Maharashtra University of Health Sciences, Nashik

Following documents need to available on web site

Trust Deed / Bylaws/ Registration Certificate (Trust / Hospital (Bombay Nursing Act))

Faculty.NURSING

Name of College/Institute Dr. Rajendra Gode Institute of Nursing, Amravati

	-	to it it of it has Canatha Buildhana		
Name of Trust / Society	I	Indira Bahuudeshiy Shikshan Sanstha, Buldhana		
Registration Certificate To be uploaded on web site clear and original copy		Trust / Society :- To be uploaded on web site Trust Deed / Bylaws:- To be uploaded on web site		
		Hospital Ownership Documents:-		
	- 11-	Hospital (Bombay Nursing Act) :- To be uploaded on web site		
		MPCB Certificate of Parent Hospital :- To be uploade on web site		
Hospital Type as Per Bombay Nursing	g Act	:- Multispeciality		
Hospital (Bombay Nursing Act) issuin	ng Au	athority :-		
Hospital Bed as per Certificate:-				
Name of the College / Institute (As per First Affiliation letter)	:	Dr. Rajendra Gode Institute of Nursing, Amravati		
Address	:	Mardi Road, Amravati		
Email ID	:	drgnoiamravati@gmail.com		
Telephone / Mobile No.(s)	:	9527978927 / 9511733784		
Website	:	drgion.com		
College Code	:	155150		

Here by I declare all relevant document uploaded are clear and visible on web site & are true as per my best knowledge

Any Other, Please Specify:-

Div Rainser Of the Institute of Nursing, Amravati-444602 (MH)

Chairman of LIC

Member Of LIC

ISpl-CC BPT.1 (2012) मोहिसी THEFUH № 13170 नौद्णीचे प्रमाणपत्र साहारे प्रमाणपत देंग्यात येत को आली बगेन केतेनी हार्रपत्रिक विधरत व्यवस्था हो आज, सुंबई हार्षजनिक विचरत म्ययस्था अधिनियस, १९६० (ग्रम् १९६० वा ग्रेवई अधिनियम बनांक १९) यान्ववे.....छाप लिन्छ। ३१ ुर्द्याहमा क्यांत सार्वजनित विश्वल स्वयत्या मोदणी कार्यालयात योग्य रोतीने नोंदण्यात आणी साह यार्वत्रविक विभाग मातरवेवे नाव द्वीदिया खुदुड द्वीहियि । हिस्साहा द्वीरेखा, जुहुआया। भारेंप्रविक विभारत अवस्थीच्या भोदची पुस्तकातील क्लोक 275-3890 ( gession) ALE ALLES CONSTRUCTION BUILDER BURN wistor 1.6 ug'r सहाकृत धर्मादाय आयुक्त, नुलहाणा विषाग, हुछद्राणा,..... 301 IDENTIFIED BY Maughale 5.84 Arun Armasiam Jugshule. woten at St. No. Number 01501 ATTESTED 12-11-2013 S. A. NAROTE NOTARY Buldana Dist an 1 2 NOV 2013 0. 10 914 ARO NOTARIAL - NOTARIAL NOTARIAL DIAMAL NOTE Juyeby ode Principal Dr. Rajendra Gode institute of Nursing, Amravati-444602 (MH) RAVAT

## CERTIFICATE OF REGISTRATION

Society Registration Rule, 1860

[Rule 21, of 1860]

Registration No. Maharashtra /1344 / Buldana 1986

Hereby cettify that " Indira Bahu-uddeshiya Shikshan Sanstha, Buldana Dist :- Buldana " is registered by procedure under society registration rules , 1860 [Rule 21 of 1860] on following date . Given under my signature on date 18 sep. 1986

IDENTIFIED BY -AJaughul Arun Atmuram Junghale Assistant Registrar of Society Akola Sub - Division , Buldana

woted at Sr. No. 587 Number of page/s\_0/

ATTESTED





1 2 NOV'2013



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Helay

Principal Dr. Rajendra Gode Institute of Nursing, Amravati-444502 (MH)

Health Depertment Zilla Parishad Amravati जाक/जिप/आवि/द.नु./ /२४ कार्यालयः (आरोग्य विभाग) जि.प.अमरावती दिनांकः / /२०२४.

सन १९४९ च्या बाम्बे नर्सींग होम्स रजिस्ट्रेशन ॲक्ट कलम ५ अन्वये दिलेले रजिस्ट्रेशन/रिन्युअल सर्टिफिकेट

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

क्रमांक 18/ No.18

दि बॉम्बे नर्सींग होम्स रजिस्ट्रमन ॲक्ट १९४९ अन्वये,डॉ. राजेंद्र गोडे मेडीकल कॉलेज ॲन्ड हॉस्पीटल, अमरावती ता.जि.अमरावती येथिल नर्सिंग होम, दवाखाना रजिस्टर केले असून सदरचे नर्सींग होम,दवाखाना चालविण्याचा परवाना देण्यात आला असून नोंदणी प्रमाणपत्र देण्यात येत आहे.

This is to certify that Dr.Rajendra Gode Medical College & Hospital, Amravati has been registerd 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.

रजिस्ट्रेज्ञन क. १८

Registarion No...18.

प्रसुतीसाठी Maternity ९० कॉटस 90 Cots

रजिस्टेन्नन दिनांक १२/०६/२०२३ Registration Date 12/06/23 Other Nursing Patients .

७९० कॉटस इतर कारणासाठी

790 Cots

District Health Officer

ठिकाण / Place- Amravati

zilha Parishad 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 राहील. This Certificate Shall be Valid up to 31 March 2025

टिपः- आंतररुग्ण व बाहयरुग्ण यांच्या सेवेत वाढ होण्याचे दृष्टिने व ज्ञासनाने नेमून दिलेल्या अटी व जर्नी च्या आधीन राहन या रुग्णालयास नोंदणी नतनीकरण प्रमाणपत्र देण्यात येत आहे. आपले रुग्णालयात होणाऱ्या



## Dr Rajendra Gode Medical College Amravati

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

ge Amravati tra - 444602	M. S. Office 10.16 P. Inward No.: 5089 Date: 151011015
	M. S. Office 11.00 AM
Out. No. 1 Date :	ISTOLIAL GEZI
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.

Received

DR NEERAJ MURKEY MEDICAL SUPERINTENDENT DRGMC & H AMRAVATI

sol.	GOVT. OF MAHARASHTRA
zl.	
	Public Health Department (PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) RULES, 1996)
	SCHEDULE III
	ECERTIFICATE 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 <u>28</u> <u>10</u> <u>2026</u>
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.
	<ul> <li>A. Name and address of the Genetic Counselling ' / Genetic Laboratory' / Genetic Clinic" Dr. Rajendra Medical (ollege and Hospital, Mardi Road, Amravati.</li> <li>B. Name of Applicant for registration Dr. Manish Rathi, Dr. Akshay Borkar (DMRE), Dr. Prasad Jailwal (DMRE)</li> </ul>
	C. Pre-natal diagnostic precedures approved for (Genetic Clinic) (i) Ultrasound (ii) Chorionic villi biopsy (v) Foetal skin or organ biopsy (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 (iii) Samsung, ST. No. S240M3HT900030R
3.	Registration No. allotted C.S - 82 3 sam sung, ST. NO. SZ40M3H T 900016A SKOREA, ST. NO. SZ4M3H T 900016A (20ECD)
4.	For revewed Certificate of Registration only Period of validity of earlier Certificate From 29 10 2021 To 28 10 2026 or Registration.
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Public Health Department (PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) RULES, 1996) SCHEDULE III CERTIFICATE OF REGISTRATION CERTIFICATE OF REGISTRATION CERTIFICATE OF REGISTRATION CERTIFICATE OF REGISTRATION CERTIFICATE OF REGISTRATION CERTIFICATE OF REGISTRATION 1. In exercise of the powers conferred under Sec. 19 (1) of the Pre-natal Diagnostic Techniques (Re and Prevention of Misuse) Act 1994 (57 of 1994), the Appropriate Authority. CIVIL SURCE DISTRICT GENERAL Hospital, AMTRUATI Heret registration to the Genetic Counselling Centre' / Genetic Laboratory' / Genetic Clinic' named below for purposes of carrying out Genetic Counselling Pre-natal Diagnostic Procedures' / Pre- Diagnostic Tests as defined in the aforesaid Act for a period of five years ending on 2.8. (100 2. This registration is granted subject to the aforesaid Act and Rules thereunder and any contrave thereof shall result in suspension of cancellation of this Certificate of Registration before the exi- the said period of five years. A. Name and address of the Genetic Counselling' / Genetic Laboratory' / Genetic Clinic' <u>Mr. Rajendra</u> <u>Medical</u> <u>Cauege</u> <u>and</u> <u>Houpital</u> , <u>Marchi</u> <u>Road</u> , <u>Amravati</u> . 8. Name of Applicant for registration. DT. <u>Manfih</u> , <u>Rathi</u> , <u>DT. AKshay</u> <u>Bortkar</u> ( <u>DMRE</u> ), <u>DT. Fradad</u> , <u>Jauwad</u> ( <u>DMRE</u> ). C. Pre-natal diagnostic precedures approved for (Genetic Clinic) <u>(H)</u> Ultrasound (II) Chroinic villi blopsy (IV) Foetospopy		GOVT. OI
<ul> <li>(PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) RULES, 1996)</li> <li>SCHEDULE III</li> <li>CERTIFICATE OF REGISTRATION</li> <li>In exercise of the powers conferred under Sec. 19 (1) of the Pre-natal Diagnostic Techniques (Re and Prevention of Misuse) Act 1994 (57 of 1994), the Appropriate Authority. CTVIL SURCE DISTRICT GENERAL HOSPITAL, AMERVATI. Heret registration to the Genetic Counselling Centre* / Genetic Laboratory* / Genetic Clinic* named below for purposes of carrying out Genetic Counselling Pre-natal Diagnostic Procedures* / Pre-Diagnostic Tests as defined in the aforesaid Act for a period of five years ending on 28. [10]</li> <li>This registration is granted subject to the aforesaid Act and Rules thereunder and any contrave thereof shall result in suspension of cancellation of this Certificate of Registration before the ext the said period of five years.</li> <li>A. Name and address of the Genetic Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Laboratory* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Clinic* Dr. Rajendra Medical Counselling* / Genetic Clinic* Dr. Rakad Jatuwal (DMRE)</li> <li>C. Pre-natal diagnostic precedures approved for (Genetic Clinic)</li> <li>(ii) Chorionic villi byopy</li> <li>(iii) Chorionic villi byopy</li> <li>(iii) Chorionic villi byopy</li> </ul>		
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<ul> <li>(v) Foetal skin or organ biopsy (vi) Cordodentesis</li> <li>(vii) Any other (specify)</li> <li>(vii) Any other (specify)</li> <li>(vii) Any other (specify)</li> <li>(vii) D D E CO</li> <li>(viii) MRT</li> <li>D. Pre-natal diagnostic tests approved (for Genetic Laboratory)</li> <li>(i) Chromosomal studies</li> <li>(ii) Molecular studies</li> <li>(iii) Molecular studies</li> <li>(vii) Sam Sung, Sr. NO: S240 M3HT9000</li> <li>2 Periotration No. allotted</li> </ul>	And Hospital, Marau Rathi, Dr. Akshay Wal(DMRE) Clinic) contesis (IX) CT Scan copy entesis E CO ratory) mical studies 08, Sr. NO. S240 M3H T 9000 30R Ng. Sr. NO. S240 M3H T 9000 16A	Dr. Rajendra Medical Road Amrawati B. Name of Applicant for registration BOTKAR (DMRE), Dr. C. Pre-natal diagnostic precedures appl (iii) Chorionic villi blopsy (v) Foetal skin or organ biopsy (vii) Any other (specify) D. Pre-natal diagnostic tests approved (i) Chromosomal studies (iii) Molecular studies
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## Maharashtra Pollution Control Board

## महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Bio Medical V	<b>Form - IV</b> (See rule 13) Vaste Annual Return for the Ca	alender 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	v) Aadhaar No	
IN CHARGE MEDICAL SUPERINTENDENT	595955215056	vi) PAN No AFWPM9619L
vii) Address as per Aadhaar Card NEAR JAISTAMBH CHOWK AMRAVATI 444601	viii) Tel. No.	ix) Fax No.
CHOWK AMKAVATI 444601	9422918854	
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		
) Building Name/Building No./Survey	ii) Street / Village	
Number	MARDI ROAD GHATKHEDA	iii) City / Talukå AMRAVATI
OR RAJENDRA GODE MULTISPECIALITY AND GENERAL HOSPITAL	AMRAVATI	0000000
v) District	v) Pin-Code Number	vi) Near by Leader
Amravati	444904	vi) Near by Landmark
ii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private
) Details of valid Combined Consent and B	MW Authorization (CCA)	Thrate
CCA / Authorization No.		
ORMAT1.0/CAC/UAN NO.	ii) Valid Upto Feb 20 2027 12:00:00:AM	
000124559/CE/2202001269	1 CU 20 2027 12:00:00:AM	
) Total No of Beds (As per valid Authorization)		880
) Registration Number (e.g. Bombay Nursi	ng Home reg. no.,MSDC,MBTC)	AMC-18
) Registration Expiry Date	Mar 31 2025 12:00:00:AM	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

e of CBMWTF	M/s. Global Eco	M/s. Global Ecosave System, Amravati		
421				
nbership Number	880			
mber of beds				
idity of Membership				
) Details of BMW Authorized Bio Medical Was	te Quantity Kg/month (as pe	r valid CCA)		
Yellow 120.00000	Red 200.00000	Blue 10.00000	White 20.00000	
Bio Medical Waste Generat	ed (Kg/Month)			
Yellow 75.00000	Red 110.00000	Blue 5.00000	White 4.00000	
Duantity of Riomedical wa	ste given to CBMWTDF (kg/	Month)		
Yellow 45.0000	Red 65.0000	Blue 4.0000	White 3.0000	
i) Number of personnel trai <sup>15</sup> iii) Number of personnel tra	ted on BMW acted on BMW Management.			
1) Details trainings conduct Number of trainings conduct Number of personnel trai Number of personnel trai	ted on BMW acted on BMW Management. ned			
1) Details trainings conduct Number of trainings conduct Number of personnel trai Number of personnel trai Number of personnel trai S	ted on BMW Incted on BMW Management. Ined ined at the time of induction t undergone any training so			
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15) Whether HCE intended to No	Sale / Handover liquid BMW for R&D purpo	se	
Place	Designation	Date	
AMRAVATI	MEDICAL SUPERINTEND	21-01-2025	

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