

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

Clinical Material in Hospital

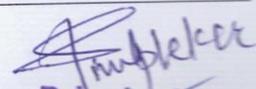
Name of College/Institute: **Savitridevi College Of Nursing , Wadgaon, Wani Dist. Yavatmal**
Faculty: **Nursing**

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	Own Multispecialty Hospital 100 Bedded	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: Copy to be made available on web site	Yes	Adequate
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual	Yes	Adequate
c.	Average Bed Occupancy in % : (Minimum 75%)	Yes 80%	Adequate
d.	Clinical facilities for PG to be verified:-(As per MSR)	NA	NA
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD(current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)	Yes 80 1350 50 30	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:-

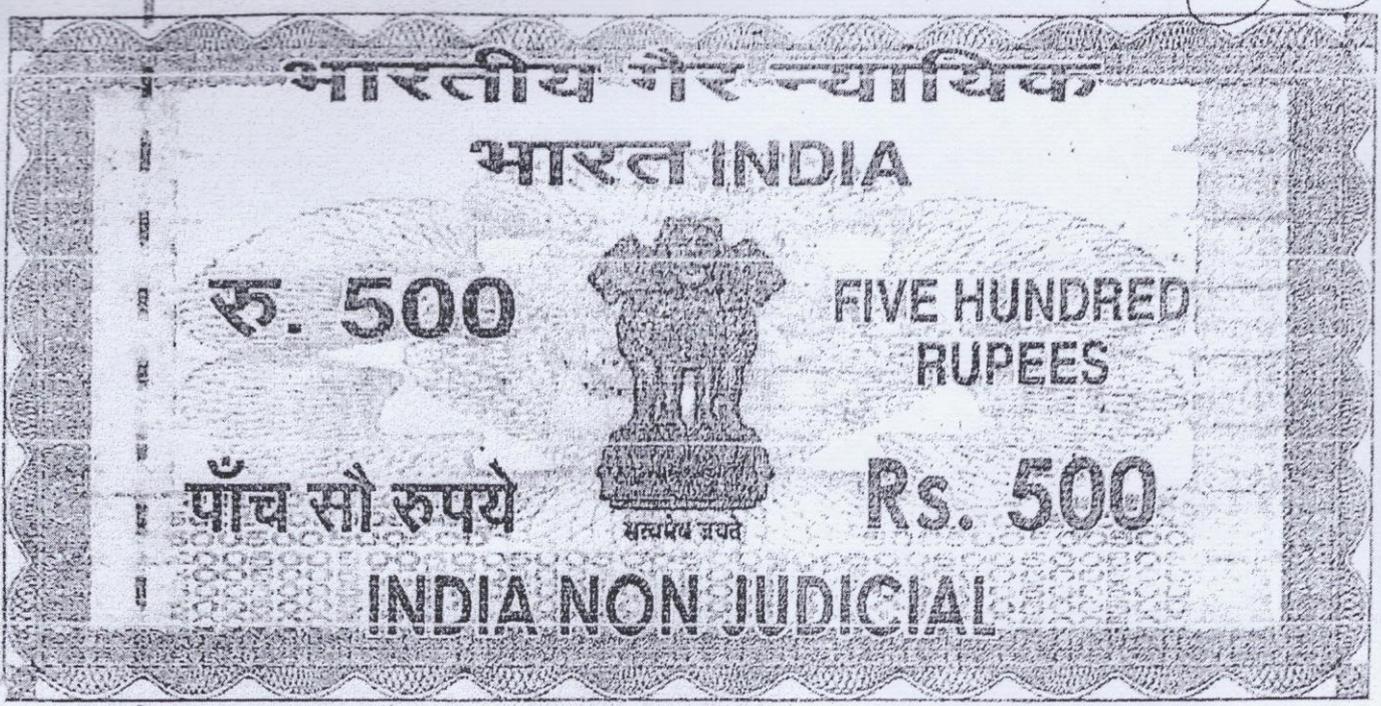
Date:-


 Dean/ Principal Stamp & Signature
 Savitridevi College of Nursing
 Wani, Dist. Yavatmal
 Member Of LIC

Chairman of LIC

Member Of LIC

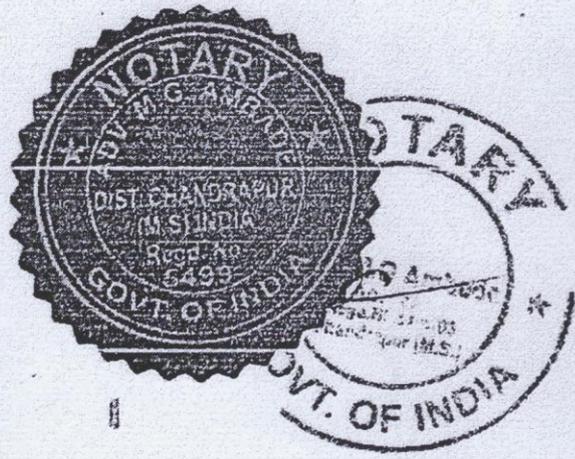
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महाराष्ट्र MAHARASHTRA

2022

BU 890644



Notarial Regr.

Entry No. 1488

Date 30-10-2023

Handwritten initials/signature.

MEMORANDUM OF UNDERSTANDING

Party No. 1: Sugam Hospital, Wani

Party No. 2: Maharashtra Shikshan Prasarak Mandal's, Chandrapur **President**
 Savitridevi College of Nursing (B.Sc. Nursing) **Principal**
 Maharashtra Shikshan Prasarak Mandal, Chandrapur
 Savitridevi College of Nursing, Wani, Dist. Yavatmal

31/10/23

218/22

स्तथा प्रकार / अनुच्छेद क्रमांक _____
 हे मी नोंदणी करणार आहेत का _____
 नोंदणी हांगा असल्यास _____
 मुख्य निबंधक कार्यालयाचे नाव _____
 निबंधकतीचे वर्णन _____
 वाचदला रक्कम _____
 मुद्रांक विकत घेणाऱ्याचे नाव MAHARASHTRA SHIKSHAN PRASARAK MANDAL
 दुसऱ्या पक्षकाराचे नाव SAVITRIDEVI COLLEGE
 हस्त असल्यास त्याचे नाव _____
 मुद्रांक शुल्क रक्कम रु. 500/- दिनांक 27/10/23
 मुद्रांक विक्री नोंद वही अनु. क्र. _____
 मुद्रांक विकत घेणाऱ्याची सही 23282
 ठेकराव आवळे स्टॅम्प विक्रेता, चंद्रपूर _____
 तन्म प क 1051 / 01 न प क 4801011

That Party No. 01 running hospital name Sugam Hospital, Wani At Wani & Party No. 02 is having Trust/ Society name as Maharashtra Shikshan Prasarak Mandal's, Chandrapur.

That Party No. 01 giving permission to the Students of Party No. 02 Savitridevi College of Nursing (B.Sc. Nursing), Running under Maharashtra Shikshan Prasarak Mandal's, Chandrapur. For clinical permission in Sugam Hospital, Wani for 5 years.

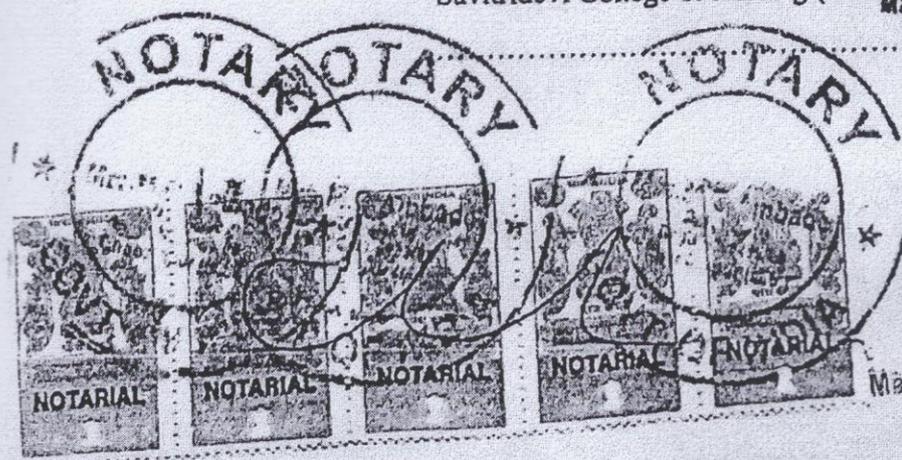
That above MOU is written by Party No 01 & Party No. 02 with free will

Party No. 01 - Sugam Hospital, Wani



Party No. 02 - Maharashtra Shikshan Prasarak Mandal's, Chandrapur
Savitridevi College of Nursing (B.Sc. Nursing)

[Signature]
 President, Secretary
 Maharashtra Shikshan Prasarak Mandal
 Chandrapur
[Signature]
 President
 Maharashtra Shikshan Prasarak Mandal
 SIGNED Chandrapur
[Signature]
 Mrs. M. [Signature] Advocate
 NOTARY (Govt. of India) Chandrapur
 Maharashtra Shikshan Prasarak Mandal
 Chandrapur
 Principal
 Savitridevi College of Nursing
 Wani, Dist. Yavatmal



193

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

नियम ५ अन्वये (Under Rule 5)

REG NO. 128

दि बॉम्बे नर्सिंग होमच्या रजिस्ट्रेशन अँक अन्वये डॉ. गणेश लिमजे (एमबीबीएस एमएडी. मेडी.) डॉ. सुनिलकुमार जुमनाके (एमबीबीएस एमएडी. मेडी.) यांचे वणी येथील नर्सिंग होम / मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम व मॅटर्निटी होम चालविण्यास तात्पुरता परवाना देण्यात येत आहे

This is to certify that Dr. Ganesh Limje (MBBS Med) & Dr. Sunilkumar Jumnaake (MBBS MD ped) has been Temporary registered under the Bombay Nursing Homes Registration Act, 1949 in respect of 58 bedded (Fifty Eight Bedded) Situated at Sugar Multispeciality Hospital, Wani And has been authorized to carry on the said Nursing Home.

रजिस्ट्रेशन क्र. : १२८

Registration No : 128

रजिस्ट्रेशन नुतनीकरण दि. 01/04/2023

Date of Renewal Registration : 01/04/2023

ठिकाण Place : Yavatmal

सर्टिफिकेट दिल्याचा दिनांक Date of issue of Renewal Certificate : 01/04/2023

सदरचे सर्टिफिकेट तात्पुरत्या स्वरूपाचे असून दि. ३१/०३/२०२६ पर्यंत वैध राहिल.



Civil Surgeon
Civil Hospital, Yavatmal
CIVIL SURGEON
GENERAL HOSPITAL
YAVATMAL

President
Maharashtra Sahakar Prasarak Mandal
Prasarakpur

Principal
Savitridevi College of Nursing
Wani, Dist. Yavatmal

MAHARASHTRA POLLUTION CONTROL BOARD

Phone : 957172-251965
Fax : 957172-251965
Email : rochandrapur@mpcb.gov.in
Visit At : <http://mpcb.gov.in>



Regional Office,
Udyog Bhavan, 1st Floor,
Railway Station Road, Chandrapur
Chandrapur - 442401

LETTER OF BIO-MEDICAL WASTE AUTHORISATION [Authorization for Generation, Storage of Bio-Medical Wastes under Rule 10]

I. File number of authorization and date of issue

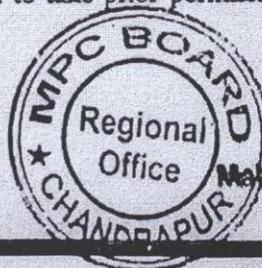
RO-CHANDRAPUR/BMW AUTH/2003000325 Date:- 13 /03/2020

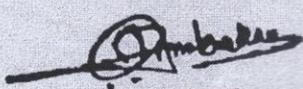
- II. Your Online BMW Authorization Application through Web-Portal having UAN: MPCB-BMW_AUTH-0000023767 on Dt. 31/07/2019.
- III. M/s. Sugam Multispeciality Hospital is hereby granted an authorization for generation of biomedical waste on the premises situated at Chikhhalgaon, Yavatmal Road, Wani, Tal. Wani, Dist. Yavatmal
- IV. This authorization shall be in force for a period up to 31.07.2024. An application shall be made by the occupier/operator for renewal 3 Months before expiry of earlier authorization.
- V. This authorization is issued subject to compliance of the conditions stated below and to such other conditions as may be specified in the Rules for the time being in force under the Environment (Protection) Act, 1986.
- VI. No of Beds:- 48.

Terms and Conditions of authorization

1. The authorized person shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The authorization shall be produced for inspection at the request of an officer authorized by the prescribed authority.
3. i) The authorized person shall not rent, lend or sell the biomedical waste or facility.
ii) The authorized person can transfer the BMW generated at above premises to the "Transporter" or "Operator of Facility" authorized by MPCB under Bio-Medical Waste (Management and Handling) Rules, 1998 for collection, transportation, treatment and/or disposal of BMW generated.
4. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility.

MPCB-BMW_AUTH-0000023767




President
Maharashtra Bhikshan Prasarak Mandal
Chandrapur

Page 1 of 6

Principal
Savitridevi College of Nursing
Wani, Dist. Yavatmal

Schedule-III

Treatment and Disposal of Biomedical Waste generated from Hospital to CBMWTSDF

The authorization is granted for generation and disposal of Bio-Medical Waste (BMW) to CBMWTSDF in waste categories and quantities listed here in below:

Sr. No.	Category	Type of Waste	Quantity not to exceed (Kg/M)	Segregation Colour coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	27	Yellow coloured non-chlorinated plastic bags	No onsite treatment of BMW is permitted. The above mentioned Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorised by MPCB i.e. CBMWTSDF
		b) Animal Anatomical Waste	NIL		
		c) Solid Waste	60		
		d) Expired or Discarded Medicines	10		
		e) Chemical Waste	NIL	Separate collection system leading to effluent treatment system	
		f) Chemical Liquid Waste	NIL		
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	NIL	Yellow coloured non-chlorinated plastic bags or suitable packing material	
		h) Microbiology Biotechnology and other clinical laboratory waste	22	Autoclave safe plastic bags or containers	
2	Red	Contaminated waste (Recyclable)	NIL	Red coloured non-chlorinated plastic bags or containers	F
3	White (Translucent)	Waste sharps including Metals	35	Puncture proof, Leak proof, tamper proof container	
4	Blue	a) Glassware	NIL	Cardboard boxes with Blue colored marking	

6. The liquid/solid waste generated from the treatment activity (from laboratory and washing, cleaning, housekeeping and disinfecting activities) shall be treated suitably by providing effluent treatment facility to conform the standards prescribed in Schedule V of said Rules and the Environment (Protection) Act, 1986.

BMW shall be treated and disposed of in accordance with Schedule I; and in compliance with the standards prescribed in Schedule V of said Rules.

(ii) You shall setup requisite BMW treatment facilities like incinerator, autoclave / Microwave, shredder etc., at the disposal side in accordance with the said Rules.

MPCB-BMW_AUTH-0000023767

President
 2 of 2
 Chandrapur
 Savitridevi College of Nursing



dates, time of day, load identification number and operating parameters throughout the entire length of the autoclave cycle.

- (V) *Validation test: Spore testing.* - The autoclave should completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be *Bacillus stearothermophilus* spores using vials or spore strips, with at least 1×10^4 spores per milliliter. Under no circumstances will an autoclave have minimum operating parameters less than a residence time of 30 minutes, regardless of temperature and pressure, a temperature less than 121 C° or a pressure, less than 15 psi.
- (VI) *Routine Test.*—A chemical indicator strip/tape that changes color when a certain temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package at different location to ensure that the inner content of the package has been adequately autoclaved.

10. CONDITIONS UNDER AIR ACT :

- (i) The applicant shall install a comprehensive control system consisting of control equipments as is warranted with reference to generation of emission and operate and maintain the same continuously so as to achieve the level of pollutants to the following standards:

Control Equipment:

Industry shall provide dust collector of sufficient capacity to control the emissions.

Conditions for D.G. Set

- a. Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically.
- b. Industry should provide acoustic enclosure for control of noise. The acoustic enclosure/ acoustic treatment of the room should be designed for minimum 25 dB (A) insertion loss or for meeting the ambient noise standards, whichever is on higher side. A suitable exhaust muffler with insertion loss of 25 dB (A) shall also be provided. The measurement of insertion loss will be done at different points at 0.5 meters from acoustic enclosure room and then average.
- c. The industry shall take adequate measures for control of noise levels from its own sources within the premises in respect of noise to less than 55 dB(A) during day time and 45 dB(A) during the night time. Day time is reckoned between 6 a.m. to 10 p.m. and night time is reckoned between 10 p.m. to 6 a.m.
- d. Industry should make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
- e. Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
- f. A proper routine and preventive maintenance procedure for DG set should be set and followed in consultation with the DG manufacturer which would help to prevent noise levels of DG set from deteriorating with use.
- g. D.G. Set shall be operated only in case of power failure.




President

Maharashtra Shikshan Prasarak Mandal
Chandrapur

Page No. 6


MPCB-BMW_AUTH-0000023767

Savitridevi College of Nursing
Wani, Dist. Yavatmal

- b. The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.

11. Standards for Stack Emissions:

- (i) The applicant shall observe the following fuel pattern:-

Sr. No.	Type Of Fuel	Quantity	UOM
--	--	--	--

- (ii) The applicant shall erect the chimney(s) of the following specifications:-

Sr. No.	Chimney Attached To	Height in Mtrs.
--	--	--

- (iii) The applicant shall provide ports in the chimney/(s) and facilities such as ladder, platform etc. for monitoring the air emissions and the same shall be open for inspection to/and for use of the Board's Staff. The chimney(s) vents attached to various sources of emission shall be designated by numbers such as S-1, S-2, etc. and these shall be painted/ displayed to facilitate identification.
- (iv) The industry shall take adequate measures for control of noise levels from its own sources within the premises so as to maintain ambient air quality standard in respect of noise to less than 75 dB(A) during day time and 70 dB(A) during night time. Day time is reckoned in between 6 a.m. and 10 p.m. and night time is reckoned between 10 p.m. and 6 a.m.
- (v) Other Conditions:
- 1) The industry should not cause any nuisance in surrounding area.
 - 2) The industry should monitor stack emissions and ambient air quality regularly.

12. Every 'Authorized Person' shall submit an Annual Report to the prescribed authority in Form-II by 31st January every year including information about the categories and quantities of BMW handled during the preceding year.
13. (i) Every 'Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMW in accordance with these Rules and any guidelines issued.
- (ii) All records shall be subject to inspection and verification by the prescribed authority at any time.
14. HCE shall total Bank Guarantee of Rs. 1,50,000/- valid up to 31/07/2024, in favour of Regional Officer, M.P.C. Board, Chandrapur within 15 days. Specific conditions with Bank Guarantees along with time bound programme for compliance as per Board's circular no MPCB/PSO/BMW/B-1825 dtd 10/04/2013 is as follows:-

	Activity/Condition to be Complied	Compliance Timeline (Months)	Amount of Bank Guarantee (Rs)
I(A)	Operation and Maintenance		
2	To segregate and Handle BMW as per rule	Continuous	25,000
	Operation and Maintenance of ETP to achieve prescribed discharged standards.	Continuous	25,000
I(B)	Records		
1	To Maintain records of BMW and submission of Annual Report in Form-II before 31st January	Continuous	15,000

President

Maharashtra Shikshan Prasarak Mandal
Page 5 of 6

Principal

Savitridevi College of Nursing
Wani, Dist. Yavatmal

MPCB-BMW_AUTH-0000023767

2	To Maintain records of BMW material received / delivered to authorized party / CBMWTSDF (Transporters only)	Continuous	10,000
II Performance			
1	To provide Separate BMW storage facility	Six	25,000
2	Effluent treatment plant not provided / need up gradation	Six	50,000
		Total	1,50,000/-
Rupees One Lakh Fifty Thousand only			

15. You shall submit compliance of each Bank Guarantee conditions every six months to Regional Officer, Nagpur for verification purpose.
16. Ensure treatment and disposal of liquid waste in accordance with Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974) and comply Bio-Medical Waste Management Rules 2016 & amendment 2018.
17. When any accident occurs at any institution or facility or any other site where BMW is handled or during transportation of such waste, the authorized person shall report the accident in Form III to the prescribed authority forth with.
18. The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.
19. The hospital shall apply immediately for consent to operate with required/compulsory document with consent fees.

For and on behalf of the
Maharashtra Pollution Control Board

(Madhukar Lad)
Regional Officer, Chandrapur

To
M/s. Sugam Multispeciality Hospital
Chikhalgaoan, Yavatmal Road, Wani,
Tal. Wani, Dist. Yavatmal

Authorization Fee Received:-

Sr. No.	Amount (Rs.)	e-Payment	Date
1	12500/-	TXN1907002767	31/07/2019

Copy Submitted to:-

1. The Chief Accounts Officer, MPCB Board Mumbai
2. The Principal Scientific Officer, MPCB, Sion, Mumbai

Copy to:-

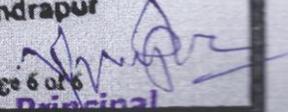
Sub-Regional Officer, M. P. C. Board, Chandrapur.

For information necessary compliance of condition mentioned in the authorization. He / She is also directed to ensure the timely compliance of condition no. 14.


President
Maharashtra Shikshan Prasarak Mandal
Chandrapur

MPCB-BMW_AUTH-0000023767

Page 6 of 6


Principal
Savitridevi College of Nursing
Wani, Dist. Yavatmal

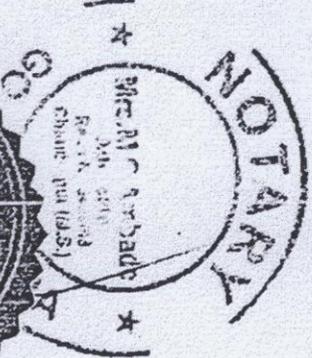
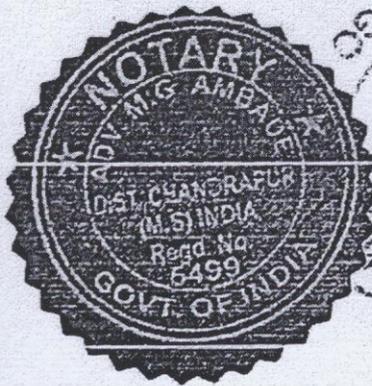
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महाराष्ट्र MAHARASHTRA

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BU 890643



Notarial Regr.

Entry No. 1487

Date 30/10/2023



25 OCT 2023

STAMP CLERK
TREASURY OFFICE, CHANDRAPUR

MEMORANDUM OF UNDERSTANDING

Party No. 1: Lodha Multispeciality Hospital, Wani

Party No. 2: Maharashtra Shikshan Prasarak Mandal's, Chandrapur President
Savitridevi College of Nursing (B.Sc. Nursing), Maharashtra Shikshan Prasarak Mandal's, Chandrapur
President
Maharashtra Shikshan Prasarak Mandal
Savitridevi College of Nursing
Wani, Dist. Yavatmal

गौतम ५३-७

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185

दस्तावेज संख्या / अनुच्छेद क्रमांक _____
 दस्त नोंदणी करणार आहेत का _____
 नोंदणी होणार असल्यास _____
 दृष्यम नियंत्रक कार्यालयाचे नाव _____
 मिळकतीचे वर्णन _____
 मोबदला रक्कम _____
 मुद्रांक विकत घेणाऱ्याचे नाव महाराष्ट्र शिक्षण प्रसारक मंडळ
 दुसऱ्या पक्षकाराचे नाव _____
 हस्त असल्यास त्याचे नाव सवित्रीदेवी
 मुद्रांक शुल्क रक्कम रु. 5000
 मुद्रांक विक्री नोंद वही अनु क्र. _____ दिनांक 27/10/23
 मुद्रांक विकत घेणाऱ्याची नही 23287
 देणगव आवळे स्टॅम्प विक्रेता चंद्रपुर _____
 दिनांक १०/११/२३

That Party No. 01 running hospital name Lodha Multispeciality Hospital, Wani At Wani & Party No. 02 is having Trust/ Society name as Maharashtra Shikshan Prasarak Mandal's, Chandrapur.

That Party No. 01 giving permission to the Students of Party No. 02 Savitridevi College of Nursing (B.Sc. Nursing), Running under Maharashtra Shikshan Prasarak Mandal's, Chandrapur. For clinical permission in Lodha Multispeciality Hospital, Wani for 5 years.

That above MOU is written by Party No 01 & Party No. 02 with free will

[Signature]

Party No. 01 – Lodha Multispeciality Hospital, Wani

Lodha Multispeciality Hospital
Wani Dist. Yavatmal

Party No. 02 - Maharashtra Shikshan Prasarak Mandal's, Chandrapur

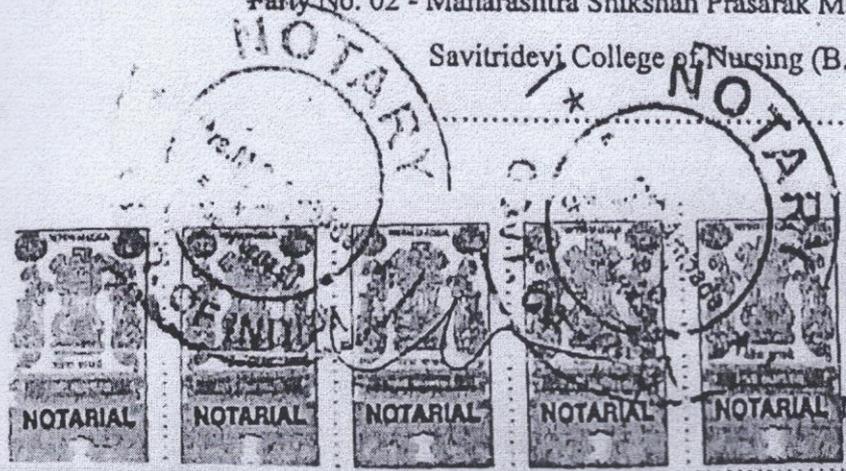
Savitridevi College of Nursing (B.Sc. Nursing),

[Signature]
President / Secretary
Maharashtra Shikshan Prasarak Mandal

[Signature]
Chandrapur

President
Maharashtra Shikshan Prasarak Mandal
SIGNATURE LEAVE ME

[Signature]
Advocate
Principal
Savitridevi College of Nursing
Wani Dist. Yavatmal



RENEWAL

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

नियम ५ अन्वये (Under Rule 5)

क्रमांक No. : 180

दि बॉम्बे नर्सिंग होमच्या रजिस्ट्रेशन अॅक्ट अन्वये डॉ. महेंद्र अमरचंद लोढा यांचे वणी येथील नर्सिंग होम / नटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम व मॅटर्निटी होम चालवावेण्यास तात्पुरता परवाना देण्यात येत आहे.

This is to certify that Dr. Mahendra Amarchand Lodha, M.B.B.S., D.G.O. has been Temporary registered under the Bombay Nursing Homes Registration Act, 1949 in respect of **52 Bedded (FIFTY- TWO Bedded)** Situated at Lodha Multispeciality Hospital, Shetkari Mandir Road, Near Bus Stand, Wani Tq. Wani Dist. Yavatmal And has been authorized to carry on the said Nursing Home.

रजिस्ट्रेशन क्र. : १८०

प्रसुतीसाठी १४ कॉट्स

Registration No : 180

Maternity 14 Cots.

रजिस्ट्रेशन दि. : ०१/०४/२०२३

इतर रुग्णासाठी ३८ कॉट्स

Date of Registration : 01/04/2023 Other Nursing Patients 38 Cots

ठिकाण Place : Yavatmal

सर्टिफिकेट दिल्याचा दिनांक Date of issue of Certificate : 01 /04/2023

सदरचे सर्टिफिकेट तात्पुरत्या स्वरूपाचे असून दि. ३१ /०३/२०२६ पर्यंत वैध राहिल.

Civil Surgeon
Civil Hospital, Yavatmal

President
Maharashtra Shiksha Prasarak Mandal
Gandrapur

President
Maharashtra Shiksha Prasarak Mandal
Gandrapur

Principal
Savitridevi College of Nursing
Wani, Dist. Yavatmal



Govt. of Maharashtra
Directorate of Maharashtra Fire Service
Vidyanagri, Hans Bhugra Marg, Santacruz (East),
Mumbai - 400 098, Tel-022-26677555, Fax-022-26677666
www.mahafireservice.gov.in

FORM N
[(See section 9 (3) and rule 14)
License to act as a License Agency for the purpose of
Fire Prevention and Life Safety Measure

License No. MFS / LA / RF-595 / RD-573

Date: 15.03.2023

License is hereby renewed under the provisions of sub-section (3) of section 9 of the Maharashtra Fire Prevention and Life Safety Measure Act, 2006 (Mah. III of 2007) to M/s. Kohinoor Safety Services having their registration office at 477, Ambedkar Soc., Purlwala, Parksite, Vikroli (W), Mumbai 400079 and their contact details are Office Number: 9892613864 and Email ID: fire.india@yahoo.com with PAN registration No. AGKPC6876C and GST No. 27AGKPC6876C to act as a License Agency for the purpose of the said Act for execution of the fire prevention and life safety measures in relation to **LODHA MULTISPECIALITY HOSPITAL**

1. Fire Fighting and Sprinkler System: Class D
2. Detection and Fire Suppression System: Class D

M/s. Kohinoor Safety Services shall not issue Form A or Form B under sub-section (3) of section 3 regarding the compliance of the fire prevention and life safety measures or maintenance thereof in good repair and efficient condition, without there being actual such compliance or maintenance, failing which license granted / renewed shall be suspended or cancelled as per sub section (4) of section 9 and shall be liable for penalty under section 36 of the Act.

Subject to the provision of sub section (4) of section 9 of the said Act and rule 14 of the Maharashtra Fire Prevention and Life Safety Measures Rules, 2009, the license will be valid for a period from 17.12.2023 to 16.12.2026

Hatyal: Digitally signed
by Kiran
Date: 2023.03.16
19:21:23 +05'30'

Asst-Director

KARTAR: Digitally signed by
KARTAR SUGRIV
SUGRIV: CHAUHAN
CHAUHAN: Date: 2023.03.16
23:42:37 +05'30'

Digital Signature of Authorized Person to sign Form A or Form B

SANTOSH SHRIDHAR WARICK: Digitally signed by
SANTOSH SHRIDHAR
WARICK: Date: 2023.03.16
22:46:10 +05'30'

(S S Warick)

Director
Maharashtra Fire Service

Note:

* In absence of digital sign of license holder (responsible to issue Form A or Form B) the license will be treated as invalid.

President

Maharashtra Shikshan Prasarak Mandal
Chandrapur

Savitridevi College of Nursing
Wani, Dist. Yavatmal



KOHINOOR SAFETY SERVICE

AN ISO 9001: 2015 CERTIFIED COMPANY

Head office: 16D, Samrat Mill Compound, LBS Road, Near Jaswanti Landmark, Vikhroli (West), Mumbai - 400 079.
Contact: +91 98926 13864 / +91 95949 67751, E-mail: fire.india@yahoo.com /kohinoorsafetyservices@gmail.com

Ref: KSS /2023-24/4460

Date: 15 MARCH 2023

Form A
[See Section 3(3) and rule 4(2)]

Certified that I/We have carried out inspection of the fire prevention and life safety measures installed in the following building or premises, namely:

"M/S.LODHA MULTISPECIALITY HOSPITAL.

ADDRESS: SHETKARI MANDIR ROAD,BUS STAND SAMOR WANI,DIST-YAVATMAL .

This is to certify that I/we have executed the works toward compliance in relation to fire Prevention and life safety Measures to be provided and performed other related activities required under the provision of Maharashtra Fire Prevention and Life safety Measures Act, 2006 (MAH III of 2007). The details of the inspection of the installations carried out by me/we are mentioned in the report appended here with.

Place: Mumbai

Date: 15 MARCH 2023

License Number:

1. MFS / LA / RF-595
2. MFS / LA / RD-573

Signatories

KARTAR
SUGRIV
CHAUHAN

Digitally signed by
KARTAR SUGRIV
CHAUHAN
Date: 2023.03.16
13:29:08 +05'30'



President
Maharashtra Shikshan Prasarak Mandal
Chandrapur

Principal
Savitridevi College of Nursing



KOHINOOR SAFETY SERVICE

AN ISO 9001: 2015 CERTIFIED COMPANY

Head office: 16D, Samrat Mill Compound, LBS Road, Near Jaswanil Landmark, Vikhroll (West), Mumbai - 400 079.
Contact: +91 98926 13864 / +91 95949 67751, E-mail: fire.india@yahoo.com /kohinoorsafetyservices@gmail.com

Ref: KSS /2023-24/4460

Date: 15 MARCH 2023

With reference cited above, below are the details of firefighting system at

"M/S. LODHA MULTISPECIALITY HOSPITAL,

ADDRESS: SHETKARI MANDIR ROAD, BUS STAND SAMOR WANI, DIST-YAVATMAL.

Annexure for Form A For:

Sr. No	Equipment	Equipment as pre fire act 2006	Found/Not Found	Description
1	Fire Extinguisher	Required	Found	As per our Audit & Inspection ,We have found that there are ABC Type Extinguisher and CO2 Extinguisher installed in the premise as per NBC & Fire Fighting norms. Type of Extinguisher Installed: 1.ABC Type extinguisher 5 & 6KG-9Nos (A)Ground Floor -3 Extinguisher (B)First Floor -3 Extinguisher (C) Second Floor - 3 Extinguisher 2. CO2 4.5 KG-1 Nos. CO2 extinguisher is installed in the basement near Electric panel .
2	Hose Reel	Required	Found	As per our Audit & Inspection , We have found that there are Hose Reel installed on every floor in the premises which are Required as per NBC & Fire Fighting Norms Total hose reel installed-4Nos (A)Basement- 1Nos (B) Ground floor-1Nos (C)First Floor -1Nos (D) Second Floor-1Nos

The above said fire Protection equipment installed in good working condition.

There after any alteration In above system by occupant or developer will make this certificate Invalid.

Thanking You.

License Number

1. MFS / LA / RF-595
2. MFS / LA / RD-573

**KARTAR
SUGRIV
CHAUHAN**

Digitally signed by
KARTAR SUGRIV
CHAUHAN

Date:2023.03.16

13:34:50 +05'30'

President
Maharashtra Shikshan Prasarak Mandal
Chandrapur





KOHINOOR SAFETY SERVICE

AN ISO 9001: 2015 CERTIFIED COMPANY

Head office: 16D, Samrat Mill Compound, LBS Road, Nour Jeevanil Landmark, Vikhroli (West), Mumbai - 400 079.
Contact: +91 98926 13864 / +91 95949 07751, E-mail: fire.india@kynhoo.com /kohinoorsafetyservices@gmail.com

Ref: KSS /2022-23/4459

Date: 15 MARCH 2023

Form B

[See Section 3(3) and rule 4(2)]

Six Monthly Certificates to be given in every JAN TO JUNE by the owner or the occupier for Compliance of Fire prevention and life safety measures.

Certificate

Certified that I/We have carried out inspection of the fire prevention and life safety measures installed in the following building or premises, namely:-

"M/S.LODHA MULTISPECIALITY HOSPITAL.

ADDRESS: SHETKARI MANDIR ROAD, BUS STAND SAMOR WANI, DIST-YAVATMAL.

I/we further certify that these installations in the above mentioned buildings are maintained in good repair and efficient conditions during the period six month (1st JULY 2022 TO 31st DECEMBER 2022), as required under the provision of Maharashtra Fire Prevention and Life safety Measures Act, 2006 (MAH III of 2007). The details of the inspection of the installations carried out by me/ we are mentioned in the report appended herewith

Place: Mumbai

Date: 15 MARCH 2023

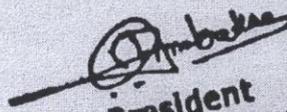
License Number:

1. MFS/LA/RF-595
2. MFS/LA/RD-573

Signatories:

KARTAR
SUGRIV
CHAUHAN

Digitally signed by
KARTAR SUGRIV
CHAUHAN
Date: 2023.03.16
14:08:10 +05'30'

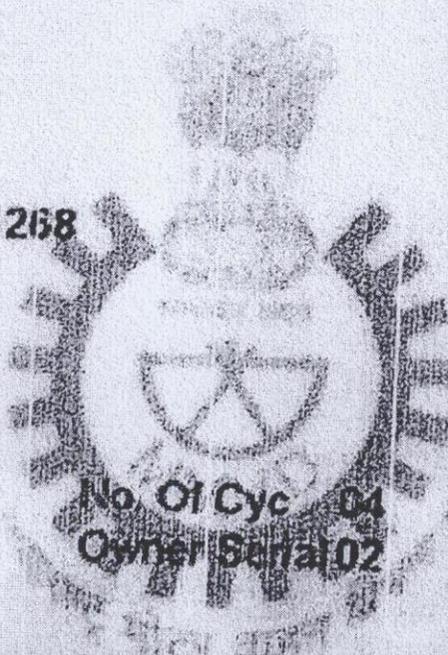

President
Maharashtra Shikshan Prasarak Mandali
Chandrapati
Principal
Savitridevi College of Nursing
Wani, Dist. Yavatmal



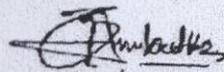
Regn. No. MH40Y6875

MH4458146

Regd Owner MAHARASHTRA SHIKSHAN PRASARAK MAND
SID/W of NA
Purpose ALT
Regn Date 11/12/2014
Colour NA
Fuel DIESEL
Vehicle Class Goods Carrier - TR
Body Type SCHOOL BUS
Manufacturer ASHOK LEYLAND LTD
Chassis No MB1PAEFC3EEYN1268
Engine No EYEZ203643
Model No AL STAG PSV BSIII
Hypothecated To
Manufacturing Dt. 05/2014
Seat Capacity 041
Stand Capacity 00
Tax Paid Up To See Tax Rcpl
Regd Validity See F Cert
Address AT C/O PANDURANG SOMAJI AMBEDKAR NR
PATHANPURA CHANDRAPUR Chandrapur MH
442401

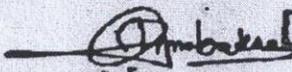


Unladen Vt 005700
Cubic Capacity 002400
Wheel Base 000000
R.L.W 009300



President

Maharashtra Shikshan Prasarak Mandal
Chandrapur

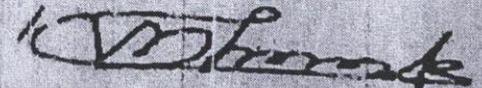


President

Maharashtra Shikshan Prasarak Mandal
Chandrapur

DY RTO CHANDRAPUR

Issuing Authority



Signature Of Issuing Authority

Principal

Savitridevi College of Nursing
Wani, Dist. Yavatmal



Digitally signed by
Reliance General
Insurance Company
Limited
Date: 2023.12.16
15:15:09 IST

reliancegeneral.co.in ☎
022 4890 3009 ☎
74004 22200 ☎

172

Reliance Commercial Vehicles (Passengers Carrying 4W>6 & 3W>17) Package Policy- Schedule

Insured Name : M/MAHARASHTRA SHIKSHAN PRASARAK MANDAL MAHARASHTRA SHIKSHAN PRASARAK MANDAL	Period of Insurance: From 00:00 Hrs on 17-Dec-2023 to Midnight of 16-Dec-2024
Communication Address & Place of Supply : AT C/O PANDURANG SOMAJI AMDEKAR,NGR PATHANPUR CHANDRAPUR MAHARASHTRA 442401,,MAHARASHTRA,,INDIA,442401	Policy Issuing Branch : 3RD FLOOR, TARABAI PARK, NUCLEUS BUILDING, KOLHAPUR,,MAHARASHTRA, 416003
Mobile No : 9021686640	Tax Invoice No. & Date : R16122337806 & 16 Dec 2023 15:11
Email ID : kumarjohn41@gmail.com	GSTIN/UIN & Place of Supply:

Registration No.	Make / Model & Variant	Engine No./Chassis No.	Type of Body	RTO Location	Manufacturer fully build in	Vehicle Category	Vehicle Usage Sub Type	Mfg. Month & Year	CC / HP / Watt	LCC Including Driver	Total Premium ₹	Total IDV ₹	Hypothecation/Lease	Vehicle Usage Type
MH40Y6875	Ashok Leyland/Stag & Alfiv ..	EYEZ203643/MB1PAEFC3EEYN1268	NA	MAHARASHTRA - Wadi	Yes	Bus	School Bus	MAY-2014	6075	41	50293.00	607500.00	NA	Contract Carriage

Chassis IDV ₹	Body IDV ₹	Vehicle IDV ₹	Electrical / Electronic Accessories ₹	Non Electrical Accessories ₹	CNG / LPG Kit ₹	Trailer / Side Car ₹	Total IDV ₹
0.0	0.0	607500.00	0.0	0.0	0.0	0.0	607500.00

Premium Summary	
Own Damage - Section I	Liability - Section II
Basic OD	Basic Liability (TPPD 1)
Covers for Lamps Tyres/Tubes parts etc (iit-25)	Total Basic Liability Premium
Total Basic Own Damage Premium	PA Benefits - Section III
Less	Legal Liability to paid driver and/or Conductor and/or cleaner
Deduct 25 % for NCB	TOTAL LIABILITY PREMIUM
Sub Total of Deductions	TOTAL PACKAGE PREMIUM (Sec I + II + III)
TOTAL OWN DAMAGE PREMIUM	CGST (@9.00 %)
	SGST (@9.00 %)
TOTAL PREMIUM PAYABLE (₹)	

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto. IMT 40,23,21

GSTIN :27AABCR6747B1ZG,
HSN :997134,Description of services :Motor vehicle Insurance Service

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year"
Consolidated Stamp duty Paid vide Letter of Authorisation "NO.Enf-1/LOA/CSD/06/2023/4851/23(Validity Period Dt.29/11/2023 to Dt.01/11/2024) Date 30 Nov 2023" at General Stamp Office, Mumbai.** Not Applicable for the State of Jammu & Kashmir

13BRG405 / D2c Insurance Broking Pvt Ltd 1800419785 pyp.correction@renewbuy.com

Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID	POS UID Aadhaar No. / PAN No.
------------------------	--------------------------	------------------------	-------------------------------

Limits of liability : PA cover for owner driver under section III CSIR 0.0(a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody of control of the insured up to the limits specified- (TPPD 1 Sum Insured - ₹ 7,50,000/-, TPPD 2 Sum Insured - ₹ 5,00,000/-)

(Signature)
President

(Signature)
President
Maharashtra Shikshan Prasarak Mandal
An ISO 9001:2015 Certified Company

CHANDRAPUR

11627

BUS

DRIVER

[Signature]
President
Maharashtra Shikshan Prasarak Mandal
Chandrapur

[Signature]
President
Maharashtra Shikshan Prasarak Mandal
Chandrapur

[Signature]
Principal
Savitridevi College of Nursing
Wani Dist. Yavatmal

DL No. MH34 20120002055
Valid Till 22-09-2020 (TR)

DOI 25-01-2012

30-12-2021

FORM 7
RULE 16(1)

AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA

COV DOI
PSVBUS 25-01-2012
TRANS 22-09-2013

Badge 11627 BUS
DOB 12-02-1986

BG AB+



Name ANANT NUGURWAR
SD/W of RAMESH NUGURWAR
Add: AT. MANGALI (RAI) TH. BHADRANATI
DIST. CHANDRAPUR.
BHADRANATI, CHANDRAPUR
P/N - 412908

Signature & ID of
Issuing Authority

[Signature]
MH34

[Signature]

President
Maharashtra Shikshan Prasarak Mandal
Chandrapur

Signature/Thumb
Impression of Holder

President
Maharashtra Shikshan Prasarak Mandal
Chandrapur

Savitridevi College of Nursing
Wani, Dist. Yavatmal