

# **ANNEXURE- V**

**Maharashtra University of Health Sciences, Nashik**  
**Inspection Committee Report for Academic Year 2021-2022**

**Clinical Material in Hospital**

**Name of College/Institute-** SUSHRUSHA INSTITUTE OF NURSING SCIENCES, DAUND:

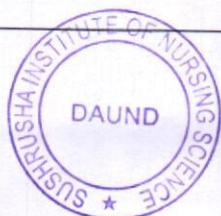
**Faculty:** NURSING


**HOSPITAL DETAILS**

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute/College shall execute a MOU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) <b>To be made available on website</b>	YES	
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: <b>Copy to be made available on web site</b>	YES	
b.	Student Bed Ratio for UG & PG to be verified: (As per MSR) Calculate at Actual .....		
c.	Average Bed Occupancy in % : (Minimum 75%) .....	80%	
d.	Clinical facilities for PG to be verified:-(As per MSR)	YES	
	(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	
<ul style="list-style-type: none"> <li>• As per Central Council Norms/University Norms, above Infrastructure must be available at College.</li> <li>• If Infrastructure is available, then mark "Adequate" &amp; do not attach any Documents it should be available on college website</li> <li>• In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report</li> </ul>			

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

Date:- 01/02/2025



  
**PRINCIPAL**  
 Dean/Principal Stamp & Signature  
 Sushrusha Institute of Nursing Sciences  
 Daund, Dist. Pune

9423/2028



महाराष्ट्र MAHARASHTRA

2023

CP 598126

क्रमांक 909 दिनांक 26/12/2028 रुपये 500/-  
 मुद्रांक को गणना करानेसाठी वापरण्याचा आहे प्रतिहापत्र  
 धुवई मुद्रांक अधिनियम, 1948 चे अनुच्छेद क्र. 28  
 मुद्रांक कोषाच्या क्रमांक 413 मधील फाईल क्र. 413  
 संपूर्ण पत्ता  
 हस्ताक्षर करणारा व्यक्तीचा नाव  
 वरता 413 डॉ. अमित नरारे  
 डॉ. अमित नरारे  
 मुद्रांक धारकांची सही/हस्ते व्यक्तीची सही

17 DEC 2024  
 B  
 Sub Treasury Officer,  
 Daund, Dist-Pune

(प्रतिहापत्र र. गाठे)  
 मुद्रांक विक्रेता

परवाना क्रमांक 2204096  
 पत्ता-दांड, ता.दांड, ज.पुणे

**AGREEMENT OF CLINICAL AFFILIATION BETWEEN  
 AFFILIATING AGENCY AND TRUST AUTHORITIES**

Agreement is made on 26<sup>th</sup> of December 2024

**BETWEEN**

The Medical Superintendent, Shree Varad Vinayak Hospital Near kedgaon Ram Sindhu Complex Tal -  
 Daund, Dist-Pune.

(Herein after referred to as affiliating agency .... of the first part)

**AND**

Daund Medical Foundation, Daund (Pune)

(Herein after referred to as trust ..... of the other part)

**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
 Daund, Dist. Pune

For the Purpose of providing Nursing Home Maternity clinical experience to the students of BSC (NSG), PBBSC (NSG) GNM, ANM, MSC (NSG) And all others courses from Sushrusha institute of nursing sciences and Sushrusha Nursing School Daund in Shree Varad Vinayak Hospital Nursing Home Maternity clinical experience in nursing to students nurses and for the mutural benefit of the both parties , the affiliating agency as well as the institute have agreed ad follows .

**HAVE AGREED AS FOLLOWS:**

1. The agreement is made from 26/12/2024 and is made for 5 Years. It will continue till the agreement is terminated by either party by giving notice of at least two months or on 25/12/2029 when it gets completed naturally, students who are presently admitted or will be admitted in the future by the institution under this trust, also under any new courses which will be started future for nursing / medical/ paramedical stream shall be assigned to the affiliating agency for experience in Nursing Home Maternity
2. A committee shall be responsible for all the arrangement and for the dispute arise between the parties,
3. The duration of the experience shall be as per the norms of Indian Nursing Council, New Delhi Maharashtra Nursing Council, Mumbai Maharashtra State Borad of Nursing and Paramedical Education, Mumbai Maharashtra University of Health Sciences, Nashik as well as state Government of Maharashtra.
4. The institution authorities will be for maintaining discipline among the students in affiliating agency.
5. The affiliation will be renewed every 5 years by mutual understanding discipline among the students in affiliating Agency and the trust authorities.

IN WITNESS WHERE OF THE PARTIES HAVE PUT THEIR HANDS, THE DAY AND YEAR FIRST HEREIN ABOVE WRITTEN.

Signed by the within name

Medical superintendent .....

In the presence of .....

Sachi Dr Sachin Bhardwaj

Dr. Nyatsna Deshpande



Signed for and behalf of the said trust

President DMF/ Sec .....

In the Presence of .....

Mrs. Pallani S. Kelkani

Mr. Ashay Chaudhary

**PRINCIPAL**

Sushrusha Institute of Nursing Sciences  
Daund. Dist. Pune

784/2020



महाराष्ट्र MAHARASHTRA

2020

WU 121914

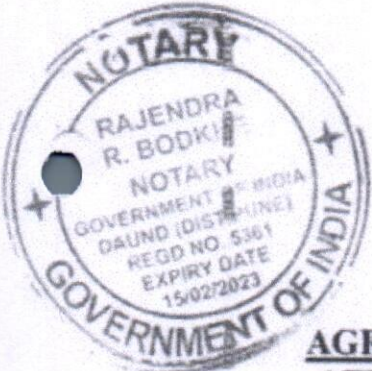
मु. वि. मोंदवही क्र. 8002 दि. 23/10/2020  
मुद्रांक विक्रम, दाउंड, जि. पुणे  
रहिवाराचा पत्ता  
हस्तक्षेप रा. नं. 100/100  
सही



श्री. राजेंद्रजी सुर्वे  
मुद्रांक विक्रम, दाउंड, जि. पुणे  
परवाना क्र. 2204006

900x2  
प्रतिष्ठाप

मदस्ता पत्राक निवड अंश लागू करण्यासाठी नाही



**AGREEMENT OF CLINICAL AFFILIATION BETWEEN AFFILIATING AGENCY AND TRUST AUTHORITIES.**

Agreement is made on 23<sup>rd</sup> October, 2020.

**BETWEEN**

The Medical Superintendent, Gaikwad Hospital, Daund, Dist. Pune  
(Hereinafter referred to as affiliating agency... of the first part)

**AND**

Daund Medical Foundation, Daund (Pune),  
(Hereinafter referred to as Trust... of the other part)

**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune



For the purpose of providing clinical experience to the students of M.Sc. (NSG), B.Sc. (NSG), P.D.B.Sc. (NSG), GNM, ANM and other all courses from Sushrusha Institute of Nursing Sciences and Sushrusha Nursing School, Daund in OBG and ENT experience in nursing to students nurses and for the mutual benefit of the both parties, the affiliating agency as well as the Institute.

**Have agreed as follows:**

1. The Agreement is made from 23/10/2020 and is made for 5 years. It will continue till the agreement is terminated by either party by giving notice of at least two months or on 22/10/2025 when it gets completed naturally. Students who are presently admitted or will be admitted in the future by the Institution under this TRUST, and also under any new courses which will be started in future for nursing / medical / para medical stream shall be assigned to the affiliating agency for experience in OBG and ENT.
2. A committee shall be responsible for all the arrangements and for all the disputes arise between the parties.
3. The duration of the experience shall be as per the norms of Indian Nursing Council, Maharashtra Nursing Council, Maharashtra University of Health Sciences as well as State Government of Maharashtra.
4. The Institution authorities will be responsible for maintaining discipline among the students in affiliating agency.
5. The affiliation will be renewed every year by mutual understanding between the affiliating agency and the trust authorities.

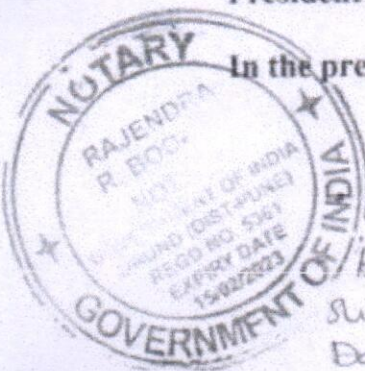
IN WITNESS WHERE OF THE parties have put their hands, the day and year first hereinabove written.

Signed by the within named  
Medical Superintendent. *R. Bhatnagar* )  
Dr. R. Bhatnagar )

In the presence of *Ma. Bibin Pious* )  
B. )

Signed for and behalf of the said Trust  
President DMF. *Dr Sameer S Kulkarni* )  
Dr Sameer S Kulkarni )

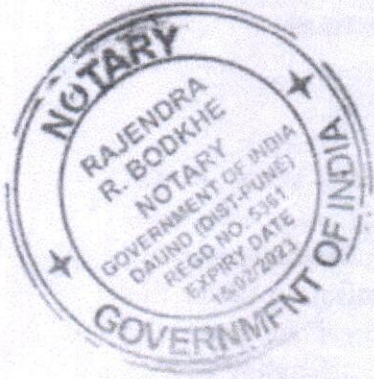
In the presence of *Mrs Pallavi S Kulkarni* )  
Mrs Pallavi S Kulkarni )



*Bibin Pious*  
Sushrusha Nursing School  
Daund.

*[Signature]*  
PRINCIPAL

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune



BEFORE ME

RAJENDRA R. BODKHE  
NOTARY GOVT. OF INDIA  
DAUND DIST. PUNE  
Noted and Registered  
at Serial Number 784/2020  
- 9 NOV 2020

PRINCIPAL

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune



# GAIKWAD HOSPITAL

Shakuntala Test Tube Baby, Labproscopy & Sonography center

Sawarkarnagar, Near Daund College, Lingali, Daund, Dist. Pune 413 801 Ph. No. 02117- 267982

Dr. Mrs. Sangita R. Gaikwad

M.B.B.S.D.G.O.

Regd No. 81342

Dr. Rajnikant R. Gaikwad

M.S (ENT)

Regd No. 67567

## Certificate

This is certificate that Gaikwad Hospital, Daund, Dist-Pune, is affiliated hospital of Daund Medical Foundation's Sushrusha Institute of Nursing Science Daund. This is to confirm that PBBsc, Basic Bsc and Msc Nursing student of Sushrusha Institute of Nursing Science (Academic year- 2024 – 2025) are the only nursing student who are all utilizing our hospital for clinical experience.

Sr.no	Name of courses	Intake capacity
1	PB BSC nursing	20
2	Basic Bsc nursing	50
3	MSc Nursing	10

PRINCIPAL

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune

DR SANGITA R. GAIKWAD

M.B.B.S. D.G.O.

GAIKWAD HOSPITAL

Savarkar Nagar, P. Lingali, T. Daund

Regd. No. 81342



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



क्रमांक:- ४५६

दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन अॅक्ट १९४९ अन्वये

डॉ संगिता रजनीकांत गायकवाड  
गायकवाड हॉस्पिटल  
सावरकर नगर, दौंड कॉलेजजवळ  
मु.पो.लिंगाळी  
ता.दौंड जि.पुणे-४१३८०१

येथील नर्सिंग होम/मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग  
होम/मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

रजिस्ट्रेशन क्रमांक:- ४५६

प्रसुतीसाठी :- १८

रजिस्ट्रेशन दिनांक :- २२/०४/२०२४

इतर रुग्णांसाठी :- ०५

सर्टिफिकेट दिल्याचा दिनांक :- २२/०४/२०२४

सदरचे सर्टिफिकेट ३१/०३/२०२७ पर्यंत कार्यवाहीत राहिल.

जुना रजि.नं.४५६ दि.१२.०४.२१

स्थळ :- पुणे

दिनांक :- २२/०४/२०२४



(डॉ.सचिन देसाई)  
जिल्हा आरोग्य अधिकारी  
पुणे जिल्हा परिषद पुणे

PRINCIPAL

Sushrisha Institute of Nursing Sciences  
Daund, Dist. Pune

Dr. SANGITA GAIKWAD

M.B.B.S., D.G.O.

REGD. NO.: 81342

# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 020 - 25811627  
Fax: 020 -25811029  
Website: <http://mpcb.gov.in>  
Email: [ropune@mpcb.gov.in](mailto:ropune@mpcb.gov.in)



Jog Center, 3rd floor,  
Mumbai Pune Road,  
Wakdevadi, Pune - 411003.

ORANGE/S.S.I

No:- Format1.0/RO/UAN No.0000188654/CO/2403000145

Date: 02/03/2024

To,  
M/s. Gaikwad Hospital  
,Sawarkar Nagar, Near Lingali, Daund College, Daund, T  
At.- Daund, Dist- Pune -413801  
Email: [drraj246@gmail.com](mailto:drraj246@gmail.com)  
Contact No.:9423207473



Combined Consent to 1st Operate and BMW Authorization (CCA) under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.

- Ref:**
1. Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.MPCB-CONSENT-0000188654& BMW Auth No.
  2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 27/11/2023

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

1. This CCA shall be in force for a period From **01-04-2023** To **31-03-2027**
2. The capital investment of the HCF is **₹93.35** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 563.00 M<sup>2</sup> with Built-up area 1114.00 M<sup>2</sup>.
4. **Activities Included**
  - a. Total Number of Beds : **30 Nos.** (As per BNH certificate no. 456 valid upto 31-03-2024)
    - I. General Beds : **5 Nos**
    - II. Operation Theatre : **2 Nos**
    - III. Maternity Beds : **25 Nos**
  - b. Hostel/Residential quarters:- **1.00** No.s
  - c. Pathology Lab Average Sample/day:- **1.00** Nos.

**PRINCIPAL**

Sushrushta Institute of Nursing Sciences  
Daund, Dist. Pune

**Dr. SANGITA GAIKWAD**  
M.B.B.S., D.G.O.

REGD. NO.: 81342



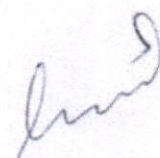
# Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Thank you. Your payment has been successfully received with following details.

## Transaction Receipt

**Transaction Status:** Success  
**Transaction Reference no:** ZHDS1563524675  
**Transaction no:** TXN2311003706  
**Transaction On:** 27-11-2023 11:24:59  
**Payment For:** MPCB-CONSENT-0000188654  
**Email:** drraj246@gmail.com  
**Mobile no:** 9423207473  
**Amount:** 10000.00 INR.

  
DR SANGITA R. GAIKWAD  
M.B.B.S. D.G.O.  
GAIKWAD HOSPITAL  
Savarkar Nagar, # Lingali, T.. Daund  
Regd. No. 81342



**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund.Dist.Pune



महाराष्ट्र MAHARASHTRA

2021

ZA 562557

मु. ति. नॉनजुडी अ. नं. ६६८४ दि. १५/११/२०२१ रु. १००५३  
 मुद्रांक कायस्थी कारणासाठी स्वतंत्रपणे  
 मुद्रांक विकतू रोणाग्रहं दॉ. मेडिकल फौंडेशन  
 पत्ता दॉ.  
 हस्ते राजू मेडिकल फाउंडेशन  
 पत्ता दॉ.  
 मुद्रांक खरेदीदाराची सह [Signature]

11 NOV 2021  
 Sub Treasury Officer  
 Daund, Dist. Pune

महाराष्ट्र मुद्रांक निरंक अंड लायसन्ससाठी नाही

[Signature]  
 विजु संभाजी सुर्वे  
 मुद्रांक विक्रेता, परवाना क्र. 2205008  
 पत्ता: दोंड, ता. दोंड, जि. पुणे

**AGREEMENT OF CLINICAL AFFILIATION BETWEEN AFFILIATING AGENCY AND TRUST AUTHORITIES.**

Agreement is made at 1<sup>st</sup> day of November, 2021.

**BETWEEN**

The Medical Superintendent, Sai Hospital, Daund, Dist. Pune  
(Hereinafter referred to as affiliating agency... of the first part)

**AND**

Daund Medical Foundation, Daund (Pune),  
(Hereinafter referred to as Trust..... of the other part)

[Signature]  
**PRINCIPAL**  
 Sushrusha Institute of Nursing Sciences  
 Daund, Dist. Pune

For the purpose of providing clinical experience to the students of M.S.c (Nsg) , Basic B.Sc (Nsg), P.B.B.Sc (Nsg), GNM and ANM nursing course from Sushrusha Institute of Nursing Sciences and Sushrusha Nursing School, Daund in **PEDIATRIC** experience in nursing to students nurses ,and for the mutual benefit of the both parties ,the affiliating agency as well as the Institute.

**Have agreed as follows:**

1. Commencing on 01/11/2021 and is made for 5 years .It will continuing till the agreement is terminated by either party by giving notice of not less than two months, but will not be terminable before 01/11/2026 When it gets completed naturally , Students who are in present or will be admitted by the Institution under this TRUST, also in the courses will be opened in future for nursing shall be assigned to the affiliating agency for experience in **PEDIATRIC NURSING**.
2. A committee shall be responsible for all the arrangements and for all the disputes arise between the parties.
3. The duration of the experience shall be as per the norms of Maharashtra University of Health Sciences, Indian Nursing Council, Maharashtra Nursing Council , Maharashtra State Board Of Nursing And Paramedical Education , Mumbai as well as State Government of Maharashtra.
4. The Institution authorities will be responsible for maintaining discipline among the students in affiliating agency.
5. The affiliation will be renewed every year by mutual understanding between the affiliating agency and the trust authorities.

**IN WITNESS WHERE OF THE parties have put their hands, the day and year first hereinabove written.**

Signed by the within named Medical Superintendent. .... ) Do Nimbalkar  
In the presence of ..... ) Krubika Tidke

Signed for and behalf of the said Trust President DMF. .... ) Pallavi S Kulkarni  
In the presence of ..... )  
Bibin Pious

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



क्रमांक: २५

दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन अॅक्ट १९४९ अन्वये

श्री/श्रीमती- डॉ.तात्या भगवानराव निंबाळकर  
श्रीसाई हॉस्पिटल  
वीर सावरकर नगर, दौंड कॉलेज जवळ  
तालुका-दौंड, जिल्हा-पुणे-४१३८०१

येथील नर्सिंग होम /मॅटर्निटी होम रजिस्टर केले असून सदरचे  
नर्सिंग होम / मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

रजिस्ट्रेशन क्रमांक:-२५

प्रसुतीसाठी:-००

रजिस्ट्रेशन दिनांक :-०१/०४/२०१७

इतर रुग्णांसाठी:-१५

सर्टिफिकेट दिल्याचा दिनांक :-२०/०४/२०२३

सदरचे सर्टिफिकेट ३१ मार्च २०२६ पर्यंत कार्यवाहीत राहिल.

जुना रजि.क्रमांक:-२५, दिनांक:-०१/०४/२०१७

स्थळ :- पुणे

दिनांक :-२०/०४/२०२३



(डॉ. रामचंद्र हंकारे)

जिल्हा आरोग्य अधिकारी  
जिल्हा परिषद पुणे



# श्री साई हॉस्पिटल

वीर सावरकर नगर, ता. दौंड जि. पुणे

फोन : 02117-263377

E-mail : shrisaihospitaldaund6@gmail.com

डॉ. सौ. वर्षा ता. निंबाळकर

M.B.B.S., D.D.V. (Allopathy)

त्वचा रोग तज्ञ व कॉस्मेटोलॉजिस्ट

(Reg.083693)

डॉ. तात्यासाहेब निंबाळकर

M.B.B.S., D.C.H. (Allopathy)

बालरोग तज्ञ, नवजात शिशु तज्ञ,

य रोग प्रतिबंध तज्ञ. (Reg.075903)

रुग्णाचे नांव : .....

रुग्णाचा पत्ता : .....

दिनांक :

18 JAN 2024

वय : .....

Y M

## Certificate

This is certificate that Sai Hospital, Daund, Dist-Pune, is affiliated hospital of Daund Medical Foundation's Sushrusa Institute of Nursing Science Daund. This is to confirm that PBBsc, Basic Bsc and Msc Nursing student of Sushrusa Institute of Nursing Science (Academic year- 2024 – 2025) are the only nursing student who are all utilizing our hospital for clinical experience.

Sr.no	Name of courses	Intake capacity
1	PB BSC nursing	20
2	Basic Bsc nursing	50

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

SHRI SAI HOSPITAL

Veer Savarkar Nagar, Daund

Dr. T. B. Nimbalkar

Reg. No. 75903/M.B.B.S., D.C.H.

औषध विक्रेत्याचे नाव :

पत्ता :

दिनांक :

डॉक्टरांची सही

शिक्का :

दिनांक :

पुढील तपासणी दि :

दरशनिवारी बंद.



GOVERNMENT OF MAHARASHTRA  
PUBLIC HEALTH DEPARTMENT

**Certificate of Registration under Section 5 of the  
Bombay Nursing Homes Registration  
(Under Rule 5)  
(Amendment Act 2005)  
Maharashtra Act No.2 of 2006**

**NO.660**

This is to certify that **Dr. Philemon Bapurao Pawar, MBBS** has been registered under the **Bombay Nursing Homes Registration Act, 1949** in respect of **Ashwood Memorial Hospital Trust** Situated at **Near old Bus Stand, Patas Road Daund, Dist Pune**. And has been authorized to carry on the said Nursing Home.

Registration No.660


Maternity Patients 25 Beds

Other Nursing Patients 10 Beds

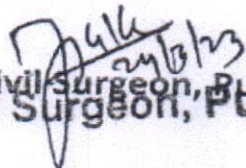
Date of

Registration:- **24.03.2023.**

Date of issue of Certificate. **24.03.2023.**

  
**PRINCIPAL**  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

This certificate shall be valid upto **31 March 2026.**

  
**Civil Surgeon, Pune**



*True copy*  
*Daund*

**DR. Philemon B. Pawar**  
M.B.B.S. R.No.47782  
Medical Director  
Ashwood Memorial Hospital  
Daund Dist-Pune-413801



# ASHWOOD MEMORIAL HOSPITAL

PTR No. E/8294/Pune

P. O. BOX 4, DAUND, DIST : PUNE, PIN : 413 801,



HOSPITAL : + 91 2117 262399  
MED.SUPDT. : + 91 2117 263732(R)  
E-mail : misnhosp1927@gmail.com

DATE

REF.NO.

## Certificate

This is to certify that **Ashwood Hospital, Daund**, Dist-Pune, is affiliated hospital of Daund Medical Foundation's Sushrusa Institute Of Nursing Science Daund.(academic year 2024-2025). This is to confirm that PBBsc, Basic BSc and MSc Nursing students of Sushrusa Institute Of Nursing Science are the only nursing students who are all utilizing our hospital for clinical experience.

Sr.no	Name of courses	Intake capacity
1	PB BSc Nursing	20
2	Basic B. Sc. Nursing	50
3	M. Sc. Nursing	10



**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

**DR. Philemon B. Pawar**  
M.B.B.S. R.No.47782  
Medical Director  
Ashwood Memorial Hospital  
Daund Dist-Pune-413801

# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 020 - 25811627  
Fax: 020 -25811029  
Website: <http://mpcb.gov.in>  
Email: [ropune@mpcb.gov.in](mailto:ropune@mpcb.gov.in)



Jog Center, 3rd floor,  
Mumbai Pune Road,  
Wakdewadi, Pune - 411003.

ORANGE/

Date: 10/07/2023

No:- Format1.0/RO/UAN No.0000149718/CE/2307000501

To,  
M/s. Ashwood Memorial Hospital  
Post Box No 4, A/p. Daund Patas Road Near Old Bus  
Stand Daund  
Tal. Daund Dist. Pune,-413801  
Email: [mishnosp1927@gmail.com](mailto:mishnosp1927@gmail.com)  
Contact No.:9881323937



LIFE  
Lifestyle for  
Environment



सर्वोत्तम सेवा कायदा  
Right to Public Service Act

Your Service is Our Duty

Grant consent to Establish under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.

- Ref:**
1. Your application for Combine Consent and Bio-Medical Waste Authorization vide No. MPCB-CONSENT-0000149718 dated 1.10.2022
  2. Board's granted BMW Authorization vide No. MPCB/ROP/BMW\_AUTH-2010000283 dtd.21.01.2021

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

1. This CCA shall be in force for a period From **01-12-2021 To 31-12-2026**

*True copy*

*Daund*

DR. Philemon B. Pawar  
M.B.B.S. R.No.47782  
Medical Director  
Ashwood Memorial Hospita  
Daund Dist-Pune-413801

PRINCIPAL

Sushrusha Institute of Nursing Sciences  
Daund.Dist.Pune

11. Any unauthorized change in Location, Name, personnel, equipment or working conditions as mentioned in the application by you shall constitute a breach of this CCA. In case of any change you shall apply fresh for CCA or amendment as applicable.
12. You shall not Rent, Lend, Sell, Transfer or Close Down the facility or otherwise transport / Handover the Bio-Medical waste generated for any other purpose without obtaining prior written permission of the MPC Board.
13. This Board reserves the right to review, amend, suspend, revoke, or change any of the conditions applicable under this CCA and the same shall be binding on the HCE.
14. You shall maintain records of MPC board Officers visit and shall obey all the lawful instructions issued by the Board Officers from time to time.
15. Any violation of provisions of BMW Management Rules, 2016 as amended shall attract the penal provisions of Environment (Protection) Act, 1986 and Violations under the provisions of Water (P&CP) Act 1974, Air (P&CP) act 1981 shall attract provisions of respective act including closure of the facility and prosecution.
16. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.
17. You shall submit the bank guarantee of INR 1.50 lakhs towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Pune within 30 days. Non submission of B.G. in specified time shall attract revocation of this CCA without further notice



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7863de04  
0d9a5239  
1620b8a3  
0334ef45  
819b9947  
2c2b772c

Signed by: Shankar L. Waghmare  
Regional Officer  
For and on behalf of,  
Maharashtra Pollution Control Board  
ropune@mpcb.gov.in  
2023-07-10 18:26:55 IST

**Received Consent/Authorization fee of -**

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	5000.00	TXN2210002471	19/10/2022	Online Payment
2	40000.00	TXN2306003495	23/06/2023	Online Payment
3	39700.00	TXN2306003504	23/06/2023	Online Payment

**Copy to:**

1. Regional Officer, MPCB, Pune and Sub-Regional Officer, MPCB, Pune I  
- - They are directed to ensure the compliance of the consent conditions.  
SRO They are directed to ensure the compliance of the consent conditions.
2. Chief Accounts Officer, MPCB, Sion, Mumbai
3. I/C EIC- for record & website updating purpose.

**PRINCIPAL**  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune



Daund Medical Foundation's  
**Sushrusha Nursing School**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 265879, 267879. Mob. 9423579075, 9960388757., Fax. - 02117 - 263879

Recognised by • Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref No: Sions/Kurkumbh/Affiliation/1513/2024

Date: 18/09/2024

To,  
The Medical Superintendent,  
Primary Health Center, Kurkumbh,  
Daund,

Sub: Rural Community clinical posting Affiliation of our PBBSc & Basic Bsc Nursing  
MSC Nursing students. AC YR. 2024-25

Respected sir/Madam,

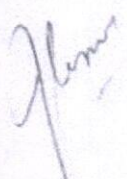
As per the subject cited above we the Management and Principal of Daund Medical Foundation's Sushrusha Nursing School & Sushrusha Institute of Nursing Sciences. Daund request you to give clinical affiliation/Permission for Rural community clinical posting to our Nursing Student under your estimated organization in community specialty as per syllabus. We promise you that we will abide to rules and regulation of your institute.

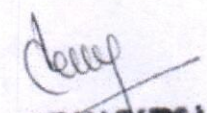
Your co-operation in this regard is highly appreciated by our trust.

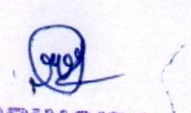
Kindly do the needful,

Thanking you in anticipation

Your faithfully

  
वैद्यकीय अधिकारी  
प्रा.आ.केंद्र कुरकुम्भ  
ना.दांड जि.पुणे  
Permitted  
2024-25

  
PRINCIPAL  
Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune

  
PRINCIPAL  
Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune

for  
06/14 Students



Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 292059, Mob. 9423579075.

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref no SIONS/ABB/ate/-1525/24

Date: 16/02/2024

To,  
Medical Officer,  
Primary health centre,  
Kurkumbh, Daund,

**Subject: Affiliation of our BSC, PBBSC, & MSC AC YR. 2024-2025 for clinical posting.**

Respected sir/Madam,

As per the subject cited above we the Management and Principal of Daund Medical Foundation's Sushrusa Institute of Nursing sciences, Daund request you to give clinical affiliation/Permission for clinical posting to our Nursing Student especially as per syllabus under **Primary health centre, Kurkumbh, Daund,**

Sr no	Name of courses	Intake capacity
1	MSC NURSING	10
2	PBBSC NURSING	20
3	BSC NURSING	50

We promise you that we will abide to rules and regulation of your institute.

Your co-operation in this regard is highly appreciated by our trust.

Kindly do the needful,

Thanking you in anticipation

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

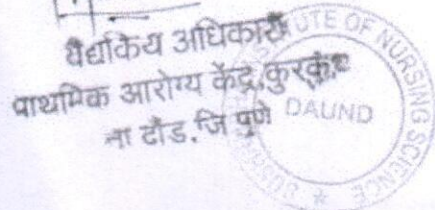
Yours faithfully

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

permitted for  
2024-25 batches.

17/2/24





Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 299059, Mob. 9423579075.

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref No :- SIONS / Pyramid Hosp. / Affiliation / 1787 / 2025

Date : 09/01/2025

To,  
Medical Superintendent,  
Pyramid Hospital,  
Daund,  
Pune.

**Subject: Affiliation of our Basic Bsc Nursing, PB.BSc Nursing M.Sc.  
Nursing student. AC YR. 2025-2026 for clinical posting.**

Respected sir/Madam,

As per the subject cited above, we the Management and Principal of Daund Medical Foundation's Sushrusa Institute of Nursing Sciences, Daund request you to give clinical affiliation/Permission clinical posting to our Nursing Student especially as per syllabus under Pyramid **Hospital, Daund**. We promise you that we will abide to rules and regulation of your institute.

Your co-operation in this regard is highly appreciated by our trust.

Kindly do the needful,

Thanking you in anticipation

  
PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund Dist.Pune

  
Yours faithfully  
PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist.Pune



Kulkarni Medical Foundation's

# Pyramid Hospital




Sahakar Chowk, Daund 413 801(Pune) Ph. 02117-265879, Fax. : 263879 Mob. : 9422312145  
E\_mail : pyramidhospital@hotmail.com

Date : 10.01.2025

## Certificate

This is certificate that **Pyramid Hospital, Daund**, Dist-Pune, is affiliated hospital of Daund Medical Foundation's Sushrusa Institute Of Nursing Science Daund.( Academic year 2025-2026) This is to confirm that PBBsc, Basic Bsc and Msc Nursing student of Sushrusa Institute Of Nursing Science are the only nursing student who are all utilizing our hospital for clinical experience.

For,   
Dr. Sameer S. Kulkarni,  
Medical Superintendent,  
Pyramid Hospital,  
Daund.



**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune



GOVERNMENT OF MAHARASHTRA  
PUBLIC HEALTH DEPARTMENT

Certificate of Registration under Section 5 of the  
Bombay Nursing Homes Registration  
(Under Rule 5)  
(Amendment Act 2005)  
Maharashtra Act No.2 of 2006

NO.527

This is to certify that Dr. Sameer Shyam Kulkarni, MBBS (D.Ortho) has been registered under the Bombay Nursing Homes Registration Act, 1949 in respect of Kulkarni Medical Foundation Pyramid Hospital situated at Sahakar Chowk, Daund, Dist Pune. And has been authorized to carry on the said Nursing Home.

Registration No.527

Maternity Patients 00 Beds

Other Nursing Patients 100 Beds

Date of  
Registration:- .03.2020.

Date of issue of Certificate. 13 .11.2023.

This certificate shall be valid upto 31 March 2026.

PRINCIPAL

Sushrisha Institute of Medical Sciences  
Daund Dist Pune



Civil Surgeon, Pune  
Civil Surgeon, Pune





# Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

## Application for Consent/ Authorisation

Sir,  
I/We hereby apply for\*

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

### General Information

**UAN No:**  
MPCB-CONSENT-0000204633

**Application submitted on:**  
28-03-2024

### Industry Information

**Industry Type:** O88 Health-care Establishment (as defined in BMW Rules)  
**Category:** Orange  
**Scale:** S.S.I

**Consent To:** Operate (Plain Renewal)  
**Submit to:** SRO - Pune I

### Consent to Establish Details

Consent to Establish No.	Consent to Establish date	Consent to Establish Valid Upto
	01-01-1970	01-01-1970
Previous Consent No.	Previous Consent date	Previous Consent Valid Upto
JBM 23 24 000 466	01-11-2023	31-12-2024

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

**First Name** Mr. Sameer  
**Father / Husband Name** Shyam

**Mobile No** 9326444167  
**Telephone/Fax**

**PAN No** AGOPK6203H  
**Address** 204, City Pride, Sahakar Chowk, Kurkumbh Road, Tal Daund, Dit Pune 413801

**Last Name** Kulkarni  
**Designation** Medi Suprintendent  
**Email** pyramidhospital@gmail.com  
**Aadhar No** 296301492573

**Pin Code** 413801



**Gross Capital (in Lakh)** 4.94 (Lakh)  
**Certificate Date** 31-03-2023

i) Compliance of Location Criteria

<b>Location of facility</b>	<b>Whether it is notified industrial area</b>	<b>Land Use Type</b>	<b>Land Ownership</b>
Rural	No	Residential & Commercial	Self Owned

j) Does HCF have Laundry facility in premises No

k) Does HCF have Canteen/Cafeteria facility in premises No

l) Does HCF have Hostel/Residential quarters in premises No

m) Number of Patient Treated per Day

<b>OPD (Average Patient / Day)</b>	<b>IPD / Admitted (Average Patient / Day)</b>
20	5

n) Name of the local body under whose jurisdiction the HCF is located.

**ULB Type**

Municipal Council

**ULB Name**

Daund Municipal Council

Details of the planning permission obtained from the local body/Town and Country Planning authority/Metropolitan Development authority/ designated Authority

**Planning Authority**

TOWN PLANNING

**Planning permission**

Occupancy Certificate

**3. BMW Authorization Details**

a) Discipline of Medicine

b) Bombay Nursing Home Registration Details

<b>Total number of Beds</b>	<b>BNH Registration Number</b>	<b>Valid Upto</b>	<b>First Issued Date</b>
100	527	31-03-2026	31-03-2009

**Certificate issuing Authority**

Civil Surgeon

Total Bed Break up

<b>General Beds</b>	<b>ICCU/ICU Beds</b>	<b>Maternity Beds</b>	<b>Operation Theatre</b>	<b>Oncology Beds</b>	<b>Other Beds</b>
90	6		2		2

c) Diagnostic and Pharma Facilities available in Premises

<b>Pathology Lab</b>		<b>Average Samples/day</b>	
	Yes	15	

<b>Blood Bank</b>	No
-------------------	----

<b>X-Ray</b>	Yes
--------------	-----

<b>CT Scan</b>	Yes
----------------	-----

<b>MRI</b>	Yes
------------	-----

<b>USG</b>	No
------------	----

<b>ECG/EEG</b>	Yes
----------------	-----

<b>Medical Store / Pharmacy</b>	Yes
---------------------------------	-----

<b>Other</b>	No
--------------	----

<b>X-Ray Number Per Day</b>	5
-----------------------------	---

<b>CT Scan Number Per Day</b>	1
-------------------------------	---

<b>MRI Number Per Day</b>	2
---------------------------	---

<b>ECG Number Per Day</b>	3
---------------------------	---

<b>Nos</b>	1
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*(Signature)*

**PRINCIPAL**

Sushrushta Institute of Nursing Sciences  
 Daund, Dist. Pune



MUNICIPAL WATER 20  
 ii) Ground Water No  
 iii) Tanker Water Yes  
 Quantity of water (CMD) Source of tanker water (Surface,Borewell etc.)  
 100 SURFACE

b) Water Consumption Details

Raw Water (CMD) Recycle Water (CMD) Total Water Quantity Requirement (CMD)  
 100 20 120

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Treatment	Disposal
Domestic Purpose	50	20	STP	On Land For Gardening
Processing whereby water gets Polluted & Pollutants are Biodegradable	20	5	ETP	On Land For Gardening
Processing whereby Water gets Polluted,Pollutants are not Biodegradable & Toxic	50	20	ETP	On Land For Gardening
Industrial Cooling,spraying in mine pits or boiler feed	0	0	NA	NA
<b>Total</b>	120.00	45.00		

d) Waste Waster Treatment

Have you installed STP or ETP  
 Yes

- 1. Sewage Treatment Plant: No
- 2. Effluent Treatment Plant: Yes
- 3. Combined Treatment Plant: No

Effluent Treatment Plant

Capacity(CMD)  
 100

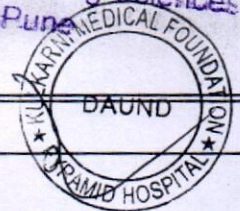
Preliminary:	No	Preliminary Treatment:
Primary:	Yes	Primary Treatment:
Secondary:	No	Secondary Treatment:
Tertiary:	No	Tertiary Treatment:
Advance:	No	Advance Treatment:

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day)	b) Recyclable Waste(kg/day)	c) Domestic Hazardous Waste(kg/day)
10.00	5.00	0
2) E-Waste (Kg/Annum)	7.00	
3) Plastic Waste (Kg/Annum)	1.00	
4) Hazardous Waste (Kg/Annum)	1.00	

PRINCIPAL  
 Sushrusha Institute of Nursing Sciences  
 Daund, Dist. Pune



Effluent Analysis result (As per latest report)

**Hazardous Waste**

CHWSDF Details

**CHWTDF Facility Name**

NA

**CHWTDF Membership Number**

0

Hazardous Waste Details		
Description	Waste Category	Quantity in MT/Month
Incineration Ash	37.3	0
STP/ETP	35.3	0
Used Oil		0

Non-Hazardous Waste aspect					
Description	Quantity	UOM	Treatment	Treatment	Remarks

Legal Section				
Legal Action Type	Legal Action Ref No	Legal Action Date	Legal Action Details	Remarks
NA	NA	01-01-1970	NA	NA

**5. Additional Information****Do you have Bio Medical Waste Management Committee Constituted**

Yes

**Average Cost (O & M) for ETP/STP**

200000

**Average Cost of APCD Rs/Year**

150000.00

**Brief details of tree plantation/green belt development within applicant's premises****Open Space Availability**

000sq mtr

**Plantation Done On**

500sqmtr

**Number of Trees Planted**

30

**Whether Environmental Statement submitted**

No

**Environmental Statement submitted Date**

01-01-1970

**Any other additional information that the applicants desires to give****Do you have Infection Control Committee Constituted**


Yes

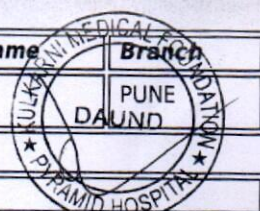
**6. Financial Details****Is there any Bank Gurantee impose on you during previous Consent/Authorization period.**

Yes

Bank Gurantee Number	Date	Valid Up To	Amount	Bank Name	Branch
0506821BG0001179	27-10-2021	2022-06-30	140000.00	SBI	PUNE DAUND

Additional Bank Gurantee Details, if Any					
Bank Gurantee Number	Date	Valid Up To	Amount	Bank Name	Branch

  
**PRINCIPAL**  
 Sushrusha Institute of Nursing Science,  
 Daund, Dist. Pune





For the Purpose of providing Multispecialty Hospital clinical experience to the students of **BSC (NSG) , PBBSC (NSG) GNM, ANM , MSC ( NSG)** And others all courses from Sushrusha institute of nursing sciences and Sushrusha Nursing School Daund in Multispecialty Hospital clinical experience in nursing to students nurses and for the mutual benefit of the both parties , the affiliating agency as well as the institute have agreed as follows .

**HAVE AGREED AS FOLLOWS:**

1. The agreement is made from 17/01/2025 and is made for 5 Years. It will continue till the agreement is terminated by either party by giving notice of at least two months or on 16/01/2029 when it gets completed naturally, students who are presently admitted or will be admitted in the future by the institution under this trust, also under any new courses which will be started future for nursing / medical/ paramedical stream shall be assigned to the affiliating agency for experience in Multispecialty Hospital.
2. A committee shall be responsible for all the arrangement and for the dispute arise between the parties,
3. The duration of the experience shall be as per the norms of Indian Nursing Council, New Delhi Maharashtra Nursing Council, Mumbai Maharashtra State Borad of Nursing and Paramedical Education, Mumbai Maharashtra University of Health Sciences, Nashik as well as state Government of Maharashtra.
4. The institution authorities will be for maintaining discipline among the students in affiliating agency.
5. The affiliation will be renewed every 5 years by mutual understanding discipline among the students in affiliating Agency and the trust authorities.

**IN WITNESS WHERE OF THE PARTIES HAVE PUT THEIR HANDS, THE DAY AND YEAR FIRST HEREIN ABOVE WRITTEN.**

Signed by the within name

Medical superintendent .....

In the presence of .....

*Sachin*  
*Shudhari*



Signed for and behalf of the said trust

President DMF/ Sec .....

In the Presence of .....

*Shilpa*  
*Shilpa*



**PRINCIPAL**

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune



Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 299059, Mob. 9423579075.

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Date : 29/01/2025

To,  
Medical Superintendent,  
Brahmchaitanya superspeciality Hospital,  
Chinchwad,  
Pune.

Subject: Affiliation of our Basic Bsc Nursing, PB.BSc Nursing M.Sc.  
Nursing student. AC YR. 2025-2026 for clinical posting.

Respected sir/Madam,

As per the subject cited above, we the Management and Principal of Daund Medical Foundation's Sushrusa Institute of Nursing Sciences, Daund request you to give clinical affiliation/Permission clinical posting to our Nursing Student especially as per syllabus under **Brahmchaitanya superspeciality Hospital, Chinchwad, pune** . We promise you that we will abide to rules and regulation of your institute.

Your co-operation in this regard is highly appreciated by our trust.

Kindly do the needful,

Thanking you in anticipation

PRINCIPAL

Sushrusa Institute of Nursing Sciences

Daund, Dist.Pune

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist.Pune



QMS-ISO-9001:2015  
EMS-ISO-14001:2015  
Reg. No. RI91/8395

## PASSCO Environmental Solutions Pvt. Ltd.

Unit 1 : PCMC

Site Add.: Gat No. 458, 460 & 461, Moshi Waste Depo, Moshi,  
Tal. Haveli, Pune 412105. Email Id: pespl.pcmc@passco.in

R.O.: Narayani, 34/4, Behind Eisen Pharmaceuticals,  
Erandwane Pune - 411004

Phone No:+91 -20 -66024765, 25467096 Email  
Id:helpdesk@passco.in



Unique Registration No.: P1/NH000435



### Registration Certificate



Outward No.: P1/2023/003958

Date: 31-Oct-2023

This is to certify that, **BRAHMCHAITANYA SUPERSPECIALITY HOSPITAL PVT. LTD.(000467)** at **BHOIR COLONY, OPP. TATA MOTORS GATE, NEAR RAMKRISHNA MORE SABHAGRUH, CHINCHWAD, PUNE - 411033** is registered with PASSCO Environmental Solutions Pvt. Ltd. , Pune 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. SUSHIL KULKARNI DIRECTOR
2. Bombay Nursing Home Act Registration Details	
a. BNH Registration Number	467
b. BNH Issue Date	10-Oct-2023
c. Total Number of Beds	60
d. BNH Validity(Form 'C')	31-Mar-2026
3. Common Treatment Facility Registration Details	
a. Date of Registration	09-Aug-2014
b. No. of Beds Registered	60
c. Registration Validity	31-Mar-2026
4. Renewal of CTF Membership(if applicable)	
a. Renewal Date	31-Mar-2026
b. No. of Beds Registered	60
5. MPCB Consent (Establish/ 1 <sup>st</sup> Operate/Renewal) Details	
a. Consent/ CCA Number	FORMAT1.0/PSO/UAN NO. 0000141035/CR/2208000120
b. Issue Date	03-Aug-2022
c. Validity up to	25-Jul-2028



Mr. Mayur Ghule  
Authorised Signatory

PRINCIPAL

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune

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



PRINCIPAL  
Daund Medical Foundation  
SUSHRUSHA NURSING SCHOOL





**PIMPRI CHINCHWAD MUNICIPAL CORPORATION**  
**PIMPRI, PUNE 411 018.**

**FORM 'C'**  
 (See Rule 5)

New Tokan No: 100122230004214

Tokan Date :- 28/02/2023



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

Registration No:- 467  
 Registration ID :- 524  
 MMC No :- 74708



Registration Sr.No :- 1935  
 Registration Date :- 10/10/2023

Registration From Date:- 01/04/2023

Registration End Date :- 31/03/2026

This is to certify that Shri/ Smt:- Dr.Sushil R. Kulkarni Qualification:- M.B.B.S. (DNB)  
 has been registered under the Bombay Nursing Homes Registration Act, 1949,  
 in respect of

Hospital Name :- Brahmchaitanya Superspeciality Hospital P.V.T LTD  
 Hospital Address :- CTS no.4187,Bhoir Colony, Nr.Ramkrishna More Sabhagraha Chinchwad  
 411033  
 No of Beds :- 60  
 Hospital Type :- Hospital Hospital Sub Type :- Multispeciality  
 Hospital Category :- Private Hospital Sub Category :- MultiOwner

Registration Fee Rs :- 662,706 Amt in Rs :- six hundred sixty-two thousand seven hundred six  
 Only  
 Fee Receipt No :- 300123240002344 Receipt Date:- 10/10/2023  
 Hospital Zone :- Chinchwad

(Dr. Laxman P. Gophane)  
 Medical Officer of Health

Pimpri Chinchwad Municipal Corporation  
 Pimpri 411 018.

Note

Renew



**PRINCIPAL**  
 Sushrusha Institute of Nursing Sciences  
 Daund, Dist. Pune

**PRINCIPAL**  
 Daund Medical Foundation  
 SUSHRUSHĀ NURSING SCHOOL  
 A/P. Ta. Daund Dist. Pune-411380

# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781  
Fax: 24024068/24023515  
Website: <http://mpcb.gov.in>  
Email: [psa@mpcb.gov.in](mailto:psa@mpcb.gov.in)



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

ORANGE/M.S.I

No:- Format1.0/PSO/UAN No.0000141035/CR/2208000120

Date: 03/08/2022

To,  
M/s.Brahmachaitanya Superspeciality Hospital Pvt. Ltd  
CTS 4187, Bhor Colony, Near Ramkrushna More  
Sabhagruh, Chinchwad  
Haveli, Pune-411033  
Email: [drsushil@chaitanyahospital.in](mailto:drsushil@chaitanyahospital.in)  
Contact No.: 9823089264



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

- Ref: 1. Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.Format1.0/BO/PSO/HOD-1910000412 dated 07.10.2019  
2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 24/06/2022

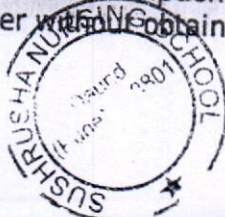
After examining the proposal, The Maharashtra Pollution Control Board hereby Renew Combined Consent and BMW Authorization to HCE under Section 25/26 of the Water (P&CP) Act, 1974, Section 21 of the Air (P&CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Authorization under Rule 5 of the Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, under Environment (Protection) Act, 1986, subject to terms and conditions as specified below and in the **Schedules(I-IV) and Annexures (I-II)** enclosed in this order.

1. This CCA shall be in force for a period From **26-07-2022** To **25-07-2028**
2. The capital investment of the HCF is **₹947.24** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 464.00 M<sup>2</sup> with Built-up area 1965.00 M<sup>2</sup>.
4. **Activities Included**
  - a. Total Number of Beds : **60 Nos.** (As per BNH certificate no. 467 valid upto 31-03-2023)

1. General Beds : **60 Nos**

5. **Conditions under the Water (P&CP) Act, 1974:-**

1. Quantity of total water consumption shall not exceed 17.00 M<sup>3</sup>/day. You shall not use the ground water without obtaining prior permission of Central Ground Water Authority.



**PRINCIPAL**  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

**PRINCIPAL**  
Daund Medical Foundation  
SUSHRUSHA NURSING SCHOOL  
A/P Tal-Daund(Pune)41380



Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 299059, Mob. 9423579075.

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref No: - SSONS/Gaikwad Hos/Affiliation UG, PG/1788/2025

Date: 09/01/2025

To,  
Medical Superintendent,  
Gaikwad Hospital,  
Daund,  
Pune.

**Subject: Affiliation of our Basic Bsc Nursing, PB.BSc, MSc Nursing student AC YR. 2025-2026 for Obstetrics and Gynecology clinical posting.**

Respected sir/Madam,

As per the subject cited above we the Management and Principal of Daund Medical Foundation's Sushrusa Institute of Nursing Sciences, Daund request you to give clinical affiliation/Permission for **Obstetrics and Gynecology clinical** posting to our Nursing Student especially as per syllabus under Gaikwad **Hospital, Daund**. We promise you that we will abide to rules and regulation of your institute.

**Your co-operation in this regard is highly appreciated by our trust.**

Kindly do the needful,

Thanking you in anticipation

Yours faithfully

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune



# GAIKWAD HOSPITAL

Shakuntala Test Tube Baby, Labproscopy & Sonography center

Sawarkarnagar, Near Daund College, Lingali, Daund, Dist. Pune 413 801 Ph. No. 02117- 267982

Dr. Mrs. Sangita R. Gaikwad

M.B.B.S.D.G.O.  
Regd No. 81342

Dr. Rajnikant R. Gaikwad

M.S.(ENT)  
Regd No. 67567

## Certificate

This is certificate that Gaikwad Hospital, Daund, Dist-Pune, is affiliated hospital of Daund Medical Foundation's Sushrusa Institute Of Nursing Science Daund.( Academic Year 2025-2026) This is to confirm that PBBsc, Basic Bsc and Msc Nursing student of Sushrusa Institute Of Nursing Science are the only nursing student who are all utilizing our hospital for clinical experience.

Sr.no	Name of courses	Intake capacity
1	PB BSC nursing	20
2	Basic Bsc nursing	50
3	MSC nursing	10

*Sangita*  
**Dr. SANGITA GAIKWAD**  
M.B.B.S., D.G.O.

REGD. NO.: 81342

**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

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



क्रमांक:- ४५६

दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन अॅक्ट १९४९ अन्वये

डॉ संगिता रजनीकांत गायकवाड  
गायकवाड हॉस्पिटल  
सावरकर नगर, दौंड कॉलेजजवळ  
मु.पो.लिंगाळी  
ता.दौंड जि.पुणे-४१३८०१

येथील नर्सिंग होम/मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग  
होम/मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

रजिस्ट्रेशन क्रमांक:- ४५६

प्रसुतीसाठी :- १८

रजिस्ट्रेशन दिनांक :- २२/०४/२०२४

इतर रुग्णांसाठी :- ०५

सर्टिफिकेट दिल्याचा दिनांक :- २२/०४/२०२४

सदरचे सर्टिफिकेट ३१/०३/२०२७ पर्यंत कार्यवाहीत राहिल.

मु.पो.लिंगाळी, ता.दौंड जि.पुणे-४१३८०१



स्थळ :- पुणे

दिनांक :- २२/०४/२०२४

(डॉ. सचिन देसाई)  
जिल्हा आरोग्य अधिकारी  
पुणे जिल्हा परिषद पुणे

**PRINCIPAL**  
Pushrushi Institute of Nursing Sciences  
Daund, Dist. Pune  
**Dr. SANGITA GAIKWAD**  
M.B.B.S., D.G.O.  
REGD. NO.: 81342

# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 020 - 25811627  
Fax: 020 -25811029  
Website: <http://mpcb.gov.in>  
Email: ropune@mpcb.gov.in



Jog Center, 3rd floor,  
Mumbai Pune Road,  
Wakdewadi, Pune - 411003.

ORANGE/S.S.I

Date: 02/03/2024

No:- Format1.0/RO/UAN No.0000188654/CO/2403000145

To,  
M/s. Gaikwad Hospital  
,Sawarkar Nagar, Near Lingali, Daund College, Daund, T  
At.- Daund, Dist- Pune -413801  
Email: drraj246@gmail.com  
Contact No.:9423207473



Your Service is Our Duty

Combined Consent to 1st Operate and BMW Authorization (CCA) under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.

- Ref:** 1. Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.MPCB-CONSENT-0000188654& BMW Auth No.  
2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 27/11/2023

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

1. This CCA shall be in force for a period From **01-04-2023** To **31-03-2027**
2. The capital investment of the HCF is **₹93.35** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 563.00 M<sup>2</sup> with Built-up area 1114.00 M<sup>2</sup>.
4. **Activities Included**
  - a. Total Number of Beds : **30 Nos.** (As per BNH certificate no. 456 valid upto 31-03-2024)
    - I. General Beds : **5 Nos**
    - II. Operation Theatre : **2 Nos**
    - III. Maternity Beds : **25 Nos**
  - b. Hostel/Residential quarters:- **1.00** No.s
  - c. Pathology Lab Average Sample/day:- **1.00 Nos.**

**PRINCIPAL**  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

**Dr. SANGITA GAIKWAD**

M.B.B.S., D.G.O.



Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 299059, Mob. 9423579075.

Recognised by ● Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai ● Indian Nursing Council, New Delhi ● State Government of Maharashtra.

Ref No: - SIONS/Sai Hos/Affiliation UG, PG/1790/2025

Date: 09/01/2025

To,  
Medical Superintendent,  
Sai Hospital,  
Daund,  
Pune.

**Subject : Affiliation of our Basic Bsc Nursing, PB.BSc Nursing student  
AC YR. 2025-2026 for Child Health Nursing clinical posting.**

Respected sir/Madam,

As per the subject cited above we the Management and Principal of Daund Medical Foundation's Sushrusha Institute of Nursing Sciences, Daund request you to give clinical affiliation/Permission for **Child Health Nursing** clinical posting to our Nursing Student especially as per syllabus under Sai Hospital, Daund. We promise you that we will abide to rules and regulation of your institute.

**Your co-operation in this regard is highly appreciated by our trust.**

Kindly do the needful,

Thanking you in anticipation

Yours faithfully

**PRINCIPAL**

**PRINCIPAL**

Sushrusha Institute of Nursing Sciences  
Daund Dist.Pune  
Sushrusha Institute of Nursing Sciences  
Daund.Dist.Pune



# श्री साई हॉस्पिटल

वीर सावरकर नगर, ता. दौंड, जि. पुणे - ४१३८०९.  
फोन : 02117 (263377), 9146841328 / 9970633477  
E-mail : shrisaihospitaldaund6@gmail.com

डॉ. सौ. वर्षा ता. निंबाळकर  
M.B.B.S., D.D.V. (Allopathy)  
त्वचा रोग तज्ञ  
(Reg. 083693)

डॉ. तात्यासाहेब भ. निंबाळकर  
M.B.B.S., D.C.H. (Allopathy)  
बालरोग तज्ञ, नवजात शिशु तज्ञ  
व रोग प्रतिबंध तज्ञ (Reg. 075903)

णाचे नाव : ..... वय : ..... Y ..... M  
णाचा पत्ता : ..... M / F वजन : ..... Kg  
णाचा मो. नं. : ..... रुग्णाचा नोंदणी क्र. : .....  
'o ..... Inv. ....

## Certificate

This is certificate that **Shri Sai Hospital, Daund, Dist-Pune**, is affiliated hospital of Daund Medical Foundation's Sushrusha Institute of Nursing Science Daund. This is to confirm that PBBsc, Basic Bsc and Msc Nursing student of Sushrusha Institute of Nursing Science (Academic year- 2025 – 2026) are the only nursing student who are all utilizing our hospital for clinical experience.

श्री साई हॉस्पिटल साठी  
रात्री रुग्ण तपासणी नाही.  
No Consultation at night  
12.00 PM ते 9.00 AM पर्यंत

PRINCIPAL

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune

SHRI SAI HOSPITAL

Veer Savarkar Nagar, Daund

Dr. T. B. Nimbalkar

Reg. No. 75903 / M.B.B.S., D.C.H.

षध विक्रेत्याचे नाव :  
T :  
तांक :

डॉक्टरांची सही :  
शिक्रा :  
दिनांक :



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



क्रमांक: २५

दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन अॅक्ट १९४९ अन्वये

श्री/श्रीमती- डॉ.तात्या भगवानराव निंबाळकर

श्रीसाई हॉस्पिटल

वीर सावरकर नगर, दौंड कॉलेज जवळ

तालुका-दौंड, जिल्हा-पुणे-४१३८०१

येथील नर्सिंग होम /मॅटर्निटी होम रजिस्टर केले असून सदरचे  
नर्सिंग होम / मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

रजिस्ट्रेशन क्रमांक:-२५

प्रसुतीसाठी:-००

रजिस्ट्रेशन दिनांक :-०१/०४/२०१७

इतर रुग्णांसाठी:-१५

सर्टिफिकेट दिल्याचा दिनांक :-२०/०४/२०२३

सदरचे सर्टिफिकेट ३१ मार्च २०२६ पर्यंत कार्यवाहीत राहिल.

जुना रजि.क्रमांक:-२५, दिनांक:-०१/०४/२०१७

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

स्थळ :- पुणे

दिनांक :-२०/०४/२०२३



(डॉ. रामचंद्र हंकारे)

जिल्हा आरोग्य अधिकारी

जिल्हा परिषद पुणे

SHRI SAL HOSPITAL

Veer Savarkar Nagar, Daund

Dr. T. B. Nimbalkar

# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 020 - 25811694  
Fax: 020 - 25811701  
Website: <http://mpcb.gov.in>  
Email: [sropune1@mpcb.gov.in](mailto:sropune1@mpcb.gov.in)



Jog Center, 3rd floor,  
Mumbai Pune Road,  
Wakdedwadi, Pune - 411003.

ORANGE/S.S.I

Date: 11/07/2024

No:- Format1.0/SRO/UAN No.0000208665/CO/2407001356

To,  
M/s.Shri Sai Hospital  
Veer Savarkar Nagar, Near Daund College.  
Tal- Daund, Dist-Pune -413801  
Email:[shrisaihospitaldaund6@gmail.com](mailto:shrisaihospitaldaund6@gmail.com)  
Contact No.:9822268239



Combined Consent to 1st Operate and BMW Authorization (CCA) under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.

**Ref:** Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.MPCB-CONSENT-0000208665

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

1. This CCA shall be in force for a period From **30-09-2024 To 30-09-2028**
2. The capital investment of the HCF is **₹34.81** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 150.00 M<sup>2</sup> with Built-up area 130.00 M<sup>2</sup>.
4. **Activities Included**
  - a. Total Number of Beds : **15 Nos.** (As per BNH certificate no. 25 valid upto 31-03-2026)
    - I. General Beds : **8 Nos**
    - II. ICCU/ICU Beds : **2 Nos**
    - III. Operation Theatre : **1 Nos**
    - IV. Other Beds : **4 Nos**
5. **Conditions under the Water (P&CP) Act, 1974:-**
  1. Quantity of total water consumption shall not exceed 5.5 M<sup>3</sup>/day. You shall not use the ground water without obtaining prior permission of Central Ground Water Authority.
  2. You shall provide adequate treatment & disposal facility for Sewage & Effluent generated as specified in **Annexure-I**
  3. You shall provide water meter at water intake point & at sewage/Effluent disposal point and shall maintain monthly records thereof.

9423/2028



महाराष्ट्र MAHARASHTRA

2023

CP 598126

क्रमांक 904 दिनांक 26/12/2028 रुपये 500/-  
 मुद्रांक को माला राजासाठी वापरण्याचा आहे  
 मुद्रांक अधिनियम, 1948 चे अनुच्छेद 38 प्रतिसापत्र  
 मुद्रांक कार्यालय मुद्रांक नांव दांड मेडीकल फाउंडेशन दांड  
 संदर्भ क्रमांक  
 हस्ताक्षर व्यक्तीचे संपुर्ण नाव राज वामन नरवडे  
 पत्ता दांड

17 DEC 2024  
 Sub Treasury Officer,  
 Daund, Dist-Pune

मुद्रांक धारकांची सही/हस्ते व्यक्तीची सही

(*राज वामन नरवडे*)  
 (राज वामन नरवडे)  
 मुद्रांक विक्रेता  
 परवाना क्रमांक 2204086  
 पत्ता-दांड, ता. दांड, ज. पुणे

**AGREEMENT OF CLINICAL AFFILIATION BETWEEN  
 AFFILIATING AGENCY AND TRUST AUTHORITIES**

Agreement is made on 26<sup>th</sup> of December 2024

**BETWEEN**

The Medical Superintendent, Shree Varad Vinayak Hospital Near kedgaon Ram Sindhu Complex Tal – Daund, Dist-Pune.

(Herein after referred to as affiliating agency .... of the first part)

**AND**

Daund Medical Foundation, Daund (Pune)

(Herein after referred to as trust ..... of the other part)

*(Signature)*  
**PRINCIPAL**  
 Sushrusa Institute of Nursing Sciences  
 Daund, Dist. Pune

For the Purpose of providing Nursing Home Maternity clinical experience to the students of BSC (NSG), PBBSC (NSG) GNM, ANM, MSC ( NSG) And all others courses from Sushrusha institute of nursing sciences and Sushrusha Nursing School Daund in Shree Varad Vinayak Hospital Nursing Home Maternity clinical experience in nursing to students nurses and for the mutual benefit of the both parties , the affiliating agency as well as the institute have agreed ad follows .

**HAVE AGREED AS FOLLOWS:**

1. The agreement is made from 26/12/2024 and is made for 5 Years. It will continue till the agreement is terminated by either party by giving notice of at least two months or on 25/12/2029 when it gets completed naturally, students who are presently admitted or will be admitted in the future by the institution under this trust, also under any new courses which will be started future for nursing / medical/ paramedical stream shall be assigned to the affiliating agency for experience in Nursing Home Maternity
2. A committee shall be responsible for all the arrangement and for the dispute arise between the parties,
3. The duration of the experience shall be as per the norms of Indian Nursing Council, New Delhi Maharashtra Nursing Council, Mumbai Maharashtra State Borad of Nursing and Paramedical Education, Mumbai Maharashtra University of Health Sciences, Nashik as well as state Government of Maharashtra.
4. The institution authorities will be for maintaining discipline among the students in affiliating agency.
5. The affiliation will be renewed every 5 years by mutual understanding discipline among the students in affiliating Agency and the trust authorities.

**IN WITNESS WHERE OF THE PARTIES HAVE PUT THEIR HANDS, THE DAY AND YEAR FIRST HEREIN ABOVE WRITTEN.**

Signed by the within name

Medical superintendent .....

*Sachi* Dr Sachin Bhadwaker

In the presence of .....

Dr. Nityasha Deshpande *(Signature)*

*(Signature)*  
**PRINCIPAL**

Signed for and behalf of the said trust

President DMF/ Sec .....

*(Signature)* Mrs. Pallavi S. Patil

In the Presence of .....

Mr. Abhay Choudhary *(Signature)*



Sushrusha Institute of Nursing Sciences  
Daund Dist. Pune



Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 299059, Mob. 9423579075.

Recognised by ● Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai ● Indian Nursing Council, New Delhi ● State Government of Maharashtra.

Date : 29/01/2025

To,  
Medical Superintendent,  
Varad Vinayak Hospital,  
Kedgaon,  
Daund, Pune.

**Subject: Affiliation of our Basic Bsc Nursing, PB.BSc, MSc Nursing student AC YR. 2025-2026 for Obstetrics and Gynecology clinical posting.**

Respected sir/Madam,

As per the subject cited above, we the Management and Principal of Daund Medical Foundation's Sushrusa Institute of Nursing Sciences, Daund request you to give clinical affiliation/Permission for **Obstetrics and Gynecology** clinical posting to our Nursing Student especially as per syllabus under Varad Vinayak Hospital Kedgaon, Daund. We promise you that we will abide to rules and regulation of your institute.

**Your co-operation in this regard is highly appreciated by our trust.**

Kindly do the needful,

Thanking you in anticipation

Yours faithfully  
**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

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



क्रमांक:- ६३४

दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन अॅक्ट १९४९ अन्वये

श्री/श्रीमती- डॉ सचिन बापुराव भांडवलकर  
श्री वरद विनायक हॉस्पिटल, रामसिंधु कॉम्प्लेक्स  
केडगांव टोलनाक्याजवळ, केडगांव  
ता.दौंड, जि.पुणे -४१२२०३

येथील नर्सिंग होम/मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग  
होम/मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

रजिस्ट्रेशन क्रमांक:- ६३४

प्रसुतीसाठी :-१०

रजिस्ट्रेशन दिनांक :-०१/०४/२०२२

इतर रुग्णांसाठी :-५०

सर्टिफिकेट दिल्याचा दिनांक :-०७/०३/२०२४

सदरचे सर्टिफिकेट ३१/०३/२०२७ पर्यंत कार्यवाहीत राहिल.

स्थळ :- पुणे

दिनांक :-०७/०३/२०२४



(डॉ. सचिन देसाई)  
जिल्हा आरोग्य अधिकारी  
जिल्हा परिषद पुणे



PRINCIPAL

Sushrusa Institute of Nursing  
Daund, Dist. Pune

PRINCIPAL

Daund Medical Foundation  
SUSHRUSHA NURSING SCHOOL  
DAUND



Maharashtra Pollution Control Board  
महाराष्ट्र वायुमल नियंत्रण मंडळ

# JAI BHAVANI BIO MEDICARE SYSTEMS

Works :- O - 170, MIDC, Baramati  
Dist:- Pune 413133 Baramati - 413133  
Phone No: 9011678111, 9870916287  
Email Id: jaibhavanbiomedicare@rediffmail.com



Green Industry

Unique Registration No.: DNNH0026



## Registration Certificate



Outward No.: JBM/22-23/000154

Date: 14-Feb-2023

This is to certify that DR SACHIN BHANDWALKAR / DR ASHOK BANSODE, SHREE VARADHWAYAK HOSPITAL, RAM-SINDHU COMPLEX, SHIRUR CHOUFULLA ROAD, KEDGAON CHOUFULLA TAL- DAUND, DIST- PUNE, -412203 is registered with JAI BHAVANI BIO MEDICARE SYSTEMS, Baramati 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 SACHIN BHANDWALKAR / DR ASHOK BANSODE DOCTOR
2. Bombay Nursing Home Act Registration Details	
a. BNH Registration Number	034
b. BNH Issue Date	01-Apr-2022
c. Total Number of Beds	30
d. BNH Validity (Form 'C')	14-Mar-2025
3. Common Treatment Facility Registration Details	
a. Date of Registration	14-Jan-2024
b. No. of Beds Registered	50
c. Registration Validity	31-Dec-2024
4. Renewal of CTF Membership (if applicable)	
a. Renewal Date	31-Dec-2024
b. No. of Beds Registered	60
5. MPCB Consent (Establish/1 <sup>st</sup> Operate/Renewal) Details	
a. Consent/CCA Number	MPCB/ROP/BMW-ALTI/CC000197408
b. Issue Date	04-feb-2024
c. Validity up to	04-febr-2026



PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund Dist Pune

CHAROOSHILA  
DHANANJAY  
DHUMAL

PRINCIPAL

Daund Medical Foundation  
SUSHRUSHA NURSING SCHOOL

Digitally signed by  
CHAROOSHILA  
DHANANJAY DHUMAL  
Date: 2023.02.14 14:49:41  
+0530

For JAI BHAVANI BIO MEDICARE SYSTEMS

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



Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 299059, Mob. 9423579075.

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref No/SIONS/Affiliation US / 1839 / 2025

Date : 01/11/2025

To,  
Medical Superintendent,  
Jagruhi Psychiatric Rehabilitation Center ,  
Pune.

Subject: Affiliation of our PBBSsc, BSc Nursing .AC YR. 2025-2026 for clinical posting.

Respected sir/Madam,

As per the subject cited above we the Management and Principal of Daund Medical Foundation's Sushrusha institute of nursing sciences I, Daund request you to give clinical affiliation/Permission for clinical posting to our PB.B.Sc, BSc Nursing Student especially as per syllabus under. **Jagruhi Psychiatric Rehabilitation Center, Pune.** We promise you that we will abide to rules and regulation of your institute.

Your co-operation in this regard is highly appreciated by our trust.

Kindly do the needful,



Princip  
Grant  
21/11/25

Thanking you in anticipation

**PRINCIPAL**

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune

Yours faithfully  
**PRINCIPAL**

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune



0/N - 02/2025

Date: - 04/02/2025

**Certificate**

This is certificate that **Jagruti Psychiatric Rehabilitation Center** Dist-Pune is affiliated hospital of Daund Medical Foundation's Sushrusa Institute of Nursing Science Daund.(academic year 2025-2026) . This is to confirm that PBBsc, Bsc Nursing student of Sushrusa Institute of Nursing Science are the only nursing student who are all utilizing our hospital for clinical experience.



**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune



**MAHARASHTRA STATE MENTAL HEALTH AUTHORITY**

**(MSMHA)**

**Form-F**

**[See rule 66]**

**CERTIFICATE OF PERMANENT REGISTRATION OF MENTAL  
HEALTH ESTABLISHMENT**

The Maharashtra State Mental Health Authority, after considering the application under section 65 (2) or section 66 (3) or section 66(10) or section 66 (17) of the Mental Healthcare Act, 2017, hereby accords Permanent Registration to the applicant mental health establishment in terms of section 66 (4) or section 66 (11), or section (17) as per the details given hereunder:

Name: - Dr. Himanshu Uday Pendse

Address: - Jagruti Rehabilitation Centre, 29/2B/1 Zhagde Wasti Manjari Budruk,  
Pune-412307

No of beds:- 200

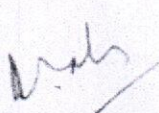
Permanent Registration Certificate No **51/2023**

The Permanent registration certificate No **51/2023** issued, is subject to the conditions laid down in the Mental Healthcare Act, 2017 and the rules and regulations made there under.

Place:- Mumbai

Date:- /08/2023

Dr. Swapnil Lale  
Chief Executive Officer  
State Mental Health  
Seal of the Registration Authority  
Authority, Mumbai

  
Registration Authority  
(MSMHA)

  
**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Dist. Pune



Scanned with CamScanner



## PASSCO Environmental Solutions Pvt. Ltd.

Unit 2 : Pune  
Narayani, 34/4, Erandwana, Behind Eisen Pharmaceuticals  
Pune - 411004  
Phone No:+91 -20 25467096, 7420931050  
Email Id:helpdesk@passco.in



Unique Registration No.: P2/NH050394



### Provisional Registration Certificate



Outward No.: P2/2024/002907

Date: 28-Sep-2024

This is to certify that, **JAGRUTI HOSPITAL , HAKE WASTI, PUNE SOLAPUR ROAD, MANJARI FARM, HADAPSAR, PUNE - 412307** is registered with PASSCO Environmental Solutions Pvt. Ltd. , Pune 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. AMAR HANMANT SHINDE
2. Bombay Nursing Home Act Registration Details	
a. BNH Registration Number	Not Available
b. BNH Issue Date	Not Available
c. Total Number of Beds	Not Available
d. BNH Validity(Form 'C')	Not Available
3. Common Treatment Facility Registration Details	
a. Date of Registration	19-Jun-2019
b. No. of Beds Registered	15
c. Registration Validity	31-Mar-2025
4. Renewal of CTF Membership(if applicable)	
a. Renewal Date	31-Mar-2025
b. No. of Beds Registered	15
5. MPCB Consent (Establish/ 1 <sup>st</sup> Operate/Renewal) Details	
a. Consent/ CCA Number	Not Available
b. Issue Date	Not Available
c. Validity up to	Not Available



Mr. Satish Satarkar  
Authorised Signatory

Note : MPCB approved Registration Certificate will be issued only after receiving valid details of BNH Act Registration and MPCB Consent.



PRINCIPAL  
Institute of Nursing Sciences  
Daund, Dist. Pune



Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 299059, Mob. 9423579075.

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ret No! - SIONS/Jagruji/Affiliation UG, PG/1784/2025

Date: 09/01/2025

To,  
The Director,  
Jagruji Psychiatric Rehabilitation Center  
Pune.

**Subject: Permission for psychiatric clinical training of B.Sc Nursing  
and Second Year P.B.B.Sc Nursing Students for AC Year 2025-2026.**

Respected sir/Madam,

Sushrusa Institute of Nursing Sciences, Daund. Is recognized by  
Maharashtra University of Health Sciences, Nashik, Indian Nursing  
Council, New Delhi, and Government of Maharashtra.

As per the rules laid down by university/council our students has  
undergo psychiatric clinical training for Ac Year 2025-2026. We request  
you to please give us permission for psychiatric clinical training of our  
B.Sc Nursing, Second year P.B.B.Sc Nursing students for AC Year 2025-  
2026 in your psychiatric clinical setting

You will be obliging for your rules and regulation.

Thanking you

Yours faithfully

PRINCIPAL

**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund. Dist. Pune

PRINCIPAL

Sushrusa Institute of Nursing Sciences  
Daund. Dist. Pune  
4/2/25





# JAGRUTI

REHABILITATION CENTRE

O/N - 03/2025


Date: - 29/01/2025


## TO WHOM SO EVER IT MAY CONCERN

This is to state that Daund Medical Foundation Sushrusa institute of nursing sciences, Daund student of 5<sup>th</sup> semester students had undergone 2 weeks psychiatric training in our Jagruti Rehabilitation Center, Pune from 30/12/2024 -11/01/2025. During this training period all students were regular, punctual and sincere.

So today 11/01/2025 all students were relieved from psychiatric training.



  
Dr. Amar Shinde  
Consultant Psychiatrist  
Jagruti Rehabilitation Centre  
Pune

  
PRINCIPAL  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune

Reg Add: JAGRUTI REHABILITATION CENTRE, ZAGADE WASTI, TAL-HAVELI, DIST- PUNE 412307.

Tel: 9822207761, 9325595407, Email: jagrutirehabpune@gmail.com, Web: www.jagrutirehab.org

**DAUND MEDICAL FOUNDATION  
SUSHRUSHA INSTITUTE OF NURSING SCIENCES  
BSC 5<sup>TH</sup> SEMESTER STUDENT LIST**

SR NO	NAME OF THE STUDENT
1	AJIN RAJU
2	ANJALIRAJU
3	CHAITANYA AUTE
4	GANESH CHAVAN
5	URWASHI. DESHPANDE
6	PALLAVI DHORE
7	MITAL DOYALE
8	SHREYA FULARE
9	DIKSHA GAIKWAD
10	PRATIK GARUD
11	VISHAL GOSAVI
12	RITIKA INGLE
13	NAYANA JADHAV
14	PRITI JADHAV
15	AVINASH JAWARE
16	PRAJAKTA KAMBLE
17	ANIKET KATE
18	SHRIYASH KAWALE
19	SURAJ KEDAR
20	KIRAN KHADE
21	RAJKUMAR KHADE
22	SACHIN KHADE
23	VIJAY KHADE
24	DIPAK. KHANDAGALE
25	ABHISHEK KSHETRE
26	RITESH KUTE
27	SHRIKANT MADANE
28	SNEHAL MORE
29	SANDHYA MOREY
30	SHREYASH. OHOL
31	KOMAL PANDE
32	VIKRAM PAWAR
33	SANDESH PETER
34	SARIKA POPALGHAT
35	ONKAR PURNALE
36	KRUSHNA SABALE
37	MAYURI SANAP
38	ASMITA SARDAR
39	TANSIYA. SHIKALGAR
40	STAVAN SHINDE
41	TEJASVI SONAWANE
42	SELVEENA THAKOR
43	NISSY VERGHESE
44	SAPANA VIRULKAR
45	PRAJAKTA WAGHLODE
46	NIKHITA YEDE
47	SURAJ NAIKWADI
48	SHAKIR MANIYAR

PRINCIPAL

Sushrusha Institute of Nursing Sciences  
Daund Dist. Pune





Daund Medical Foundation's

# SUSHRUSHA INSTITUTE OF NURSING SCIENCES.

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)

Ph.(02117) 265879, 267879. Mob. 9423579075., Fax. - 02117 - 263879

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref) SIONS/ Permission letter PBBSC/BSc/1832/2025

Date: 30/1/2025

To,  
Primary Health Officer,  
Kurkumbh  
Daund,  
Pune.

**Sub: Affiliation of our PBBSC & BSc student. AC YR. 2025-2026 for clinical posting under PHC, Kurkumbh.**

**Respected sir/Madam,**

As per the subject cited above, we the Management and Principal of Daund Medical Foundation Sushrusha Institute of Nursing Sciences. Daund request you to give clinical affiliation/Permission for **clinical posting** to our Nursing. Student under PRIMARY HEALTH CENTER, Kurkumbh in community specially as per syllabus. We promise you that we will abide to rules and regulation of your institute.

**Your co-operation in this regard is highly appreciated by our trust.**

Kindly do the needful,

Thanking you in anticipation

PRINCIPAL

Sushrusha Institute of Nursing Sciences

Daund Dist Pune

Sushrusha Institute of Nursing Sciences  
Daund Dist Pune

MEDICAL OFFICER  
Primary Health Center, Kurkumbh  
Tal. Daund, Dist. Pune



Daund Medical Foundation's

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Ref / SIONS / Permission letter PBBSC / BSc / 1832 / 2025

Date : 30/1/2025

To,  
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Daund,  
Pune.

Sub: Affiliation of our PBBSC & BSc student. AC YR. 2025-2026 for clinical posting under PHC, Kurkumbh.

Respected sir/Madam,

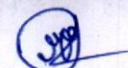
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Your co-operation in this regard is highly appreciated by our trust.

Kindly do the needful,

Thanking you in anticipation

  
MEDICAL OFFICER  
Primary Health Center, Kurkumbh  
Daund, Dist. Pune

  
Your faithfully  
PRINCIPAL  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune





Daund Medical Foundation's  
**SUSHRUSHA INSTITUTE OF NURSING SCIENCES.**

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Ph.(02117) 299059, Mob. 9423579075.

Recognised by • Maharashtra University of Health Sciences, Nashik,  
Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref(SIONS/Affiliation) letter of MSc 1834/2025

Date : 30/01/2025

To,  
Primary Health Officer,  
Kurkumbh  
Daund,  
Pune.

**Sub: Affiliation of our MSc student. AC YR. 2025-2026 for clinical posting under PHC, Kurkumbh.**

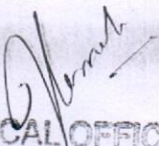
**Respected sir/Madam,**



As per the subject cited above, we the Management and Principal of Daund Medical Foundation Sushrusa Institute of Nursing Sciences. Daund request you to give clinical affiliation/Permission for **clinical posting** to our Nursing. Student under PRIMARY HEALTH CENTER, Kurkumbh in community specially as per syllabus. We promise you that we will abide to rules and regulation of your institute.

**Your co-operation in this regard is highly appreciated by our trust.**

Kindly do the needful,

Thanking you in anticipation

  
MEDICAL OFFICER  
Primary Health Center, Kurkumbh  
Tal. Daund, Dist. Pune

  
  
PRINCIPAL  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune  
PRINCIPAL  
Sushrusa Institute of Nursing Sciences  
Daund, Dist. Pune



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Recognised by • Maharashtra University of Health Sciences, Nashik,  
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Ref (SIONS/Affiliation) letter of MSc /1834/2025

Date: 30/01/2025

To,  
Primary Health Officer,  
Kurkumbh  
Daund,  
Pune.

**Sub: Affiliation of our MSc student. AC YR. 2025-2026 for clinical posting under PHC, Kurkumbh.**

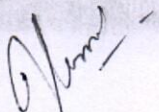
**Respected sir/Madam,**


As per the subject cited above, we the Management and Principal of Daund Medical Foundation Sushrusha Institute of Nursing Sciences. Daund request you to give clinical affiliation/Permission for **clinical posting** to our Nursing. Student under PRIMARY HEALTH CENTER, Kurkumbh in community specially as per syllabus. We promise you that we will abide to rules and regulation of your institute.

**Your co-operation in this regard is highly appreciated by our trust.**

Kindly do the needful,

Thanking you in anticipation

  
MEDICAL OFFICER  
Primary Health Center, Kurkumbh  
Tal. Daund, Dist. Pune

  
Your faithfully  
**PRINCIPAL**  
Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune



Daund Medical Foundation's  
**Sushrusha Nursing School**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 265879, 267879. Mob. 9423579075, 9960388757., Fax. - 02117 - 263879

Recognised by • Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref/SNS/Permission letter ANM & GNM/1833/2025

Date: 30/01/2025

To,  
Primary Health Officer,  
Kurkumbh  
Daund,  
Pune.

**Sub: Affiliation of our ANM and GNM Nursing student. AC YR. 2025-2026  
for clinical posting under PHC, Kurkumbh.**

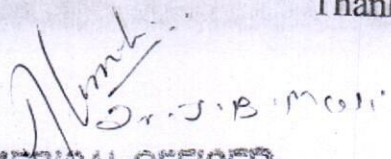
Respected sir/Madam,


As per the subject cited above, we the Management and Principal of Daund Medical Foundation's Sushrusha Nursing School Daund request you to give clinical affiliation/Permission for **clinical posting** to our Nursing Student under PRIMARY HEALTH CENTER, Kurkumbh in community specially as per syllabus. We promise you that we will abide to rules and regulation of your institute.

Your co-operation in this regard is highly appreciated by our trust.

Kindly do the needful,

Thanking you in anticipation

  
MEDICAL OFFICER  
Primary Health Center, Kurkumbh  
Tal. Daund, Dist. Pune

  
**PRINCIPAL** Your faithfully  
Sushrusha Institute of Nursing  
Daund, Dist. Pune  
Daund Medical Foundation  
SUSHRUSHA NURSING SCHOOL  
A/P Tal. Daund, Dist. Pune - 413 801



Daund Medical Foundation's  
**Sushrusa Nursing School**

Near Railway Flyover, Daund - Patas Road, Daund, 413 801 (Pune)  
Ph.(02117) 265879, 267879. Mob. 9423579075, 9960388757., Fax. - 02117 - 263879

Recognised by • Maharashtra Nursing Council, Mumbai • Indian Nursing Council, New Delhi • State Government of Maharashtra.

Ref/SNS/Permission letter ANM & GNM/1833/2025

Date: 30/01/2025

To,  
Primary Health Officer,  
Kurkumbh  
Daund,  
Pune.

**Sub: Affiliation of our ANM and GNM Nursing student. AC YR. 2025-2026  
for clinical posting under PHC, Kurkumbh.**

Respected sir/Madam,

As per the subject cited above, we the Management and Principal of Daund Medical Foundation's Sushrusa Nursing School Daund request you to give clinical affiliation/Permission for **clinical posting** to our Nursing Student under PRIMARY HEALTH CENTER, Kurkumbh in community specially as per syllabus. We promise you that we will abide to rules and regulation of your institute.

**Your co-operation in this regard is highly appreciated by our trust.**

Kindly do the needful,

Thanking you in anticipation

**PRINCIPAL**

Sushrusa Institute of Nursing Sciences  
Daund. Dist. Pune

Your faithfully  
**PRINCIPAL**

Daund Medical Foundation  
SUSHRUSHA NURSING SCHOOL  
A/P Tai-Daund Dist. Pune - 413801