

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 202----202---

Clinical Material in Hospital

Name of College/Institute.....
 Faculty.....

HOSPITAL DETAILS

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

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

Dean/ Principal Stamp & Signature

Health Department Zilla Parishad Amravati.

जाक/जिप/आवि/द.नु./ /२४ कार्यालय : (आरोग्य विभाग) जि.प.अमरावती दिनांक : / /२०२४.

सन १९४९ च्या बाम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट कलम ५ अन्वये दिलेले रजिस्ट्रेशन/रिन्युअल सर्टिफिकेट

Certificate Of Registration Under Section 5 of the Bombay Nursing Homes Registration/Reneval Act 1949 (under Rule 5)

क्रमांक 18/ No.18

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट १९४९ अन्वये, डॉ. राजेंद्र गोडे मेडीकल कॉलेज अॅन्ड हॉस्पिटल, अमरावती ता.जि.अमरावती येथिल नर्सिंग होम, दवाखाना रजिस्टर केले असुन सदरचे नर्सिंग होम, दवाखाना चालविण्याचा परवाना देण्यात आला असुन नोंदणी प्रमाणपत्र देण्यात येत आहे.

This is to certify that **Dr.Rajendra Gode Medical College & Hospital, Amravati** has been registered under the Bombay Nursing Homes Registration Act -1949 in respect of situated at **Near Achyut Maharaj Heart Hospital, Mardi Road , Amravati Tq. & Dist.Amravati.** has been authorised to carried out the said Nursing Homes Activites therefore this Registration Certificate giving to Hospital.

रजिस्ट्रेशन क्र.१८

Registarion No...18..	प्रसुतीसाठी Maternity	९० वॉटस 90 Cots
रजिस्ट्रेशन दिनांक १२/०६/२०२३ Registration Date 12/06/23	इतर कारणासाठी Other Nursing Patients,	७९० वॉटस 790 Cots

ठिकाण / Place- Amravati

नोंदणी सर्टिफिकेट दिल्याचा दिनांक ७/०५/२०२४
Date Of issue of Registration Certificate 07/05/2024

सदरचे सर्टिफिकेट दि.३१ मार्च २०२५ पर्यंत कार्यान्वयीत राहिल.
This Certificate Shall be Valid up to 31 March 2025



(Signature)

District Health Officer
Zilla Parishad Amravati

टिप:- आंतररुग्ण व बाह्यरुग्ण यांच्या सेवेत वाढ होण्याचे दृष्टिने व शासनाने नेमून दिलेल्या अटी व शर्ती च्या

अटी व शर्ती अन्वये नोंदणी नवनीकरण प्रमाणपत्र देण्यात येत आहे. आपले रुग्णालयात होणाऱ्या



महाराष्ट्र MAHARASHTRA

2024

06AB 165184

अ.क्र. 3950 अजय ज. खुळे
दिनांक 9e/6/2028 मुद्रांक विक्रेता
नाम - डॉ. राजेंद्र गोंडे वि. पुन ला. नं. 3/2000 अमरावती कॅम्प
पु. वसतीगि एडुल इले
गाव हते मयूर



Memorandum of Understanding as Parent Hospital

For Clinical permission

Between

President

Indira Bahuudeshiya shikshan sanstha Buldana

Director of Dr. Rajendra Gode Medical Collage and Hospital

Dr. Rajendra Gode Educational Campus Mardi Road, Amravati - 444602

And

Dr. Rajendra Gode GNM Nursing School, Amravati (Educator)

Dr. Rajendra Gode Educational Campus Mardi Road, Amravati - 444602



Notary

WITNESSETH:

WHEREAS Educator desires to provide educational experiences to its students (hereinafter, "Students") enrolled in its Nursing Programme; and

WHEREAS Hospital is willing to make available its facilities to said Educator, faculty, and Students for educational training and clinical experiences which will necessarily include some activities and tasks performed by students in learning the techniques of the program;

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

DEFINITION :

1.1 Course "course" shall mean the specific Course within the student is currently enrolled to complete program requirements.

1.2 Educational experiences "Educational experiences" shall mean those clinical educational activities taking place at Hospital leading to satisfaction of course requirements.

1.3 Faculty "Faculty" shall mean qualified Educator personnel assigned as the responsible faculty or the clinical instructor for students participating in Educational Experiences at Hospital.

1.4 Patients "Patients" shall mean any persons provided care, facilities or services, directly or indirectly, by or through Hospital or related organization.

1.5 Policies of Hospital "Policies of Hospital" shall mean and include the Bylaws and rules of Hospital the bylaws and rules of the Medical staff as approved by the Board, rules and

Regulations of the department and other established policies, practices and procedures of Hospital

1.6 President/Director "President" Shall mean the person holding the position current knifed President Hospital or such other title as may hereinafter be adopted to describe the Executive of Hospital exercising overall authority with respect to the operation and management of Hospital

THE HOSPITAL SHALL :

2.1 The Hospital is seven hundred ninety bedded and will be extension as per prospective plan

2.2 The Hospital is seven hundred ninety bedded and will be extension as per prospective plan.

Accept Educator students for which student's placements have been reviewed planned and arranged for educational Experiences by Educator. The number of students eligible to participate in education Experience will be mutually determined by MOU of both pitted many body directed by unknot it

2.3 Make available that educational Experience Training agreed upon

2.4 Arrange for an orientation program for the purpose of familiarizing the students with Hospital's physiology policies and Portal uses for providing us with its patients physical facilities and such other aspects as are pertinent to Educational experience of students.



Notary

2.5 Provide conference and classroom space within Hospital facilities, as available pursuant to mutually arranged schedules of use

2.6 Provide necessary emergency care to the students in the event of sudden illness or injury occurring at Hospital. The costs of such care to be the responsibility of the student

III THE EDUCATOR SHALL

3.1 Have the authority and responsibility for the Course and program, including curriculum development, appointment of qualified faculty to supervise students, evaluation of Educational Experience, assignment of Students, and maintenance of educational standards.

3.2 Perform its responsibilities and obligations under this MOU consistent with Hospital policies and Procedures

3.3 Provide, at least one (1) month prior to the start of any semester for which Students are to be placed under this MOU, the anticipated number of Students, the proposed schedule planned, and the kind of Educational Experience and activities desired

3.4 Assign only Students believed to be in good health at the time of reporting for their Educational Experience, which includes a negative skin test for tuberculosis, and proof of immunization or natural history of mumps, rubella, and measles.

3.5 Educator agrees to require that its students obtain and maintain prior to the performance of this MOU, appropriate infectious materials training which includes exposure to blood borne pathogens, infectious waste handling, preventing transmission of tuberculosis and the use of universal precautions as secured by state and federal law, and any other training as required by the hospital.

3.6 Instruct students on their responsibility for respecting the confidential and privileged nature of information which may come to their attention in regard to patient medical records and Hospital Internation. Hospital shall retain the responsibility for selection of patient to be insole in training assignments with any student, it being agreed that Hospital reserves the right to exempt any patient from initial or continued in program activities at Hospital.

IV THE PARTIES AGREE

4.1 Hospital and Educator shall maintain good communication between institutions and to confer on plans problems and changes related to the Educational Experiences of the students

4.2 Hospital shall notify educator when any student is determined by hospital to be unacceptable for reasons of health, performance or other causes which could interfere with hospital operation or quality of patient care and that upon receiving such notification educator shall withdraw any student from assignment at hospital.

4.3 Neither party in performing its responsibilities and obligations under this MOU, will discriminate against any person because of said person's race, creed, religion, national origin

Sex or age



Notary

4.4 By mutual understanding and meeting of both the parties can resolve the issues related to the clinical experience

V INDEMNIFICATION :

5.1 Educator shall indemnify and hold harmless hospital from any damages hospital may as a result of claims demands, losses, costs or judgments arising out of the acts or omissions of educator its faculty its clinical instructors its students or agents or agents in the performance obligations under this MOU.

5.2 Hospital shall use its best efforts to give to educator notice in writing within sixty (60) after receiving any such claims made against hospital or after it has knowledge of any damage, loss or expense threatened or threatened or incurred in regard to hospital resulting from the about act or omissions.

VI COMPENSATION

6.1 This MOU contemplate the payment of any fee remuneration by either part due to other but is intended to jointly benefit both parties by improving the education preparation of the students.

6.2 Neither the hospital nor the educator shall at any time be held responsible for compensation arrangements between party of the clinical instructor and the students.

VII. TERM AND TERMINATION:

7.1 Term The term of this MOU shall be for commencing on the 15 July day 2024.

7.1.1 Renewal this MOU may be renewed for successive years upon mutual approval writing

Termination This MOU may be terminated as follows

7.2. 1 Termination of MOU. In the event Hospital and Educator shall mutually agree writing, this MOU may be terminated on terms stipulated therein.

7.2.2 Early Termination This MOU may be terminated by either party with or without cause by delivering a written notice of termination to the other party at least thirty (30) days prior to such early termination.

7.3 Effect of Termination All students enrolled in the program at the time notice of termination is given shall be permitted to complete the program until all required Educational Experience have been offered to Students then enrolled However, no other Students shall be placed Hospital for educational Experiences after the termination date or notice of termination date whichever is sooner.



Notary

VIII. STATUS OF PARTIES:

8.1 In performing the services as contemplated hereunder, Hospital and educator agree that educator, Faculty and Students are acting as independent contractors and not as the agents or employees of hospital. As appropriate educator and faculty agree to pay, as they become due, all federal and state income taxes as well as other taxes, including self employment taxes due and payable on the compensation paid to the faculty by student and the identify and hold Hospital harmless from any and all taxes, penalties or interest which might arise by faculty's failure to do so, this provision shall survive the termination of this MOU.

8.2 No student in the program will be deemed to be an employee hospital nor will Hospital be liable for the payment of any wage, salary or compensation of any kind for service provided by the student further. No student will be covered under Hospital's worker's compensation, Social Security or Unemployment Compensation programs.

8.3 The student will, to the extent required by the hospital, Maintain proof of health record, insurance required and progress towards educational goals.

IX: GENERAL PROVISINS:

9.1 Assignment of the MOU or the rights or obligations hereunder shall be invalid without specific written consent of the other party of herein, except that this MOU may be assigned by Hospital without the written approval of educator to any successor entity operating the facility now operate by hospital or to a related or affiliation organization.

9.2 governing law this MOU shall be construed and governed by the laws of the state in which the hospital resides.

Amendments this MOU may be amended only by instrument in writing signed by the parties hereto.



Notary

Notice or communication herein required or permitted, shall be given the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivered at the following address unless either party shall otherwise designed its new address by written notice

Educator

Address

City, State, Zip

Hospital

Address

9. Execution This MOU and amendments thereto shall be executed in duplicate copies on behalf of Hospital and Educator by an official of each specifically authorized by its respective Board to perform

X. EXECUTION:

IN WITNESS WHEREOF, the duly authorized officers and representatives of Hospital and Educator have executed this MOU the 15 July 2024.

HOSPITAL :

By :

Date :



Signature

President / Trustee
President
Indira Bahuuddeshiya Shiksha
Sanstha, Buldana



Printed : Dr. Rajendra Gode Medical college and Hospital, Amravati.

Notary

EDUCATOR :

By :

Date :

Signature

Principal
Principal
Dr. Rajendra Gode GNM Nursing
School, Amravati-444602 (MH)



ATTESTED THE SIGNATURE OF THE
EXECUTANT NOT RESPONSIBLE
FOR THE CONTENTS OF THIS DOCUMENT

N.R.S. No. 402/2024

THIS DOCUMENT
CONTAINS 06 PAGES

Printed : Dr. Rajendra Gode G N M. Nursing School, Amravati



ATTESTED BY ME

Ambarish
26/7/24

Ambarish Praihadrao Deshmukh
ADVOCATE & NOTARY
"Ambarish", Infront of
Police Commissioner Bungalows,
Nr. Reserve Police Line Camp,
Amravati, M.S.-444 602,
Reg. No. 11218

PRIMARY HEALTH CENTRE, MARDI

Medical Officer
Dr. Sheela K. Pazare
M.B.B.S.
Reg. No. 079105



Address :-
At. Mardi, Tq. Teosa,
Dist. Amravati

Date 14/11/24

To, The District Health Officer
Zilla Parishad Amravati



Respected Sir,

This is to inform you that
2nd year Students of Dr. Rajendra Gode
Institute of Nursing Amravati wants to
get experience for rural health service
from Primary Health Centre - Mardi,
Taluka, Teosa, District Amravati.

Kindly give permission for
the same

कृपया देवात येन अति
(4)



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV
(See rule 13)
Bio Medical Waste Annual Return for the Calender Year - 2024

Application Type: HCF	Calender Year 2024	Submit To SRO-Amravati I
Member of CBMWTF: Yes		
Type of Health Care Facility Bedded		
1) Particulars		
i) First Name Dr NEERAJ	ii) Middle Name NANDKISHORE	iii) Last Name MURKEY
iv) Designation IN CHARGE MEDICAL SUPERINTENDENT	v) Aadhaar No 595955215056	vi) PAN No AFWPM9619L
vii) Address as per Aadhaar Card NEAR JAISTAMBH CHOWK AMRAVATI 444601	viii) Tel. No. 9422918854	ix) Fax No.
x) e-mail drgmghospital@gmail.com	xi) URL of website	
2) Details of Health Care Facility		
i) Name of the HCF DR RAJENDRA GODE MULTISPECIALITY AND GENERAL HOSPITAL	ii) Email drgmghospital@gmail.com	iii) Name of the contact person DR, YOGESH GODE
iv) Contact No. 8180894482		
3) Address of the Health Care Facility		
i) Building Name/Building No./Survey Number DR RAJENDRA GODE MULTISPECIALITY AND GENERAL HOSPITAL	ii) Street / Village MARDI ROAD GHATKHEDA AMRAVATI	iii) City / Taluka AMRAVATI
iv) District Amravati	v) Pin-Code Number 444904	vi) Near by Landmark
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private
4) Details of valid Combined Consent and BMW Authorization (CCA)		
i) CCA / Authorization No. FORMAT1.0/CAC/UAN NO. 0000124559/CE/2202001269	ii) Valid Upto Feb 20 2027 12:00:00:AM	
5) Total No of Beds (As per valid Authorization)		880
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		AMC-18
7) Registration Expiry Date		Mar 31 2025 12:00:00:AM
8) Faculty of Medicine		

9) Details of membership of common bio-medical waste treatment facility (CBMWTF)

Yes

Name of CBMWTF	M/s. Global Ecosave System, Amravati
Membership Number	421
Number of beds	880
Validity of Membership	31-12-2024

10) Details of BMW**i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)**

Yellow 120.00000	Red 200.00000	Blue 10.00000	White 20.00000
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ii) Bio Medical Waste Generated (Kg/Month)

Yellow 75.00000	Red 110.00000	Blue 5.00000	White 4.00000
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iii) Quantity of Biomedical waste given to CBMWTF (kg/Month)

Yellow 45.0000	Red 65.0000	Blue 4.0000	White 3.0000
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10.(a) General Solid Waste (kg/Month) 50.0000**11) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

4

ii) Number of personnel trained

45

iii) Number of personnel trained at the time of induction

45

iv) number of personnel not undergone any training so far

1

v) whether standard manual for training is available?

Yes

vi) any other information

POSTERS, HANDOUTS, SCRIPT

12) Details of the accident occurred during the year**i) Number of Accidents occurred****ii) Number of the persons affected****iii) Remedial Action taken (Please attach details if any)**

No

iv) Any Fatality occurred, If yes details.

No

13) Details of Liquid waste generated and treatment methods (STP and ETP)

i) STP	Yes	Capacity (CMD) 3
ii) ETP	Yes	Capacity (CMD) 175

14) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?

Yes

15) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose No		
Place AMRAVATI	Designation MEDICAL SUPERINTEND	Date 21-01-2025



Dr Rajendra Gode Medical College Amravati

Dr Rajendra Gode Medical College Amravati
Mardi Road, Amravati, Maharashtra - 444602

M. S. Office 10.26 A
Inward No.: 5084
Date: 15/01/2025

M. S. Office 11.00 AM
Out. No. DRGMC & H 924
Date: 15/01/2025

DATE : 14/01/2025

To,
The Civil Surgeon,
Dist. General Hospital,
Amravati,

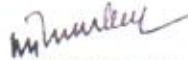
Subject : - Regarding Deletion of Names of Dr. Amay Rathi and Dr Rasika Chaudhari from the PCPNDT for Dr. Rajendra Gode Medical College And Hospital.


Respected Sir,

This is to inform you that **Dr. Amay Rathi and Dr Rasika Chaudhari** have left / resigned from our joined our **Dr. Rajendra Gode Medical College And Hospital**, due to their respective domestic reasons. Hence they are no longer on the payroll of our college.

Kindly Delete **Dr. Amay Rathi and Dr Rasika Chaudhari** names from the PCPNDT Muster for Dr. Rajendra Gode Medical College & Hospital.

Thanking you in Anticipation of Immediate response.


DR NEERAJ MURKEY
MEDICAL SUPERINTENDENT
DRGMC & H AMRAVATI


जयदेव
राजगुरु
अमरावती.
94/09/24

Received
15/01/2025
Kkare
PCPNDT L.C

GOVT. OF MAHARASHTRA



सत्यमेव जयते

Public Health Department
(PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION
AND PREVENTION OF MISUSE) RULES, 1996)

SCHEDULE III

CERTIFICATE OF REGISTRATION

1. In exercise of the powers conferred under Sec. 19 (1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 (57 of 1994), the Appropriate Authority, CIVI SURGEON DISTRICT GENERAL HOSPITAL, AMRAVATI. Hereby grants registration to the Genetic Counselling Centre* / Genetic Laboratory* / Genetic Clinic* named below for purposes of carrying out Genetic Counselling Pre-natal Diagnostic Procedures* / Pre-natal Diagnostic Tests as defined in the aforesaid Act for a period of five years ending on 28/10/2026

2. This registration is granted subject to the aforesaid Act and Rules thereunder and any contravention thereof shall result in suspension of cancellation of this Certificate of Registration before the expiry of the said period of five years.

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

Dr. Rajendra Medical College and Hospital,
Mardi Road, Amravati.

B. Name of Applicant for registration. Dr. Manish Rathi, Dr. Akshay
Boxkar (DMRE), Dr. Prasad Jaiswal (DMRE)

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

- (i) Ultrasound
- (ii) Amniocentesis (ix) CT SCAN
- (iii) Chorionic villi biopsy
- (iv) Foetoscopy
- (v) Foetal skin or organ biopsy
- (vi) Cordocentesis
- (vii) Any other (specify)
- (vii) 2 D ELO
- (viii) MRI

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

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

3. Registration No. allotted CS-82 Samsung, sr. No. S240M3HT900030R
 Samsung, sr. No. S240M3HT900016A
 KOREAU, sr. No. S24M3HT900016A (2DECO)

4. For reviewed Certificate of Registration only

Period of validity of earlier Certificate From 29/10/2021 To 28/10/2026 or Registration.



Date: 13/01/2025 SEAM

Signature, name and designation of the Appropriate Authority.....

GOVT. OF MAHARASHTRA



सत्यमेव जयते

Public Health Department
(PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION
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Borkar (DMRE), Dr. Prasad Jaiswal (DMRE)

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

- | | |
|--|---------------------------------|
| <input checked="" type="checkbox"/> (i) Ultrasound | (ii) Amniocentesis (IX) CT Scan |
| (iii) Chorionic villi biopsy | (iv) Foetoscopy |
| (v) Foetal skin or organ biopsy | (vi) Cordocentesis |
| (vii) Any other (specify) | (vii) 2D ECO |
| | (viii) MRI |

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

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

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② Samsung, sr. No. S240M3HT900016A

③ KOREA, sr. No. S24M3HT900016A(2DECG)

4. For renewed Certificate of Registration only
Period of validity of earlier Certificate From 29/10/2021 To 28/10/2026 for Registration.



Signature, name and designation of the Appropriate Authority.....

Date : 13/01/2025