एस द्वारे आपल्या कार्यालयास जमा केलेले आहे. त्याचा तपशिल पुढील प्रमाणे.

अ. क्र.	अभ्यासक्रमाचे नाव	कालावधी	प्रति विद्यार्थी प्रति दिन	विद्यार्थी संख्या	प्रात्यक्षिक कार्य दिवस	एकूण शुल्क	आर.टी.जी.एस क्रमांक व दिनांक
१.	अंतीम वर्ष बी.एस्सी 7 th Semester	०३/१०/२०२५ ते १७/१०/२०२५ (Group A) (१४ दिवस) ०१ off	१५०	१०	१४	१५०*१०*१४ =२१,०००/-	आर.टी.जी.एस क्रमांक- BKIDY२५३४०९४६३०६ बँक ऑफ इंडिया, पिंगुली दिनांक - ०५/१२/२०२५
		०३/१०/२०२५ ते १७/१०/२०२५ (Group B) (१३ दिवस) ०२ off	१५०	२९	१३	१५०*२९*१३ =५६,५५०/-	
एकूण						७७,५५०/-	

तरी आमची आपणास नम्र विनंती आहे की, सदर परिचर्या प्रशिक्षण शुल्क स्विकारण्यात यावे.
सहकार्य आहेच वृद्धिंगत व्हावे।

आपली विश्वासू

Principal / Dean

Principal / Dean

Br. Nath Pai College of Nursing
Kudal



संलग्न- आर.टी.जी.एस याबद्दी

31/12/25

Bank Of India

Date: 05/12/21

RTGS / NEFT remittance slip Amount Rs. 77550

Amount in words Seventy Seven Thousand

Name of beneficiary Five Hundred Fifty
Med SUP DISTRICT WOMEN AND CHILD HOSPITAL
Address of beneficiary

Name of Beneficiary's Bank SBI

Beneficiary/Account No. 40440087739

Name of Branch KUDL

IFSC code (11 digit) SBIIN0001245

Account No. 14081010000038 Cheque No. 134244

Name of A/C holder BEHINDAI CAN

Mobile No.



Signature of A/C holder

Clerk



महाराष्ट्र MAHARASHTRA

2024

CX 965082

जाडपत्र-२

प्रतिज्ञापत्र व्यतिरिक्त

मुद्रांक विक्रीचे ठिकाण : कुडलवर्णी टाईमरुपटींग कुडल परवता क्र.कुडल-०२,

दस्ताचा प्रकार कल्पना / जयपुत्रे क्र.

दस्त नोंदणी करणारा संस्थेचा नाव : डॉ. धनेश्वर सुविम रक्षतायु गरीब-पाट - ४

मिळकतीचे वर्णन

मोबदला रक्कम

दुरुन्यायक्षते

मुद्रांकाची रक्कम

परवाना क्र. १५५६००३

(सुधाकर रमणजी कुडलवर्णी मुद्रांक विक्री)



26 DEC 2024

26 DEC 2024

(मदरांक घेणाऱ्याची सही)

Memorandum of Understanding

Between

Br.Nath Pai College of Nursing, situated at Pinguli, having its Registered Office at Br.Nath Pai Shikshan Sanstha, Kudal, Plot No 04, MIDC, Tal: Kudal, Dist: Sindhudurg Pin code 416520 (for the sake of brevity, hereinafter referred to as 'the said college', which expression shall include the society, its successors in interest and Management, Administrators of the Nursing College.

AND

Deenanath Mangeshkar Hospital, Pune, the Hospital formed by Lata Mangeshkar Medical Foundation, a charitable trust, registered under the Bombay Public Trust Act, 1950, having its office at Survey no's. 8+13, Erandwane, Pune 411004 (for the sake of brevity, hereinafter referred to as 'DMH', which expression shall include the trust, its successors in interest and Administrator).



WHEREAS, the said college is conducting the training and education in the field of Nursing to aspirants and the said college is required to provide onsite training to candidates as a part of their education, clinical experience and practical training thereof. In view of this requirement, the said college approached DMH and requested to provide its support for the training of the nurses, as required by the said college, on which DMH has principally accepted to provide the support for training of the nurses.

AND WHEREAS, the parties herein have decided to record the terms of understanding as follows:

1. This memorandum / arrangement shall be valid for 3 years from date of commencement, as mentioned in the clause below, subject to clause no. 2 written hereunder.
2. The said college will officially post Nursing Internees of General Nursing and B.Sc. Nursing Programs conducted at the said college in the premises of DMH for the period commenced from February 2025 and shall end on January 2028.
3. The said college shall organize the training of nurses in quantities / numbers communicated by the said college to DMH in advance and confirmed by DMH to accommodate accordingly, provided however that since the said college is required to organize the training of minimum 20 nursing internees at a time, the said college shall organize to post Minimum 20 (twenty) Nursing Internees at a time.
4. Nursing Internees will provide care to the patient independently under strict supervision & guidance of Nursing Superintendent/Supervision of DMH.
5. The said college shall instruct and organize the Nursing Internees to work in all shifts in various departments of DMH, as per the requirement or schedule mutually agreed by and between the said college and DMH.
6. The DMH shall endeavor to make available the following complimentary services for the nursing internees:

Leaves and Day Off: one day OFF per week will be given to the Nursing Internees as per the Schedule. Internees have to take prior permission from the principal of the said college, provided however the Nursing Internees shall also seek prior approval of the Nursing Superintendent of DMH, for administrative convenience and to avoid communication conflict.

➤ Medical Facilities: Free consultation for OPD, IPD & for staff clinic will be provided for Nursing Internees during their posting to DMH, provided however the Nursing Internees should complete their Hepatitis B vaccination & Medical check-up as per DMH protocol.

➤ Accommodation: secured accommodation on common sharing basis will be provided to the nursing internees, free of cost.

➤ Transportation facility: DMH will provide free transportation facility from accommodation to DMH and back as per the schedule of work and administrative arrangements of DMH

➤ Food: food facility with subsidized rate will be provided to Nursing Internees, when they are On and Off Duty. Also, cooking will be allowed at hostel at their own as per Internees requirement, if the rules of accommodation permits so.

➤ DMH will provide daily CNE lecture & any educational lecture to Internees.

➤ Issues: Regarding any patient care or behaviour related issue DMH will inform the said college for further action.



7. The DMH, will neither act as Local Guardian of Nursing Internees as and when they are posted in DMH, nor is DMH responsible for the behaviour or problems, if any, created by the Nursing Internees. The said college undertakes that, the Nursing Internees will always be their responsibility and the said college shall be held responsible for the nuisance, problems or awkward moments created by their. Nursing Internees, which may be detrimental to the interest of DMH

8. All nursing internees once entered in the Internship program will be under the rules and regulations of Nursing Department of DMH. They will have to work under the nursing Director and Senior Nursing Staffs appointed by DMH. The said college shall ensure to communicate and get the DMH Code of Conduct strictly followed from the Nursing Internees, In case of conflict amongst the Nursing Internees and the DMH Nursing Staff/ Officials, DMH will endeavour to resolve the issues, however if the issue is beyond the control of DMH, the said college shall attempt to resolve the same. Provided however, in any case, such conflict/issues, shall not be resolved or cleared in the way, which may be detrimental to the interest / goodwill of DMH.

9. Monthly performance Record will be kept which has to be judged and looked after by a senior teacher of the said College of Nursing with final authority/ approval of coordinator of the said College of Nursing. 3 Monthly follow up meeting will be regularly conducted between Internees and hospital staff. As well as between both managements.

10. It shall be the duty of both the parties to oblige the terms agreed hereby in a best possible manner and in the best interest of both parties. However, although this arrangement / understanding although is agreed by the parties herein, for the period of 3 years, in case of conflict, if any, amongst the parties herein, if either of the parties desires to end the period under this understanding / arrangement, prior to expiry of the period of 3 years, they may do so by giving 6months' notice to the other party, provided however if the situation arises when any issue / matter has gone in a way detrimental to the interest / goodwill of DMH, the DMH can immediately terminate this understanding / arrangement, without giving notice thereof to the said college.

11. An official letter from the said college is required to be submitted to DMH, regarding posting number of internees, period of posting, and an essential written consent of parents.

12. It has been assured by the said college that after completion of the internship, the said college will make all the efforts to convince the internees to continue working with DMH as their staff nurses. DMH may recruit the Nursing Internees after completion of internship, entirely at sole discretion of DMH. This arrangement / understanding does not guarantee assurance of a job in DMH to Nursing Internee(s).

13. In any events like a pandemic or any unforeseen events, where the work of the internees is crucial and mandatory, the said college will not be at liberty to withdraw its internees from DMH on what so ever ground, unless such withdrawal is approved by DMH. In such an event where withdrawal of the interns is done without approval of DMH, this agreement will stand cancelled on the grounds of breach of terms of this agreement.



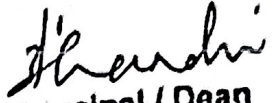
This internship program is beneficial to DMH to get well trained staff every year.

Name of the authorized individuals

Signature

1) BR.NATH PAI COLLEGE OF NURSING

i) Mrs. Kalpana V.Bhandari
Principal,
Br.Nath Pai College of Nursing, Kudal,
Sindhudurg-416520


Principal / Dean
Br. Nath Pai College of Nursing
Kudal


ii) Mrs.Suman Mahadev Karangale
Nursing Program Coordinator
Br.Nath Pai College of Nursing, Kudal,
Sindhudurg-416520





2) Deenanath Mangeshkar Hospital, Pune

i) Dr. Dhananjay Kelkar
Medical Director
Deenanath Mangeshkar Hospital,
Pune 411 004


Dr. Dhananjay Kelkar
Medical Director
LMMF, Deenanath Mangeshkar Hospital
& Research Centre
Pune

ii) Mr. Sachin Vyavahare
Medical Administrator
Deenanath Mangeshkar Hospital,
Pune 411 004


ADMINISTRATOR
LMMF'S DEENANATH MANGESHKAR
HOSPITAL & RESEARCH CENTRE
ERANDWANE, PUNE-411004

iii) Mrs. Revati Mangaonkar
Nursing Director
Deenanath Mangeshkar Hospital,
Pune 411 004


Director Nursing
Deenanath Mangeshkar Hospital

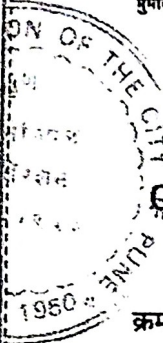


पुणे नर्सिंग होम

219200

मुद्रादणु. १७६ (१०० पानी १० पुस्तके) ७-२२

आरोग्य / अन्न व परवाना



पुणे महानगरपालिका
PUNE MUNICIPAL CORPORATION

सन १९४९ च्या दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्टच्या कलम ५ अन्वये दिलेले
रजिस्ट्रेशन सर्टिफिकेट

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

(नियम ५ अन्वये) (Under Rule 5)

3797

क्रमांक No. :

दि. बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट, १९४९ अन्वये श्री. / श्रीमती डॉ. हनुमंजय
केळकर मता मंगेशकर मेडिकल फाईट्रेशनचे
यांचे दिनाथ मंगेशकर हॉस्पिटल
स. नं. २१९३/२, इरडवणे येथील नर्सिंग होम / मॉटर्निटी होम रजिस्टर केले
असून सदरचे नर्सिंग होम व मॉटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

This is to certify that Shri. / Shrimati पुणे

has been registered under the Bombay Nursing Homes Registration Act, 1949 in respect of

situated at

and has been authorised to carry on the said Nursing Home.


रजिस्ट्रेशन क्र. : LCBP-0506-01728 प्रसूतीसाठी २७ कॉट्स
Registration No. : Maternity Cots

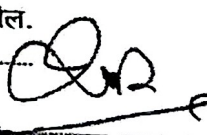
रजिस्ट्रेशन दि. : ११/१२/२०२४ इतर रुग्णांसाठी ७६६ कॉट्स
Date of Registration : ३१/३/२०२० Other Nursing Patients Cots

ठिकाण Place : पुणे एकूण आरोग्य इतर रुग्णांसाठी
सर्टिफिकेट दिल्याचा दिनांक Date of issue of Certificate

सदरचे सर्टिफिकेट दिनांक ३१ मार्च २०२० पर्यंत कार्यवाहीत राहिल.

This Certificate shall be valid up to 31 st March


सहायक आरोग्य अधिकारी, पुणे महानगरपालिका.
Asstt. Medical Officer of Health, Pune Municipal Corporation.
पुणे महानगरपालिका


डॉ. मंगलजय उदार
आरोग्य अधिकारी
पुणे महानगरपालिका.
Medical Officer of Health, Pune Municipal Corporation.

MAHARASHTRA POLLUTION CONTROL BOARD

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



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

RED/L.S.I
No:- Format1.0/CAC/UAN No.MPCB-
CONSENT-0000162873/CO/2402000253

Date:
03/02/2024

To,
LMMF's Deenanath Mangeshkar Hospital & Research
Center
8+13/2, Near Mhatre Bridge, Erandawane, Pune.
Email: clean.operations@dmhospital.org
Contact No.: 9673701862



Your Service is Our Duty

Grant of Renewal of Combined Consent to Operate and BMW Authorization (CCA) under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.

- Ref:
1. Environment Clearance accorded by Env. Department, GoM vide dated 04.09.2010.
 2. Previous combine consent & BMW authorization granted by Board vide dated 12.05.2022, valid up to 31.03.2023.
 3. Your application for Combine Consent and Bio-Medical Authorization vide UAN No. 162873 dated 20.02.2023.
 4. Minutes of 15th Consent Appraisal Committee meeting held on 24.11.2023.

After examining the proposal, The Maharashtra Pollution Control Board hereby grant 1st operate Combined Consent and BMW Authorization to HCE under Section 25/26 of the Water (P&CP) Act, 1974, Section 21 of the Air (P&CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, under Environment (Protection) Act, 1986, subject to terms and conditions as specified below and in the **Schedule(I-IV) and Annexure (I-II)** enclosed in this order.

1. This CCA shall be in force for a period From **31-03-25 To 31-03-2027**
2. The capital investment of the HCF is **₹55538.18 Lakhs** (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 24000.00 M² with Built-up area 57798.00 M².
4. **Activities Included**
 - a. Total Number of Beds : **876 Nos.** (As per BNH certificate no. 2760 valid upto 31-03-2024)
 - I. General Beds : **124 Nos**
 - II. ICU/ICU Beds : **138 Nos**
 - III. Operation Theatre : **18 Nos**
 - IV. Maternity Beds : **87 Nos**
 - V. Oncology Beds : **36 Nos**
 - VI. Other Beds : **473 Nos**

भारतीय गैर न्यायिक

एक सौ रुपये

रु. 100



सत्यमेव जयते

भारत INDIA
INDIANON JUDICIAL

महाराष्ट्र MAHARASHTRA

2024

01AB 172279

प्रतिज्ञापत्रा व्यतिरिक्त (जोडपत्र २) / फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद ४)

मुद्रांक विक्रीचे ठिकाण : बांदेकर झेरॉक्स सेंटर कुडाल, प.क्र.कुडाल १५०८००५

विक्री क्र. २०१९ किंमत - १०० मुद्रांकाची एकूण रक्कम - १०० दि. १०/१०/२०२५

मुद्रांक श्री./सौ./श्रीम. उमेश सुंदर गाळवणकर रा. पिंगुळी

दस्त नोंदणी करणार आहेत का? होय/ नाही दुय्यम निबंधक कार्यालय

दस्त कोणाकडे सादर-तहसिलदार/नोदरी मिळकतीचे वर्णन मोबदला रक्कम

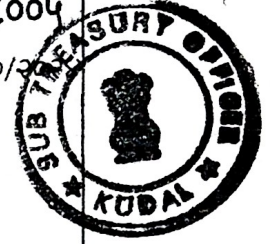
दुसऱ्या पक्षाचे नाव - डॉ. नाथ पै शिक्षण संस्था

दस्ताचा प्रकार - प्रतिज्ञापत्र/हमीपत्र/हतीपत्र/संमतीपत्र/कारर/साठेकारर/माडेकारर/खसेदीखत/अखत्यारपत्र/तारणगहाण/वँक/

हस्ते श्री./सौ./श्रीम. ज्ञानेश्वर राजाराम तेली रा. भाडगांव बु.

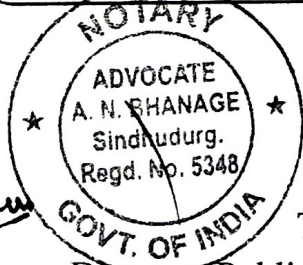
(मुद्रांक घेणाऱ्याची सही)

(संजय गुरुनाथ बांदेकर)
मुद्रांक विक्रेता



Sub Treasury Officer
Kudal

- 4 OCT 2024



AGREEMENT

This agreement made at Kudal 4th February 2025 between the Director, Public Health Department Maharashtra, on behalf of Civil Surgeon, Civil Hospital Sindhudurg exercising executive power of the Government of State of Maharashtra hereinafter referred to as 'the Government' (which expression shall unless context does not admit include his successors) of the One Part and (1)Shri. Umesh Sundar Galvankar, Chairman of Br. Nath Pai Shikshan Sanstha Sindhudurg (hereinafter referred to as " Nursing Institute") an institute registered under the Societies Registration Act, 1860 - (No.21of 1860) and having its registered office at Kamat Building, Bachat Mandir, Bazarpeth Kudal, Dist-Sindhudurg .

hereinafter referred to as the Manager (Which expression shall unless the context does not so admit, include then the survivors or survivor of them the heirs, executors and administrators of the last survivor members or member at the time being on the Managing Committee of the said institute) of the other part.

The Institute has established **B.BSC.NURSING/GNM/ANM** situated at (hereinafter referred to as 'the said institute") Br. Nath Pai Shaikshanik Bhavan Plot No-04,MIDC,Tal-Kudal Dist-Sindhudurg (hereinafter referred to an 'the Nursing College which has no Hospital facilities for training students belonging to the said Nursing College.

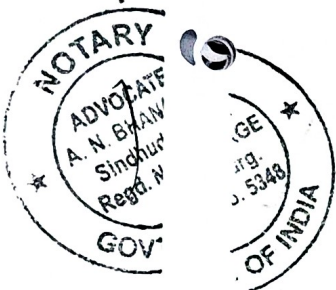
AND WHEREAS the Institute and Manager have requested the Government to permit them to use 6 beds at each Primary Health Centre (PHC) viz all Rural & Urban PHC in Kudal Taluka, PHC in Pandur,Walawal, Mangaon & PHC of Parule in Vengurla Taluka, District -Sindhudurg more particularly described in the first schedule hereunder Written (hereinafter referred to as "the said Hospital" as well as other facilities available in the said Hospital for being utilized by the Students of the said institute for training purpose only.

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

AND WHEREAS the institute and manager have agreed to construct within One year from the date of this agreement a fully equipped Hospital consisting of 300 beds with modern sophisticated investigational amenities and facilities at their own cost and adjoining the Nursing College Campus. AND WHEREAS the parties are desirous of recording the said terms & conditions.

NOW THIS AGREEMENT WITNESSES AS FOLLOWS:-

- 1) In consideration of the grant of license by the Government to the Manager to Make used of the said Hospital furniture and equipment and incidental services to be provided by the government to the Nursing Institute, at free of charge as it will be used by the institute for Community Health students experience.



[Handwritten signatures and initials]

2) In pursuant of the said agreement and in consideration of the manager agreeing to pay to the government license fee at the rate afore said at the time and in the manner herein before mentioned, the Government hereby grants to the Managers a license and permission to have access to and use the said only for the purpose of training. Students of the license institute during the period commencing from the **30th days of July 2024 and ending on the 30th days of July 2027.**

Provided that if government is satisfied that the institute and Manager have duly performed and observed all the terms and conditions of this agreement and have achieved reasonable and / or significant progress towards the construction on and setting up of their own Hospital, the Government may grant extension of this license for such a further period and at such license fee as the Government may determine, considering the new Indian Nursing Council norms dated 16.02.2012.

3) This License shall extend to the employees, agents, students and such other persons as may be lawfully required by the Institute for training the students of the Institute.

4) THE GOVERNMENT HEREBY AGREES:-

a) That the Manger may use the existing furniture, dead stock and clinical facilities belonging to the Hospital for the purpose of training students of the institute. If any additional furniture, dead stock and equipment is required by the Nursing institute for training students of the institute as per the appropriate councils of India and Universities requirement then the same shall be provided, installed and maintained by the manager, at their own costs. Provided that entire medical equipment of the said Hospital shall, at the discretion of the Civil Surgeon, Civil Hospital Sindhudurg of the said Hospital be available to all the patients of the said Hospital.

b) That the Civil Surgeon, Civil Hospital Sindhudurg of the said Hospital shall be responsible for the care of the patients in the said Hospital.

c) Provided that the exact condition and responsibility of administration, teaching and care of patients shall be worked at and fixed by initial consultation between the Director of Health Service, and the Institute. Provided also that the decision in this regard by the Director of Health Services on the parties here to.



[Handwritten signature]

[Handwritten signature]

[Handwritten signature]



5) The Manager undertake and agree :-

a) To use the said 6 beds at each Primary Health Centre (PHC) viz all Rural & Urban PHC in Kudal Taluka, PHC in Pandur, Walawal, Mangaon & PHC of Parule in Vengurla Taluka, District -Sindhudurg for the purpose of teaching its students only and for no other purpose whatsoever.

b) At their own cost and risk to store items of furniture, equipment and property of Manager in the said Hospital after taking prior permission in writing of the Civil Surgeon, Civil Hospital Sindhudurg of the said Hospital.

c) The Manager requires any additional staff for purposes of the training programme of the Institute, the same shall be appointed and maintained by the Manger at their own cost, Provided further the provision for residential quarters of such additional staff shall be made by the Institute and Manager at their own costs.

d) During the period of this agreement, the staff and the students of the Institute who will be in the premises of the said Hospital shall always the subject to the disciplinary control of the Civil Surgeon, Civil Hospital Sindhudurg.

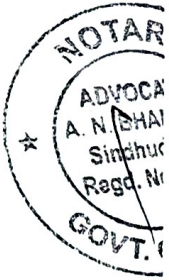
e) That the government shall be entitled to periodically evaluate the recurring expenditure involved as a result of utilization of facilities of the said Hospital by the Institute and if upon evaluation, government is required to incur additional expenditure on that account, then the manager shall bear and pay to the government such a additional recurring expenditure.

f) To pay for or make goods at their expense any damage caused or done by any of the students and staff of the Institute to the inmates of the said Hospital and for its property or any part of the said Hospital or any part appertaining thereto to which the staff and students of the Institute have access, except fair wear and tear related to the proper use of the said Hospital by the institute.

g) To keep at all times the said Hospital premise and it precincts clean, neat and in good sanitary conditions.

h) Not to do or permit to be done anything upon the premises of the said Hospital and its precincts which may be a nuisance, annoyance or disturbance to the patients and inmates of the said Hospital or to the owners, occupiers or residents of other premises in the vicinity.

i) That government or any other person authorizes by Government from time to time shall have the right to inspect the said Hospital (including the said beds therein which the Manager are permitted to use) on behalf of the Government and the Manger, office bearers, staff and the students of the



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Institute shall render to such person full assistance enable person inspect the said Hospital. If such person requires the Manager to comply with directions in this behalf, then the Manager shall without demur comply with them.

j) To comply with all the directions or instructions issued by the government from time to time.

(6) The License hereby granted shall not confer on the manager, staff and students of the Institute any rights other than those hereby expressly granted.

(7) If the Manager fails to pay the License fee on the date fixed for the payment under these presents or if and whenever there shall be a breach of any of the terms and conditions here of by the Manager or if the Government is satisfied that the Manager has not achieved reasonable or significant progress towards construction and setting up of their own Hospital, then the License hereby granted may be terminated by the Government by giving to the Manager three months prior notice in writing in that behalf and in the event of such termination or the expiration the Manager shall not be entitled to any damages caused to them or of the buildings or additional floors or improvements built or carried out on the premises of the said Hospital by the Manager.

ly (8) Without prejudice to any other rights and remedies of the Government arrears of the said License fee shall be deemed to be arrears of land revenue and as such may be recovered by the government from the manager as arrears of and revenue under the provisions of the Maharashtra Land Revenue code, in 1966, and any amendments thereof.

9) The Licensee (Manager) shall indemnify and keep the licensor indemnified against all cost, charge, losses and damages which the licensor may suffer or incur by virtue of any negligence on the part of licensee which shall effect the licensor (Govt.) and to reimburse the licensor (Govt.) all such costs, charges or expenses losses or damages as the case may be, immediately on demand by the licensor (Govt.). The decision of the licensor (Govt.) in this regard shall be final and binding on the licensee and the licensee shall not have any right to dispute the same.

10) The licensee (Manager) shall not be entitled to carry out any renovation and interior work in said premises, as per there requirement.

11) The licensee (Manager) shall use the said premises only for its lawful object business purpose. The licensee (Manager) shall not carry out any business in contravention of any law or statute for the time being in force.



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12) The licensee (Manager) shall comply with all rules, regulations and bye laws applied for the said premises.

13) The licensee (Manager) shall not allow to private person/ third person in the premises.

14) The licensee (Manager) shall not be entitled to sub- rent the said premises the licensee (Manager) shall, however, be entitled to permit any of its subsidiaries or affiliates to use the premises.

15) The licensee (manager) shall have a right to peacefully enjoy the said premises subject to compliance with rules and regulation applicable to the said premises.

16) The licensee (manager) shall not bring and store any hazardous or inflammable articles in the said premises.

17) The licensee (Manager) shall not do anything in the said premises which is likely to be a nuisance or annoyance to the other occupants or which can cause any damage to the said premises or any part thereof.

18) The license can be terminated by either party by giving three months notice of its intention to terminate the license without any reason. The license shall be terminated at the expiry of such notice period.

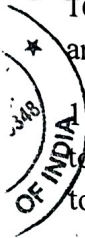
19) The license terms and condition as may be mutually agreed up or, at expiry of the license period provided here in, for the renewed period, the parties shall execute and register fresh license deed.

20) The licensor (Govt.) shall have to carry out inspection of the said premises, during reasonable working hours either by its self or through its agents, wherever possible.

21) The licensee (Manager) shall be bound and liable to pay all amounts as required in terms of this license deed till it uses and occupies the said premises in quiet vacant, peaceful and unencumbered condition.

22) In case the Licensee (manager.) carries out any illegal business at the said premises the license shall be decided to be terminated and the licensee (manager) shall be liable and bound to vacate the said premises forthwith apart from further action under the prevailing rules and regulation for the time being in force.

23) Upon expiry of termination or earlier determination of this license and in the event of the license (manager) failing to hand over quiet, vacant and peaceful possession of the said premises to the licensee remove its articles



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and effects belonging to the licensee (manager) from the said premises the licensor (govt.) shall be and titled to remove the licensee's manager articles

from the said premises at the cost of the licensor shall not render themselves liable for any civil or criminal action by doing so. This authority is irrevocable and constitutes the basis of these licenses and licensees shall not be entitled to dispute and any challenge call in question the validity or reasonable nests of this authority.

In witness where of the Governor of Maharashtra has caused the Civil Surgeon, Civil Hospital Sindhurg, Government of Maharashtra to said his hand affix the seal of his office there to for an his behalf of and the manager of the institute here into said their hands on the day here first here in above written.

FIRST SCHEDULE ABOVE REFERRED TO
(Description of the Hospital Premise)

SECOND SCHEDULE ABOVE REFERRED TO
(Here set out particulars on each bed like its serial number, number of the ward in which it is situated etc.) Identity Aadhar Card No. 5501 9300-1873

SIGNED, SEALED AND DELIVERED

By Dr. Shripad Harihar Patil, Civil Surgeon,
Civil Hospital Sindhurg



Civil Surgeon
Sindhurg

to the Government of Maharashtra for and behalf of the Governor of Maharashtra in the presence of

- (1)
- (2)

SIGNED, SEALED AND DELIVERED By the above named Managers of the institute.

1) Shri. Umesh Sundar Galvankar,
Chairman,
Br.Nath Pai Shikshan Sanstha Sindhurg,
Tal-Kudal, Dist-Sindhurg.



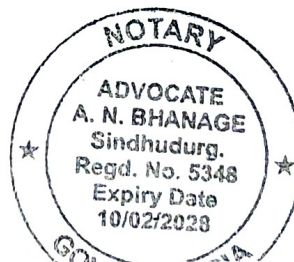
Identity Aadhar Card No. 6650 5533 5671

- In presence of -
- 1)
 - 2)

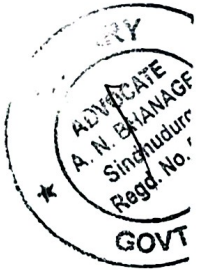
I know the Deponent -

PLACE: Kudal

DATE : 04/02/2025



BEFORE ME
SIGNED & EXECUTED
AVADHUT N. BHANAGE
ADVOCATE & NOTARY
DOCUMENT REGD. NO. 145



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आरोग्य सेवा आयुक्तालय (महाराष्ट्र राज्य)

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

का्यालय मंगालक (व्यक्तिक)	दूरध्वनी ००६०१०३१-३६	Website : http://maha-arogy.a.gov.in Email : dhs_2005@rediffmail.com
महसंचालक (रुग्णालये-राज्यस्तर)	००६०१००६	Email : jdhs03@gmail.com
महसंचालक (प्रा.श्रा.केंद्र-राज्यस्तर)	००६१११७१	Fax No. 022-22621034 / 22620234 (DHS)
आदेश		क्र.संआसे/कक्ष-३/टे-१/बॅ.नाथ पै नर्सिंग/बीएससी/एएनएम/जीएनएम /प्रात्या.अनुभव/परवानगी/जा.क्र. / २४. दि. २६ जुलै, २०२४

प्रति,

उपसंचालक, आरोग्य सेवा,
कोल्हापूर, मंडळ, कोल्हापूर

2058
31/7/24

- विषय- खाजगी परिचर्या प्रशिक्षण संस्थेस ग्रामीण प्रात्यक्षिक अनुभवाकरीता परवानगी बाबत.
बॅ.नाथ पै शिक्षण संस्था संचलित बॅ.नाथ पै नर्सिंग महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग.
संदर्भ-१) उप संचालक, आरोग्य सेवा, कोल्हापूर यांचे पत्र क्र.उसंआसेको/आस्था/कक्ष-
२ब/खा.न.कों.प्रात्य.अनुभव बाबत/७००९-११, दिनांक १३.३.२०२४
२) सार्वजनिक आरोग्य विभाग आ-४ यांचे शासन निर्णय क्र. प्राअसं-२०१२/ ६३९/
प्र.क्र.११७/आरोग्य -४, मंत्रालय, मुंबई दिनांक १८.९.२०१२
३) शासन शुध्दीपत्रक सार्वजनिक आरोग्य विभाग, आ-४ यांचे शासन निर्णय
क्र.प्राअसं-२०१२/६३९/प्र.क्र.११७/आरोग्य-४, मंत्रालय, मुंबई, दि.२०.११.२०१२

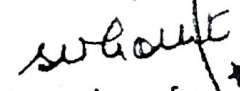
उपरोक्त विषयांकित संदर्भिय पत्रान्वये उपसंचालक, आरोग्य सेवा, कोल्हापूर यांचे कडून प्राचार्य,
बॅ.नाथ पै शिक्षण संस्था संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग या संस्थेचा ग्रामीण
प्रात्यक्षिक अनुभवासाठी परवानगी मिळणेबाबतचा प्रस्ताव आयुक्तालयास प्राप्त झालेला आहे.

सदर खाजगी नर्सिंग संस्थेतील बी.एस.सी नर्सिंग ४० (चाळीस), जी.एन.एम.नर्सिंग २० (वीस) आणि
ए.एन.एम नर्सिंग २० (वीस) विद्यार्थी /विद्यार्थीनींना ग्रामीण प्रात्यक्षिक अनुभवासाठी सिंधुदूर्ग जिल्ह्यातील
ता.कुडाळ येथील ग्रामीण व शहरी भागातील प्राथमिक आरोग्य केंद्रे, पणदुर, बालावल, माणगांव व ता. वेंगुर्ला
येथील परुळे ग्रामीण भागातील प्राथमिक आरोग्य केंद्रे व त्या अंतर्गत येणारी उपकेंद्रे येथे संदर्भिय शासन
निर्णयातील अटी, शर्ती व उपसंचालक, आरोग्य सेवा, कोल्हापूर यांच्या शिफारशीच्या व खालील अटीची पूर्तता
करण्याच्या अधिन राहून, सन २०२४-२०२५ या शैक्षणिक वर्ष करीता प्रथम वर्षासाठी ग्रामीण अनुभवाकरिता
परवानगी प्रदान करण्यात येत आहे.

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

(कृ.मा.प.)

- २) या शैक्षणिक वर्षानंतर सदर परवानगी ची प्रथम मुदतवाढ संबंधित संस्था प्रमुखांकडून घेण्यात यावी. संस्था प्रमुखांनी सन २०२५-२०२६ आणि २०२६-२०२७ या कालावधीसाठी मुदतवाढ प्रदान करावी.
- ३) तीन वर्षां नंतर शासकीय आरोग्य संस्था शहरी व ग्रामीण प्रात्यक्षिक अनुभवासाठी वापरता येणार नाही.
- ४) संदर्भिय शासन निर्णय क्र.२ व ३ मधील अटी व शर्तीची पूर्तता करुन घेण्याची जबाबदारी संबंधित संस्था प्रमुखांची राहिल.
- ५) संबंधित संस्थेकडून अग्रिम शुल्क आकारणी करुन त्याचा भरणा चलना द्वारे शासन खाती जमा करण्यात यावे व याबाबतचे सर्व अभिलेख स्वतंत्र रित्या ठेवून, तपासणीच्या वेळी संबंधितांना वेळोवेळी उपलब्ध करुन द्यावे. या खाती जमा केलेल्या रक्कमेचा हिशोब अचुक व अद्यावत राहिल या बाबतची सर्वस्वी जबाबदारी संबंधित संस्था प्रमुखांची राहिल.
- ६) शासकीय प्रशिक्षण केंद्रातील विद्यार्थ्यांना प्रात्यक्षिक अनुभवाकरिता प्राधान्य देण्यात येईल. तदनंतर खाजगी परिचर्या विद्यालयाची एकुण संख्या लक्षात घेता संस्था प्रमुखांनी त्यांच्या अधिनस्थ असलेल्या सर्व रुग्णालयातील ग्रामीण प्रात्याक्षिक अनुभवाचे स्थानिक स्तरावर नियोजन करुन परवानगी देण्यात यावी.
- ७) संबंधित संस्थेतील बी.एस.सी नर्सिंग, जी.एन.एम.नर्सिंग आणि ए.एन.एम नर्सिंग विद्यार्थी/विद्यार्थीनी हे नियमित येतात की नाही व याचा फायदा संबंधित संस्थेला होतो की नाही ते पाहावे व त्याचा अनुपालन आयुक्तालयास नियमित सादर करावा.


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

प्रति,

उपसंचालक आरोग्य सेवा, कोल्हापूर मंडळ, कोल्हापूर.

प्रत- जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय, सिंधुदूर्ग/ जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, सिंधुदूर्ग.

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

✓ प्रत- प्राचार्य, बॅ.नाथ पै शिक्षण संस्था संचालित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग.



महाराष्ट्र शासन
उपसंचालक, आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर.
DEPUTY DIRECTOR OF HEALTH SERVICES KOLHAPUR CIRCLE KOLHAPUR



उपसंचालक दूरध्वनी क्र (वै) कार्यालय दूरध्वनी क्र. - कार्यालय फॅक्स क्र.-	(0231) 2659901 (0231) 2667565 2660149/2667557	उपसंचालक आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर. मध्यवर्ती प्रशासकीय इमारत, कसबा बावडा रोड, डी.एस.पी.ऑफीस जवळ, कोल्हापूर - ४१६ ००३. ई-मेल ddhs_kop@yahoo.co.in , ddhskol@rediffmail.com
आरोग्य सेवा	जा.क्र./उसंआसे/आस्था/२ब/शासकीय आरोग्य संस्था प्रा.अनु./परवानगी/बॅ.नाथ पै. / २२५०-५२/२०२४. दिनांक. ३/०९/२०२४.	

प्रति,

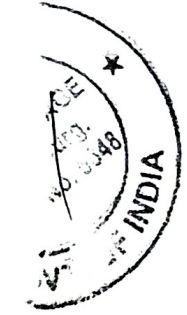
१. जिल्हा शल्यचिकित्सक, सिंधुदूर्ग.
२. जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, सिंधुदूर्ग.

विषय- खाजगी परिचर्या संस्थेतील विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी शासकीय आरोग्य संस्थेतील खाटा वापरण्यास परवानगी बाबत.....

प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.

संदर्भ - १) या कार्यालयाचे पत्र जा.क्र.उसंआसेको/आस्था/कक्ष-२ब/खा.न.कॉ. प्रात्य.अनुभव बाबत/
७००९- ११/२०२४. दिनांक.१३.०३.२०२४.

२) मा.सहसंचालक, आरोग्य सेवा, (रुग्णालये-राज्यस्तर), आयुक्तालय, मुंबई यांचे पत्र
क्र.आसेआ/कक्ष-३/टे-१/बॅ.नाथ पै नर्सिंग/बीएससी/एएनएम/जीएनएम/ प्रात्य.अनुभव/
परवानगी/१४६२४-२७/२०२४. दिनांक.२६.०७.२०२४.



उपरोक्त विषयानुसार, प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग. या संस्थेचे बी.एस.सी/ए.एन.एम./जी.एन.एम. या नर्सिंग कोर्सच्या विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी सिंधुदूर्ग जिल्ह्यातील तालुका कुडाळ येथील ग्रामीण व शहरी भागातील प्राथमिक आरोग्य केंद्रे, पणदुर, वालावल, माणगांव व तालुका वेंगुर्ला येथील परुळे ग्रामीण भागातील प्राथमिक आरोग्य केंद्रे व त्या अंतर्गत उपकेंद्रे येथे वापरणेस परवानगी मिळणेबाबतचा प्रस्ताव आपलेकडून या कार्यालयास प्राप्त झाले असता, सदरचे प्रस्ताव मंजुरीस्तव संदर्भ क्र.१ ने मा.सहसंचालक, आरोग्य सेवा, (रुग्णालये-राज्यस्तर), आयुक्तालय, मुंबई यांना सादर करणेत आले होते.

संदर्भ क्र. २ अन्वये प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग. यांच्या खाजगी संस्थेतील नर्सिंग कोर्सच्या विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी सन २०२४-२५ या शैक्षणिक वर्ष करिता प्रथम वर्षासाठी ग्रामीण अनुभवाकरिता परवानगी प्रदान करण्यात आली आहे. (सोबत-आदेश)

तरी, संदर्भ क्र. २ च्या आदेशाने दिलेल्या परवानगीनुसार आदेशात नमुद केलेल्या १ ते ७ अटी व शर्तीचा अवलंब करून व संबंधित संस्थेकडून शासन निर्णय दि. १८.०९.२०१२ नुसार प्रथमतः अग्रीम शुल्क भरणा करून घेऊन उचित कार्यवाही करणेची जबाबदारी आपली राहिल याची नोंद घ्यावी.

Wda

Oppe
(डॉ. दिलीप माने)

उपसंचालक, आरोग्य सेवा,
कोल्हापूर मंडळ, कोल्हापूर.

प्रत - प्राचार्य, बॅ. नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.



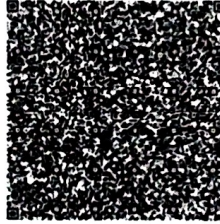
भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक / Enrolment No.: 1104/40001/00211

To
उमेश सुंदर गाळवणकर
Umesh Sundar Galvankar
S/O Sundar Galvankar
Near Vayman Gorden Company
pinguli
Kudal
Sindhudurg Maharashtra - 416520
9422055089

Signature Verified
Date: 05/06/2017
Time: 10:15:37



आपला आधार क्रमांक / Your Aadhaar No. :

6650 5533 5671

VID : 9175 0367 7033 4742

माझे आधार, माझी ओळख



भारत सरकार
Government of India



उमेश सुंदर गाळवणकर
Umesh Sundar Galvankar
जन्म तारीख/DOB: 05/06/1976
पुरुष/ MALE

Name Date: 05/12/2011

6650 5533 5671

VID : 9175 0367 7033 4742

माझे आधार, माझी ओळख



Government of India



माहिती / INFORMATION

- आधार हा ओळखीचा पुरावा आहे. नागरिकत्वाचा नाही.
- आधार अद्वितीय आणि सुरक्षित आहे.
- सुरक्षित QR कोड/ ऑफलाइन XML/ ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- आधार कार्ड, पीव्हीसी कार्ड्स, ईआधार आणि mAadhaar सारखे आधारचे सर्व प्रकार तितकेच वैध आहेत. १२ अंकी आधार क्रमांकाच्या जागी ळव्युअल आधार ओळख (VID) देखील वापरली जाऊ शकते.
- 10 वर्षांतून एकदा तरी आधार अपडेट करा.
- आधार तुम्हाला विविध सरकारी आणि गैर सरकारी लाभ/सेवांचा लाभ घेण्यास मदत करते.
- आधारमध्ये तुमचा मोबाईल नंबर आणि ईमेल आयडी अपडेट ठेवा.
- आधार सेवांचा लाभ घेण्यासाठी स्मार्टफोनवर mAadhaar ॲप डाउनलोड करा.
- सुरक्षितता सुनिश्चित करण्यासाठी लॉक/अनलॉक बायोमेट्रिक्स/आधार या विशिष्टांचा वापर करा.
- आधारची मागणी करणाऱ्या योग्य समिती संस्थांनी शोध घेणे बंधनकारक आहे.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

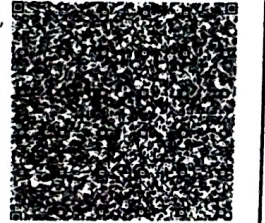


भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
S/O सुंदर गाळवणकर, वायमन गॉर्डन कंपनी जवळ, पिंगुली,
कुदाल, सिंधुदुर्ग,
महाराष्ट्र - 416520

Address:
S/O Sundar Galvankar, Near Vayman Gorden
Company, pinguli, Kudal, Sindhudurg,
Maharashtra - 416520



6650 5533 5671

VID : 9175 0367 7033 4742

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भारतीय विशिष्ट ओळख प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
 Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1189/21189/04084

To,
 श्रीपाद हरिहर पाटील
 Shripad Harihar Patil
 S/O Harihar Bhaurao Patil
 KRISHNAPINGKSHA ADARSHA PARK
 NEAR KIRTI HOTEL KUDAL
 Kudal
 Kudal Sindhudurg
 ★ Maharashtra 416520
 9422374488

22/10/2011

Ref: 997 / 04C / 645217 / 645273 / P



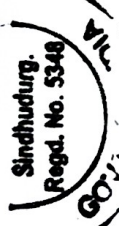
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आपला आधार क्रमांक / Your Aadhaar No. :

5501 9300 1873

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
 श्रीपाद हरिहर पाटील
 Shripad Harihar Patil
 जन्म वर्ष / Year of Birth 1972
 पुरुष / Male



5501 9300 1873



Govt. Of Maharashtra Public Health Dept.



Office Identity Card

Office name : Civil Surgeon, Sindhurg

I.D.No. :- DHSSHPM7201

Name :- Dr. Shripad Hariharrao Patil

Post :- Dist. Civil Surgeon, Sindhurg

Cadre :- Civil surgeon Group 'A' CI-One

D.O.B. :- 12/02/1972

Blood Group :- 'A' Positive

Sign of Employee

Sign of Office Head
Dy. Director of Health Services
Kolhapur Circle Kolhapur.

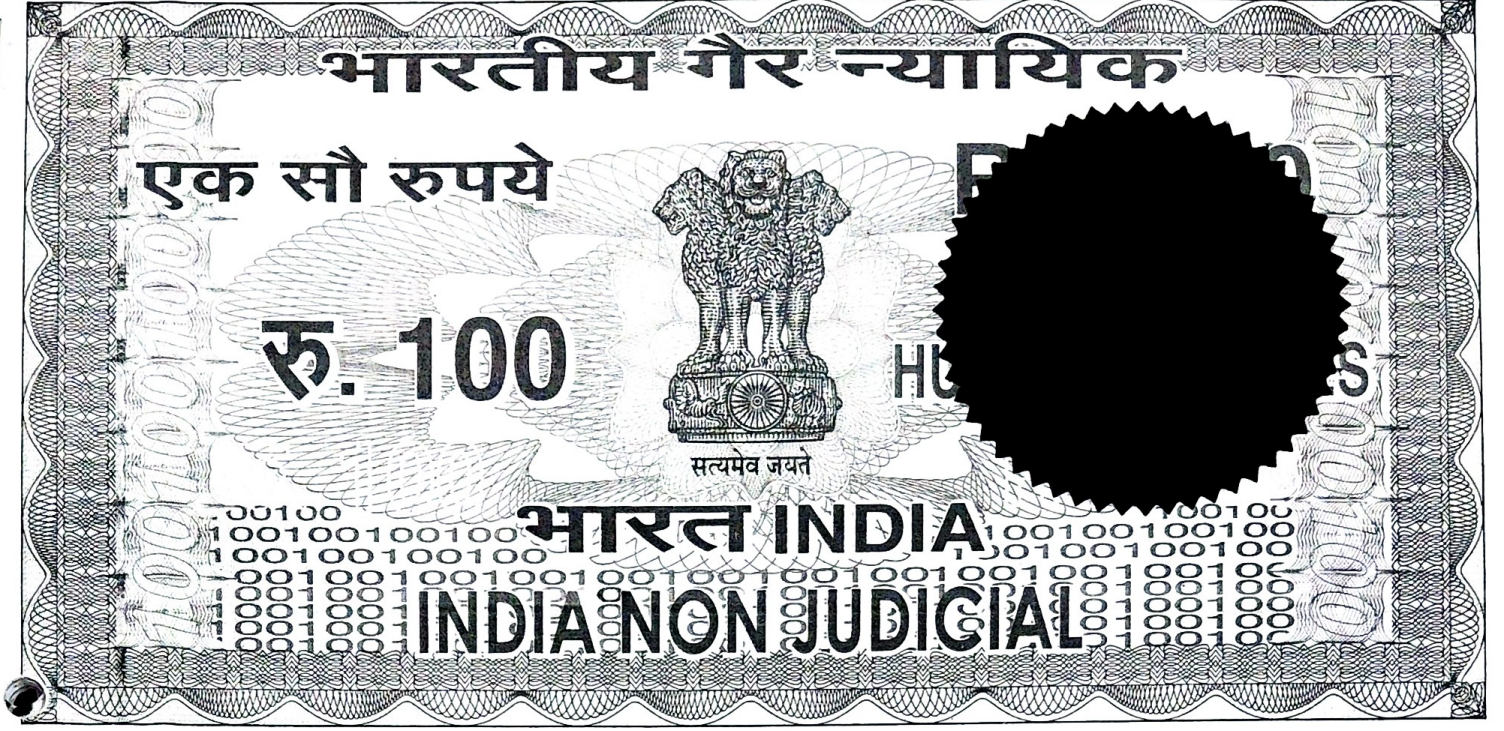


● OFFICE ADDRESS &
CONTACT NO. 9422374488

District Hospital, Sindhurnagari, Tal. Kudal,
Dist. Sindhurg MS INDIA Pin Code. 416812
Rev. Regn. KONKAN 02362-228654

● EMPLOYEE RESIDENCE
ADDRESS

S/O-A/P Kudal Near Police Station, Tal. Kudal
Dist. Sindhurg.



महाराष्ट्र MAHARASHTRA

● 2024 ●

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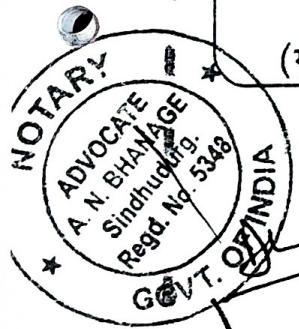
प्रतिज्ञापत्रा व्यतिरिक्त (जोडपत्र २) / फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद ४)
मुद्रांक विक्रीचे ठिकाण : बांदेकर झेरॉक्स सेंटर कुडाल, प.क्र.कुडाल १५०८००५
विक्री क्र. २०१९ किंमत - १०० मुद्रांकाची एकूण रक्कम - १०० दि. १०/१०/२०२४
मुद्रांक श्री./सौ./श्रीम. उमेश सुंदर गाळवणकर रा. पिंगुळी
दस्त नोंदणी करणार आहेत का? होय/ नाही दुय्यम निबंधक कार्यालय
दस्त कोणाकडे सादर-तहसिलदार/नोटरी मिळकतीचे वर्णन मोबदला रक्कम
दुसऱ्या पक्षाचे नाव - बॅ. नाथ पै शिक्षण संस्था
दस्तावा प्रकार - प्रतिज्ञापत्र/हमीपत्र/कुतीपत्र/ संमतीपत्र/करार/साठेकरार/भाडेकरार/खेरीखत/अखत्यारपत्र/तारणगहाण/बँक/
हस्ते श्री./सौ./श्रीम. ज्ञानेश्वर राजाराम तेली रा. भाडगांव बु.
(मुद्रांक घेणाऱ्याची सही) (संजय गुरुनाथ बांदेकर)
मुद्रांक विक्रेता



4 OCT 2024

AGREEMENT

This agreement made at Kudal 4th February 2025 between the Director, Public Health Department Maharashtra, on behalf of District Health Officer, Zillha Parishad, Oros, Sindhudurg exercising executive power of the Government of State of Maharashtra hereinafter referred to as 'the Government' (which expression shall unless context does not admit include his successors) of the One Part and (1) Shri. Umesh Sundar Galvankar, Chairman of Br. Nath Pai Shikshan Sanstha Sindhudurg (hereinafter referred to as "Nursing Institute") an institute registered under the Societies Registration Act, 1860 - (No.21 of 1860) and having its registered office at Kamat Building, Bachat Mandir, Bazarpeth Kudal, Dist-Sindhudurg.



hereinafter referred to as the Manager (Which expression shall unless the context does not so admit, include then the survivors or survivor of them the heirs, executors and administrators of the last survivor members or member at the time being on the Managing Committee of the said institute) of the other part.

The Institute has established **B.BSC.NURSING/GNM/ANM** situated at (hereinafter referred to as 'the said institute') Br. Nath Pai Shaikshanic Bhavan Plot No-04,MIDC,Tal-Kudal Dist-Sindhudurg (hereinafter referred to an 'the Nursing College which has no Hospital facilities for training students belonging to the said Nursing College.

AND WHEREAS the Institute and Manager have requested the Government to permit them to use 6 beds at each Primary Health Centre (PHC) viz all Rural & Urban PHC in Kudal Taluka, PHC in Pandur,Walawal, Mangaon & PHC of Parule in Vengurla Taluka, District -Sindhudurg more particularly described in the first schedule hereunder Written (hereinafter referred to as "the said Hospital" as well as other facilities available in the said Hospital for being utilized by the Students of the said institute for training purpose only.

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

AND WHEREAS the institute and manager have agreed to construct within One year from the date of this agreement a fully equipped Hospital consisting of 300 beds with modern sophisticated investigational amenities and facilities at their own cost and adjoining the Nursing College Campus. AND WHEREAS the parties are desirous of recording the said terms & conditions.

NOW THIS AGREEMENT WITNESSES AS FOLLOWS:-

- 1) In consideration of the grant of license by the Government to the Manager to Make used of the said Hospital furniture and equipment and incidental services to be provided by the government to the Nursing Institute, at free of charge as it will be used by the institute for Community Health students experience.

2) In pursuant of the said agreement and in consideration of the manager agreeing to pay to the government license fee at the rate afore said at the time and in the manner herein before mentioned, the Government hereby grants to the Managers a license and permission to have access to and use the said only for the purpose of training. Students of the license institute during the period commencing from the **30th days of July 2024 and ending on The 30th days of July 2027.**

Provided that if government is satisfied that the institute and Manager have duly performed and observed all the terms and conditions of this agreement and have achieved reasonable and / or significant progress towards the construction on and setting up of their own Hospital, the Government may grant extension of this license for such a further period and at such license fee as the Government may determine, considering the new Indian Nursing Council norms dated 16.02.2012.

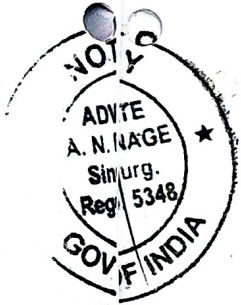
3) This License shall extend to the employees, agents, students and such other persons as may be lawfully required by the Institute for training the students of the Institute.

4) THE GOVERNMENT HEREBY AGREES:-

a) That the Manger may use the existing furniture, dead stock and clinical facilities belonging to the Hospital for the purpose of training students of the institute. If any additional furniture, dead stock and equipment is required by the Nursing institute for training students of the institute as per the appropriate councils of India and Universities requirement then the same shall be provided, installed and maintained by the manager, at their own costs. Provided that entire medical equipment of the said Hospital shall, at the discretion of the District Health Officer, Zillha Parishad, Oros, Sindhurg of the said Hospital be available to all the patients of the said Hospital.

b) That the District Health Officer, Zillha Parishad, Oros, Sindhurg of the said Hospital shall be responsible for the care of the patients in the said Hospital.

c) Provided that the exact condition and responsibility of administration, teaching and care of patients shall be worked at and fixed by initial consultation between the Director of Health Service, and the Institute. Provided also that the decision in this regard by the Director of Health Services on the parties here to.



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5) The Manager undertake and agree :-

a) To use the said 6 beds at each Primary Health Centre (PHC) viz all Rural & Urban PHC in Kudal Taluka, PHC in Pandur, Walawal, Mangaon & PHC of Parule in Vengurla Taluka, District -Sindhudurg for the purpose of teaching its students only and for no other purpose whatsoever.

b) At their own cost and risk to store items of furniture, equipment and property of Manager in the said Hospital after taking prior permission in writing of the District Health Officer, Zillha Parishad, Oros, Sindhudurg of the said Hospital.

c) The Manager requires any additional staff for purposes of the training programme of the Institute, the same shall be appointed and maintained by the Manger at their own cost, Provided further the provision for residential quarters of such additional staff shall be made by the Institute and Manager at their own costs.

d) During the period of this agreement, the staff and the students of the Institute who will be in the premises of the said Hospital shall always the subject to the disciplinary control of the District Health Officer, Zillha Parishad, Oros, Sindhudurg.

e) That the government shall be entitled to periodically evaluate the recurring expenditure involved as a result of utilization of facilities of the said Hospital by the Institute and if upon evaluation, government is required to incur additional expenditure on that account, then the manager shall bear and pay to the government such a additional recurring expenditure.

f) To pay for or make goods at their expense any damage caused or done by any of the students and staff of the Institute to the inmates of the said Hospital and for its property or any part of the said Hospital or any part appertaining thereto to which the staff and students of the Institute have access, except fair wear and tear related to the proper use of the said Hospital by the institute.

g) To keep at all times the said Hospital premise and it precincts clean, neat and in good sanitary conditions.

h) Not to do or permit to be done anything upon the premises of the said Hospital and its precincts which may be a nuisance, annoyance or disturbance to the patients and inmates of the said Hospital or to the owners, occupiers or residents of other premises in the vicinity.

i) That government or any other person authorizes by Government from time to time shall have the right to inspect the said Hospital (including the said beds therein which the Manager are permitted to use) on behalf of the Government and the Manger, office bearers, staff and the students of the



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Institute shall render to such person full assistance enable person inspect the said Hospital. If such person requires the Manager to comply with directions in this behalf, then the Manager shall without demur comply with them.

j) To comply with all the directions or instructions issued by the government from time to time.

(6) The License hereby granted shall not confer on the manager, staff and students of the Institute any rights other than those hereby expressly granted.

(7) If the Manager fails to pay the License fee on the date fixed for the payment under these presents or if and whenever there shall be a breach of any of the terms and conditions here of by the Manager or if the Government is satisfied that the Manager has not achieved reasonable or significant progress towards construction and setting up of their own Hospital, then the License hereby granted may be terminated by the Government by giving to the Manager three months prior notice in writing in that behalf and in the event of such termination or the expiration the Manager shall not be entitled to any damages caused to them or of the buildings or additional floors or improvements built or carried out on the premises of the said Hospital by the Manager.

(8) Without prejudice to any other rights and remedies of the Government arrears of the said License fee shall be deemed to be arrears of land revenue and as such may be recovered by the government from the manager as arrears of and revenue under the provisions of the Maharashtra Land Revenue code, in 1966, and any amendments thereof.

9) The Licensee (Manager) shall indemnify and keep the licensor indemnified against all cost, charge, losses and damages which the licensor may suffer or incur by virtue of any negligence on the part of licensee which shall effect the licensor (Govt.) and to reimburse the licensor (Govt.) all such costs, charges or expenses losses or damages as the case may be, immediately on demand by the licensor (Govt.). The decision of the licensor (Govt.) in this regard shall be final and binding on the licensee and the licensee shall not have any right to dispute the same.

10) The licensee (Manager) shall not be entitled to carry out any renovation and interior work in said premises, as per there requirement.

11) The licensee (Manager) shall use the said premises only for its lawful object business purpose. The licensee (Manager) shall not carry out any business in contravention of any law or statute for the time being in force.



Signature

Signature

12) The licensee (Manager) shall comply with all rules, regulations and bye laws applied for the said premises.

13) The licensee (Manager) shall not allow to private person/ third person in the premises.

14) The licensee (Manager) shall not be entitled to sub- rent the said premises the licensee (Manager) shall, however, be entitled to permit any of its subsidiaries or affiliates to use the premises.

15) The licensee (manager) shall have a right to peacefully enjoy the said premises subject to compliance with rules and regulation applicable to the said premises.

16) The licensee (manager) shall not bring and store any hazardous or inflammable articles in the said premises.

17) The licensee (Manager) shall not do anything in the said premises which is likely to be a nuisance or annoyance to the other occupants or which can cause any damage to the said premises or any part thereof.

18) The license can be terminated by either party by giving three months notice of its intention to terminate the license without any reason. The license shall be terminated at the expiry of such notice period.

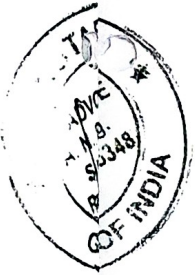
19) The license terms and condition as may be mutually agreed up or, at expiry of the license period provided here in, for the renewed period, the parties shall execute and register fresh license deed.

20) The licensor (Govt.) shall have to carry out inspection of the said premises, during reasonable working hours either by its self or through its agents, wherever possible.

21) The licensee (Manager) shall be bound and liable to pay all amounts as required in terms of this license deed till it uses and occupies the said premises in quiet vacant, peaceful and unencumbered condition.

22) In case the Licensee (manager.) carries out any illegal business at the said premises the license shall decided to be terminated and the licensee (manager) shall be liable and bound to vacate the said premises forthwith apart from further action under the prevailing rules and regulation for the time being in force.

23) Upon expiry of termination or earlier determination of this license and in the event of the license (manager) failing to hand over quiet, vacant and peaceful possession of the said premises to the licensee remove its articles



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and effects belonging to the licensee (manager) from the said premises the licensor (govt.) shall be and titled to remove the licensee's manager articles

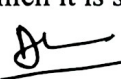
from the said premises at the cost of the licensor shall not render themselves liable for any civil or criminal action by doing so. This authority is irrevocable and constitutes the basis of these licenses and licensees shall not be entitled to dispute and any challenge call in question the validity or reasonable nests of this authority.

In witness where of the Governor of Maharashtra has caused the District Health Officer, Zillha Parishad, Oros, Sindhudurg, Government of Maharashtra to said his hand affix the seal of his office there to for an his behalf of and the manager of the institute here into said their hands on the day here first here in above written.

FIRST SCHEDULE ABOVE REFERRED TO
(Description of the Hospital Premise)

SECOND SCHEDULE ABOVE REFERRED TO

(Here set out particulars on each bed like its serial number, number of the ward in which it is situated etc.)

 Identity Aadhar card No
7203 0019 3095

SIGNED, SEALED AND DELIVERED
By **Dr. Sai Rupesh Dhuri,**
District Health Officer,
Zillha Parishad, Oros, Sindhudurg



to the Government of Maharashtra for and **जिल्हा आरोग्य अधिकारी** the Governor of Maharashtra
in the presence of **जिल्हा परिषद, सिंधुदुर्ग**

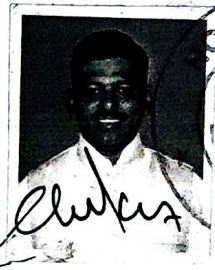
- (1)
- (2)

SIGNED, SEALED AND DELIVERED By the above named Managers of the institute.

Shri. Umesh Sundar Galvankar,
Chairman,
Br. Nath Pai Shikshan Sanstha Sindhudurg,
Tal-Kudal, Dist-Sindhudurg.

- In presence of -
- 1)
 - 2)

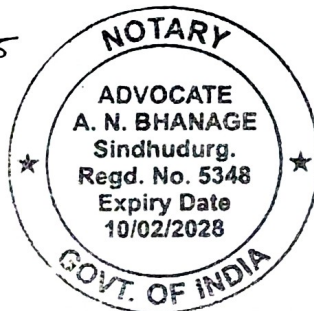
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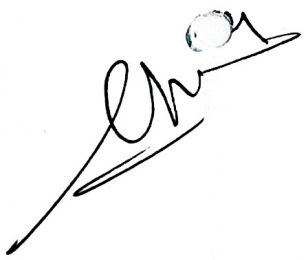
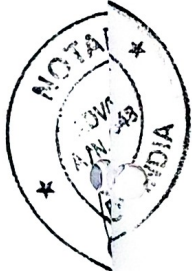
Identity Aadhar card No.
6650 5533 5671

PLACE: Kudal

DATE : 04/02/2025




BEFORE ME
SIGNED & EXECUTED
AVADHUT N. BHANAGE
ADVOCATE & NOTARY
DOCUMENT REGD. NO. 199
DATE - 04/02/2025





भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक / Enrolment No.: 1104/40001/00211

To
उमेश सुंदर गाळवणकर
Umesh Sundar Galvankar
S/O Sundar Galvankar
Near Vayman Gorden Company
pinguli
Kudal
Sindhudurg Maharashtra - 416520
9422055089

Signature Verified
Date: 05/06/2011 14:18:37
UIDAI



आपला आधार क्रमांक / Your Aadhaar No. :

6650 5533 5671

VID : 9175 0367 7033 4742

माझे आधार, माझी ओळख



भारत सरकार
Government of India



उमेश सुंदर गाळवणकर
Umesh Sundar Galvankar
जन्म तारीख/DOB: 05/06/1976
पुरुष / MALE

Issue Date: 05/12/2011

6650 5533 5671

VID : 9175 0367 7033 4742

माझे आधार, माझी ओळख



माहिती / INFORMATION

- आधार हा ओळखीचा पुरावा आहे. नागरिकत्वाचा नाही.
- आधार अद्वितीय आणि सुरक्षित आहे.
- सुरक्षित QR कोड/ ऑफलाइन XML/ ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- आधार कार्ड, पीव्हीसी कार्ड्स, ईआधार आणि mAadhaar सारखे आधारचे सर्व प्रकार तितकेच वैध आहेत. १२ अंकी आधार क्रमांकाच्या जागी ढवळ्या अल आधार ओळख (VID) देखील वापरली जाऊ शकते.
- 10 वर्षांतून एकदा तरी आधार अपडेट करा.
- आधार तुम्हाला विविध सरकारी आणि गैर सरकारी लाभ/सेवांचा लाभ घेण्यास मदत करते.
- आधारमध्ये तुमचा मोबाईल नंबर आणि ईमेल आयडी अपडेट ठेवा.
- आधार सेवांचा लाभ घेण्यासाठी स्मार्टफोनवर mAadhaar ॲप डाउनलोड करा.
- सुरक्षितता सुनिश्चित करण्यासाठी लॉक/अनलॉक बायोमेट्रिक्स/आधार या वैशिष्ट्यांचा वापर करा.
- आधारीची मागणी करणाऱ्या योग्य संमती संस्थांनी शोध घेणे बंधनकारक आहे.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

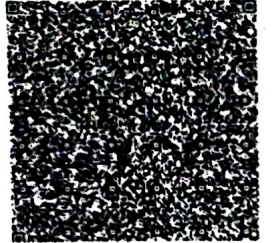


भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
S/O सुंदर गाळवणकर, वायमन गॉर्डन कंपनी जवळ, पिंगुली,
सुळगाव, सिंधुदुर्ग,
महाराष्ट्र - 416520

Address:
S/O Sundar Galvankar, Near Vayman Gorden
Company, pinguli, Kudal, Sindhudurg,
Maharashtra - 416520



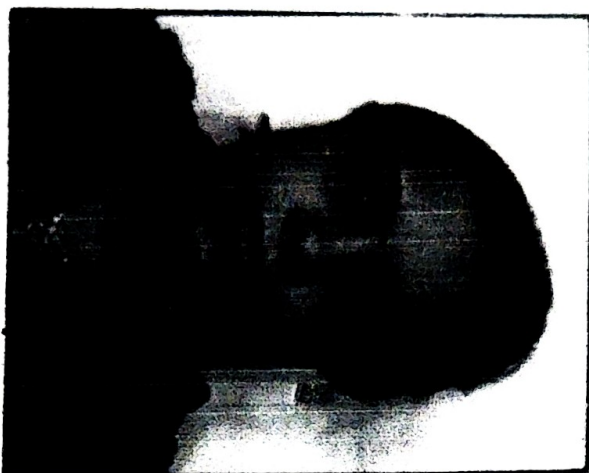
6650 5533 5671

VID : 9175 0367 7033 4742

1047 | help@uidai.gov.in | www.uidai.gov.in



भारत सरकार
INDIA



डॉ. सई रुपेश धुरी

Dr. Sai Rupesh Dhuri

जन्म तिथि/DOB: 07/05/1975

महिला/ FEMALE

Mobile No: 9890981460

7203 0019 3995

VID : 9112 3049 7300 5537



भाई आधार, भाई ओळख



आरोग्य सेवा आयुक्तालय (महाराष्ट्र राज्य)

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

कार्यालय संचालक (व्यक्तिगत)	दूरध्वनी २०६२१०३१-३६	Website : http://maha-arogya.gov.in Email : dhs_2005@rediffmail.com
सहसंचालक (रुग्णालये-राज्यस्तर)	२२६२१००६	Email : jdhs03@gmail.com
महसंचालक (प्रा.आ.केंद्र-जिपस्तर)	२२६११४७१	Fax No. 022-22621034 / 22620234 (DHS) १४६२४-२५
आदेश		क्र.संआसे/कक्ष-३/टे-१/ब.नाथ पै नर्सिंग/बीएससी/एएनएम/ जीएनएम /प्रात्या.अनुभव/परवानगी/जा.क्र. / २४, दि. २५ जुलै, २०२४

प्रति,
उपसंचालक, आरोग्य सेवा,
कोल्हापूर, मंडळ, कोल्हापूर

विषय- खाजगी परिचर्या प्रशिक्षण संस्थेस ग्रामीण प्रात्यक्षिक अनुभवाकरीता परवानगी बाबत.
ब.नाथ पै शिक्षण संस्था संचालित ब.नाथ पै नर्सिंग महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग.

- संदर्भ-१) उप संचालक, आरोग्य सेवा, कोल्हापूर यांचे पत्र क्र.उससंआसेको/आस्था/कक्ष-
२ब/खा.न.कों.प्रात्य.अनुभव बाबत/७००९-११, दिनांक १३.३.२०२४
२) सार्वजनिक आरोग्य विभाग आ-४ यांचे शासन निर्णय क्र. प्राअसं-२०१२/ ६३९/
प्र.क्र.११७/आरोग्य -४, मंत्रालय, मुंबई दिनांक १८.९.२०१२
३) शासन शुध्दीपत्रक सार्वजनिक आरोग्य विभाग, आ-४ यांचे शासन निर्णय
क्र.प्राअसं-२०१२/६३९/प्र.क्र.११७/आरोग्य-४, मंत्रालय, मुंबई, दि.२०.११.२०१२

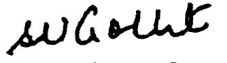
उपरोक्त विषयांकित संदर्भिय पत्रान्वये उपसंचालक, आरोग्य सेवा, कोल्हापूर यांचे कडून प्राचार्य,
ब.नाथ पै शिक्षण संस्था संचालित ब.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग या संस्थेचा ग्रामीण
प्रात्याक्षिक अनुभवासाठी परवानगी मिळणेबाबतचा प्रस्ताव आयुक्तालयास प्राप्त झालेला आहे.

सदर खाजगी नर्सिंग संस्थेतील बी.एस.सी नर्सिंग ४० (चाळीस), जी.एन.एम.नर्सिंग २० (वीस) आणि
ए.एन.एम नर्सिंग २० (वीस) विद्यार्थी /विद्यार्थीनीना ग्रामीण प्रात्यक्षिक अनुभवासाठी सिंधुदूर्ग जिल्हयातील
ता.कुडाळ येथील ग्रामीण व शहरी भागातील प्राथमिक आरोग्य केंद्रे, पणदुर, वालावल, माणगांव व ता. वेंगुर्ला
येथील परुळे ग्रामीण भागातील प्राथमिक आरोग्य केंद्रे व त्या अंतर्गत येणारी उपकेंद्रे येथे संदर्भिय शासन
निर्णयातील अटी, शर्ती व उपसंचालक, आरोग्य सेवा, कोल्हापूर यांच्या शिफारशीच्या व खालील अटींची पूर्तता
करण्याच्या अधिन राहून, सन २०२४-२०२५ या शैक्षणिक वर्ष करीता प्रथम वर्षासाठी ग्रामीण अनुभवाकरीता
परवानगी प्रदान करण्यात येत आहे.

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

(कृ.मा.प.)

- २) या शैक्षणिक वर्षानंतर सदर परवानगी ची प्रथम मुदतवाढ संबंधित संस्था प्रमुखांकडून घेण्यात यावी. संस्था प्रमुखांनी सन २०२५-२०२६ आणि २०२६-२०२७ या कालावधीसाठी मुदतवाढ प्रदान करावी.
- ३) तीन वर्षां नंतर शासकीय आरोग्य संस्था शहरी व ग्रामीण प्रात्यक्षिक अनुभवासाठी वापरता येणार नाही.
- ४) संदर्भिय शासन निर्णय क्र.२ व ३ मधील अटी व शर्तीची पूर्तता करून घेण्याची जबाबदारी संबंधित संस्था प्रमुखांची राहिल.
- ५) संबंधित संस्थेकडून अग्रिम शुल्क आकारणी करून त्याचा भरणा चलना द्वारे शासन खाती जमा करण्यात यावे व याबाबतचे सर्व अभिलेख स्वतंत्र रित्या ठेवून, तपासणीच्या वेळी संबंधितांना वेळोवेळी उपलब्ध करून द्यावे. या खाती जमा केलेल्या रक्कमेचा हिशोब अचुक व अद्यावत राहिल या बाबतची सर्वस्वी जबाबदारी संबंधित संस्था प्रमुखांची राहिल.
- ६) शासकीय प्रशिक्षण केंद्रातील विद्यार्थ्यांना प्रात्यक्षिक अनुभवाकरिता प्राधान्य देण्यात येईल. तदनंतर खाजगी परिचर्या विद्यालयाची एकूण संख्या लक्षात घेता संस्था प्रमुखांनी त्यांच्या अधिनस्थ असलेल्या सर्व रुग्णालयातील ग्रामीण प्रात्याक्षिक अनुभवाचे स्थानिक स्तरावर नियोजन करून परवानगी देण्यात यावी.
- ७) संबंधित संस्थेतील बी.एस.सी नर्सिंग, जी.एन.एम.नर्सिंग आणि ए.एन.एम नर्सिंग विद्यार्थी/विद्यार्थीनी हे नियमित येतात की नाही व याचा फायदा संबंधित संस्थेला होतो की नाही ते पाहावे व त्याचा अनुपालन अहवाल आयुक्तालयास नियमित सादर करावा.


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

प्रति,
 उपसंचालक आरोग्य सेवा, कोल्हापूर मंडळ, कोल्हापूर.

प्रत- जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय, सिंधुदूर्ग/ जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, सिंधुदूर्ग.
 १- आपणास कळविण्यांत येते की संबंधित संस्थेकडून शासन निर्णय दिनांक १८ सप्टेंबर २०१२ च्या शासन निर्णया नुसार प्रथमतः अग्रिम शुल्क भरणा करण्यात यावा. तसेच आदेशातील नमूद अटी व शर्तीची पूर्तता करून घेण्याची सर्वस्वी जबाबदारी आपली राहिल याची नोंद घ्यावी.

✓ प्रत- प्राचार्य, वॅ.नाथ पै शिक्षण संस्था संचालित वॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग.



महाराष्ट्र शासन
उपसंचालक, आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर.
DEPUTY DIRECTOR OF HEALTH SERVICES KOLHAPUR CIRCLE KOLHAPUR



उपसंचालक दूरध्वनी क्र. (वे)
कार्यालय दूरध्वनी क्र. -
कार्यालय फॅक्स क्र. -

(0231) 2659901
(0231) 2667565
2660149/2667557

उपसंचालक आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर.
मध्यवर्ती प्रशासकीय इमारत, कसबा बावडा रोड,
डी.एस.पी.ऑफीस जवळ, कोल्हापूर - ४१६ ००३.
ई-मेल ddhs_kop@yahoo.co.in, ddhskol@rediffmail.com

आरोग्य सेवा

जा.क्र./उसंआसे/आस्था/२ब/शासकीय आरोग्य संस्था प्रा.अनु./परवानगी/बॅ.नाथ पै. /
२२४०-४२/२०२४. दिनांक. ३/०९/२०२४.

प्रति,

१. जिल्हा शल्यचिकित्सक, सिंधुदूर्ग.
२. जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, सिंधुदूर्ग.

विषय- खाजगी परिचर्या संस्थेतील विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी शासकीय आरोग्य संस्थेतील खाटा वापरण्यास परवानगी बाबत.....

प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.

संदर्भ - १) या कार्यालयाचे पत्र जा.क्र.उसंआसेको/आस्था/कक्ष-२ब/खा.न.काँ. प्रात्य.अनुभव बाबत/ ७००९- ०९/२०२४. दिनांक.१३.०३.२०२४.

२) मा.सहसंचालक, आरोग्य सेवा, (रुग्णालये-राज्यस्तर), आयुक्तालय, मुंबई यांचे पत्र क्र.आसेआ/कक्ष-३/टे-१/बॅ.नाथ पै नर्सिंग/बीएससी/एएनएम/जीएनएम/ प्रात्य.अनुभव/ परवानगी/१४६२४-२७/२०२४. दिनांक.२६.०७.२०२४.

उपरोक्त विषयानुसार. प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग. या संस्थेचे बी.एस.सी/ए.एन.एम./जी.एन.एम. या नर्सिंग कोर्सच्या विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी सिंधुदूर्ग जिल्ह्यातील तालुका कुडाळ येथील ग्रामीण व शहरी भागातील प्राथमिक आरोग्य केंद्रे, पणदुर, वालावल, माणगांव व तालुका वेंगुर्ला येथील परूळे ग्रामीण भागातील प्राथमिक आरोग्य केंद्रे व त्या अंतर्गत उपकेंद्रे येथे वापरणेस परवानगी मिळणेबाबतचा प्रस्ताव आपलेकडून या कार्यालयास प्राप्त झाले असता, सदरचे प्रस्ताव मंजुरीस्तव संदर्भ क्र.१ ने मा.सहसंचालक, आरोग्य सेवा, (रुग्णालये-राज्यस्तर), आयुक्तालय, मुंबई यांना सादर करणेत आले होते.

संदर्भ क्र. २ अन्वये प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग. यांच्या खाजगी संस्थेतील नर्सिंग कोर्सच्या विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी सन २०२४-२५ या शैक्षणिक वर्ष करिता प्रथम वर्षासाठी ग्रामीण अनुभवाकरिता परवानगी प्रदान करण्यात आली आहे.(सोबत-आदेश)

तरी, संदर्भ क्र. २ च्या आदेशाने दिलेल्या परवानगीनुसार आदेशात नमुद केलेल्या १ ते ७ अटी व शर्तीचा अवलंब करून व संबंधित संस्थेकडून शासन निर्णय दि. १८.०९.२०१२ नुसार प्रथमतः अग्रीम शुल्क भरणा करून घेऊन उचित कार्यवाही करणेची जबाबदारी आपली राहिल याची नोंद घ्यावी.

(डॉ. दिलीप माने)

उपसंचालक, आरोग्य सेवा,
कोल्हापूर मंडळ, कोल्हापूर.

प्रत - प्राचार्य, बॅ. नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.

आरोग्य सेवा आयुक्तालय (महाराष्ट्र राज्य)

"आरोग्य भवन" सेट जीर्जस रुग्णालय, आवर, पी.डिगेलो रोड, मुंबई - ४०० ००९

वाचालय	दुरधनी	Website: http://maharajyasa.gov.in
महाराष्ट्र (धरधरधर)	२२२२२२२२-२२	Email: dhs_2005@rediffmail.com
महाराष्ट्र (महाराष्ट्र-महाराष्ट्र)	२२२२२००२	Email: jdhs03@gmail.com
महाराष्ट्र (महाराष्ट्र-महाराष्ट्र)	२२२२२००२	Fax No. 022-22621034 / 22620234 (DHS)
आदेश		क्र.सआरो/कक्ष-३/२-१/बे.नाथ पे नरसिंग/बीएससी/एएनएम/जीएनएम /प्रात्या अनुभव/परवानगी/आ.क्र. / २६. दि. २६ जुलै, २०२४

प्रति,

उपसंचालक, आरोग्य सेवा,
कोल्हापूर, मंडळ, कोल्हापूर

- विषय- खाजगी परिधर्या प्रशिक्षण संरथेस ग्रामीण प्रात्यक्षिक अनुभवाकरिता परवानगी बाबत.
बे.नाथ पे शिक्षण संस्था संघलित बे.नाथ पे नरसिंग महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग.
संदर्भ-१) उप संचालक, आरोग्य सेवा, कोल्हापूर यांचे पत्र क्र.उसआसेको/आरथा/कक्ष-२ब/खा.न.को.प्रात्य.अनुभव बाबत/७००९-११, दिनांक १३.३.२०२४
२) सार्वजनिक आरोग्य विभाग आ-४ यांचे शासन निर्णय क्र. प्राअस-२०१२/ ६३९/ प्र.क्र.११७/आरोग्य -४, मंत्रालय, मुंबई दिनांक १८.९.२०१२
३) शासन शुष्दीपत्रक सार्वजनिक आरोग्य विभाग, आ-४ यांचे शासन निर्णय क्र.प्राअस-२०१२/६३९/प्र.क्र.११७/आरोग्य-४, मंत्रालय, मुंबई, दि.२०.११.२०१२

उपरोक्त विषयांकित संदर्भिय पत्रान्वये उपसंचालक, आरोग्य सेवा, कोल्हापूर यांचे कडून प्राचार्य, बे.नाथ पे शिक्षण संस्था संघलित बे.नाथ पे नरसिंग, महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग या संरथेचा ग्रामीण प्रात्याक्षिक अनुभवासाठी परवानगी मिळणेबाबतचा प्रस्ताव आयुक्तालयास प्राप्त झालेला आहे.

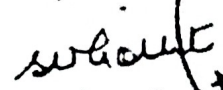
सदर खाजगी नरसिंग संरथेतील बी.एस.सी नरसिंग ४० (चाळीस), जी.एन.एम.नरसिंग २० (वीस) आणि ए.एन.एम नरसिंग २० (वीस) विद्यार्थी /विद्यार्थीनीना ग्रामीण प्रात्यक्षिक अनुभवासाठी सिंधुदूर्ग जिल्हयातील ता.कुडाळ येथील ग्रामीण व शहरी भागातील प्राथमिक आरोग्य केंद्रे, पणदुर, वालावल, माणगांव व ता. वेंगुर्ला येथील परुळे ग्रामीण भागातील प्राथमिक आरोग्य केंद्रे व त्या अंतर्गत येणारी उपकेंद्रे येथे संदर्भीय शासन निर्णयातील अटी, शर्ती व उपसंचालक, आरोग्य सेवा, कोल्हापूर यांच्या शिफारशीच्या व खालील अटीची पूर्तता करण्याच्या अधिन राहून. सन २०२४-२०२५ या शैक्षणिक वर्ष करिता प्रथम वर्षासाठी ग्रामीण अनुभवाकरिता परवानगी प्रदान करण्यात येत आहे.

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

(१/५५)

(Signature)

- २) या शैक्षणिक वर्षानंतर सदर परवानगी ची प्रथम मुदतवाढ संबंधित संस्था प्रमुखांकडून घेण्यात यावी. संस्था प्रमुखांनी सन २०२५-२०२६ आणि २०२६-२०२७ या कालावधीसाठी मुदतवाढ प्रदान करावी.
- ३) तीन वर्षां नंतर शासकीय आरोग्य संस्था शहरी व ग्रामीण प्रात्यक्षिक अनुभवासाठी वापरता येणार नाही.
- ४) सर्वाभिय शासन निर्णय क्र.२ व ३ मधील अटी व शर्तीची पूर्तता करून घेण्याची जबाबदारी संबंधित संस्था प्रमुखांची राहिल.
- ५) संबंधित संस्थेकडून अग्रिम शुल्क आकारणी करून त्याचा भरणा चलना द्वारे शासन खाती जमा करण्यात यावे व याबाबतचे सर्व अभिलेख स्वतंत्र रित्या ठेवून, तपासणीच्या वेळी संबंधितांना वेळोवेळी उपलब्ध करून द्यावे. या खाती जमा केलेल्या रक्कमेचा हिशोब अचुक व अद्यावत राहिल या बाबतची सर्वस्वी जबाबदारी संबंधित संस्था प्रमुखांची राहिल.
- ६) शासकीय प्रशिक्षण केंद्रातील विद्यार्थ्यांना प्रात्यक्षिक अनुभवाकरिता प्राधान्य देण्यात येईल. तदनंतर खाजगी परिचर्या विद्यालयाची एकूण संख्या लक्षात घेता संस्था प्रमुखांनी त्यांच्या अधिनस्थ असलेल्या सर्व रुग्णालयातील ग्रामीण प्रात्याक्षिक अनुभवाचे स्थानिक स्तरावर नियोजन करून परवानगी देण्यात यावी.
- ७) संबंधित संस्थेतील बी.एस.सी नर्सिंग, जी.एन.एम.नर्सिंग आणि ए.एन.एम नर्सिंग विद्यार्थी/विद्यार्थिनी हे नियमित येतात की नाही व याचा फायदा संबंधित संस्थेला होतो की नाही ते पाहावे व त्याचा अनुपालन प्रत्येक आयुक्तालयास नियमित सादर करावा.


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

प्रति.

उपसंचालक आरोग्य सेवा, कोल्हापूर मंडळ, कोल्हापूर.

प्रत- जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय, सिंधुदूर्ग/ जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, सिंधुदूर्ग.
 /- आपणास कळविण्यांत येते की संबंधित संस्थेकडून शासन निर्णय दिनांक १८ सप्टेंबर २०१२ च्या शासन निर्णया नुसार प्रथमतः अग्रिम शुल्क भरणा करण्यात यावा. तसेच आदेशातील नमूद अटी व शर्तीची पूर्तता करून घेण्याची सर्वस्वी जबाबदारी आपली राहिल याची नोंद घ्यावी.

प्रत- प्राचार्य, वॅ.नाथ पै शिक्षण संस्था संचालित वॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ, जि.सिंधुदूर्ग.



महाराष्ट्र शासन
उपसंचालक, आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर.
DEPUTY DIRECTOR OF HEALTH SERVICES KOLHAPUR CIRCLE KOLHAPUR



उपसंचालक दूरध्वनी क्र. (६) कार्यालय दूरध्वनी क्र. - कार्यालय फॅक्स क्र. -	(0231) 2659901 (0231) 2667565 2660149/2667557	उपसंचालक आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर. मध्यवर्ती प्रशासकीय इमारत, कस्तुरी बावडा रोड, डी.एस.पी.ऑफीस जवळ, कोल्हापूर - ४१६ ००३. ई-मेल ddhs_kop@yahoo.co.in, ddhakol@rediffmail.com
आरोग्य सेवा	जा.क्र./उसंआसे/आस्था/२ब/शासकीय आरोग्य संस्था प्रा.अनु./परवानगी/बॅ.नाथ पै. / २२५१०-५२/२०२४. दिनांक. ३/०९/२०२४.	

प्रति,

१. जिल्हा शल्यचिकित्सक, सिंधुदूर्ग.
२. जिल्हा आरोग्य अधिकारी, जिल्हा परिषद, सिंधुदूर्ग.

विषय- खाजगी परिचर्या संस्थेतील विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी शासकीय आरोग्य संस्थेतील खाटा वापरण्यास परवानगी बाबत.....

प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.

संदर्भ - १) या कार्यालयाचे पत्र जा.क्र.उसंआसेको/आस्था/कक्ष-२ब/खा.न.कॉ. प्रात्य.अनुभव बाबत/
७००९- ११/२०२४. दिनांक. १३.०३.२०२४.

२) मा.सहसंचालक, आरोग्य सेवा, (रुग्णालये-राज्यस्तर), आयुक्तालय, मुंबई यांचे पत्र
क्र.आसेआ/कक्ष-३/टे-१/बॅ.नाथ पै नर्सिंग/बीएससी/एएनएम/जीएनएम/ प्रात्य.अनुभव/
परवानगी/१४६२४-२७/२०२४. दिनांक. २६.०७.२०२४.



उपरोक्त विषयानुसार, प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग. या संस्थेचे बी.एस.सी/ए.एन.एम./जी.एन.एम. या नर्सिंग कोर्सच्या विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी सिंधुदूर्ग जिल्ह्यातील तालुका कुडाळ येथील ग्रामीण व शहरी भागातील प्राथमिक आरोग्य केंद्रे, पणदुर, वालावल, माणगांव व तालुका वेंगुर्ला येथील परुळे ग्रामीण भागातील प्राथमिक आरोग्य केंद्रे व त्या अंतर्गत उपकेंद्रे येथे वापरणेस परवानगी मिळणेबाबतचा प्रस्ताव आपलेकडून या कार्यालयास प्राप्त झाले असता, सदरचे प्रस्ताव मंजुरीस्तव संदर्भ क्र.१ ने मा.सहसंचालक, आरोग्य सेवा, (रुग्णालये-राज्यस्तर), आयुक्तालय, मुंबई यांना सादर करणेत आले होते.

संदर्भ क्र. २ अन्वये प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग. यांच्या खाजगी संस्थेतील नर्सिंग कोर्सच्या विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी सन २०२४-२५ या शैक्षणिक वर्ष करिता प्रथम वर्षासाठी ग्रामीण अनुभवाकरिता परवानगी प्रदान करण्यात आली आहे. (सोबत-आदेश)

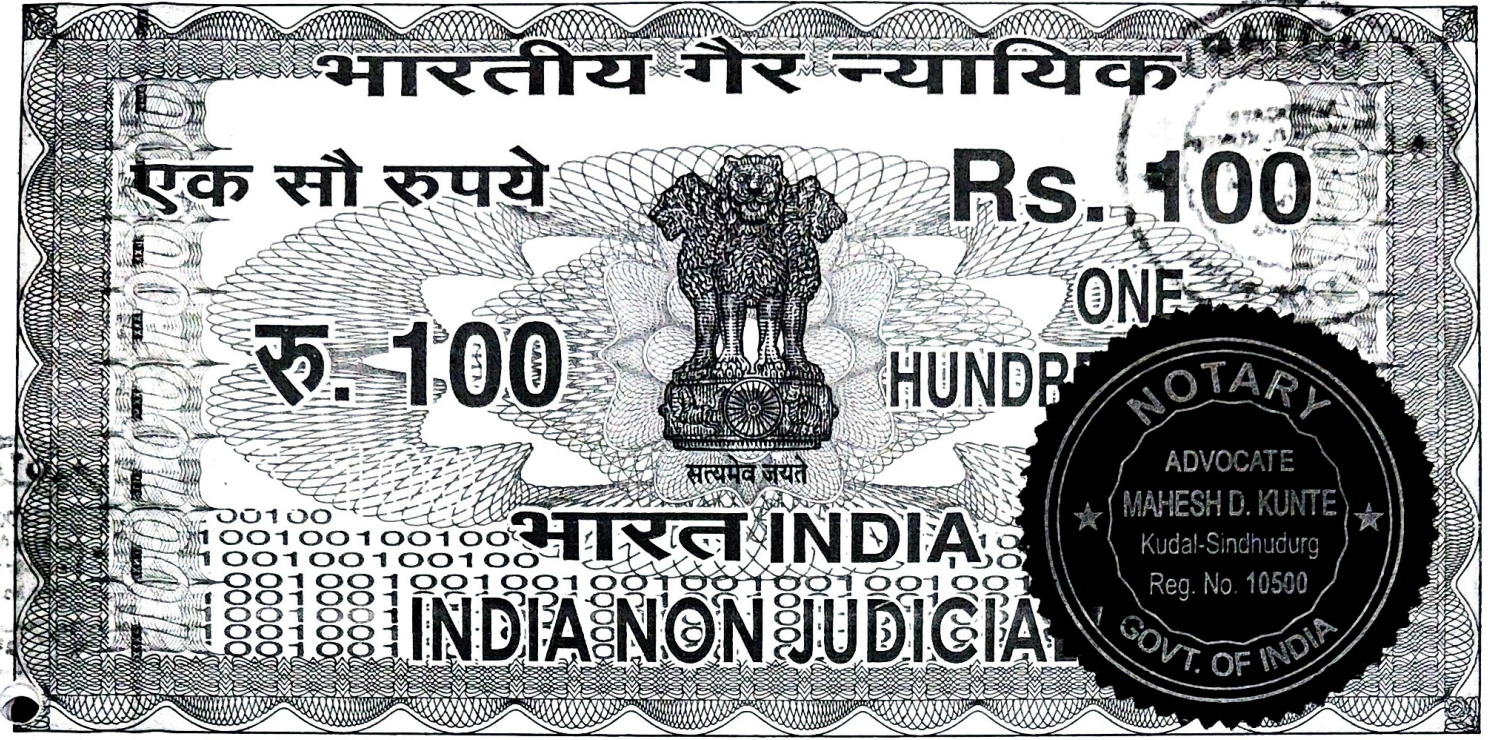
तरी, संदर्भ क्र. २ च्या आदेशाने दिलेल्या परवानगीनुसार आदेशात नमुद केलेल्या १ ते ७ अटी व शर्तीचा अवलंब करून व संबंधित संस्थेकडून शासन निर्णय दि. १८.०९.२०१२ नुसार प्रथमतः अग्रीम शुल्क भरणा करून घेऊन उचित कार्यवाही करणेची जबाबदारी आपली राहिल याची नोंद घ्यावी.

[Handwritten signature]

(डॉ. दिलीप माने)

उपसंचालक, आरोग्य सेवा,
कोल्हापूर मंडळ, कोल्हापूर.

प्रत - प्राचार्य, बॅ. नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.



महाराष्ट्र MAHARASHTRA

© 2021 ©

ZN 750774

जोडपत्र - २

प्रतिज्ञापत्रा व्यतिरिक्त

मुद्रांक विक्रीचे ठिकाण : कुळकर्णी टाईपरायटींग कुडाळ परवाना क्र.कुडाळ-१५०८००२

दस्ताचा प्रकार - करारनामा अनुच्छेद क्र.

दस्त नोंदणी करणार आहेत का? होय/नाही दुय्यम निबंधक कार्यालय

मिळकतीचे वर्णन -

मोबदला/कर्ज रक्कम रू.

नांव :- बॅ नाथ पै नर्सिंग एज्युकेशन अॅ. रि.अ., रा. कुडाळ

दुसऱ्यापक्षाचे नांव - डॉ. रुपेश धुरी, कुडाळ हस्ते : प्रसाद कानडे

मुद्राकांची रक्कम १००/- नोंद विक्री. क्र. १५३ दि. १५/०६/२०२२

Hande

(मुद्रांक घेणाऱ्याची सही)

(सुधाकर रमाकांत कुळकर्णी)

मुद्रांक विक्रेता

मेमॉरँडम ऑफ अंडरस्टँडिंग

सौ. कल्पना व्यंकटेश भंडारी, वय ४७ वर्षे

उपप्राचार्या, बॅ.नाथ पै नर्सिंग एज्युकेशन अँड रिसर्च अकॅडमी, कुडाळ

बॅ.नाथ पै शैक्षणिक भवन, एम.आय.डी.सी.,

प्लॉट नं.०४ ता. कुडाळ जि. सिंधुदुर्ग, पिन कोड ४१६५२०

यांसी

डॉ. श्री. रुपेश भास्कर धुरी, वय ५० वर्षे

(एम. बी. बी. एस., एम. डी. (ए.एम)

पी. जी. डी. पी. सी. डी. पी.एम.)

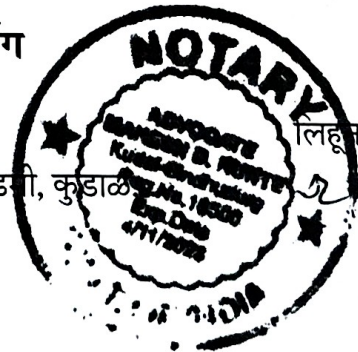
साईरुप हॉस्पिटल, प्लॉट नं.९/४, एम.आय.डी.सी., कुडाळ

जि. सिंधुदुर्ग पिन कोड ४१६५२०



Sub-Treasury Officer
Kudal

14 JUN 2022



लिहून घेणार



लिहून देणार

BEFORE ME

Notary
Signature



-2-

लिहून देणार मेमोरँडम ऑफ अंडरस्टँडींग ऐसाजे की,

१) लिहून घेणार हे बॅ.नाथ पै नर्सिंग एज्युकेशन अँड रिसर्च अकॅडमी, कुडाळ अंतर्गत बॅ. नाथ पै कॉलेज ऑफ नर्सिंग कुडाळ व बॅ. नाथ पै स्कूल ऑफ नर्सिंग कुडाळ या महाविद्यालयांचे उप प्राचार्या असून सन २००९-१० पासून बेसिक बी.एस्सी नर्सिंग हा चार वर्षे कालावधीचा अभ्यासक्रम सुरु असून महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक यांच्याशी संलग्न आहे तसेच जी.एन.एम व ए.एन.एम हे अनुक्रमे ०३ व ०२ वर्षे कालावधीचे अभ्यासक्रम सुरु असून महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ मुंबई यांच्याशी संलग्न आहे.

२) लिहून घेणार यांना सदरील अभ्यासक्रमाचा भाग म्हणून विद्यार्थ्यांना प्रात्यक्षिक कार्यासाठी रुग्णालयाची आवश्यकता आहे.

३) लिहून देणार डॉ. श्री. रुपेश भास्कर धुरी यांचे साईरूप हॉस्पिटल या नावाने सुसज्ज हॉस्पिटल एम.आय.डी.सी. कुडाळ येथे आहे.

४) लिहून देणार यांचे साईरूप हॉस्पिटल लिहून घेणार यांच्या सदरील अभ्यासक्रम सुरु असलेल्या ठिकाणापासून 0.5 किमी अंतरावर आहे.

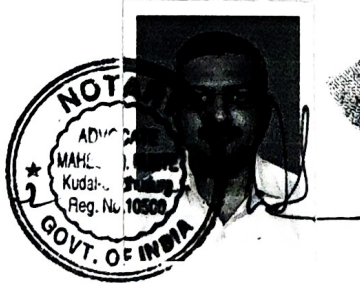
५) त्या अर्थी खालीलप्रमाणे लिहून घेणार व लिहून देणार यांच्यामध्ये करार करण्यात येत आहे.

६) लिहून देणार हे लिहून घेणार यांचे स्वतःचे हॉस्पिटल निर्माण होईपर्यंत लिहून देणार हे स्वतःचे हॉस्पिटल विद्यार्थ्यांच्या प्रात्यक्षिक कार्याच्या अनुभवासाठी उपलब्ध करून देणार आहेत.

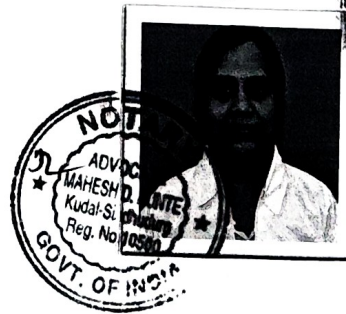
७) विद्यार्थ्यांच्या प्रात्यक्षिक कार्याच्या अनुभवासाठी आवश्यक असणाऱ्या सर्व सोई सुविधा लिहून देणार हे उपलब्ध करून देणार आहेत.

म्हणून लिहून दिले मेमोरँडम ऑफ अंडरस्टँडींग आज दिनांक 24/06/2022 रोजी

लिहून देणार



लिहून घेणार



This document has been personally presented and signed by Rupesh Bhaskar Dhuri Rother of Plot No. 919 M.J.C. Kudal-Sindhvarg Adhar No. 7129 6907 4963, to whom I personally know.

This document is noted at Sr. No. 620 in the Notarial Register

Signed before me
Mahesh D. Kunte
MAHESH D. KUNTE
NOTARY
Govt. of India
AARADHANA Shriramwadi
Mumbai Goa Highway, Tal-Kudal



महत्वाचे नवने
भारत सरकार



नॉंदविण्याचा क्रमांक / Enrollment No.: 0127/00334/22242

भारत सरकार

Unique Identification Authority of India

Government of India

नॉंदविण्याचा क्रमांक / Enrollment No.: 0127/00334/22242

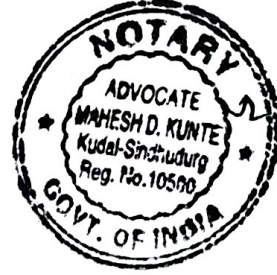
To
रुपेश भास्कर धुरी
Rupesh Bhaskar Dhuri
S/O Bhaskar Dhuri
9/4 Sai Roop M. I. D. C Kudal
Kudal
Kual Audyogik Samuha
Kudal Sindhudurg
Maharashtra 416550
9422633622

15/10/2011

364053246



MA64053246FT



आपला आधार क्रमांक / Your Aadhaar No. :

7129 6907 4963

माझे आधार, माझी ओळख



भारत सरकार

Government of India

रुपेश भास्कर धुरी
Rupesh Bhaskar Dhuri
जन्म तारीख / DOB : 22/02/1973
पुरुष / Male



7129 6907 4963

माझे आधार, माझी ओळख

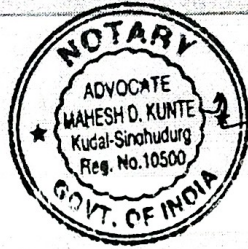


भारत सरकार
Government of India

कल्पना व्यंकटेश भंडारी
Kalpana Vyanktesh Bhandari
जन्म तारीख/DOB: 14/09/1974
महिला/ FEMALE

4126 0413 8908

माझे आधार, माझी ओळख



समर्थास विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

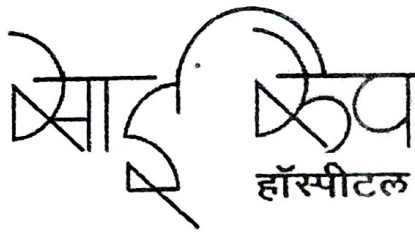
Address: W/O Vyanktesh Durgappa Bhandari, Flat No 204, D Wisteria Park Second Floor A Wing, Vadgaon, Vadgaon, Next To Navale Bridge, Off Poona Bangalore Highway, Pune City, Pune, Maharashtra - 411041

पत्ता: व्यंकटेश दुर्गाप्पा भंडारी, फ्लॉट न 204, डी विस्टेरिया पार्क सेकंड फ्लोर ए विंग, वडगाव, वडगाव, नवले ब्रिज शेजारी, ऑफ पूना बंगलोर हाईवे, पुणे शहर, पुणे, महाराष्ट्र - 411041

4126 0413 8908

12347 help@uidai.gov.in www.uidai.gov.in

Bhandari



रजि. नं. ८७५५५, हॉस्पिटल रजि. नं. ४५/२०२३.

९/४, एम.आय.डी.सी., कुडाळ, जि. सिंधुदुर्ग ४९६५५०. © ९४०३९९५९२९ / ९४२२६३३६८९

प्रति,

माननिय प्राचार्य

वॅ. नाथ पै कॉलेज ऑफ नर्सिंग कुडाळ सिंधुदुर्ग.

विषय :- एम एस सी नर्सिंग अभ्यासक्रमाच्या विद्यार्थ्यांच्या मानसिक आरोग्य परिचर्या या विषयाच्या प्रात्यक्षिक अनुभवासाठी रुग्णालय वापरस मान्यता देण्याविषयी.

संदर्भ: आपला दि. १७/०९/२०२५ चा विनंती मेल.

महोदय,

वॅ. नाथ पै शिक्षण संस्था सिंधुदुर्ग संचलित वॅ. नाथ पै कॉलेज ऑफ नर्सिंग अंतर्गत डी एस सी नर्सिंग हा चार वर्ष कालावधीचा अभ्यासक्रम २००९ पासून महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक यांच्या मान्यतेने सुरू आहे. शैक्षणिक वर्ष २०२५-२६ पासून एम एस सी नर्सिंग अभ्यासक्रम सुरू करण्याचा संस्थेचा मानस आहे. या अभ्यासक्रमास महाराष्ट्र शासन व आरोग्य विज्ञान विद्यापीठ नाशिक यांच्या मान्यतेने सुरू झाल्यास आमच्या रुग्णालयातील रुग्ण खाटा शैक्षणिक वर्ष २०२५-२६ साठी मानसिक आरोग्य परिचर्या या विषयाच्या प्रात्यक्षिक अनुभवासाठी वापरण्यास परवानगी देण्यात येईल.



डॉ. रुपेश धुरी

मानसोपचारतज्ञ

Principal / Dean
Dr. Nath Pai College of Nursing
Kudal

डॉ. रुपेश धुरी मानसोपचार तज्ञ



NIRMAL HOSPITAL, DEADDICTION & REHAB CENTRE, MIRAJ

Address : Nirmal Hospital, Near Pujari Hospital and Shivaji Stadium, Station road, Miraj-416410, Dist.-Sangli (MH)
Mobile : 8083608083/9922646566 Email : nirmalhospitalmiraj425@gmail.com

To,
The Principal / Dean,
Br. Nath Pai College of Nursing,
Kudal, Dist. Sindhudurg,
Maharashtra – 416520

Subject: Revert – Permission for Clinical Posting of M.Sc. Nursing (Psychiatry) Students

Respected Madam,

Greetings from Nirmal Hospital, Miraj.

We acknowledge the receipt of your letter dated 04/09/2025 regarding the clinical posting of your M.Sc. Nursing students specializing in Psychiatric Nursing at our hospital.

We appreciate your interest in associating with our institution for the clinical training of your students. After reviewing your proposal and considering the academic and clinical requirements, we are pleased to inform you that we are willing to grant permission for the said clinical posting.

Kindly ensure that the following documents are submitted prior to commencement of the posting:

1. Student list with details
2. Posting schedule
3. Identity cards of students and accompanying faculty
4. Letter of undertaking from your institution regarding adherence to hospital protocols

We look forward to a positive and professional collaboration.

Thank you.

Yours sincerely,


HR Manager
Nirmal Hospital, Miraj
Contact: 9028940621
Email: hr.nirmalhospitalmiraj@gmail.com

HR Manager

Nirmal Hospital Deaddiction & Rehab Centre, Miraj.



Notary Regi. Sr. No.

836
01/10/2024

4

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

रु. 100



सत्यमेव जयते

ONE HUNDRED RUPEES

भारत INDIA
INDIA NON JUDICIAL

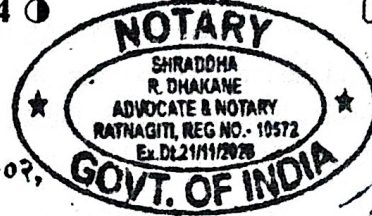
महाराष्ट्र MAHARASHTRA

2024

01AB 203396

जाडपत्र - २

प्रतिज्ञापत्रा व्यतिरिक्त



पुढाक विक्रीचे ठिकाण : कुळकर्णी टाईमवर्ल्डस कुडाल परवाना क्र. कुडाल-०२,

दस्ताचा प्रकार *वहदद* / अन्वेषण कर.

दस्त नोंदणी करणार आहेत का ? होय/नाही पुढाक निदेशक कार्यालय

पिलकृतीचे वर्ग

पोबदला रकम

मुलम्यापुत्राचे नाव *श्री. संध्यानिमा कुले* हा *शुद्धवणकर* (१९७६)

मुद्रांकाची रकम *११* कोटी *९९३३९* दि. *२९/०९/२०२४*

Before Me

परवाना क्र. ११०८००२

(सुवाकर ग्येकारे करणारे मुद्रांक विभाग)

3 SEP 2024

Shradha R. Dhakane
Adv. Shradha Rajendra Dhakane
NOTARY GOVT. OF INDIA
Ratnagiri 415 639 (MAH) Road. No. 10572

AGREEMENT

This agreement made at Ratnagiri 01/10/2024 between the Director, Public Health Department Maharashtra, behalf of Medical Superintendent, Medical Superintendent, Regional Mental Hospital Ratnagiri exercising executive power of the Government of state of Maharashtra hereinafter referred to as 'the Government' (which expression shall unless context does not admit include his successors) of the One Part and (1)Mrs.Kalpana V.Bhandari, Principal of Br. Nath Pai Shikshan Sanstha Sindhudurg's, Br. Nath Pai College of Nursing, Kudal (herein after referred to as " Nursing Institute") an institute registered under the Societies Registration Act, 1860 - (No.21of 1860) and having its registered office at MIDC, Plot No 04 Tal-Kudal. Dist-Sindhudurg,416550 .

Kalpana V. Bhandari



hereinafter referred to as the Manager (Which expression shall unless the context does not so admit, include then the survivors or survivor of them the heirs, executors and administrators of the last survivor members or member at the time being on the Managing Committee of the said institute) of the other part.

The Institute has established **B.BSC.NURSING/GNM/ANM** situated at (hereinafter referred to as 'the said institute") Br. Nath Pai Shaikshanik Bhavan Plot No-04,MIDC,Tal-Kudal Dist-Sindhudurg (hereinafter referred to an 'the Nursing College which has no hospital facilities for training students belonging to the said Nursing College.

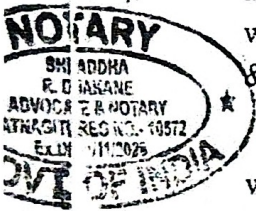
AND WHEREAS the Institute and Manager have requested the Government to permit them to use **350** beds in Medical Superintendent, Regional Mental Hospital Ratnagiri more particularly described in the first schedule hereunder Written (hereinafter referred to as "the said Hospital" as well as other facilities available in the said Hospital for being utilized by the Students of the said institute for training purpose only.

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

AND WHEREAS the institute and manager have agreed to construct within One year from the date of this agreement a fully equipped Hospital consisting of 100 beds with modern sophisticated investigational amenities and facilities at their own cost and adjoining the Nursing College Campus. AND WHEREAS the parties are desirous of recording the said terms & conditions.

NOW THIS AGREEMENT WITNESSES AS FOLLOWS:-

- 1) In consideration of the grant of license by the Government to the Manager to Make used of the said hospital furniture and equipment and incidental services to be provided by the government to the Nursing Institute, the manger shall pay to the government as and by way of license fee calculated at the rate of **Rs. 150/- per day per bed per student** used by the institute. The said amount of the license fee shall be paid by the manager to concerned Dean in advance on the first day of January to 31stMarch each and every year during the subsistence of this license.



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Before me

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01/10/2023

Adv. Shradha Rajendra Dhakane
NOTARY GOVT. OF INDIA
Ratnagiri 415 039 (M.A.H) Regd. No. 10572



2) In pursuant of the said agreement and in consideration of the manager agreeing to pay to the government license fee at the rate afore said at the time and in the manner herein before mentioned, the Government hereby grants to the Managers a license and permission to have access to and use the said only for the purpose of training. Students of the license institute during the period commencing from the 01 days of October 2024 and ending on The 01 days of October 2027.

Provided that if government is satisfied that the institute and Manager have duly performed and observed all the terms and conditions of this agreement and have achieved reasonable and / or significant progress towards the construction on and setting up of their own Hospital, the Government may grant extension of this license for such a further period and at such license fee as the Government may determine, considering the new Indian Nursing Council norms dated 16.02.2012.

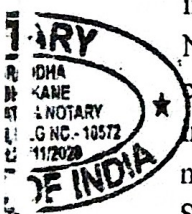
3) This License shall extend to the employees, agents, students and such other persons as may be lawfully required by the Institute for training the students of the Institute.

4) THE GOVERNMENT HEREBY AGREES:-

a) That the Manger may use the existing furniture, dead stock and clinical facilities belonging to the hospital for the purpose of training students of the institute. If any additional furniture, dead stock and equipment is required by the Nursing institute for training students of the institute as per the appropriate councils of India and Universities requirement then the same shall be provided, installed and maintained by the manager, at their own costs. Provided that entire medical equipment of the said Hospital shall, at the discretion of the Medical Superintendent, Regional Mental Hospital Ratnagiri of the said Hospital be available to all the patients of the said Hospital.

b) That the Medical Superintendent, Regional Mental Hospital Ratnagiri of the said Hospital shall be responsible for the care of the patients in the said hospital.

c) Provided that the exact condition and responsibility of administration, teaching and care of patients shall be worked at and fixed by initial consultation between the Director of Health Service, and the Institute. Provided also that the decision in this regard by the Director of Health Services on the parties here to.



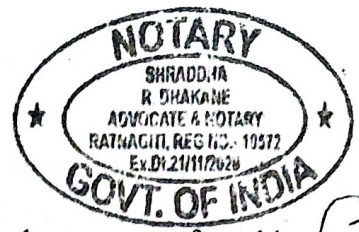
Shradha

Before Me

Shradha
01/10/2024

Adv. Shradha Rajendra Dhakane
NOTARY GOVT. OF INDIA
Ratnagiri 415 630 (MAH) Reg. No. 10572

Notary Regi. Sr. No. ⁸³⁶ dt-01/10/2024



5) The Manager undertake and agree :-

a) To use the said 350 beds in the said Hospital for the purpose of teaching its students only and for no other purpose whatsoever.

b) At their own cost and risk to store items of furniture, equipment and property of Manager in the said Hospital after taking prior permission in writing of the Medical Superintendent, Regional Mental Hospital Ratnagiri of the said Hospital.

c) The Manager requires any additional staff for purposes of the training programme of the Institute, the same shall be appointed and maintained by the Manger at their own cost, Provided further the provision for residential quarters of such additional staff shall be made by the Institute and Manager at their own costs.

d) During the period of this agreement, the staff and the students of the Institute who will be in the premises of the said Hospital shall always the subject to the disciplinary control of the Medical Superintendent, Regional Mental Hospital Ratnagiri .

e) That the government shall be entitled to periodically evaluate the recurring expenditure involved as a result of utilization of facilities of the said Hospital by the Institute and if upon evaluation, government is required to incur additional expenditure on that account, then the manager shall bear and pay to the government such a additional recurring expenditure.

f) To pay for or make goods at their expense any damage caused or done by any of the students and staff of the Institute to the inmates of the said Hospital and for its property or any part of the said Hospital or any part appertaining thereto to which the staff and students of the Institute have access, except fair wear and tear related to the proper use of the said Hospital by the institute.

g) To keep at all times the said Hospital premise and it precincts clean, neat and in good sanitary conditions.

h) Not to do or permit to be done anything upon the premises of the said Hospital and its precincts which may be a nuisance, annoyance or disturbance to the patients and inmates of the said Hospital or to the owners, occupiers or residents of other premises in the vicinity.

i) That government or any other person authorizes by Government from time to time shall have the right to inspect the said Hospital (including the said beds therein which the Manager are permitted to use) on behalf of the Government and the Manger, office bearers, staff and the students of the

Shardari

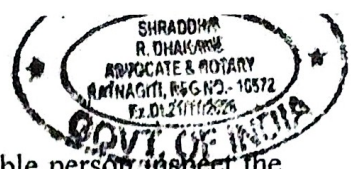
Before Me

[Signature]
01/10/2024

Adv. Sharda R. Dhakane
NOTARY GOVT OF INDIA
Ratnagiri 415 039 (MAH) Regd. No. 10572

Notary Regi. Sr. No.

836
dt. 01/10/2024
-5-



Institute shall render to such person full assistance enable person inspect the said Hospital. If such person requires the Manager to comply with directions in this behalf, then the Manager shall without demur comply with them. (8)

j) To comply with all the directions or instructions issued by the government from time to time.

(6) The License hereby granted shall not confer on the manager, staff and students of the Institute any rights other than those hereby expressly granted.

(7) If the Manager fails to pay the License fee on the date fixed for the payment under these presents or if and whenever there shall be a breach of any of the terms and conditions here of by the Manager or if the Government is satisfied that the Manager has not achieved reasonable or significant progress towards construction and setting up of their own hospital, then the License hereby granted may be terminated by the Government by giving to the Manager three months prior notice in writing in that behalf and in the event of such termination or the expiration the Manager shall not be entitled to any damages caused to them or of the buildings or additional floors or improvements built or carried out on the premises of the said Hospital by the Manager.

(8) Without prejudice to any other rights and remedies of the Government arrears of the said License fee shall be deemed to be arrears of land revenue and as such may be recovered by the government from the manager as arrears of and revenue under the provisions of the Maharashtra Land Revenue code, in 1966, and any amendments thereof.

9) The Licensee (Manager) shall indemnify and keep the licensor indemnified against all cost, charge, losses and damages which the licensor may suffer or incur by virtue of any negligence on the part of licensee which shall effect the licensor (Govt.) and to reimburse the licensor (Govt.) all such costs, charges or expenses losses or damages as the case may be, immediately on demand by the licensor (Govt.). The decision of the licensor (Govt.) in this regard shall be final and binding on the licensee and the licensee shall not have any right to dispute the same.

10) The licensee (Manager) shall not be entitled to carry out any renovation and interior work in said premises, as per there requirement.

11) The licensee (Manager) shall use the said premises only for its lawful object business purpose. The licensee (Manager) shall not carry out any business in contravention of any law or statute for the time being in force.



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Before Me

Shradha
01/10/2024

Adv. Shradha Rajendra Dhakane
NOTARY GOVT. OF INDIA
Patnagiri 416 930 (MAH) Regd. No. 10372



12) The licensee (Manager) shall comply with all rules, regulations and bye-laws applied for the said premises. (9)

13) The licensee (Manager) shall not allow to private person/ third person in the premises.

14) The licensee (Manager) shall not be entitled to sub- rent the said premises the licensee (Manager) shall, however, be entitled to permit any of its subsidiaries or affiliates to use the premises.

15) The licensee (manager) shall have a right to peacefully enjoy the said premises subject to compliance with rules and regulation applicable to the said premises.

16) The licensee (manager) shall not bring and store any hazardous or inflammable articles in the said premises.

17) The licensee (Manager) shall not do anything in the said premises which is likely to be a nuisance or annoyance to the other occupants or which can cause any damage to the said premises or any part thereof.

18) The license can be terminated by either party by giving three months notice of its intention to terminate the license without any reason. The license shall be terminated at the expiry of such notice period.

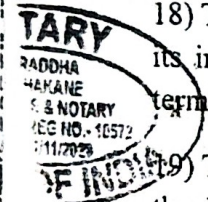
19) The license terms and condition as may be mutually agreed up or, at expiry of the license period provided here in, for the renewed period, the parties shall execute and register fresh license deed.

20) The licensor (Govt.) shall have to carry out inspection of the said premises, during reasonable working hours either by its self or through its agents, wherever possible.

21) The licensee (Manager) shall be bound and liable to pay all amounts as required in terms of this license deed till it uses and occupies the said premises in quiet vacant, peaceful and unencumbered condition.

22) In case the Licensee (manager.) carries out any illegal business at the said premises the license shall decided to be terminated and the licensee (manager) shall be liable and bound to vacate the said premises forthwith apart from further action under the prevailing rules and regulation for the time being in force.

23) Upon expiry of termination or earlier determination of this license and in the event of the license (manager) failing to hand over quiet, vacant and peaceful possession of the said premises to the licensee remove its articles



Shradha R. Dhakane

Before Me

Shradha R. Dhakane
02/10/24

Adv. Shradha Rajendra Dhakane
NOTARY GOVT. OF INDIA
Patnagiti 410 028 (MAD) Regd. No. 10572

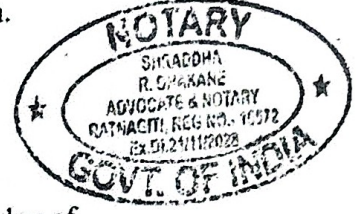
and effects belonging to the licensee (manager) from the said premises the licensor (govt.) shall be and titled to remove the licensee's manager articles

from the said premises at the cost of the licensor shall not render themselves liable for any civil or criminal action by doing so. This authority is irrevocable and constitutes the basis of these licenses and licensees shall not be entitled to dispute and any challenge call in question the validity or reasonable nests of this authority.

In witness where of the Governor of Maharashtra has caused the Civil Surgeon, Oros Sindhudurg, Government of Maharashtra to said his hand affix the seal of his office there to for an his behalf of and the manager of the institute here into said their hands on the day here first here in above written.

FIRST SCHEDULE ABOVE REFERRED TO
(Description of the Hospital Premise)

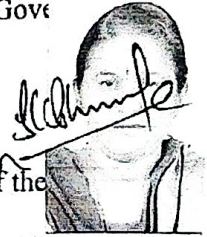
SECOND SCHEDULE ABOVE REFERRED TO
(Here set out particulars on each bed like its serial number, number of the ward in which it is situated etc.)



SIGNED, SEALED AND DELIVERED

By Dr. Sanghmitra M Gawade (Phule), Medical Superintendent, Regional Mental Hospital Ratnagiri to the Government of Maharashtra for and behalf of the Govt Maharashtra in the presence of

- (1) Dr. Kulkarni Saijay M
- (2)



SIGNED, SEALED AND DELIVERED By the above named Managers of the institute.

1) Mrs. Kalpana V. Bhandari, Principal, Br. Nath Pai College of Nursing, Tal-Kudal, Dist-Sindhudurg.

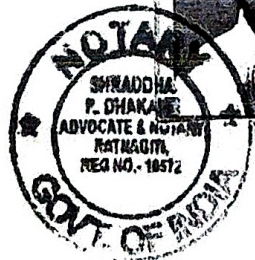
In presence of -
1) Mr. Kisan Karandikar, Kudal.
2)
I know the Deponent -



Kalpana V. Bhandari

PLACE: Ratnagiri

DATE : 01/10/2024

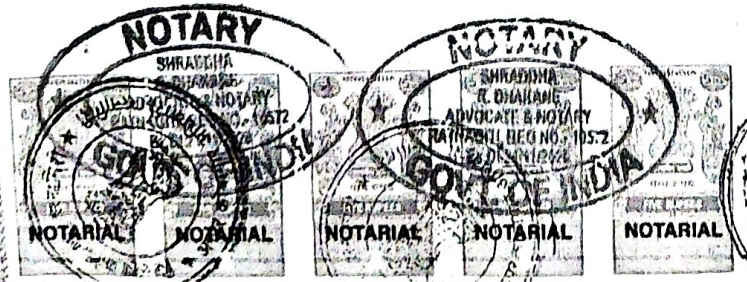


Document is of sample
Signed by Kalpana V. Bhandari &
Pravin K. 2 & executed at
Ratnagiri.

Before Me

[Signature]

Adv. Shradha Kalendra Dhakane
NOTARY GOVT. OF INDIA
Ratnagiri 415 039 (MAH) Regd. No. 10572



Notary is not responsible for the contents of the document

11


भारत सरकार
Government of India


कल्पना व्यंकटेश भंडारी
Kalpana Vyanktesh Bhandari
जन्म तारीख/DOB: 14/09/1974
महिला/ FEMALE



4126 0413 8908

माझे , माझी ओळख

Shrawan

NOTARY
SHRADDHA
R. DHAKANE
ADVOCATE & NOTARY
RATNAGIRI, REG NO. - 10572
Exp. Dt. 31/11/2028
GOVT. OF INDIA



Shrawan

Unique Identification Authority of India

Address:
W/O Vyanktesh Durgappa
Bhandari, Flat No 204, D Wisteria
Park Second Floor A Wing,
Vadgaon, Vadgaon, Next To
Navale Bridge, Off Poona
Bangalore Highway, Pune City,
Pune,
Maharashtra - 411041

पत्ता:
व्यंकटेश दुर्गाप्पा भंडारी, फ्लॉट न 204, डी
विस्टेरिया पार्क सेकेंड फ्लोर ए विंग, वडगाव,
वडगाव, नवले ब्रिज शेजारी, ऑफ पूना बंगलोर
हाइवे, पुणे शहर, पुणे,
महाराष्ट्र - 411041

4126 0413 8908


NOTARY AUTHORITY GOVERNMENT OF INDIA

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भारत सरकार
Government of India

संघमित्रा माहेंद्र गावडे
Sanghamitra Mahendra Gawde
जन्म तारीख/DOB: 21/06/1971
पहिला/ FEMALE

7015 3466 7011
VID: 9149 5863 3556 0382

माझे आधार, माझी ओळख

भारतीय जनता पार्टी प्राधिकरण
Bharatiya Janata Party Authority of India

आधार
संघमित्रा माहेंद्र गावडे
Flat No-C-A/2, Gauri Shankar Residency,
Ravindra Nagar, Kuwarbav, Kuwarbav
(रा.व.), राठगिरी,
Maharashtra - 415639

7015 3466 7011
VID: 9149 5863 3556 0382

(QR Code with Photograph)



महाराष्ट्र शासन
उपसंचालक, आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर.
DEPUTY DIRECTOR OF HEALTH SERVICES KOLHAPUR CIRCLE KOLHAPUR



उपसंचालक दूरध्वनी क्र (वै)
कार्यालय दूरध्वनी क्र. -
कार्यालय फॅक्स क्र.-

(0231) 2659901
(0231) 2667565
2660149/2667557

उपसंचालक आरोग्य सेवा, कोल्हापूर मंडळ कोल्हापूर.
मध्यवर्ती प्रशासकीय इमारत, कसबा बावडा रोड,
डी.एस.पी.ऑफीस जवळ, कोल्हापूर - ४१६ ००३.
ई-मेल ddhs_kop@yahoo.co.in, ddhskol@rediffmail.com

आरोग्य सेवा

जा.क्र./उसंआसे/आस्था/२ब/शासकीय आरोग्य संस्था प्रा.अनु./परवानगी/बॅ.नाथ पै. /
27139-40/२०२४. दिनांक. 21 /१०/२०२४.

प्रति,

मा.सहसंचालक, आरोग्य सेवा,
(मानसिक आरोग्य) आयुक्तालय, मुंबई.

विषय- खाजगी परिचर्या संस्थेतील विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी शासकीय आरोग्य
संस्थेतील खाटा वापरण्यास परवानगी बाबत.....
प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.

संदर्भ - वैद्यकीय अधीक्षक, प्रादेशिक मनोरुग्णालय, रत्नागिरी यांचे पत्र क्र.जा.क्र.प्रामरुर/खाजगी
नर्सिंग/प्रशिक्षणार्थी/प्रात्य अनु./३३९९-९३/२०२४. दिनांक. १६.१०.२०२४.

उपरोक्त विषयानुसार, प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय,
कुडाळ जि.सिंधुदूर्ग. या संस्थेचे बी.एस.सी/ए.एन.एम./जी.एन.एम. या अभ्यासक्रमाच्या विद्यार्थ्यांना शैक्षणिक प्रयोजनार्थ
(प्रात्यक्षिक अनुभवासाठी) मानसिक आरोग्य सेवा या विषयासाठी प्रादेशिक मनोरुग्णालय, रत्नागिरी येथिल खाटा
वापरण्याची परवानगी मिळणेबाबतचा प्रस्ताव उपरोक्त संदर्भिय पत्राने या कार्यालयास प्राप्त झाला आहे.

तरी प्राचार्य, बॅ.नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग. या
खाजगी संस्थेतील नर्सिंग कोर्सच्या विद्यार्थ्यांना प्रात्यक्षिक अनुभवासाठी प्रादेशिक मनोरुग्णालय, रत्नागिरी येथिल खाटा
वापरण्याची परवानगी मिळणेबाबतचा प्रस्ताव या पत्रासोबत जोडून पुढील कार्यवाहीसाठी सादर करित आहे.

(डॉ. दिलीप माने)

उपसंचालक, आरोग्य सेवा,
कोल्हापूर मंडळ, कोल्हापूर.

प्रत - वैद्यकीय अधीक्षक, प्रादेशिक मनोरुग्णालय, रत्नागिरी.

प्रत - प्राचार्य, बॅ. नाथ पै शिक्षण संस्था, संचलित बॅ.नाथ पै नर्सिंग, महाविद्यालय, कुडाळ जि.सिंधुदूर्ग.