



**SHRI CHAMUNDAMATA  
HOMOEOPATHIC MEDICAL  
COLLEGE & HOSPITAL, JALGAON**

Col No. 2571, Near Airport  
Behind Shri Chamundamata Temple, 4, Chintamani, Jalgaon  
Pin - 392001, Dist. - JALGAON, GUJARAT, INDIA  
E-mail - info@shrihomoeopathic.edu

Ref. No. SC-HMC-

Date: / /

## PART II - HOSPITAL DETAILS

**UPLOAD Availability of area in sq.mt. as per Bed Strength (UG/PG) & MSR**

Sr. No	Hospital Details Infrastructure	Details
1	Name of Hospital	<b>Shri.Chamundamata Homoeopathic Medical College &amp; Hospital, Jalgaon.</b>
2	Registration details with Renewal	<b>Reg.no.77 Valid up to 31<sup>st</sup> March 2024</b>
3	Bed strength - ward distribution- As per MSR and Intake Capacity	<b>Medicine 12 Surgery 05 Paediatric 03 Obstetrics &amp; Gynecologist 05 Total = 25</b>
4	Hospital Infrastructure as per schedule (IA) Administration block OPD / IPD details (Refer Annexure - III) Operation theatre unit Yoga / Physiotherapy rehabilitation unit Central Clinical Laboratory Radiology and Sonography Section Hospital kitchen Stores	<b>Yes, Each department available separately</b>



  
**PRINCIPAL**  
Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon



**SHRI CHAMUNDAMATA  
HOMOEOPATHIC MEDICAL  
COLLEGE & HOSPITAL, JALGAON**

Gate No. 5511, Near Airport,  
BCH No. 5004, Shri Chamundamata Temple, Chhatra, Jalgaon  
Phone: 0257-2857545, 2856555, 2261777  
Email: info@shrihomoeopathy.in

Ref. No. - SCH/AC/

Date

## OPD DETAILS

**Four OPD Available in the collegiate hospital**

- 1) Medicine OPD**
- 2) Gynec OPD**
- 3) Paediatric OPD**
- 4) Surgery OPD**



*S. S. Khatke*  
PRINCIPAL

Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon

रजिस्ट्रेशन सर्टिफिकेट

सन १९४९ च्या दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्टच्या कलम ५ व सुधारित महाराष्ट्र मुशुणगृह नॉर्सेरी नियम २०२१ अन्वये दिलेले रजिस्ट्रेशन सर्टिफिकेट

**CERTIFICATE OF REGISTRATION**

UNDER SECTION 5 OF THE BOMBAY NURSING HOMES

Registration Act, 1949 (Under Rule 5)

(AMENDMENT) RULE, 2021

क्रमांक No : 77

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्ट, १९४९ सुधारित महाराष्ट्र मुशुणगृह नॉर्सेरी नियम २०२१ अन्वये श्री प्राचार्य श्री चामुंडामाता होमिओपॅथीक वैद्यकीय महाविद्यालय चिंचोली जि. जळगाव सांधे मोजे गट नं. ९५/१, विमान तळाजवळ, चिंचोली, ता. जि.जळगाव येथील पी.ई. तात्या पाटील हॉस्पिटल हे नर्सिंग होम/मॅटर्निटी होम रजिस्ट्रेशन केले असून सदरचे नर्सिंग होम/मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

This is certify that *Principal Shri Chamundamata Homoeopathic Medical Collage & Hospital, Jalgaon* has been registered under the Bombay Nursing Homes Registration Act, 1949 Amendment 2021, in respect of *P.E. Tatyapaatil, Hospital* situated at *Gat No-95/1., Near Jalgaon Airport, Chincholi, Tal-Dist. Jalgaon.* and has been authorised to carry on the Nursing Home.

रजिस्ट्रेशन क्र : ७७  
Registration No : 77  
रजिस्ट्रेशन दिनांक : २२/०४/२०२१  
Date of Registration : 22/04/2021

प्रसूतीसाठी : ०२ कोटस  
Maternity : 02 Cots  
इतर रुग्णांसाठी : २३ कोटस  
Other Patients : 23 Cots

ठिकाण Place : **Chincholi, Tal-Dist. Jalgaon.**

सर्टिफिकेट दिवसाचा दिनांक Date of issue of Certificate: 23/09/2021

सर्टिफिकेटची मुदत - ३१ मार्च २०२४

This Certificate shall be valid Upto 31 March 2024



DISTRICT HEALTH OFFICER  
ZILHA PARISHAD JALGAON

(प्रत्येक क्षयरुग्णाची माहिती जवळच्या शासकीय रुग्णालयात कळविणे बंधनकारक राहिल)

ATTESTED

*[Signature]*  
PRINCIPAL

Shri Chamundamata Homoeopathic  
Medical Collage & Hospital, Jalgaon



**SHRI CHAMUNDAMATA  
HOMOEOPATHIC MEDICAL  
COLLEGE & HOSPITAL, JALGAON**

Get No. 55/1 - Near Airport,  
Behind Shri Chamundamata Temple, Chaudhari, Jalgaon  
Phone : 0257-2857708, 2648555- 2225777  
Email : info@shriamc.edu.ja.in

Form No. - SC-HMC/

Date : / /

## IPD BEDS DISTRIBUTION

IPD of hospital is of twenty Five Beds, the beds are distributed as follows.

- Department of Medicine -12 Beds
- Department of Gynae and Obs-05 Beds
- Department of Pediatric-03 Beds
- Department of Surgery -05 Beds

**TOTAL - 25 BEDS**



  
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Medical College & Hospital, Jalgaon





**SHRI CHAMUNDAMATA  
HOMOEOPATHIC MEDICAL  
COLLEGE & HOSPITAL, JALGAON**

Gat No: 05-1, Near Airport,  
Behind Shri Chamundamata Temple of Jalgaon, Gujarat.  
Phone: 0227-2987755, 2988855, 2220777  
Email: info@shriamc.edu.in

Ref. No.: SMC/MSD/

Date: / /

### B. DISPENSING AND EQUIPMENTS

Ambulance facility (OWN / MOC)	Available (OWN)
Dispensing Unit (Upload the details)	Yes Available
Hospital Equipment as per MSR- OPD / IPD Upload the details	Yes Available As per MSR
MOC with super specialty Hospital for clinical training of student and its functional Upload the details	Yes Available MOC with 4 hospital
First Aid kit in OPD / IPD	Yes Available
BMW Certificate	Yes Available
MPCB Certificate	Yes Available



  
**PRINCIPAL**  
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Medical College & Hospital, Jalgaon

STATE OF MAHARASHTRA

FORM - No. 23 ( See Rule 48 ) Sr. No. 024615

Motor Vehicle Act, 1938 ( Section 124 )

**CERTIFICATE OF REGISTRATION**

Registered Number : **MH 19 - Z 0073**

Name of Father / Husband and Address of Registered owner : Mr. Deshpande Gulabra Badgwar  
A/P Kandari  
Tal. Bhusawal dist. Jalgaon



**Detailed Description**

- 1) Class of vehicle : Lmv Ambulance
- 2) Maker's Name : Maruti Udyog Ltd
- 3) Type of Body : Ambulance
- 4) Year of manufacture : 2003
- 5) No. of Cylinders : Three
- 6) Chassis Number : 555849
- 7) Engine Number : 240158K
- 8) Fuel use in the Engine :  petrol + LPG.
- 9) Horse Power : 796 cc
- 10) Cubic Capacity : \_\_\_\_\_
- 11) Maker's Classification of it know, wheel base : Omni Amb. MPJ. G 5.
- 12) Seating capacity ( including Driver ) : 4+1
- 13) Unladen Weight : U.W. - 755 Kgs. R.L.W. - 1250 Kgs.
- 14) Colour or colours of body, wings : white.
- 15) This Certificate is valid from : \_\_\_\_\_ to \_\_\_\_\_
- 16) Invoice Price : Rs. \_\_\_\_\_
- 17) One Time Tax : Rs. \_\_\_\_\_

Rego. Fee Rs. 300 + 300 + 100  
 R. No. 0444002/R 26  
 Date - 14/2/03

Date of Registration - 18/2/03

*[Signature]*  
 Dy. Regional Transport Office  
 Jalgaon

Note: This Motor Vehicle above describe is

- i) Subject to a hire purchase agreement with \_\_\_\_\_
- ii) Subject to hypothecation in favour of Central Bank of India  
Bhusawal

HRA Certificate Date 18/2/03  
 Date 18/2/03 order no 18/2/03  
10/10/02  
953800/19025  
18/2/03

*[Signature]*  
 Dy. Regional Transport Office  
 Jalgaon

**ATTESTED**  
*[Signature]*  
 Dy. Regional Transport Office  
 Jalgaon

*[Signature]*  
 Dy. Regional Transport Office  
 Jalgaon

Shri. Chander Singh Homoeopathic  
 Medical College & Hospital, Jalgaon



To  
18/3/04 }  
18/3/04 } Shri. President Chamundamata Health  
& Education Services Mandal  
Jalgaon & Jalgaon

PRESIDENT,  
Shri. Chamundamata H  
& Education Services M  
Jalgaon, Dist. Jalgaon

Rs 100/-  
253889/19028  
18/3/04

18/3  
18/3

As per BTI M.V. Com.  
to LPG Gas Kit as per T.C. approval  
Letter No. 7470  
Date 10/6/2003  
Gas Kit No. AT 90 E-E SHH-5075  
of S.R.C. Company  
No. 59734  
Order dt. 29/7/05  
R.No. 18/3/04

18/3  
18/3

Shri. Chamundamata  
H  
& Education Services Mandal  
Jalgaon & Jalgaon

Shri. Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon



**UNITED INDIA INSURANCE COMPANY LIMITED**  
 SUJAN PALACE, 19-A, II<sup>ND</sup> FLOOR, SHIKSHAK WADI, RING ROAD ABOVE STATE BANK OF  
 INDIA Post. Box No. 64

JALGAON - 425002 MAHARASHTRA  
 PH: (257) 2227149, (257) 2238695 FAX: (257) 2238695 EMAIL:

**MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES  
 LIABILITY ONLY POLICY**  
 POLICY NO.: 2210003121F108654973  
 VEHICLE NO.: MH - 19 - Z - 0073

PERIOD OF INSURANCE  
 From 00:00 Hrs of 27/11/2021  
 To Midnight of 26/11/2022

*Insured*  
**MS PRESIDENT CHAMUNDAMATA HEALTH & EDUCATION SERVICES**  
 A/P CHAMUNDAMATA HEALTH & EDUCATION SERVICES NANDAL, JALGAON  
 425001  
 JALGAON  
 MAHARASHTRA

**CONTACT NUMBER: 9402100000 (M)**

Insurance cover is subject to the terms and conditions of the policy and its amendments.

Agent Name: **UJAR ZANUJI BORDIYA**  
 Agent Code: **AGD0005401**  
 Mobile Number: **97911882**  
 Email: **ujarzanuji@unilife.com**

The genuineness of the policy can be verified through "Verify Policy" link at [www.unilife.com](http://www.unilife.com)  
 For any information, Service Request, Claim intimation and Grievance, please write to [unilife@unilife.com](mailto:unilife@unilife.com)

Member of Company: RAJESH K. BORDIYA, 19-A, II<sup>ND</sup> FLOOR, SUJAN PALACE, JALGAON, M.H. 425002  
 Web Site: [www.unilife.com](http://www.unilife.com)  
 Printed By: RAJESH K. BORDIYA @ 28/11/2021 12:06:48 AM

This document is digitally signed  
 Digitally signed by Ujar Zanuji Bordiya  
 Date: Mon, 29 Nov 2021 12:06:48 AM  
 Location: United India Insurance Company Ltd  
 Reason: Signing Policy for 19Z0073

*Attested*  
**ATTESTED**  
*Attested*  
**PRINCIPAL**  
 Shri Chamundamata Homeopathic  
 Medical College & Hospital, Jalgaon





## UNITED INDIA INSURANCE COMPANY LIMITED

## RECEIPT

Issuing Office code/Address :	23100010011 JALGAON SIJAN PALACE, 19-A, 1IND FLOOR, SHIKSHAK WADI, RING ROAD ABOVE STATE BANK OF INDIA 425002	Receipt Number :	43123100021109600011
		Collection Date :	26/11/2021

Received with thanks from PRESIDENT CHAMUNDA MATA HEALTH & EDUCATION SERVICES (Customer ID : 23125146111, Customer GST/UIN No -Not Available) a sum of Rs. 9495.00X Nine thousand four hundred ninety-five rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Ends/Rea/Cim/Decln No	Particulars	Total Amount
1	2310003121P108654973	Miscellaneous Vehicle	0	Enrol Premium	8,047.00
2	2310003121P108654973	Miscellaneous Vehicle	0	CGST	724.00
3	2310003121P108654973	Miscellaneous Vehicle	0	SGST	724.00
				<b>Total (Rounded Off) :</b>	<b>9,495.00</b>
				<b>Stamp Duty :</b>	<b>0.00</b>
				<b>Bank Charges :</b>	<b>0.00</b>
				<b>Total Amount :</b>	<b>9,495.00</b>

## Instrument Details

SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	421231001001000778	CHEQUE	0171	26/11/2021	State Bank	CHINCHOLI	9,495.00

Particulars.

GSTIN (UBC) : 27AAACU5552C1Z1

for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial

Note.

AUTHORIZED SIGNATORY

1. Receipt valid subject to realisation of cheque

2. Please quote policy no., collection no., and date in all correspondences.

*[Signature]*  
 PRINCIPAL

State Chamunda Mata Health & Education Services  
 Medical College & Hospital, Jalgaon



**UNITED INDIA INSURANCE COMPANY LIMITED**  
 CORPORATION INCORPORATED IN INDIA  
 (FORM 51 OF CENTRAL MOTOR VEHICLES ACT, 1930)

REGISTRATION AND SPECIAL FORM OF MOTOR VEHICLE - LIABILITY ONLY POLICY

Policy No. 210993112080449	Registration No. 210993112080449	Vehicle No. 210993112080449	Year of Make 2003	Year of Model 2003	Year of Mfg 2003
Insured Name: M/S. PRESIDENT CHANGUNGAMAHA HEALTH EDUCATION SERVICES	Address: 210993112080449	Registration Authority: 210993112080449	Registration No.: 210993112080449	Registration Date: 210993112080449	Registration State: 210993112080449
Vehicle Type: 210993112080449	Vehicle Category: 210993112080449	Vehicle Make: 210993112080449	Vehicle Model: 210993112080449	Vehicle Year: 210993112080449	Vehicle Mfg: 210993112080449
Registration Authority: 210993112080449	Registration No.: 210993112080449	Registration Date: 210993112080449	Registration State: 210993112080449	Registration Class: 210993112080449	Registration Fee: 210993112080449

For and on behalf of United India Insurance Co. Ltd.

*Signature*  
 Date: 21/11/2022

*Signature*  
**PRINCIPAL**  
 Chamunda Mata Homoeopathic  
 SRI Chamunda Mata Hospital, Jaipur



**REGISTRATION AND SPECIAL FORM OF MOTOR VEHICLE - LIABILITY ONLY POLICY**

Policy No. 210993112080449	Registration No. 210993112080449	Vehicle No. 210993112080449	Year of Make 2003	Year of Model 2003	Year of Mfg 2003
Insured Name: M/S. PRESIDENT CHANGUNGAMAHA HEALTH EDUCATION SERVICES	Address: 210993112080449	Registration Authority: 210993112080449	Registration No.: 210993112080449	Registration Date: 210993112080449	Registration State: 210993112080449
Vehicle Type: 210993112080449	Vehicle Category: 210993112080449	Vehicle Make: 210993112080449	Vehicle Model: 210993112080449	Vehicle Year: 210993112080449	Vehicle Mfg: 210993112080449
Registration Authority: 210993112080449	Registration No.: 210993112080449	Registration Date: 210993112080449	Registration State: 210993112080449	Registration Class: 210993112080449	Registration Fee: 210993112080449

For and on behalf of United India Insurance Co. Ltd.



SCHEDULE OF PREMIUMS

0.00% IP	5,647.00
1.00% IP	45.00
10.00% IP	1,207.00
1.00% PAID	240.00
1.00% PAID	100.00
1.00% PAID	300.00
1.00% PAID	1,100.00
1.00% PAID	2,841.00
1.00% PAID	4,147.00

**UNITED INDIA INSURANCE COMPANY LIMITED**  
 SLJAN PALACE, J-4, JIND FLOOR, SHIKHAK WADI, RING ROAD ABOVE STATE BANK OF INDIA POST, Box No. 64  
 JALGAON - 425002 MAHARASHTRA  
 PH: (257) 2227149, 125712238695 FAX: (257) 2238695 EMAIL:

**MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES  
 LIABILITY ONLY POLICY**  
 POLICY NO.: 2330003121P1084973  
 VEHICLE NO.: MH - 18 - 2 - 0073

Period of Insurance  
 From 00:00 hrs of 27/11/2021  
 To midnight of 28/11/2022

**Mrs PRESIDENT CHAMUNDAMATA HEALTH & EDUCATION SERVICES**  
 A/P CHAMUNDAMATA HEALTH & EDUCATION SERVICES MANDAL, JALGAON  
 425001  
 MAHARASHTRA  
**CONTACT NUMBER: 9403100000 (M)**

Agent Name: **Mrs. P. J. P. P. P.**  
 Agent Code: **12345678**  
 Mobile Number: **9876543210**

The endorsement of this policy can be effected through "Web", "Text" or "Phone" only in accordance with the provisions of the policy and the conditions thereof. For any information, please contact the undersigned.

For any information, please contact the undersigned.  
 Address: Jalgaon - 425002 Maharashtra India



**TERMS AND CONDITIONS**  
 This policy is issued on the basis of the information furnished by the insured. The insured shall be liable for the payment of the premium as per the schedule of premiums. The insured shall be liable for the payment of the premium as per the schedule of premiums. The insured shall be liable for the payment of the premium as per the schedule of premiums.

**Insured's Address**

The insured is the registered owner of the vehicle in which it is used in terms of the Motor Vehicle Act, 1988. The insured is the registered owner of the vehicle in which it is used in terms of the Motor Vehicle Act, 1988. The insured is the registered owner of the vehicle in which it is used in terms of the Motor Vehicle Act, 1988.

Policy No.	2330003121P1084973	Vehicle No.	MH-18-2-0073
Insured Name	Mrs. P. J. P. P. P.	Insured Address	A/P Chamundamata Health & Education Services Mandal, Jalgaon
Insured Phone	9403100000	Insured Email	
Insured Occupation		Insured Profession	
Insured Education		Insured Religion	
Insured Marital Status		Insured Nationality	
Insured Blood Group		Insured Date of Birth	
Insured Height		Insured Weight	
Insured Eye Color		Insured Hair Color	
Insured Skin Color		Insured Complexion	
Insured Blood Pressure		Insured Cholesterol	
Insured Sugar		Insured Blood Sugar	
Insured Hemoglobin		Insured Hematocrit	
Insured Hemoglobin A1C		Insured Hemoglobin A1C	
Insured Creatinine		Insured Creatinine	
Insured Urea Nitrogen		Insured Urea Nitrogen	
Insured Glucose		Insured Glucose	
Insured Lipid Profile		Insured Lipid Profile	
Insured ECG		Insured ECG	
Insured X-Ray		Insured X-Ray	
Insured Ultrasound		Insured Ultrasound	
Insured MRI		Insured MRI	
Insured CT Scan		Insured CT Scan	
Insured PET Scan		Insured PET Scan	
Insured Bone Density		Insured Bone Density	
Insured Lung Function		Insured Lung Function	
Insured Liver Function		Insured Liver Function	
Insured Kidney Function		Insured Kidney Function	
Insured Thyroid Function		Insured Thyroid Function	
Insured Parathyroid Function		Insured Parathyroid Function	
Insured Adrenal Function		Insured Adrenal Function	
Insured Pituitary Function		Insured Pituitary Function	
Insured Hypothalamic Function		Insured Hypothalamic Function	
Insured Immune System		Insured Immune System	
Insured Nervous System		Insured Nervous System	
Insured Musculoskeletal System		Insured Musculoskeletal System	
Insured Cardiovascular System		Insured Cardiovascular System	
Insured Respiratory System		Insured Respiratory System	
Insured Gastrointestinal System		Insured Gastrointestinal System	
Insured Urogenital System		Insured Urogenital System	
Insured Endocrine System		Insured Endocrine System	
Insured Reproductive System		Insured Reproductive System	
Insured Sensory System		Insured Sensory System	
Insured Motor System		Insured Motor System	
Insured Integumentary System		Insured Integumentary System	
Insured Lymphatic System		Insured Lymphatic System	
Insured Circulatory System		Insured Circulatory System	
Insured Excretory System		Insured Excretory System	
Insured Defense System		Insured Defense System	
Insured Repair System		Insured Repair System	
Insured Growth System		Insured Growth System	
Insured Development System		Insured Development System	
Insured Aging System		Insured Aging System	
Insured Death System		Insured Death System	

**Insured's Declaration**  
 I hereby declare that the information furnished by me is true and correct. I hereby declare that the information furnished by me is true and correct. I hereby declare that the information furnished by me is true and correct.



The insured is the registered owner of the vehicle in which it is used in terms of the Motor Vehicle Act, 1988. The insured is the registered owner of the vehicle in which it is used in terms of the Motor Vehicle Act, 1988. The insured is the registered owner of the vehicle in which it is used in terms of the Motor Vehicle Act, 1988.

**RESERVED**  
**CHAMUNDAMATA HEALTH & EDUCATION SERVICES**  
**Mandal, Jalgaon**





### Hospital Equipment List

Sr No.	Name of Articles	As per CCII Required	Available
		For 25 beds	
1	Iron beds (Simple, Surgical & Pediatrics)	25	25
2	Stretcher with trolley	1 in each ward	09
3	Sterilizers	02	02
4	H.P. Instrument	05	05
5	Urine pots, Male and Female	10	12
6	Bed Pans E.I.	10	11
7	Tongue depressor (Disposable)	As required	09
8	Suction Machine	01	02
9	Suction Tube	As required	04
10	Artery forceps, small and big	06 each	12
11	Back rest	02	02
12	Oxygen cylinder with stand	01 in each ward	12
13	Dressing drums (big)	02	03 big 2 small
14	Diagnostics set (Ent)	01 in each ward	12
15	Infra-red lamp	01	01
16	Chair trolley with wheels	02	02
17	Refrigerator	01	01
18	Weighing Machine	02	02



*Sasankalika*  
PRINCIPAL

Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon



**SHRI CHAMUNDAMATA  
HOMOEOPATHIC MEDICAL  
COLLEGE & HOSPITAL, JALGAON**

Gate No. 1941, Near Airport,  
Behind Shakambharamata Temple, Lametar, Jalgaon  
Phone: 0227429571-6, 2354545, 4226777  
Email: info@shrihomoeopathy.edu.in

Ref. No.- SCHMC/

Date: / /

### ADDITIONAL EQUIPMENT LIST IN HOSPITAL

Sr. No.	Name of Article	QUANTITY
1	FEEDING TUBE	04
2	CATHETER	04
3	IV STAND	05
4	BED SIDE LOCKER	22
5	FUMIGATOR	01
6	KIDNEY TRAY	18
7	DUST BIN	05
8	FIRST-AID KIT	04



  
PRINCIPAL

Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon





महाराष्ट्र MAHARASHTRA

जिल्हा कोषागार जळगाव  
प्रमाणित वारप्यात आलेला आहे

27 DEC 2020

मुद्रांक प्रमुख लिपिक जळगाव

2020

अ.नं. 899e

XL 014507  
दिनांक 27/12/2020

मुद्रांक शुल्क रुपये ..... अक्षरी रुपये .....  
 श्री/श्रीमती/श्री. श्री. सुधा माता देवी सोमजीक देवीकन  
 राहणार श्री. राजेंद्र बाबा कोल्हा  
 राहणार ..... यांचे हत्ते एकाच मुद्रांक शुल्क  
 रु. १००/- मात्र हमनेसाठी हा मुद्रांक दिला आहे.

*[Signature]*  
मुद्रांक घेणाऱ्याची  
सही

*[Signature]*  
परवाना धारक मुद्रांक विकेता  
श्री. राजेंद्र बुधोजी बारी, ला. नं. 10  
96/2/20 सन 9990, जळगाव

**Memorandum of Undertaking**

This is An Agreement for the exposure of the students in the clinical field and to understand the depth of operative surgery and operative Gynecology and Obstetrics as well as management in clinical illnesses.

Between

Name of Super specially Hospital :- (Party A)

Samvrtha Specialty Hospital,  
No. 2688/15, Plot, CTS, No.14, 5ndhi Colony Rd,  
Near Union Bank, Akashwan, Jalgaon, -425003 (M.S.)

And

Name of College :- Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon  
(Part B)

**Purpose and Scope**

The Purpose of this Memorandum of Undertaking (MOU) is to clearly identify the roles and responsibilities of each party as they relate to providing exposure of the students in BAMS Course in the clinical field and to understand the depth of operative surgery and operative Gynecology and Obstetrics as well as Management in clinical illnesses. Both Party A and Party B should ensure that educational activities are conducted in compliance with all requirements for provisions of clinical exposure to the Homoeopathic Medical students as per curriculum of BAMS and requirement laid down by the Central Council of Homoeopathy (Minimum standard requirement of Homoeopathic Colleges and attached Hospitals) regulations 2013.

*[Signature]*  
PRINCIPAL  
Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon



**II. MOU Term**

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The term Commences on 01/03/2021 and 31/12/2025.

**III Party A Responsibilities**

Party A shall undertake the following activities during the duration of the MOU term.

1. Ensure adherence of Party B to at least 2 hours per day clinical classes for batch wise students and six hours in two shift per day for batch wise - Internees will be allowed by the Party A for clinical teaching and training as laid down in regulations.
2. Review and approve all documentation evidencing Party B's performances of services as per regulations and monitor Party B's compliance with the MOU.
3. Provide training and technical assistance to Party B by providing exposure of the students in SHM& Course and MD (Honi) Course in the clinical field and to understand the depth of the depth of operative surgery and operative and Gynecology and Obstetrics rules and regulations.
4. Not more than three months should allowed in any department for internees rotation period may be cut short as per requirement of Hospital authorities subject to prior approval in writing from Party B.
5. Party A will not create any restriction with regard to teaching and training programme. Teaching and training programme will be in accordance with curriculum as laid down by the Central Council of Homoeopathy.
6. Party A will not be responsible for transportation of students.
7. Party A has the right to take actions against any students for committing breach of any discipline and decorum of Party A with information and consultation of Party B if any/urgent.
8. Ensure that Party B's scope of Work activities do not suffer for ensuring provision of curriculum requirement under the regulation.

**IV. Party B Responsibilities**

Party B shall be undertake the following activities during the duration of the MOU term.

9. Teaching and Training should be guided by the teaching staff of Party B.
10. Party B will ensure presence of students/internee as per the programme drawn under mutual understanding of the party.
11. Party B will be responsible for transportation of the students/internee from respective college premises to the Party B premises.
12. Party B will ensure to replace or make good of any damages made to Party A by the students/internee done during the period of teaching and training.
13. Party B will ensure that all students/internee attending the teaching and training at Party A Hospital are under the guidance and supervision of in-charge teaching faculty deputed by Party B.
14. Party B will ensure that Student/internee attending the teaching and training programme at Super Specialty Hospital of Party A, assist in the clinical and related activities of Party A.
15. Party B will follow all relevant laws and regulations documentation, reporting, use etc. in accordance with the provision of Hospital as well as regulations of the Central Council of Homoeopathy.

**V. Parties A and B Agree to the Following Provisions :**

**Documents Approval and Acknowledgements**

All the activities of Teaching and Training will be suitably documented for record.

17. Special Terms and Conditions Party A and Party B shall follow all relevant and applicable regulations as specified in their respective areas of application.

**VI. Funding**

18. Party B will ensure that all expenses related to Students/Internee teaching and Training are borne and managed and themselves and will not create any liability of Party A.
19. Party A shall only provide time and space for teaching and training programme for students/internee and will not charge for the services rendered by them.

**VII. Effect Date and Signature**

This MOU shall be effective upon the signature of Party A Party B authorized officials. It shall be in force from 01/03/2021 to 31/12/2025. Indicate agreement with this MOU by their signatures.

Signature and dates

{Authorized Signature from Party A}  
Samvedna Speciality Hospital,  
No. 2688/15, Plot, CTS, No. 14, Sindhi Colony Rd,  
Near Union Bank, Akashwani, Jalgaon. - 425001 (M 5)

Name of Party A Signatory  
Date :



{Authorized Signature from Party B}

Shri. Chamundamata Homoeopathic Medical  
College and Hospital, Jalgaon

Name of Party B Signatory  
Date :

Principal  
Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon  
Principal  
Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon



महाराष्ट्र MAHARASHTRA

जिल्हा कोषागार जळगांव  
प्रमाणित करण्यात आलेला आहे  
15 JAN 2021  
मुद्रांक प्रमुख लिपिक जळगांव

अ.७ 2020  
४७२२  
दिनांक 9/1/2021  
मुद्रांक शुल्क रकमे ..... अक्षरी रुपये.....  
श्री/श्रीमती .....  
रक्षणार ..... श्री .....  
राज्य ..... यांचे हस्त एकूण मुद्रांक शुल्क  
..... यांनी मोजव्याची ही मुद्रांक टिकट आहे.  
मुद्रांक घेणाऱ्याची सही  
परवाना धारक मुद्रांक टिकट  
श्री. राजेंद्र बुधोजी करी, वा. नं. ७  
१६/२/९० सन १९९०, जळगांव

**Memorandum of Undertaking**

This is An Agreement for the exposure of the students in the clinical field and to understand the depth of operative surgery and operative Gynecology and Obstetrics as well as management in clinical illnesses.

Between

Name of Super specially Hospital :- S (Party A)  
ACUSHI HOSPITAL, Critical Trauma Care Centre,  
Plot No. 19, Near Mahesh Pragati Mandali Hall,  
Ring Road, Jalgaon, - 425001 (M.S.)

And

Name of College :- Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon  
(Part B)

**Purpose and Scope**

The Purpose of this Memorandum of Undertaking (MOU) is to clearly identify the roles and responsibilities of each party as they relate to providing exposure of the students in BHMS Course in the clinical field and to understand the depth of operative surgery and operative Gynecology and Obstetrics as well as Management in clinical illnesses. Both Party A and Party B should ensure that educational activities are conducted in compliance with all requirements for provisions of clinical exposure to the Homoeopathic Medical students as per curriculum of BHMS and requirement laid down by the Central Council of Homoeopathy (minimum standard requirement of Homoeopathic Colleges and Hospitals) regulation 2011.

ATTESTED  
Principal  
Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon



3. Provide training and technical assistance to Party B by providing exposure of the students in BHMS Course and MD (HOM) Course in the clinical field and to understand the depth of the depth of operative surgery and operative and Gynecology and Obstetrics rules and regulations.
4. Not more than three months shall be allowed in any department for interners rotation period may be cut short as per requirements of Hospital authorities subject to prior approval in writing from Party B.
5. Party A will not create any restriction with regard to teaching and training programme. Teaching and training programme will be in accordance with curriculum as laid down by the Central Council of Homoeopathy.
6. Party A will not be responsible for transportation of students.
7. Party A has the right to take actions against any students for committing /breach of any discipline and decorum of Party A with information and consultation of Party B of his/her fault.
8. Ensure that Party B's scope of Work activities do not suffer for ensuring provision of curriculum requirement under the regulation.
- VI. Party B Responsibilities.
9. Party B shall be undertake the following activities during the duration of the MOU term.
9. Teaching and Training should be guided by the teaching staff of Party B.
10. Party B will ensure presence of students/internee as per the programme drawn under mutual understanding of the party.
11. Party B will be responsible for transportation of the students/internee from respective college premises to the Party B premises.
12. Party B will ensure to replace or make good of any damages made to Party A by the students /internee done during the period of teaching and training.
13. Party B will ensure that all students/internee attending the teaching and training in Party A Hospital are under the guidance and supervision of in charge teaching faculty deputed by Party B.
14. Party B will ensure that student/internee attending the teaching and training programme at Super Specialty Hospital of Party A assist in the clinical and related activities of Party A.
15. Party B will follow all relevant laws and regulations documentation, reporting, use etc. in accordance with the provision of Hospital as well as regulations of the Central Council of Homoeopathy.
- VII. Parties A and B agree to the Following Provisions:
16. Documents Approval and Acknowledgements
17. All the activities of Teaching and Training will be suitably documented for record.
17. Special Terms and Conditions Party A and Party B shall follow all relevant and applicable regulations as specified in their respective area of application.
- VIII. Funding
18. Party B will ensure that all expenses related to Students/internee teaching and training are borne and managed themselves and will not create any liability of Party A.
19. Party A shall only provide time and space for teaching and training programme for students/internee and will not charge for the services rendered by them.
- VII. Effect Date and Signature
- This MOU shall be effective upon the signature of Party A Party B authorized officials. It shall be in force from 15/01/2021 to 15/01/2026. Indicate agreement with this MOU by their signatures.
- Signature and dates:

(Authorized signature from Party A)  
 ARJUNKI HOSPITAL, Critical Trauma Care Center  
 Plot No.19, Near Mahesh Pragati Mandal Hall,  
 Ring Road, Jalgaon, - 425001 (M.S.)

Name of Party A Signatory  
 Date 2/2/2021  
**Dr. Parikshit S. Baviskar**  
 M.D. Medicine  
 Reg. No. 2004083164

(Authorized signature from Party B)  
 Shri Chamundamata Homoeopathic Medical  
 College and Hospital, Chinchak Jalgaon  
**Principal**  
**Shri Chamundamata Homoeopathic  
 Medical College & Hospital, Jalgaon**

**ATTESTED**  
  
**PRINCIPAL**  
 Shri Chamundamata Homoeopathic  
 Medical College & Hospital, Jalgaon





महाराष्ट्र MAHARASHTRA

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WM 506873



#### Memorandum of Undertaking

This is An Agreement for the exposure of the students in the clinical field and to understand the depth of Operative surgery and operative Gynecology and Obstetrics as well as management in clinical illnesses

Between

Name of Super specially Hospital :- Indo American Hospital (Party A)  
Yash Plaza, Pimpri Road Jalgaon- 425001 (M.S.)

And

Name of College :- Shri Chamundamata Homoeopathic Medical College  
& Hospital, Jalgaon (Part B)

#### Purpose and scope

The purpose of this Memorandum of Undertaking (MOU) is to clearly identify the roles and responsibilities of each party as it relates to providing exposure of the students in BAMS Course in the clinical field and to understand the depth of operative surgery and operative Gynecology and Obstetrics as well as Management in clinical illnesses. Both Party A and Party B should ensure that educational activities are conducted in compliance with all requirements for provision of clinical exposure to the Homoeopathic Medical students of the curriculum of BAMS and requirement laid down by the Central Council of Homoeopathy (minimum standard requirement of Homoeopathic Colleges and Attached Hospitals) regulations 2012.

#### II. MOU Term

The term of this MOU Agreement is the period within which the project responsibilities of this Agreement shall be performed. The term commences 01/08/2020 and 31/07/2025.



ATTESTED  
Principal  
INDO AMERICAN HOSPITAL  
C.S.No.2125/24  
Yash Plaza, Pimpri Road  
JALGAON-425001.(M.S.)  
☎:(0257)2224777,2224079

वरलाया मना... ५/१५/२१

वरत नोंदणी करणार आहेत का?

नोंदणी टांचार अन्वयान पु. वि. शाळा/कोठी गांव-पूर, दु. वि.

विद्यार्थीचे नाव-

मुद्रांक दिवस घेण्याबाबत नाव- श्री. चंद्रशेखर शिंदे/श्री. चंद्रशेखर शिंदे/श्री. चंद्रशेखर शिंदे

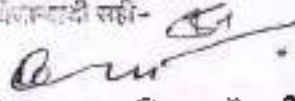
मुद्रांक घेण्याबाबत नाव-

हस्त अन्वयान नाव घेऊन- श्री. चंद्रशेखर शिंदे

मुद्रांक घेऊन घ्यावे- २०२१

नोंदणी क्र. ४५३६ दि. १५/६/२०२१

मुद्रांक दिवस घेण्याबाबत नाव-



श्री. चंद्रशेखर शिंदे

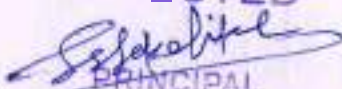
मुख्य शिक्षक/अधीक्षक

पूर, दु. वि. शाळा/कोठी गांव-पूर, दु. वि.

ATTESTED  
Principal  
Shri Chandra Swata Homoeopathic  
College & Hospital, Puri



ATTESTED

  
PRINCIPAL

Shri Chandra Swata Homoeopathic  
College & Hospital, Puri



**II Party A Responsibilities**

- Party A shall undertake the following activities during the duration of the MOU term
1. Ensure adherence of Party B to at least 2 hours per day clinical classes for batch wise students and six hours in two shift per day for batch wise interns will be allowed by the Party A for clinical teaching and training as laid down in regulations
  2. Review and approve all documentation evidencing Party B's performance of services as per regulations and monitor Party B's compliance with the MOU
  3. Provide training and technical assistance to Party B by providing exposure of the students in BAMS Course and MD (Hom) Course in the clinical field and to understand the depth of the depth of operative surgery and narrative and Gynecology and Obstetrics rules and regulations.
  4. Not more than three months should allowed in any department for intern's rotation period may be cut short as per requirement of Hospital authorities subject to prior approval in writing from Party B.
  5. Party A will not create any restriction with regard to teaching and training programme. Teaching and training programme will be in accordance with curriculum as laid down by the Central Council of Homoeopathy.
  6. Party A will not be responsible for transportation of students.
  7. Party A has the right to take actions against any students for committing /breach of any discipline and decision of Party A with information and consultation of Party B of his/her guilt.
  8. Ensure that Party B's Scope of Work activities do not suffer for ensuring provision of curriculum requirement under the regulation
- III Party B Responsibilities**
- Party B shall be undertake the following activities during the duration of the MOU term.
9. Teaching and Training should be guided by the Learning staff of Party B.
  10. Party B will ensure presence of students/interns as per the programme drawn under mutual understanding of the party
  11. Party B will be responsible for transportation of the students/interns from respective college premises to the Party A premises.
  12. Party A will ensure to receive or make good of any damages made to Party A by the students/interns during the period of teaching and training.
  13. Party B will ensure that all students/interns attending the teaching and training at Party A Hospital are under the guidance and supervision of in charge teaching faculty deputed by Party B.
  14. Party B will ensure that Student/interns attending the teaching and training programme at Super Specialty Hospital of Party A, assist in the clinical and related activities of Party A.
  15. Party B will follow all relevant laws and regulations documentation, reporting, use etc. in accordance with the provision of Hospital as well as regulations of the Central Council of Homoeopathy
- IV Parties A and B Agree to the Following Provisions:**
16. Documents Approval and Acknowledgments  
All the activities of Teaching and Training will be suitably documented for return
  17. Special Terms and Conditions Party A and Party B shall follow all relevant and applicable regulations as specified in their respective area of application
- V. Funding**
18. Party B will ensure that all expenses related to Students/Interns teaching and training are borne and managed themselves and will not create any liability of Party A.
  19. Party A shall only provide time and space for teaching and training programme for student/intern and will not charge for the services rendered by them.
- VII. Effect Date and Signature**
- This MOU shall be effective upon the signature of Party A Party B authorized officers. It shall be intore from 01/09/2023 to 31/03/2025. Indicate agreement with this MOU by their signatures.
- Signature and dates

(Authorized Signature from Party A)  
Indo American Hospital, Jalgaon  
Yash Plaza, Pimpalra Road Jalgaon-425001 (M.S.)

(Authorized signature from Party B)  
Shri. Chomundmata Homoeopathic Medical  
College and Hospital, Jalgaon

Name of Party A Signatory  
Date :

Name of Party B Signatory  
Date :



**INDO AMERICAN HOSPITAL**  
C.S.No.2125/24,  
Yash Plaza, Pimpalra Road  
JALGAON-425001.(M.S.)  
☎:(0257)2224777,2224079



**Shri Chomundmata Homoeopathic  
Medical College & Hospital, Jalgaon**



महाराष्ट्र MAHARASHTRA

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LN 408489

जिल्हा कोठागार जळगांव  
प्रमाणित करण्यात आलेला आहे  
15 JUN 2019  
मुद्रांक प्रमुख लिपीक जळगांव

Memorandum of understanding (MOU)	Date	15/06/2019
	Page	Page 1 of 2

This Memorandum of understanding is made between the following parties :

Shri Chamundamata Homoeopathic Medical College and Hospital, Jalgaon Gat No 95/1, Near Airport, Behind Shakhambharimata Temple, Chincholi, Jalgaon

Represented by Dr. Mrs. Page Alakhanda Salgotra, Medical Superintendent

AND

AKSHAD IMAGING AND DIAGNOSTIC CENTER  
Gurukrupa Heights, 20/1, Hareshwar Nagar,  
In front of Mahesh Pragati Mandal, Ring Road, Jalgaon 425021

Communication details of both the parties :

Dr. Mrs. Page Alakhanda S  
e-mail id : info@homoeopathy.ac.in  
Contact No. -91-9881191096

AND

DR. RAKESH S. PAIHL  
M.B.B.S., DMRD (Radiologist and Sonologist)

Principal

Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon

ATTENDED

Principal  
Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon

1 | Page



जोडपत्र - १

फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद-४)

प्रतिज्ञापत्र घेणाऱ्याचे सादर करावयाचे डॉ. डी. सु.

प्रतिज्ञापत्रासाठीचे कारण कामि

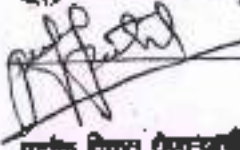
मुद्रांक विकत घेणाऱ्याचे नांव श्री चंद्रमूडा मला श्रीमि काशीक मेडिकल कॉलेज

शिक्षाशी पत्र विद्यार्थी वी. वि. जयवंत

मुद्रांक मिळविण्यासाठी नोंद घेई अ.नं. ३५५५-१९ १५-३-१९९५

मुद्रांक इतर विकत घेणाऱ्याचे नांव प्रफुल्ल चव्हाण

फक्त मुद्रांक घेई, नोंद घेई, विद्यार्थी



मुद्रांक विकत घेणाऱ्याची  
सही/हस्ता सही  
(ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणाने  
मुद्रांक खरेदी करण्यापासून ६ महिन्यांत अपराने बंधन करावे आहे.)



ATTESTED



Principal  
Shri Chhatrapati Homoeopathic  
Medical College & Hospital, Jalgaon

# INDO AMERICAN HOSPITAL

JALGAON HEART INSTITUTE LTD.

CTS. NO. 2125/24, YASH PLAZA, GOVINDA RICKSHAW STOP PIMPARALA ROAD,  
JALGAON. PH.: 0257 2224777, 2240469, , EMAIL : jhil.jalgaon@gmail.com


## CERTIFICATE

This is to certify that Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon Gat no 95/1 Near Airport, Behind Shakhambara Devi Temple, Chincholi, Jalgaon. Is attached with our Hospital i.e. Indo American Multi Specialty Hospital, Pimprala Road, Jalgaon. We have signed MOU on date 01/04/2018. As per the Government of Maharashtra we have registered "USG" Radiological Diagnostic center and we are providing photo copy of permission letter by Concern Authority.

Hence certified.

Date : 15 / 06 / 2019  
Place : Jalgaon



  
Authorized Signatory/C.E.O.  
Indo American Hospital, Jalgaon

ATTESTED  
  
PRINCIPAL  
Shri Chamundamata Homoeopathic  
Medical College & Hospital, Jalgaon





GOVT. OF MAHARASHTRA



Public Health Department

(PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES  
(PROHIBITION OF SEX SELECTION) ACT, 2003)  
SCHEDULE III

CERTIFICATE OF REGISTRATION

- In exercise of powers conferred under Sec. 19 (1) of Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, (57 of 1994), the Appropriate Authority Dr. Ram Ravani MD MRC hereby grants registration to the Genetic Counselling Centre\*/ Genetic Laboratory\*/ Genetic Clinic\* named below purposes of carrying out Genetic Counselling Pre-natal Diagnostic Procedures\* / Per-natal Diagnostic Tests as defined in the aforesaid Act for a period of five years ending on 28/2/2028
- This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years.

A. Name and address of the Genetic Counselling Centre\*/ Genetic Laboratory\*/ Genetic Clinic\*

Akshad Imaging And Diagnostic's Centre  
Gurukul Heights 201 Hareeshwar Nagar Jalgaon

B. Name of Applicant for registration Dr. Rakesh Suresh Patil  
MBS & MRA

C. Pre-natal diagnostic procedures approved for (Genetic Clinic).

- (i) Ultrasound  (ii) Amniocentesis
- (iii) Chorionic villi biopsy  (iv) Fetoscopy
- (v) Fetal skin or organ biopsy  (vi) Cordocentesis
- (vii) Any other (specify)

D. Pre-natal diagnostic tests approved (for Genetic Laboratory)

- (i) Chromosomal Studies  (ii) Biochemical studies
- (iii) Molecular studies

M24 No. GENO  
MS 70A S19 JM 3 HR 20005 N.

3. Model and make of equipments being used SHIN SUKI

4. Registration No. allotted MS 70A - 534

5. Period of validity of Registration NEW From 28/2/2018 To 28/2/2023

Date 23/2/18 SEAL

Ram Ravani  
Signature, Medical Officer of Health  
of the Appropriate Authority Corporation  
Jalgaon

Shri. Chandanata Ramchandra  
Ramesh Chandra & Company Pvt. Ltd.



आ.प्र. 103 चण्डीगढ, न.  
विभाग जल  
दि 30/8/2024

विषय नं. १६.

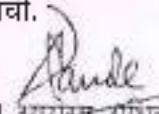
प्रति,  
इंडोअमेरिकन हॉस्पिटल  
विश्वनगर जळगांव

विषय :- डॉ. विजय इंदल नाईक रेडीओलॉजीस्ट यांना ऑनकॉल सोनोग्राफी मशिन हॅण्डलर  
रूपून परवानगी मिळण्याबाबत प्रस्ताव प्राप्त दि. ९/३/२०१५  
संदर्भ - दि. २४/४/२०१५ पीसीपीएनडीटी शहर सल्लागार समितीचा निर्णय.

संदर्भ विषयांस अनुसरून, आपल्याकडील दि. ९/३/२०१५ रोजीच्या प्रस्तावास  
पीसीपीएनडीटी शहर सल्लागार समितीने मंजूरी दिलेली आहे.

डॉ. विजय इंदल नाईक (रेडीओलॉजीस्ट) यांना ऑनकॉल सोनोग्राफी मशिन हॅण्डलर म्हणून  
परवानगी देण्यात आलेली आहे. दर्शनी भागात सोनोग्राफी मशिन हॅण्डलरचे नाव, वार, वेळ, नमूद करावे.

जंभर रुपयाच्या स्टॅम्पवर डॉ. विजय इंदल नाईक (रेडीओलॉजीस्ट) ऑनकॉल सोनोग्राफी मशिन  
हॅण्डलर म्हणून काम करणारा तयार आहे असे लिहून घ्यावे याचे नोंद घ्यावी.

  
वेद्यकीय आराम्ब अधिकारी

तथा

सामुचित प्राधिकारी पीसीपीएनडीटी  
शहर सल्लागार समिती  
ज.श.म.न.पा जळगांव

२३/०९/१५

ATTESTED

  
PRINCIPAL

Shri Chamundamata Homoeopathic  
Medical College & Hospital...