

Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year 2026-2027

Clinical Material in Hospital

Faculty - BPTH

Name of College/Institute - Shri Prakashchand Jain College of Physiotherapy & Research,
Palaskhede Bk

Sr. No.	Particulars to be verified	Adequate/ Inadequate																																																				
a.	There must be a parent Hospital with minimum 300 beds Indoor & Outdoor Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student:	Adequate																																																				
b.	The student to patient ratio should be minimum 1:5, the first part being student & second part patient.	1:5																																																				
c.	The desirable breakup of beds shall be as follows: Student Patient Ratio (as per M.S.R., it must be 1:5): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sr. No.</th> <th>Specialty</th> <th>For 30 & 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <tr><td>01</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>02</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>03</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>04</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr> <tr><td>05</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>06</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>07</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>08</td><td>PICU+NICU</td><td>10</td><td>15</td></tr> <tr><td>09</td><td>ICCU+ RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit/ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr><td colspan="2" style="text-align: center;">Total</td><td>300</td><td>450</td></tr> </tbody> </table>	Sr. No.	Specialty	For 30 & 60 Intake	For 100 Intake	01	General Medicine	60	90	02	General Surgery	60	90	03	Orthopedics	60	90	04	Obst & Gynac	30	60	05	Pediatrics	30	60	06	Medical ICU	10	15	07	Surgical ICU	10	15	08	PICU+NICU	10	15	09	ICCU+ RICU	10	10	10	Burns Unit/ICU	10	05	11	Emergency	10	10	Total		300	450	Adequate
Sr. No.	Specialty	For 30 & 60 Intake	For 100 Intake																																																			
01	General Medicine	60	90																																																			
02	General Surgery	60	90																																																			
03	Orthopedics	60	90																																																			
04	Obst & Gynac	30	60																																																			
05	Pediatrics	30	60																																																			
06	Medical ICU	10	15																																																			
07	Surgical ICU	10	15																																																			
08	PICU+NICU	10	15																																																			
09	ICCU+ RICU	10	10																																																			
10	Burns Unit/ICU	10	05																																																			
11	Emergency	10	10																																																			
Total		300	450																																																			
d.	Student : Bed Ratio(Undergraduate): 1:5	Adequate																																																				
e.	Average Bed Occupancy in%: 50	Adequate																																																				
f.	<i>Whether separate Registration room is available at OPD?</i> Yes <i>a. Number of total patients registered in last Year:</i> <i>b. Number of New Patients registered on daily average:</i> <i>c. Number of Old patient registered on daily average:</i> <i>d. Average Number of patients attending OPD(current year):</i> <i>e. Whether records of patient registration are well maintained:</i> Yes	Adequate																																																				
g.	Indoor Physiotherapy Department Areas as per Clinical Load and Intake: (as per M.S.R.) Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per specialty.	Adequate																																																				
h.	Outdoor Physiotherapy Department Areas as per Clinical Load and Intake: (as Per M.S.R.)	Adequate																																																				
i.	Physiotherapy OPD Services (as per M.S.R.) : <i>The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.</i>	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. In case of "In adequate" it must be mark as "In adequate" with evidence. 																																																					



PRINCIPAL
 Dean/Principal Stamp & Signature
 of Physiotherapy & Research
 Palaskhede (Bk.) Tal. Jamner
 Dist. Jalgaon (MS) Pin-424206

रजिस्ट्रेशन सर्टिफिकेट

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट १९४९ व सुधारित २००६ चे कलम ५ (नियम ५) अन्वये दिलेले

CERTIFICATE OF REGISTRATION

Under section 5 of the Bombay Nursing Homes
Registration Act, 1949
(Under Rule 5)

क्रमांक No : 147

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट सुधारीत २००६ अन्वये श्री. प्रकाशचंद जैन बहुउद्देशीय संस्था संचलीत श्री प्रकाशचंद जैन मल्टीस्पेशालीटी हॉस्पिटल गट नं. ८६/१/२, मौजे पळ्हासखेडे बु.ता.जामनेर, जि.जळगाव येथील हॉस्पिटल हे नर्सिंग होम/मॅटर्निटी रजिस्टर केले असून सदरचे नर्सिंग होम/मॅटर्निटी होमडॉ. सागर धणसिंग पाटील यांचे निरीक्षणात चालविण्यास परवाना देण्यात येत आहे.

This is certify that **Shri Prakashchand Jain Bahuddeshiya Sanstha Sanchalit Shri Prakashchand Jain Multi-Speciality Hospital** situated at **G.No. 86/1/2 Palaskhede Bk., Tal. Jamner, Dist. Jalgaon.** has been registered under the Bombay Nursing Homes Registration Act, Amendment 2006, under the inspection of **Dr. Sagar Dhansing Patil** and has been authorised carry on the Nursing Home.

रजिस्ट्रेशन क्र	: १४७	प्रसुतीसाठी	: ११ कॉट्स
Registration No	: 147	Maternity	: 11 Cots
रजिस्ट्रेशन दि.	: २०/०२/२०२४	इतर रुग्णांसाठी	: ८९ कॉट्स
Date of Registration	: 20/02/2024	Other Paitents	: 89 Cots

ठिकाण Place : Palaskheda BK. Tal- Jamner, Dist Jalgaon.

सर्टिफिकेट दिल्याचा दिनांक Date of issue of Certificate: 20/02/2024

सर्टिफिकेटची मुदत - ३१ मार्च २०२६ पर्यंत कार्यवाहीत राहिल.

This Certificate shall be valid Up to 31 March 2026



Dr. Sagar Dhansing Patil
20/02/24
जिल्हा आरोग्य अधिकारी
जिल्हा परिषद जळगाव
DISTRICT HEALTH OFFICER
ZILHA PARISHAD JALGAON

(प्रत्येक क्षयरुग्णाची माहिती जवळच्या शासकिय रुग्णालयात कळविणे बंधनकारक राहिल)

Applicant Details

Application Number MH12046	Type of Applicant Company/Society/Association/Other Corporate Body/General Medicine	Applicant Status Pending
Applicant Name SHRI PRAKASHCHAND JAIN MULTISPECIALITY HOSPITAL	DOB (DD/MM/YYYY) 24-09-2008	Mobile Number 7666386774
Email Id pjbsjamner@gmail.com	Technical Qualification M.D.	Nationality Indian
Residential Address of The Applicant Gat No. 86/1/2, AT. Post. Palaskhede BK Jamner 424206		

Signing Authority Details

Name Mr. Manojkumar Prakashchand Kawadiya	Designation Other	Aadhaar Card No. 215169316175
---	-----------------------------	---

Nursing Home Details

Name of The Nursing Home in Respect of Which The Registration is Being Applied for Shri. Prakashchand Jain Multispeciality Hospital	Type of Institutions for Which Registration is Being Applied Allopathy	Sub Type of Institutions for Which Registration is Being Applied -			
Whether Collection Centre Available ? Yes					
Name of Collection Center	Address	Contact No.	Name of Lab Technician	Qualification	Reg No
Shri. Prakashchand Jain Multispeciality Hospital	Palaskhede Bk Tal. Jamner Dist. Jalgaon	7620352454	Avinash Dhote	DMLT	112121

Firm/ Company Prakashchand Jain Bahuddeshiya Sanstha, Jamner	Website Address NULL	Date of Establishment 24-09-2008
--	--------------------------------	--

Type of Specialty Multiple

Details of The Procedure/Services

Procedure / Services	Details	Remarks
No Data Found ...		

Place where The nursing home situated

Plot No./ House No Gat No. 86/1/2,	Colony / Area AT. Post. PalaskhedeBK	City Jamner
District Jalgaon	Taluka	Pincode 424206
Brief Description of the Construction , the Nursing Home or any Premises Used in Connection Therewith Type Plan of the Nursing Home SHRI PRAKADSHCHAND JAINBAHUDDSHIYA SANSTHA SANCHALIT SHRI PRAKASHCHAND JAINMULTISPECIALITYHOSPITAL		Whether The Applicant is interested in any Other Nursing Home or Business No

Infrastructure Details

Total Beds Proposed		
No. of Maternity Beds 11	No. of ICU Beds (Adults) 0	No. of ICU Beds (Paed) 0
Other Beds 89		

Details of Equipments			
Equipment	Make	Model	No of Equipment
Firefighting Equipment	10		10
Autoclaves .	5	Null	5
Dressing Trolley .	8	Null	8
Emergency Tray .	10	Null	10
All Instruments Equipment's Required For Cardiopulmonary Resuscitation .	2	Null	2
Minimum One Infant Warmer .	1	Null	1
Minimum One Oxygen Cylinder For Eight Beds With One Standby Cylinder .	15	Null	15
One Suction Machine With Generator Connection And One Standby Foot Suction Machine .	3	Null	3
Neonatal Resuscitation Kit.	3	Null	3
Labour Table .	2	Null	2
Foetal Doppler .	1	Null	1
At Least One MBBS Doctor On Duty All The Time With Physician (If Medical ICU) Or Surgeon (If Surgical ICU) On Call .	1	Null	1
Ventilator (Minimum Pressure Generator) With Defibrillator .	1	Null	1
Bedside Monitoring Of ECG, SP02, NIBP With Central Monitor .	3	Null	3
Each Bed Separated By Curtain .	10	Null	10
Two Suction Machines And One Foot Suction Machine	2	Null	2
All Necessary Facilities For Proper Sterilization Of Operation Theatre Suit	Yes	Null	2
Floor Space Seventy - Five Square Feet Per Bed.	Yes	Null	2
Fixed Or Mobile Shadow Less Lamp .	1	Null	1
Electric Suction Machine With Generator Connection And Foot Suction Machine .	1	Null	1
Anesthesia Machine With Four Standby Cylinders And Accessories For Anesthesia .	1	Null	1

Operation table .	1	Null	1
Pulse Oximeter .	5	Null	5
List Attached Separately	1	Null	1

Sanitary Arrangement for Patients

Sanitary Arrangement	No. of Arrangements	Remarks
Functional And Clean Toilets With Running Water And Flush	10	

Detail of Rooms for Employees

Room Type	Floor Space / Area (In Sq. Ft)	Number of Rooms	Remarks
Servant Room	1000.00	3	

Sanitary Arrangement for Employees

Sanitary Arrangement	No. of Arrangements	Remarks
Hand Washing Facility	6	
Toilet	5	

Arrangements for Immunization of The Employees are Available or Not?

Yes

Arrangement Made for Medical Check - Up of The Employees

Yes

Regular immunization & Health Checkups are being held in the interval of(In Month)

6 Months

Whether The Nursing Home or any Premises Used in Connection There With are Used or are to be Used for Purposes Other than that of Carrying On A Nursing Home

No

Details for purposes other than that of carrying on a nursing home

Arrangements Made for Storage of Food

Refrigerator

Service of Food

Cafeteria Service

Staff Details

Name, ages & qualification of members/Staff/Employee of the nursing home

Full Name	Designation	Qualification	Medical Council Registration Number with Date of Validity Upto
Dr. Aishwarya Ashok Kole	Deputy Medical Superintendent	MD- Ayurveda Medicine	I-90694 - A

Place Where The Nursing Staff Is Accommodated

Jamner

Name, ages and qualification of The resident or visiting physicians or surgeons in The nursing home

Full Name	Designation	Qualification	Council Registration Number with Date of Validity Upto
Dr. Lalit Vijay Patil	Consultants	MD- Ayurveda Medicine	I- 70268 - A

Whether the nursing home is under the supervision of a qualified medical practitioner or qualified nurse and if so

Full Name	Designation	Qualification	MMC / MNC Registration Number
Ms. Sakshi Anil Misal	Matron	B.Sc Nursing	XVI- 25250

Proportion of The qualified and unqualified nurses on The nursing staff

Enter Total Number of Qualified Staff 8	Enter Total Number of Non Qualified Staff 0
Enter Total Number of GNM Qualified Staff 2	Enter Total Number of ANM Qualified Staff 4

Whether The Nursing Home is Under The Supervision of A Qualified Nurse or Midwife and if so

Yes

Qualified nurse or midwife details

Full Name	Designation	Qualification	Registration Number with Date of Validity Upto
Ms. Neha Ravindra Ingale	Assistant Matron	B Sc Nursing	XVI29828

Whether any Unregistered Medical Practitioner or Unqualified Midwife is Employed for Nursing any Patient in The Nursing Home

No

Whether any Person of Foreign Nationality is Employed in The Nursing Home and if so, His Name and Other Particulars

No

On Campus Chemist Shop Available

No

On campus chemist shop details

Name of Chemist Shop

-

License No of Chemist Shop

-

[Upload Documents Details](#)

7/12 Extract / Property Tax Certificate / Owner Possession Certificate
NOC of Society / Owner / Appropriate Authority with Respect to Premises
Sthanik Swarajya Sanstha Certificate / NOC
Certificate of License of the Organization Providing Blood Bank Services (If Applicable)
Acquired Inspection Control Committee Respects / Pathology Swab Reports for OT/ICU/Other Bed
Fire Audit Report *
Fire Safety NOC Certificate From Government Authority *
Occupation Certificate (O.C.) From Appropriate Authority *
Partnership Deed (If Applicable)
Leave and License Agreement / Lease Deed (If Applicable)
Nursing Home Signing Authority Aadhaar Card *
Previous Hospital Registration Certificate (If Applicable)
List Of Visiting Doctors with Qualification and Registration Details *
List of nursing staff with Qualification and Registration Details *
List of Other Staff with Qualification and Designation and job Details *
Rate List *
List of Equipment *
Floor Plan of Building Approved by Competent Authority
MPCB Authorized Certificate / Acknowledgment for New Registration *
Ambulance Availability Certificate (If Applicable)
Business License
Shop and establishment Act 1948 Certificate by Local body in Format B (If more than 10 Employees)
Shop and establishment Act 1948 Certificate by Local body in Format D (If less than 10 Employees)
Change of user Certificate (If applicable)
No Pending Negligence Case Certificate from Medical Council *
Affidavit Describing that Working Doctor / Staff is not A Government Employee / Officer *
Medical Diagnostics Xray Equipment Registration (AERB) (If Applicable)
MTP Registration Certificate (If Applicable)
PCPNDT Registration Certificate (If Applicable)
Tubectomy (Tubal Ligation Certificate) (If Applicable)



FORM II

Combined Consent & Bio-medical Waste Authorization

Application Information | Information | Bio-Medical Waste Details | Consent Details | Additional Information | Financial Details

General Information

- * Establish Type :
 New Expansion

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

* Title Mr.	* First Name Marioj	Father / Husband Name Prakashchand
* Last Name (Surname) Jain	* Designation Secretary	Telephone/Fax 00
* Mobile Number 9764981072	* Email prahadjamner@gmail.com	* Aadhar Number 215169316175
* PAN Number AAAPO7998P	* Address M/S. Shri Prakashchand Jain Multispeciality Hospital, At Gat No. 82/1/2, Palaskhede Bk., Tal-Jamner, Dist- jalgaon.	* Pin Code 424206

Document Section

* Aadhar Card Choose File Marioj Sir A... Card.jpg.pdf	* PAN Card Choose File Marioj Sir Pan Card.jpg.pdf	* Authority Letter Choose File Authority Letter.pdf	Save
---	---	--	----------------------

HCF Information

Health Care Facility (HCF) Information

* a) Name of the Health Care Facility / Hospital

M/S. Shri Prakashchand Jain Multispeciality Hospital,

b) Address for Correspondance

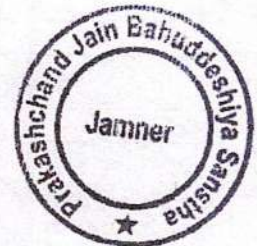
* Pin Code 424206	* District jalgaon	* Town/Taluka Jamner
* Plot/Survey/Gut No. At Gat No. 86/1/1	* Name of premises /Building / Floor No. M/S. Shri Prakashchand Jain Multispeciality Hospital.	* Road/Street jalgaon road
* Area/Locality/Village Palaskheda	* Email prahadjamner@gmail.com	Website URL NA

* c) Ownership of Health Care Facility / Hospital

Private (Ownership under trust)
Name of the Trust / Company
maha10325

* Land Ownership

7/12 / MIDC Allotment Letter / Property Card / Sale deed



Self Owned

Choose File पकासखेले बुट्टु... Satbara.pdf

* d) Month and year of commissioning of the HCF 2020-02-01

e) Area of the Facility / Hospital

* i) Total plot area (in square meter) 1000 * ii) Built up area (in square meter) 200 * iii) Open Plot Area (Sq.Mtr) 300 * Upload Approved Building plan * Choose File Building Plan.jpg.pdf

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

Note : To know your location Latitude / Longitude visit <https://www.latlong.net>

* Latitude 26.44 * Longitude 74.63

* g) Does HCF have Operation Theatre No Yes

i. Number of OT 02

* h) Does HCF have Laundry facility in premises No Yes

* i) Does HCF have Canteen/Cafeteria facility in premises No Yes

* j) Whether HCF has Hostel/Residential quarters in the premises No Yes

BMW Authorization Details

* a) Type of health treatment system

b) Bombay Nursing Home Registration Details

* Total number of Beds 100 * BNH Registration Number 147 * Valid Upto 2023-03-31 * First Issued Date 2020-06-01

* Name of the BNH Certificate Issuing Authority Civil Surgeon * BNH Certificate Choose File Bombay Nu

c) Diagnostic and Pharma Facilities available in Premises

i) Pathology Lab

ii) Blood Bank

* d) Separate storage area for Bio-Medical waste as per BMW Rule, 2016

No Yes

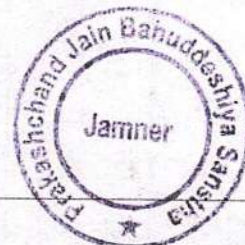
Attach Photograph of Storage Area Choose File BIOMEDIC...PHOTO 1.pdf

Consent Details

a) Sources of Water

* i) Surface Water NO YES

* ii) Ground Water NO YES



i) Number of Borewell

0

Do you Have CGWA NOC

No Yes

* iii) Tanker Water

b) Water Consumption Details

Raw Water (CMD) (Cubic Meter Per Day) ⁽ⁱ⁾

9

ii) Number of Openwell

1

CGWA Application Acknowledgement Copy

Biomedical ... Certificate.pdf

NO YES

iii) Qty of Water Extracted (CMD)

9

* Recycled Water (CMD) (Cubic Meter Per Day)

00

* Total Water QTY Requirement (CMD)

9.00

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Disposal
* Domestic (Toilet Flushing)	8	5.0	<input type="text" value="x On Land For Gardeni"/>
* Pathology Laboratory, Floor washing, Operation Theater	1.00	1.00	<input type="text" value="x On Land For Gardeni"/>
Laundry	00	00	<input type="text"/>
Industry Cooling, Boiler Feed, Gardening	00	0	<input type="text"/>
Total	9.00	6	

d) Waste Water Treatment

Have you installed STP OR ETP ?

NO YES

* Sewage Treatment Plant

* Effluent Treatment Plant

* Combined Treatment Plant

iii) Combined waste Treatment plant

Capacity(CMD)

20

Attach Schematic Diagram & CTP Adequacy Report

PFD-CWWTP.pdf

Treatment

Pre-Primary

Primary

Secondary

Tertiary

Advance

Pre-Primary Treatment

Primary Treatment

Secondary Treatment

Tertiary Treatment

e) Other waste generation details

1) Municipal Solid Waste

* a) Biodegradable Waste(Kg/day)

5

* b) Recyclable Waste(Kg/day)

0

* c) Biological & Chemical Sludge from STP & ETI

0

Air Pollution Details

* a) Whether D.G. Set installed

No Yes



* b) Do you have Boiler Installed

No Yes

Additional Information

* i) Do you have Bio Medical Waste Management Committee Constituted

No Yes

* vi) Do you have Infection Control Committee Constituted

No Yes

Financial Information

* 1) Consent Fee

Rs

15000

Captcha:



Enter the code above here :

FB2A

I accept the Terms & Conditions.

I do hereby declare that the statement made and information given above are true to the best of my knowledge and belief and that I have not concealed any information. I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribe authority.

Save



MS
Mr. Manojkumar P. Jain
Secretary
Prakashchand Jain Bahuddeshiya sanstha
Bajrangpura Road, Jamner, Tal. Jamner
Dist. Jalgaon, Pin- 424206



Maharashtra Biomedical Waste Control Board
महाराष्ट्र बायोमेडिकल व्हास्ट कंट्रोल बोर्ड

Mansai Biomedical Waste Enterprise Pvt Ltd

Gat No 413, Near Resource factory,
Shivaji Nagar, Jalgaon., Dist. Jalgaon – 425001

Emergency Mobile No. : 9823187778,

e-mail:- rajivmahajan873@gmail.com



Unique Registration No.: MBWE/2026/02100



Offline QR Code

Registration Certificate



Online QR Code

Outward No.: MBWE /2025/00000

Date: 30-01-2026

This is to certify that, **M/S. Shri Prakashchand Jain Multispeciality Hospital, at Gat No. 82/1/2, Tal Jamner, Palashkheda (BK),, Maharashtra 425114** is registered with **M/s. Mansai Biomedical Waste Enterprise Pvt Ltd, Jalgaon** for Management of Bio Medical Waste in accordance with, the provision of Bio Medical Waste Management Rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

- 1 **Authorized Person of HCE (Name and Designation)** : **Dr. Sagar Dhansing Patil**
Principal
- 2 **Bombay Nursing Home Act Registration Details**
 - a. BNH Registration Number : 147
 - b. BNH Issue Date : 01-06-2020
 - c. Total Number of Beds : 100 Beds
 - d. BNH Validity (Form 'C') : 31-03-2023
- 3 **Common Treatment Facility Registration Details**
 - a. Date of Registration : 29-01-2026
 - b. No. of Beds Registered : 100 Beds
 - c. Registration Validity : 31-03-2027
- 4 **Renewal of CTF Membership (if Applicable)**
 - a. Renewal Date : 01-04-2027
 - b. No. of Beds : 100 Beds
- 5 **MPCB Consent (Establish/ 1st Operate/ Renewal) Details**
 - a. Consent / CCA Number : BO/PSO/HOD/Amendment-2007001148
 - b. Issue Date : 04-09-2020
 - c. Validity up to : 30-04-2021



Rajiv Mahajan

Authorized Signature

Name : Rajiv Mahajan

Designation : Director

Note: HCE shall display copy of Registration Certificate at Front Desk and Temporary BMW Storage area.

1265



महाराष्ट्र MAHARASHTRA

© 2019 ©

WM 388247

जिल्हा कोषागार जळगांव
 प्रमाणित करण्यात आलेला आहे

17 JUN 2020

मुद्रांक प्रमुख लिपीक जळगांव

दस्ताचा प्रकार _____ अनुच्छेद क्रमांक _____
 दस्त नोंदणी करणार आहेत का? होय दु.नि.श्रेणी-१, जामनेर
 मित्तकाली _____

मुद्रांक शुल्क रक्कम _____
 मुद्रांक प्रकाशचंद जैन बहुराष्ट्रीय संस्था जामनेर

9024 10/11/20

मुद्रांक यंत्रणेचे अधिकारी _____
 अरुण शांकराव महाजन
 मुद्रांक विक्रेता, जामनेर परतणा क्र. १०/१९९०
 मोबा. ९४२१६८६४६३

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on 01/07/2020 between Sanjivani Hospital, Tal. Jamner Dist. Jalgaon which is represented by its Principal/ Dean Medical Suprintendant / Medical Director/ CEO herein named as party one

And between

Secretary, Prakashchand Jain Bahuddeshiya Santha's Shri. Prakashchand Jain College of Physiotherapy & Research, At. Palaskhede Bk Tal. Jamner Dist. Jalgaon represented by its Principal/Director/Dean herein named as party Two



The Parties hither agree as:-

- 1) Party one Declares that is a Sanjivani Hospital, 50 Bed Hospital Providing Medicines, Surgery, Pediatrics, Gynecology and Obstetrics, Dermatology, Neuro-Surgery and Plastic Surgery, Radiology, Psychiatry, ICU/ ICCU, Orthopedics, Respiratory, Neurology, ENT, Burns Cardiac Center, Ophthalmology, etc.
 - 2) Party one agrees to provide preceptors required to train the Physiotherapy students.
 - 3) The Prospective students will be allowed to undergo training in the specially department's like, Medicine, Surgery, Pediatrics Gynecology and Obstetrics, Dermatology, Neuro -Surgery and Plastic Surgery, Radology, Psychatry, ICU/ ICCU, Orthopedics, Respiratory, Neurology, ENT, Burns, Cardiac Center, Ophthalmology, etc.
 - 4) Party. Two will Provide the academic staff and necessary infrastructure for physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.
 - 5) This agreement is to be in effect at least for five years for the training of students from the time of its endorsements by both the parties. These agreements will be renewed every year at the discretion of party one.
 - 6) The official representing Shri. Manojkumar Prakashchand Kawdiya Secretary, Prakashchand Jain Bahuddeshiya Sanstha, Jamner Dist. Jalgaon.
- And

Sanjivani Hospital , Pachora Raod, Jamner Tal. Jamner Dist. Jalgaon is signing this MOU to achieve the beneficial objectives of Physiotherapy Programs.

Signature of Authority
With Seal and date (Party One),

PROPRIETOR
SANJIVANI HOSPITAL
JAMNER, DIST. JALGAON
PH. 02580 - 221111
A.D. Saraswat
Jamner
Dist. Jalgaon
Reg. No. 1076
GOVT. OF MAHARASHTRA



Signature of Authority
With Seal and date (Party Two),

SECRETARY
Shri. Prakashchand Jain Bahuddeshiya
Sanstha, (Minority Institution)
Jamner, Dist. Jalgaon-424206



SIGNED BEFORE ME

NOTARY GOVT. OF MAHARASHTRA
JAMNER, DIST. JALGAON
09/07/2020

NOTED & REGISTERED
At. Sr. No. 1265/2020
Document Contains 02 Pages

1266



महाराष्ट्र MAHARASHTRA

2019

WM 388248

जिल्हा कोषागार जळगांव
प्रमाणित करण्यात आलेला आहे
7 JUN 2020
मुद्रांक प्रमुख लिपीक जळगांव

दस्ताचा प्रकार _____ अनुच्छेद क्रमांक _____
दस्ता नोंदणी करणार आहेत का? होय दु.नि.श्रेणी-१, जायनेर
जिल्हा _____

मुद्रांक शुल्क रक्कम _____
रामेश्वर प्रकाशचंद जैन बहुउद्देशीय संस्था जायनेर

9024 _____ तक्रार दि. _____
2 _____

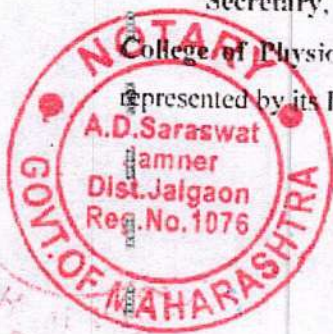
मुद्रांक घणार _____
अरुण शामराव बहाजन
मुद्रांक विक्रेता, जायनेर कार्यालय क्र. १७/१९९७
फोना. ९४२९६८६४८३

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on 01/07/2020 between Meera Multispeciality Hospital, Jamner Tal. Jamner Dist. Jalgaon which is represented by its Principal/ Dean Medical Supridentant / Medical Director/ CEO herein named as party one

And between

Secretary, Prakashchand Jain Bahuddeshiya Santha's Shri. Prakashchand Jain College of Physiotherapy & Research, At. Palaskhede Bk Tal. Jamner Dist. Jalgaon represented by its Principal/ Director/Dean herein named as party Two



The Parties hither agree as:-

- 1) Party one Declares that is a **Meera Multispeciality Hospital, Jamner**, Hospital Providing Medicines, Surgery, Pediatrics, Gynecology and Obstetrics, Dermatology, Neuro-Surgery and Plastic Surgery, Radiology, Psychiatry, ICU/ ICCU, Orthopedics, Respiratory, Neurology, ENT, Burns Cardiac Center, Ophthalmology, etc.
- 2) Party one agrees to provide preceptors required to train the Physiotherapy students.
- 3) The Prospective students will be allowed to undergo training in the specially department's like, Medicine, Surgery, Pediatrics Gynecology and Obstetrics, Dermatology, Neuro -Surgery and Plastic Surgery, Radology, Psychiatry, ICU/ ICCU, Orthopedics, Respiratory, Neurology, ENT, Burns, Cardiac Center, Ophthalmology, etc.
- 4) Party Two will Provide the academic staff and necessary infrastructure for physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.
- 5) This agreement is to be in effect at least for five years for the training of students from the time of its endorsements by both the parties. These agreements will be renewed every year at the discretion of party one.
- 6) The official representing Shri. Manojkumar Prakashchand Kawdiya Secretary, Prakashchand Jain Bahuddeshiya Sanstha, Jamner Dist. Jalgaon.

And

Meera Multispeciality Hospital, Jamner, Jalgaon Raod, Jamner Tal. Jamner Dist. Jalgaon is signing this MOU to achieve the beneficial objectives of Physiotherapy Programs.

Signature of Authority

With Seal and date (Party One).

Dr. Ashishkumar G. Wagh
Managing Director, **A.D. Saraswat**
Meera Multispeciality Hospital
Jamner, Dist. Jalgaon, Jalgaon
Reg. No. 2006/08/2865 No. 1076



Signature of Authority

With Seal and date (Party Two).

SECRETARY
Shri. Prakashchand Jain Bahuddeshiya
Sanstha, (Minority Institution)
Jamner, Dist. Jalgaon-424206



SIGNED BEFORE ME

NOTARY GOVT. OF MAHARASHTRA
JAMNER, DIST. JALGAON

NOTED & REGISTERED

At Sr. No. 1266 / 2020
Document Contains 02 Pages

1267



महाराष्ट्र MAHARASHTRA

2019

WM 388250

जिल्हा कोषागार जळगांव
प्रमाणित करण्यात आलेला आहे

17 JUN 2020

मुद्रांक प्रमुख लिपीक जळगांव

दस्तावा प्रकार _____ अनुच्छेद क्रमांक _____
दस्त नोंदणी करणार आहेत का? होय दु.नि.श्रेणी-१,जामनेर
मिळाली

मुद्रांक शुल्क रक्कम _____
मुद्रांक क्र. _____
मुद्रांक दिनांक _____
हस्ताक्षर _____
मुद्रांक दिनांक _____
ता. 01/07/20 20/8/20

अरुण शिवराव महाजन
मुद्रांक विवेका, जामनेर परकणा क. १०/१११०
फोन्. ९४२९६८६८३

श्री. प्रकाशचंद जैन बाहुदेशिया संस्था संस्थागार

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on 01/07/2020 between Sub District Hospital, Jamner Tal. Jamner Dist. Jalgaon which is represented by its Principal/ Dean Medical Supridentant / Medical Director/ CEO herein named as party one

And between

Secretary. Prakashchand Jain Bahuddeshiya Santha's Shri. Prakashchand Jain College of Physiotherapy & Research, At. Palaskhede Bk Tal. Jamner Dist. Jalgaon represented by its Principal/ Director/Dean herein named as party Two



The Parties hither agree as:-

- 1) Party one Declares that is a **Sub District Hospital, Jamner** 50 beded Hospital Providing Medicines, Surgery, Pediatrics, Gynecology and Obstetrics, Dermatology, Neuro-Surgery and Plastic Surgery, Radiology, Psychiatry, ICU/ ICCU, Orthopedics, Respiratory, Neurology, ENT, Burns Cardiac Center, Ophthalmology, etc.
- 2) Party one agrees to provide preceptors required to train the Physiotherapy students.
- 3) The Prospective students will be allowed to undergo training in the specially department's like, Medicine, Surgery, Pediatrics Gynecology and Obstetrics, Dermatology, Neuro -Surgery and Plastic Surgery, Radology, Psychatry, ICU/ ICCU, Orthopedics, Respiratory, Neurology, ENT, Burns, Cardiac Center, Ophthalmology, etc.
- 4) Party Two will Provide the academic staff and necessary infrastructure for physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.
- 5) This agreement is to be in effect at least for five years for the training of students from the time of its endorsements by both the parties. These agreements will be renewed every year at the discretion of party one.
- 6) The official representing Shri. Manojkumar Prakashchand Kawdiya Secretary, Prakashchand Jain Bahuddeshiya Sanstha, Jamner Dist. Jalgaon.

And

Sub District Hospital, Jamner Tal. Jamner Dist. Jalgaon is signing this MOU to achieve the beneficial objectives of Physiotherapy Programs.

Signature of Authority
With Seal and date (Party One),
व्यक्तिय आधिकारिक वेग - ५
उपजिल्हा कार्यालय, जामनेर, जि. जळगाव



Signature of Authority
With Seal and date (Party Two),

SECRETARY
Shri. Prakashchand Jain Bahuddeshiya
Sanstha, (Minority Institution)
Jamner, Dist. Jalgaon-424206

SIGNED BEFORE ME

09/07/2020
**NOTARY GOVT. OF MAHARASHTR/
JAMNER, DIST. JALGAON**

NOTED & REGISTERED
At. Sr. No. 1267 / 2020
Document Contains 02 Pages

