

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2025- 2026

Clinical Material in Hospital

Name of College/Institute: Institute of Physiotherapy, Kasal

Sr. No.	Particulars to be verified	Actual Available	Lacuna																																																																																											
a.	There must be a parent / attached Hospital with minimum 300 beds as per the Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student.: (Refer Sr. No. C for Beds as per Intake Capacity)	Adequate																																																																																												
b.	The student to patient ratio should be minimum 1:5, the first part being student & second part patient.	Adequate																																																																																												
c.	<p>The desirable breakup of beds shall be as follows: Student Patient Ratio (as per M.S.R., it must be 1:5) :</p> <table><tr><th>Sr.No</th><th>Specialty</th><th>10 to 30 Intake</th><th>31 to 40 Intake</th><th>41 to 50 Intake</th><th>51 to 60 Intake</th><th>For 61 to 100 Intake</th></tr><tr><td>01</td><td>General Medicine</td><td>30</td><td>40</td><td>50</td><td>60</td><td>100</td></tr><tr><td>02</td><td>General Surgery</td><td>30</td><td>40</td><td>50</td><td>60</td><td>100</td></tr><tr><td>03</td><td>Orthopedics</td><td>30</td><td>50</td><td>50</td><td>60</td><td>100</td></tr><tr><td>04</td><td>Obst & Gynac</td><td>15</td><td>20</td><td>30</td><td>30</td><td>60</td></tr><tr><td>05</td><td>Pediatrics</td><td>15</td><td>20</td><td>30</td><td>30</td><td>60</td></tr><tr><td>06</td><td>Medical ICU</td><td>05</td><td>05</td><td>10</td><td>10</td><td>15</td></tr><tr><td>07</td><td>Surgical ICU</td><td>05</td><td>05</td><td>10</td><td>10</td><td>15</td></tr><tr><td>08</td><td>PICU + NICU</td><td>05</td><td>05</td><td>05</td><td>10</td><td>15</td></tr><tr><td>09</td><td>ICCU + RICU</td><td>05</td><td>05</td><td>05</td><td>10</td><td>15</td></tr><tr><td>10</td><td>Burns Unit / ICU</td><td>05</td><td>05</td><td>05</td><td>10</td><td>10</td></tr><tr><td>11</td><td>Emergency</td><td>05</td><td>05</td><td>05</td><td>10</td><td>10</td></tr><tr><td colspan="2">Total</td><td>150</td><td>200</td><td>250</td><td>300</td><td>500</td></tr></table>	Sr.No	Specialty	10 to 30 Intake	31 to 40 Intake	41 to 50 Intake	51 to 60 Intake	For 61 to 100 Intake	01	General Medicine	30	40	50	60	100	02	General Surgery	30	40	50	60	100	03	Orthopedics	30	50	50	60	100	04	Obst & Gynac	15	20	30	30	60	05	Pediatrics	15	20	30	30	60	06	Medical ICU	05	05	10	10	15	07	Surgical ICU	05	05	10	10	15	08	PICU + NICU	05	05	05	10	15	09	ICCU + RICU	05	05	05	10	15	10	Burns Unit / ICU	05	05	05	10	10	11	Emergency	05	05	05	10	10	Total		150	200	250	300	500	Adequate	
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d.	Student: Bed Ratio (Undergraduate) :	1:5																																																																																												
e.	Average Bed Occupancy in % :	75%																																																																																												
f.	<p>Whether separate Registration room is available at OPD? a. Number of total patients registered in last Year: 82, 220 b. Number of New Patients registered on daily average: 59 c. Number of Old patients registered on daily average: 165 d. Average Number of patients attending OPD (current year) : 38,595 e. Whether records of patient registration are well maintained: Yes</p>	Yes																																																																																												
g.	Indoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.) Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per specialty.	Available																																																																																												
h.	Outdoor Physiotherapy Department Areas as per Clinical Load and Intake: (as per M.S.R.)	Available																																																																																												
i	Physiotherapy OPD Services (as per M.S.R.) : The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.	Available																																																																																												
	<ul style="list-style-type: none">As per Central Council Norms/University Norms, above Infrastructure must be available at collegeIf Infrastructure is available, then mark "Adequate" & do not attach any documents.In case of "Inadequate", it must be mark as "Inadequate" with evidence.If attached Hospitals provide valid MOU																																																																																													

Verified by The LIC Committee Members

Dean/ Principal Stamp & Signature

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Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

H. Talwar

PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg





SHREE ANANT SMRITI CHARITABLE TRUST, KASAL's,
INSTITUTE OF PHYSIOTHERAPY, KASAL

A/P Kasal, Taluka- Kudal, District- Sindhudurg, PIN Code- 416 603 MH
Email: iopkasal@gmail.com Contact: +91-9356214405

SHREE ANANT CHARITABLE TRUST, KASAL'S,
INSTITUTE OF PHYSIOTHERAPY, KASAL
Parent & Affiliated Hospital

Sr.no	Name of Hospital	Bed strength	Type of Hospital	Distance of Hospital from college building
1	Getwell Hospital Kankavli	100	General	10km
2	Sanjivani Hospital, Kankavali	100	General	10km
3	Dr. Nagvekar Hospital and Nursing Home Kankavli	60	General	10km
4	Mhaskar Hospital, Kankavli	50	General	10km
5	Sai Roop Hospital, kudal	30	Psychiatric	10km
	Total	340		



H. Palmani

PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



महाराष्ट्र MAHARASHTRA

2022

24AA 713020

मुद्रांक विक्रीचे ठिकाण - जिल्हाधिकारी कार्यालय, सिंधुदुर्गनगरी

दस्तावाचा प्रकार - प्रतिज्ञापत्र / तारणगहाण / करारपत्र / खरेदीखत

अखत्यारपत्र / संमतीपत्र / बँक

परवाना क्र. १७०८००४



Ex Officio Stamp Vendor
District Treasury Office,
Sindhudurg

मुद्रांक विक्री क्र. १६८७ दिनांक ०७/०९/२०२३ किंमत १५५

मुद्रांक क्र. ५७३२२०२ ओपन डिपॉझिट प्रमाणपत्र

हस्ते श्री. अश्विनी अश्विनी

मुद्रांक कोणाकडे सादर करण्यात येईल

लंकाहनालय देव. प्रिन्सिपल आश्विनी अश्विनी

श्री. प्रदीप धोंडी चव्हाण

मुद्रांक विक्री, सिंधुदुर्गनगरी

1 SEP 2023

N.R.S. No. 1999/2023

Date- 07/09/2023

UNDERTAKING

Dr. Pakale Nilesh Vijay, Age: 47 Years residing A/P-Kankavli,

Tal-Kanakavli, Dist-Sindhudurg owner of Getwell Hospital Kanakavli and

Individual Capacity as a member of Trust of Shree Anant Smriti

Charitable Trust Kasal A/P-Kasal, Tal-Kudal, Dist-Sindhudurg,

Maharashtra-416603.



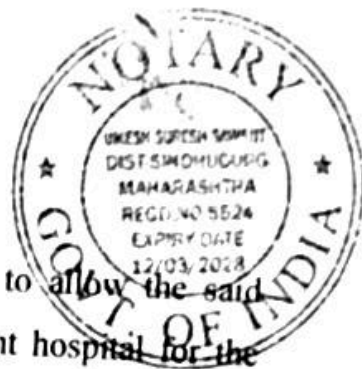
UMESH SURESH SAWANT
NOTARY Advocate For
Sindhudurg District (M.S.) India

PRINCIPAL
SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg





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Do here by undertake on solemn affirmation for to allow the said hospital owned and managed by me to function as parent hospital for the clinical field experience of students of **Institute of Physiotherapy, Kasal for Bachelor of Physiotherapy (BPTH)** Course College A/P-Gaorai, Tal-Kudal, Dist-Sindhudurg, Maharashtra-416534. run by **Shree Anant Smriti Charitable Trust, Kasal.**

The Parent Hospital allow the students in following areas.

1. The students will allow to attend the hospital for Clinical postings, Classes, Observation of Hospital Procedures, attend the patients under supervision, for internship, camps, etc.
2. Referral to the Hospital for critical patients.
3. Referral to Hospital for patients requiring medical check-ups, advanced diagnostic procedures and superspecialist consultation.

Further do here by undertake That the said hospital will continue to function as parent hospital till the life of this Physiotherapy institution and I will not allow said hospital to be treated as parent hospital to any other Physiotherapy Institution.

I solemnly here by Declare That the under taking furnished above is confirmed true and correct to the best of my knowledge and belief

AUTHORIZATION
GETWELL HOSPITAL, KANKAVLI

Name : Dr. Pakale Nilesh Vijay,
MBBS, D.Ortho, CCEBDM

DESIGNATION: (Owner of Getwell Hospital
Kankavli)



SIGNED **DATE** BY ME

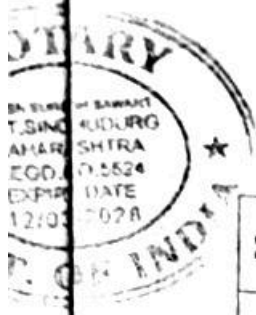
No Of Correction

SIGNATURE:

PRINCIPAL

UMESH SURESH SAWANT
NOTARY KANKAVLI
Dist Sindhudurg (M S India)

SASCTKs, Institute of Physiotherapy, Kasal
Taluka Kudal, District Sindhudurg



WITNESS:

SR.NO	NAME	SIGNATURE
1.	Mr. Sudam Raghunath Vardam	
2.	Mr. Siddharam M. Bolakotagi	

N.R.S.NO. 1999 / 02 / 2013

Total No of Correction Nil

Document is of Four Pages

SIGNED & EXECUTED BEFORE ME

07/09/2013
Date / / 201
Kankavli

NOTARY
Umesh S. Sawam
Kankavli 07/09



PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



भारत सरकार
Government of India

Nilesh Vijay Pakale
DOB 15/03/1977
Male



5153 6932 8997

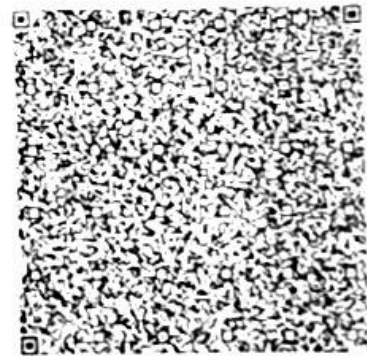
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address: 425 B, Jalakewadi, Behand
Tahasildar Office, Kankavli, Kankavli
Kankavli, Sindhudurg, Maharashtra,
416602



5153 6932 8997



1947



help@uidai.gov.in



www.uidai.gov.in

SIGNED BEFORE ME
No Of Correction

Umesh Suresh Sawant


UMESH SURESH SAWANT
NOTARY KANKAVLI
Dist Sindhudurg (M S India)

Nilesh Vijay Pakale
NPakale

PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kudal
Taluka Kudal, District Sindhudurg







is established & running a 100 bedded Hospital under the name & titled as Getwell Hospital Near Subdistrict Hospital, Kankavli Tal-Kankavli, Dist-Sindhudurg Which covers the specialty in General Medicine, General Surgery, Orthopaedic & Maternal & Child Care. The said Hospital is of Allopathic Institution. This said Hospital is being registered under Bombay Nursing Home Act. 1949 & under the shop Act. is an Educational Institute.

AUTHORIZATION GETWELL HOSPITAL, KANKAVLI

Name : Dr. Pakale Nilesh Vijay,
MBBS, D.Ortho, CCEBDN

DESIGNATION: (Owner of Getwell Hospital
Kankavli)



[Handwritten Signature]

DATE: 07/09/2023



SIGNATURE:

WITNESS:

SR.NO	NAME	SIGNATURE
1.	Mr. Siddharam M. Bolakotagi	<i>[Signature]</i>
2.	Mr. Sudam Raghunath Vardam	<i>[Signature]</i>

N.R.S.NO. 1998/02/2023

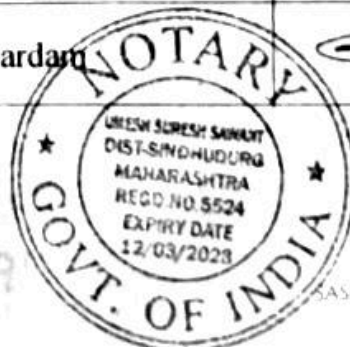
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SIGNED & EXECUTED BEFORE ME

07/09/2023
Date / / 2023

[Handwritten Signature]
NOTARY
Umesh S. Sawant
Kankavli



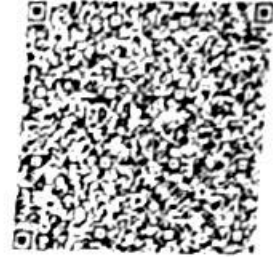
[Handwritten Signature]
PRINCIPAL
SASCTA's Institute of Physiotherapy, Kasal
Triloka Kudal, District- Sindhudurg



भारत सरकार
Government of India



Nilesh Vijay Pakale
DOB 15/03/1977
Male



5153 6932 8997

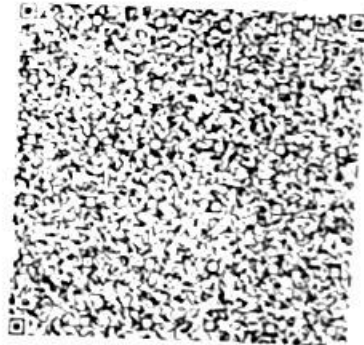
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address: 425 B, Jalakewadi, Behind
Tahasildar Office, Kankavli, Kankavli,
Kankavli, Sindhudurg, Maharashtra,
416602



5153 6932 8997



1947



help@uidai.gov.in

www

www.uidai.gov.in

SIGNED BEFORE ME

No Of Correction

UMESH SURESH SAWANT
NOTARY KANKAVLI
Dist Sindhudurg (M. S. India)

[Signature]
PRINCIPAL

SASCTK's Institute of Physiotherapy, Kasal
Taluka Kudal, District Sindhudurg





GOVERNMENT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT

FORM 'C'

(See rule 5)

**Certificate of Registration under section 3 of the
Maharashtra Nursing Homes Registration Act**

No. 149

This is certify that Dr. Shri/Smt./ _____ Nilesh Vijay Pakale
has been registered under the Maharashtra Nursing Homes Registration
Act in respect of _____ 'Getwell Fracture & Accident Hospital'

_____ situated at Jalkewadi, Near Talathi
Office, A/P: Kankavli, Tal: Kankavli, Dist: Sindhudurg.

and _____ 'Getwell Fracture & Accident Hospital' _____ has been authorized
to carry on the said nursing home.

Registration No. -01/SND/06/2012	Total Number of Beds -Hundred (100)
Date of Registration -22 nd June 2012	Maternity Patients - Twenty (20)
	Other patients - Eighty (80)

This certificate of registration shall be valid up to 31 st March 2025

Date of issue of Certificate - 11th May 2022

Place - Sindhudurg



Civil Surgeon, Sindhudurg
Authorized Signatory

PRINCIPAL

SASC I.K.S. Institute of Physiotherapy, Kasal
Taluka Kudal, District Sindhudurg

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 02352 - 220813
Fax: 02352 - 220813
Website: <http://mpcb.gov.in>
Email: sroratnagiri@mpcb.gov.in



Central Administration
Building No. 2, 2nd Floor,
Collector Office, Ratnagiri,
Pincode 415612

RED/

Date: 21/04/2024

No:- Format1.0/SRO/UAN No.0000157539/CO/2304001514

To,
GETWELL HOSPITAL
PANCHAYAT ROAD
TAL. KANKAVALI, DIST- SINDHUDURG
416602
Contact No.: 9422393139



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: Your application for Combine Consent and Bio-Medical Waste Authorization Vide UAN No. MPCB-CONSENT-0000157539 dated 12/04/2024

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 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 **01-06-2024** To **31-05-2028**

5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility.
6. The authorization is granted for generation and disposal of Bio-Medical Waste (BMW) to CBMWTSDF in waste categories and quantities listed here in below :

Sr. No.	Category	Type of Waste	Quantity (Kg/M)	Segregation Colour Coding	Treatment & Disposal
1	Yellow	a) Human Anatomical Waste	----	Yellow Coloured non- Chlorinated plastic bags	No onsite treatment of BMW is permitted. The above mentioned Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorized by MPCB
		b) Animal Anatomical Waste	----		
		c) Soiled Waste	10.0		
		d) Expired or discarded Medicines	----	Separate collection system leading to effluent treatment system	
		e) Chemical Waste	----		
		f) Chemical liquid Waste	7.00		
2	Red	g) Discarded linen, mattresses beddings contaminated with blood or body fluid.	----	Yellow coloured non – chlorinated plastic bags or suitable packing material.	
		h) Microbiology Biotechnology and other clinical laboratory waste.	----	Autoclave safe plastic bags or containers.	
		Contaminated waste (Recyclable)	33.0	Red coloured non chlorinated plastic bags or container.	
3	White (Translucent)	Waste Sharps including Metals	13.0	Puncture proof, leak proof, tamper proof container.	
4	Blue	a) Glass ware	----	Cardboard boxes with blue coloured marking.	
		b) Metallic body implants	----		

7. The liquid/solid waste generated from the treatment activity (from laboratory and washing, cleaning, housekeeping and disinfecting activities) shall be treated suitably by providing effluent treatment facility

MPCB-BMW AUTH-0000041949

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SASU TK's Institute of Physiotherapy, Kasa
Taluka Kuda District Sindhudurg

to conform the standards prescribed in Schedule V of said Rules and the Environment (Protection) Act, 1986.

8. (i) BMW shall be treated and disposed of in accordance with Schedule V and in compliance with the standards prescribed in Schedule V of said Rules.
- (ii) You shall setup requisite BMW treatment facilities like incinerator, autoclave, Microwave, shredder etc., at the disposal side in accordance with the BMW rules. You shall dispose of the duly treated BMW and incineration ash in secured land fill site at your own premises / at MSW secured land fill site of Municipal Council authorized by MPCB and duly earmarked for disposal of treated BMW / at common H.W. treatment & disposal facility setup as per the Hazardous Waste (M & H) Rules, 1989 as amended and authorized by MPCB.
9. (i) BMW shall not be mixed with other wastes or reused, recycled or sold in any form.
- (ii) BMW shall be segregated into containers / bags at the point of generation in accordance with Schedule-II prior to storage, treatment and disposal. The containers shall be labeled according to Schedule III.
- (iii) If a container containing BMW is to be transported from the premises where BMW is generated to any waste treatment facility outside the premises, the container shall, apart from the Label prescribed in Schedule III, also carry information prescribed in Schedule IV and shall be transported by authorized Transporter only.
- (iv) Notwithstanding anything contained in the Motor Vehicles Act, 1988 or Rules there under, BMW shall be transported only in such vehicle as may be authorized for the purpose by the competent authority as specified by the Government.
- (v) No untreated BMW shall be kept stored beyond a period of 48 hours.
- (vi) You shall submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs generated in the Cancer Centers, research and health care in the format prescribed by CPCB which is available on www.cpcb.nic.in along-with Annual Report to MPCB with copy to CPCB before 31st January every year.
- (vii) You shall manage the Mercury Waste in the HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per CPCB guidelines published on CPCB website www.cpcb.nic.in dtd. 07.09.2010 as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities".
- (viii) You shall ensure phase out of chlorinated plastic bags, gloves and blood bags by HCE's within two years.
- (ix) You shall ensure that the liquid waste is treated and disposed by all the occupier or operator of CBMWTF in accordance with Water Act, 1974.
10. Standards for waste autoclaving:

MPCB-BMW AUTH-0000041949

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SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

The autoclave shall be dedicated for the purposes of disinfecting and treating bio-medical waste,

- (I) When operating a gravity flow autoclave, medical waste shall be subjected to:
- (i) a temperature of not less than 121 C° and pressure of 15 pounds per Square inch (psi) for an autoclave residence time of not less than 60 minutes; or
 - (ii) a temperature of not less than 135 C° and a pressure of 31 psi for an autoclave residence time of not less than 45 minutes; or
 - (iii) a temperature of not less than 149 C° and a pressure of 52 psi for an autoclave residence time of not less than 30 minutes.
- (II) When operating a vacuum autoclave, medical waste shall be subjected to a minimum of one pre-vacuum pulse to purge the autoclave of all air. The waste shall be subjected to the following.
- (i) a temperature of not less than 121 C° and a pressure of 15 psi for an autoclave residence time of not less than 45 minutes; or
 - (ii) a temperature of not less than 135 C° and a pressure of 31 psi for an autoclave residence time of not less than 30 minutes; or
- (III) Medical waste shall not be considered properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reached during the autoclave process. If for any reasons, time temperature or pressure indicates that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence time were achieved.
- (IV) *Recording of operational parameters.* - Each autoclave shall have graphic or computer recording devices which will automatically and continuously monitor and record dates, time of day, load identification number and operating parameters throughout the entire length of the autoclave cycle.
- (V) *Validation test: Spore testing.* - The autoclave shall completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be *Bacillus stearothermophilus* spores using vials or spore strips, with at least 1x 10⁶ spores per milliliter. Under no circumstances will an autoclave have minimum operating parameters less than a residence time of 30 minutes, regardless of temperature and pressure, a temperature less than 121 C° or a pressure, less than 15 psi.
- (VI) *Routine Test.*—A chemical indicator strip/tape that changes color when a certain temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package at different location to ensure that the inner content of the package has been adequately autoclaved.

11. Every 'Authorized Person' shall submit an Annual Report to the prescribed authority in Form-II by 31st January every year including information about the categories and quantities of BMW handled during the preceding year.
12. (i) Every 'Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMW in accordance with these Rules and any guidelines issued.
(ii) All records shall be subject to inspection and verification by the prescribed authority at any time.
13. When any accident occurs at any institution or facility or any other site where BMW is handled or during transportation of such waste, the authorized person shall report the accident in Form III to the prescribed authority forthwith.
14. The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.
15. You shall submit following bank guarantees in favour of Regional Office, M. P. C. Board, Kolhapur within a 15 days to ensure the compliance of following conditions :

Sr. No.	Condition to be complied	Compliance Timeline (Months)	BG Amount (Rs)	Validity
A)	Operation and Maintenance			
01	To segregate and Handle BMW as per the Conditions of Authorization/BMW Rules.	Continuous	25000/-	31.12.2025
B)	Records			
02.	To maintain records of BMW and submission of Annual report in Form - II before 31 st January.	Continuous	15000/-	31.12.2025
03	To maintain records of BMW material received /delivered to authorized party/ CBMWTSDF (Transporters only)	Continuous	10000/-	31.12.2025
C)	Performance			
04	For Operation & Maintenance of STP/Effluent Treatment Plant.	Six months	50,000/-	31.12.2025
Bank Guarantee Total Amount of Rs.			100,000/-	

MPCB-BMW AUTH-0000041949

PRINCIPAL

SASCTK's Institute of Physiotherapy
Taluka Kudal, District- Sindh

**FOR AND ON BEHALF OF THE
MAHARASHTRA POLLUTION CONTROL BOARD**

J. Salunkhe
**(Jagannath Salunkhe)
REGIONAL OFFICER, KOLHAPUR**

**To,
M/S. GETWELL FRACTURE AND ACCIDENT HOSPITAL
GETWELL HOSPITAL, NEAR TAHSIL OFFICE,
JALKEWADI, NARDAVE ROAD,
A/P-KANKAVALI, DIST. SINDHUDURG.
MAHARASHTRA.**

Authorization Fees Received:

Sr. No.	Amount	Transaction No.	Date	Drawn On
1	12500/-	TXN2203001665	11.03.2022	Online Payment

Remaining Authorization Fees of Rs. 10000/- will be considered for Next Renewal.

Copy to:-

Sub Regional Office, Ratnagiri.

W. Salunkhe
PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



Maharashtra Bio Hygienic Management

Common Bio-Medical Waste Treatment, Storage & Disposal Facility

Lote Parshuram MIDC, Tal. Khed, Dist. Ratnagiri, Maharashtra - 415722

Helpline No. : +91 8698932676

E-mail : mbhmote@gmail.com



Unique Registration No.: GETWE416602MBHM00713



Offline QR

Outward No. : MBHM/Cer/2024-25/2426



Online QR

Date : 04-Oct-2024

Registration Certificate

This is to certify that **GETWELL FRACTURE AND ACCIDENT HOSPITAL, Jalkewadi** Near Talathi Office, Tal. KANKAVALI, Dist. SINDHUDURG is registered with Maharashtra Bio Hygienic Management, Lote Parshuram MIDC Tal. Khed, Dist. Ratnagiri, Maharashtra 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) | : | Nilesh Vijay Pakale |
| 2 | Bombay Nursing Home Act Registration Details | : | |
| | a. BNH Registration No | : | 149 |
| | b. BNH Issue Date | : | 31-May-2022 |
| | c. Total Number of Beds | : | 100 |
| | d. BNH validity (Form 'C') | : | 31-May-2025 |
| 3 | Common Treatment Facility Registration Details | : | |
| | a. Date of Registration | : | 03-Jan-2009 |
| | b. No. of Beds Registered | : | 100 |
| | c. Issue Date | : | 04-Oct-2024 |
| | d. Registration Validity | : | 01-Jun-2024 To 31-May-2025 |
| 4 | Renewal of CTF Membership (if applicable) | : | |
| | a. Renewal Date | : | 31-May-2025 |
| | b. No. of Beds | : | 100 |
| 5 | MPCB Consents (Establishment Operator/Renewal Details) | : | |
| | a. Consent / CCA Number | : | 2205000060 |
| | b. Issue Date | : | 02-May-2022 |
| | c. Validity upto | : | 31-Mar-2023 |



Maharashtra Bio Hygienic Management

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

Principal
PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kusal
Taluka Kudal, District- Sindhudurg



...2...

...2...
KANKAVANI HOSPITAL, KANKAVLI, A/P: KANKAVLI, TAL: KANKAVLI, DIST:
BANDHUDURG, MAHARASHTRA- 416602 (Hereinafter "the Clinical Facility") the Second

Party

WHEREAS, the First Party is an educational institution going to establish program in Physiotherapy, which requires clinical experiences of students enrolled therein; and

WHEREAS, B. P. Th. stands for Bachelor of Physiotherapy hereinafter collectively referred to as the "Program"

WHEREAS, the Second Party is a health care facility which has the resources in equipment and staff to provide the clinical experiences required by the Program of the Institute;

WHEREAS, it is to the benefit of the Institute that the resources of the Clinical Facility to be made available to the students for the required clinical experiences, practical & oral examinations; and

WHEREAS, it is to the benefit of both the Institute and the Clinical Facility to co-operate in the educational preparation of students enrolled in the Program so as to promote excellence in patient care, to ensure professional competence and to provide maximum utilization of clinical resources;

NOW THEREFORE, in consideration of the promises herein contained and other good and valuable consideration, the parties agree as follows:

Mutual Terms and Conditions:

The Parties hereby agree that the effective date of the agreement shall be the date on which the agreement is signed

1. **Duration of Agreement:** The agreement will be valid for a period of 30 years from the effective date of agreement and shall be considered renewed unless either party seeks to terminate this agreement.
2. **Termination of Agreement:** Either party may terminate this agreement, for any reason, by giving the other party written notice three (03) months prior to the effective date thereof.
3. **Modification of Agreement:** All modifications, waivers or alterations to this agreement must be approved in writing by both parties. Modifications in terms and conditions of MOU will be made by as per the instructions, suggestions or changes in norms by university, council and other governing bodies.
4. **Relationship of Parties:** Either party shall be considered independent contractors to one another. This agreement shall not create a partnership, joint venture, or association between the Hospital, Institute and any of its teacher and students.



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SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

5. **Meeting the Objectives:** Hospital shall make available appropriate clinical fieldwork experience, consistent with patient's rights, enabling students to meet objectives of the educational program, consistent with the course description and objectives. The Hospital must allow for conducting all practical & oral examination.
6. **Entire Agreement:** This agreement represents the complete understanding between the Hospital and Institute. It shall supersede prior oral or written understandings and promises relating to this subject matter. The Hospital must provide necessary required hospital documents such as permissions and certificates, various NOCs, hospital records, building blueprints or any other documents for inspection, approval & affiliation purpose by university, council & any other Governing body as per their requirement. Hospital shall allow to use hospital premises, patients and articles for all practical & oral examinations held by the university timely.
7. **Student Duties:** Students shall be allowed to work in all the wards of hospital according to the duty hours prescribed in the curriculum.
8. **Emergency Treatment:** In case of a student or faculty emergency illness or injury during the clinical fieldwork experience, Hospital will provide emergency care to students or faculty members.

Students' General responsibilities

1. Must comply with all hospital policies and procedures during rotations.
2. Must wear a Institute identification badge
3. Must receive basic orientation to hospital, and departmental orientation prior to entering area of rotation posting.
4. Must never offer treatment to a patient or perform a procedure without qualified personnel present to assist/instruct.
5. If an instructor suspects a student is impaired, the student is removed from the clinical area. The instructor will follow the policies of the academic institution.
6. Students who document on the patient care record must ensure that the documentation reflects the student's identification as a student and is co-signed by licensed personnel.
7. Students are dismissed for a variety of reasons which may include:
 - a) Unmet contractual requirements.
 - b) Drug/alcohol impairment.
 - c) Failure to respect patient privacy and confidentiality.
 - d) Failure to maintain a safe clinical environment for themselves, patients, visitors/staff.
 - e) Corporate compliance violation.
 - f) Inability to remediate to expected competency levels.
 - g) Failure to abide by the policies of hospital.

hPalmer

PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



AUTHORIZATION
SHREE ANANT SMRITI CHARITABLE TRUST, KASAL's,
INSTITUTE OF PHYSIOTHERAPY, KASAL

SIGNATURE

NAME: Mr. Gopal Tatoba Harmalkar

DESIGNATION: Joint Secretary, Shree Anant Smriti Charitable Trust, Kasal



AUTHORIZATION
SANJIVANI HOSPITAL, KANKAVLI

SIGNATURE

NAME: Dr. Vidyadhar Vasant Tayshete

DESIGNATION: Owner, Sanjivani Hospital, Kankavli



WITNESS:

1. Mr. Ravindra Arun Bobhate, Aadhar- 5764 4990 1030

2. Mr. Vaibhav Gopaldas Sarmalkar, Aadhar- 8490 6528 0819

DATE: 14/08/2023

PLACE: Kankavli

N.R.S.No. 2132 /2023
Total No. of Corrections Nil
Document is of Six Pages
SIGNED & EXECUTED BEFORE ME

14/08/2023
Date / /2023
Kankavli

NOTARY
Umesh S. Sawant
Kankavli.



PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kasal, District: Sindhudurg



भारत सरकार
Unique Identification Authority of India
Government of India

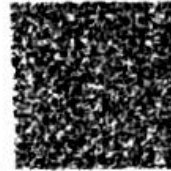
नॉटिफिकेशन क्रमांक / Enrollment No. 2006/07061/33812

To
Gopal Tatoba Harmalkar
नंदलाल तटोबा हारमलकर
S/O Tatoba Harmalkar
Kumbharwadi
Kasal, H.N. 643
Kudal
Kasal, Sindhudurg,
Maharashtra - 416603
9422381342

31/07/2011
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आपला आधार क्रमांक / Your Aadhaar No. :

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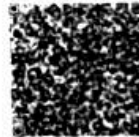
माझे आधार, माझी ओळख



भारत सरकार
Government of India



नंदलाल तटोबा हारमलकर
Gopal Tatoba Harmalkar
नं. नं. 643 / H.N. 643
कुदल / Kudal



3028 3584 3179

माझे आधार, माझी ओळख

PRINCIPAL
SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



SIGNED BEFORE ME

No Of Correction:

UMESH SURESH SAWANT
NOTARY KANKAVLI
Dist Sindhudurg (M S)India



भारत सरकार
GOVERNMENT OF INDIA
विद्याधर वसंत तायशेटे
Vidyadhar Vasant Tayshete
जन्म तारीख/ DOB: 26/09/1972
पुरुष / MALE
5440 0752 5319
माझे आधार. माझी ओळख

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
पत्ता: Address:
बडिलाचे/आईचे नाव: वसंत S/O. Vasant Purushottam
पुरुषोत्तम तायशेटे, हाउस नं. 413, मुंबई गोवा रोड, बिजलीनगर, कणकवली, सिंधुदुर्ग, महाराष्ट्र - 416602
Tayshete, House No. 413, Mumbai Goa Road, Bijalinagar, Kankavli, Sindhudurg, Maharashtra - 416602

WZayshete

hPalwa
PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasul
Taluka Kudal, District- Sindhudurg



SIGNED BEFORE ME
No Of Correction

UMESH SURESH SAWANT
NOTARY KANKAVLI
Dist Sindhudurg (M S) India



GOVERNMENT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT

FORM 'C'

(See rule 5)

**Certificate of Registration under section 3 of the
Maharashtra Nursing Homes Registration Act**

No. 148

This is certify that Dr. Shri/Smt./ Vidyadhar Vasant Tayshete
has been registered under the Maharashtra Nursing Homes Registration
Act in respect of 'Sanjivani Hospital'
situated at Near Laxmi Vishnu Hall,
College Road, A/P.Kankavli, Tal: Kankavli, Dist.: Sindhudurg
and 'Sanjivani Hospital' has been authorized
to carry on the said nursing home.

Registration No. -02/SND/06/2012	Total Number of Beds -Hundred (100)
Date of Registration -26 th June 2012	Maternity Patients - Nil (0)
	Other patients - Hundred (100)

This certificate of registration shall be valid up to 31 st March 2025

Date of issue of Certificate - 25th May 2022

Place - Sindhudurg



[Signature]
Civil Surgeon, Sindhudurg
Authorized Signatory

[Signature]
PRINCIPAL

SASCTK's Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781
Fax: 24024068/24023515
Website: <http://mpcb.gov.in>
Email: psa@mpcb.gov.in



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

RED/S.S.I

Date: 31/01/2023

No:- Format1.0/PSO/UAN No.0000138200/CO/2301002389

To,
Sanjivani Hospital,
Near Laxmi Vishnu Hall, College Road,
Kankavali, Sindhudurg-416602
Email: dr.vidyadhartayshete@gmail.com
Contact No.: 9422596800



Your Service is Our
Duty

Combined Consent to 1st Operate and BMW Authorization (CCA) with amalgamation of 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. Bio-Medical Waste Authorization granted by the Board vide no.RO-Kolhapur/BMW_Auth/2202000339 Date-16/02/2022
2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 02/05/2022
3. SCN For Refusal Dtd. 25/08/2022
4. Minutes of Personal Hearing Dtd. 03/10/2022
5. Your reply Dtd. 22/12/2022 & 18/01/2023 & 21/01/2023 & 30/01/2023

After examining the proposal, The Maharashtra Pollution Control Board hereby grant 1st operate Combined Consent and BMW Authorization with amalgamation of Consent to Establish 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 **25-05-2022 To 24-05-2026**
2. The capital investment of the HCF is **₹77.71 Lakhs** (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 1000.00 M² with Built-up area 800.00 M².
4. **Activities Included**
 - a. Total Number of Beds : **100 Nos.** (As per BNH certificate no. 02/SND/06/2012 valid upto 31-03-2025)
 - i. General Beds : **100 Nos**

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

1. Quantity of total water consumption shall not exceed 25.00 M³/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.

6. Conditions under the Air (P&CP) Act, 1981:-

1. You shall use the fuel for DG set as specified in the **Annexure-II**.
2. You shall provide adequate emission control system to DG set as specified in **Annexure-II**.
3. You shall strictly observe noise standards applicable for DG set stack emission and ambient noise level as per **Annexure-II**.

7. Conditions under Hazardous and Other Wastes (Management, Handling & Transboundary Movement) Rules, 2016 for treatment and disposal of hazardous waste:-

You shall have valid membership of CHWTSDF and shall dispose the Hazardous waste generated in strict compliance with said rules and maintain record thereof.

Sr No	Type of Waste	HW Category no.	Quantity	UOM	Disposal
1	35.3 Chemical sludge from waste water treatment	35.3	As per Actual	MT/M	CHWTSDF

8. Conditions under Solid Waste Management rules 2016

1. You Shall Handover Solid waste (Other Than BMW) to Local bodies as per provisions of SWM Rules, 2016.
2. You shall Not mix general solid waste with Bio Medical Waste.

9. Conditions under BMW Management rules, 2016 (As Amended):-

1. You shall adhere to the BMW Generation quantity and storage conditions as specified in Schedule-I of BMW Management Rules, 2016, as amended.
2. You shall segregate and handover BMW to BMW T&D CTF **Maharashtra Bio-Hygienic Management, Chiplun** Strictly complying with the Provisions of Schedule-I and Maintain record of the same.
3. **Cytotoxic Drugs/ Waste:** You shall have separate storage, marked with the symbol of Bio Hazard & Cytotoxic Hazard for outdated, discarded, unused cytotoxic drugs/waste and submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs in the format prescribed by CPCB which is available on www.cpcb.nic.in along with Annual Report to MPCB with a copy to CPCB before 30th June of every year.
4. **Mercury Waste:** You shall manage the Mercury Waste in HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per guidelines published by CPCB as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities" (www.cpcb.nic.in).

ORIGINAL

10. You shall not undertake Modifications/ Upgradation in existing facility without obtaining prior Environment Clearance under the Provision of EIA notification, 2006 Or Consent to Establish from the MPC Board as applicable.
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 2.50 lakhs towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Kolhapur within 30 days. Non submission of B.G. in specified time shall attract revocation of this CCA without further notice



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d2712b17
70351e1e
b07170eb
ad+12142
e2501f12

Signed by: Dr. Amar R. Supate
Principal Scientific Officer
For and on behalf of,
Maharashtra Pollution Control Board
psa@mpcb.gov.in
2023-01-31 16:01:42 IST

Received Consent/Authorization fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	5000.00	TXN2205000114	02/05/2022	Online Payment
2	10000.00	TXN2301003277	30/01/2023	Online Payment
3	5000.00	TXN2205000123	02/05/2022	Online Payment

Copy to:

1. Regional Officer, MPCB, Kolhapur and Sub-Regional Officer, MPCB, Ratnagiri
- - 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

CTK's Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

Conditions under Water (P & CP), 1974 Act: (Refer Condition No. 5)

A. Water Consumption Details:-

Sr. No.	Purpose for water consumed	Water consumption quantity (CMD)
1.	Industrial Cooling, spraying in mine pits or boiler feed	0.00
2.	Domestic purpose	25.00
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	0.00
4.	Processing whereby water gets polluted & pollutants are not easily biodegradable and are toxic	0.00
5.	Other such as agriculture, gardening, etc.	0.00

B. Conditions for Sewage & Effluent Generation, Treatment and Disposal:-

Sr. No.	Description	Permitted quantity of discharge (CMD)	Standards to be achieved	Disposal
1	Domestic Sewage	20	As per clause 'C'	50% Recycle & 50% Discharge to Sewer
2	Trade effluent	0	As per clause 'C'	50% Recycle & 50% Discharge to Sewer

- C. You shall operate the combined waste water treatment plant of adequate design and capacity to treat the domestic sewage and trade effluent so as to achieve the following standards as prescribed below under E (P) Act, 1986 and Rules made there under and recycle treated effluent after achieving standard prescribed below.

Sr. No.	Parameters	Discharge Standards applicable	
		Limiting Concentration in mg/except for pH	
1	pH	6.5-9.0	
2	Oil & Grease	10	
3	BOD (3 days 27°C)	30	
4	COD	250	
5	Total Suspended Solids	100	
6	Bio-Assay Test	90 % survival of fish after 96 hours in 100 % effluent	

- D. You shall ensure replacement of pollution control system or its parts after expiry of its expected life as defined by manufacturer so as to ensure the compliance of standards and safety of the operation thereof.
- E. You shall provide Primary/ Secondary/ tertiary treatment system and disinfection facility.
- F. The Applicant shall obtain prior consent of the Board to take steps for Expansion/Modification of any treatment and disposal system or an extension or addition thereto.
- G. You shall provide Specific Water Pollution control system as per above conditions and conditions of Environmental Clearance, if applicable.

W. Palu
PRINCIPAL

Terms & conditions for Incinerator(s) and D.G. Set(s) under Air (P & CP) Act, 1981 and Bio Medical waste management Rule, 2016: (Refer Condition No.6)

1. You shall observe following fuel pattern and erect following stack (s)

Sr. No.	Stack Attached to	Fuel Type	Quantity	Stack Height (Mtr)
1	DG Set 50 KVA	Diesel	15.00 Ltr/Hr	8.00

2. The Applicant shall obtain prior permission of MPC board for providing additional control equipment with necessary specifications and operation thereof or replacement/alteration well before its life come to an end or erection of new pollution control equipment.
3. The Board reserves its rights to vary all or any of the condition in the consent, if due to any technological improvement or otherwise such variation (including the change of any control equipment, either in whole or in part as necessary).
4. Conditions for D.G. Set:-
- Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically for control of noise.
 - Acoustic enclosure/acoustic treatment of the room should be designed for minimum 25 dB (A) insertion loss or for meeting the ambient noise standards, whichever is on higher side. A suitable exhaust muffler with insertion loss of 25 dB(A) shall also be provided. The measurement of insertion loss will be done at different points at 0.5 meters from acoustic enclosure/room and then average.
 - You shall make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
 - Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
 - A proper routine and preventive maintenance procedure for DG set should be set and followed in consultation with the DG manufacturer which would help to prevent noise levels of DG set from deteriorating with use.
 - D.G. Set shall be operated only in case of power failure.
 - The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.
 - The applicant shall comply with the notification of MoEFCC dated 17.05.2002 regarding noise limit for generator sets run with diesel.
5. You shall take adequate measures for control of noise levels from its own sources within the premises so as to maintain ambient air quality standard in respect of noise to less than 75 dB (A) during day time and 70 dB (A) during night time. Day time is reckoned in between 6 a.m. and 10 p.m. and night time is reckoned between 10 p.m. and 6 a.m.

W. Palwa
PRINCIPAL

SASCTKa, Institute of Physiotherapy, Kudal
Taluka Kudal, District- Sindhudurg

SCHEDULE-I**Authorization for Management of Bio-Medical Waste (Category and Quantity)**

The authorization is granted for Generation and Segregation of BioMedical Waste (BMW) in waste categories and quantities listed here in below:

Sr. No	Category	Type of Waste	Quantity not to exceed (Kg/Month)	Segregation Colour coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	30.00	Yellow coloured non- chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Maharashtra Bio-Hygienic Management, Chiplun Chiplun
		b) Animal Anatomical Waste	0.00		
		c) Soiled Waste	150.00		
		d) Expired or Discarded Medicines	3.00		
		e) Chemical Waste	2.00		
		f) Chemical Liquid Waste	1.00	Separate collection system leading to effluent treatment system.	
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	4.00	Yellow coloured non - chlorinated plastic bags or suitable packing material.	
		h) Microbiology Biotechnology and other clinical laboratory waste	7.00	Autoclave safe plastic bags or containers.	Pre-treat to sterilize with nonchlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter sent to BMW-CTF for Incineration.
2	Red	Contaminated waste (Recyclable)	140.00	Red coloured non chlorinated plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Maharashtra Bio-Hygienic Management, Chiplun Chiplun
3	White (Translucent)	Waste sharps including Metals	10.00	Puncture proof, Leak proof, tamper proof container.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Maharashtra Bio-Hygienic Management, Chiplun Chiplun
4	Blue	a) Glassware	4.50	Puncture proof, Leak proof with Blue coloured marking.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Maharashtra Bio-Hygienic Management, Chiplun Chiplun
		b) Metallic body implants	2.00		

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PRINCIPAL

Bank Guarantees

1. Bank Guarantee imposed to ensure timely compliance, to be observed by operator.

Sr.No	Activity / Condition to be Complied	Compliance Timeline (Months)	Bank Guarantee Amount
1A	Operation and Maintenance		
1	To Segregate and Handle BMW as per Schedule I	Continuous	50,000.00
2	Towards Operation and Maintenance of STP/ETP to achieve prescribed discharge standards	Continuous	50,000.00
1B	Records		
1	To Maintain records of BMW and submission of Annual Report for preceding calendar year in Form -IV before 30th June every year	Continuous	25,000.00
2	To maintain records of BMW handed over to CBMWTF	Continuous	25,000.00
2	Performance		
1	To Upgrade STP capacity to accommodate waste water generation as per water budget.	6 Months	100,000.00
Total			2,50,000.00

Note: You shall extend the previously submitted Bank Guarantee valid upto the validity of this CCA + 4 months additional.

hPalwa
PRINCIPAL
 SASC TK's, Institute of Physiotherapy, Kisi
 Taluka Kudal, District- Sindhudurg


General Conditions

The following general conditions shall apply:-

1. You shall provide facility for collection of environmental samples and samples of trade and sewage effluents, air emissions and hazardous waste to the Board staff at the terminal or designated points and shall pay to the Board for the services rendered in this behalf.
2. Whenever due to any accident or other unforeseen act or event, such emissions occur or is apprehended to occur in excess of standards laid down, such information shall be forthwith reported to Board, concerned Police Station, Executive Engineer MIDC and Local Body. In case of failure of pollution control equipment's, the process connected to it shall be stopped.
3. You shall provide an alternate electric power source sufficient to operate all pollution control facilities installed to maintain compliance with the terms and conditions of the consent. In the absence, the applicant shall stop, reduce or otherwise, control operation to abide by terms and conditions of this consent.
4. You shall submit to this office, the 30th day of September every year, the Environmental Statement Report for the financial year ending 31st March in the prescribed Form-V as per the provisions of rule 15 of the Environment (Protection) (Second Amendment) Rules, 1992.
5. You shall comply with the Hazardous Waste (M, H & TM) Rules, 2016 and submit the Annual Returns as per Rule 20(2) of Hazardous Waste (M, H & TM) Rules, 2016 for the preceding year April to March in Form-IV by 30th June of every year to Regional Office, Kolhapur.
6. You shall engage qualified staff/personnel/agency to see the day to day compliance of consent & authorization condition towards Environment Protection.
7. Separate drainage system shall be provided for collection of trade and sewage effluents. Terminal manholes shall be provided at the end of the collection system with arrangement for measuring the flow. No effluent shall be admitted in the pipes/sewers downstream of the Terminal manholes. No effluent shall find its way other than in designed and provided collection system.
8. Neither storm water nor discharge from other premises shall be allowed to mix with the effluents from the HCE.
9. You shall install a separate meter showing the consumption of energy for operation of domestic and industrial effluent treatment plants and air pollution control system. A register showing consumption of chemicals used for treatment shall be maintained.
10. You should not cause any nuisance in surrounding area. You shall maintain good housekeeping.
11. You shall bring minimum 33% of the available open land under green coverage/plantation. The applicant shall submit a yearly statement by 30th September every year on available open plot area, number of trees surviving as on 31st March of the year and number of trees planted.
12. The non-hazardous solid waste arising in the HCE premises, sweepings, etc. be disposed of scientifically so as not to cause any nuisance / pollution. The applicant shall take necessary permissions from civic authorities for disposal of solid waste.
13. You shall achieve the National Ambient Air Quality standards prescribed vide Government of India, Notification Dated. 16/11/2009 as amended.

14. You shall submit an official e-mail address and any change will be duly informed to the MPCB.
15. You shall observe provisions of E-waste (Management) Rules 2016 & as amended time to time and Batteries (Management and Handling) Amendment Rules, 2010.
16. An inspection book shall be opened and made available to the Board's officers during their visit to the HCE.
17. In case you use/ handle/ generate the cytotoxic waste you shall strictly adhere to the standards/ SOPs applicable and waste shall be labelled specifically as "Cytotoxic Waste" with symbol on waste containers/ bags and shall handover to BMW CTFs.
18. You shall obtain required permissions from competent authority for radio active material user/ handling/ disposal of waste before commencement of such activity.
19. The Energy source for lighting purpose shall preferably be LED based.
20. You shall harvest rainwater from roof tops of the buildings and storm water drains to recharge the ground water and utilize the same for different industrial applications within the plant
21. You shall provide personal protection equipment as per norms of Factory Act 1948
22. You are responsible to submit application for renewal of Combined Consent & Biomedical Waste authorization before 60 days of expiry.

This certificate is digitally & electronically signed.


PRINCIPAL
SASCTK's Institute of Physiotherapy, Kasal
Taluka Kudal, District: Sindhudurg

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

रु. 100



सत्यमेव जयते

HUNDRE

भारत INDIA
INDIA NON JUDICIAL



महाराष्ट्र MAHARASHTRA

2022

24AA 713441

परवाना क्र. 9406-2022

महाराष्ट्र राज्य सरकार, न्यायिक शाखा, मुंबई

महाराष्ट्र राज्य सरकार, न्यायिक शाखा, मुंबई

महाराष्ट्र राज्य सरकार, न्यायिक शाखा, मुंबई

महाराष्ट्र राज्य सरकार, न्यायिक शाखा, मुंबई

महाराष्ट्र राज्य सरकार, न्यायिक शाखा, मुंबई

महाराष्ट्र राज्य सरकार, न्यायिक शाखा, मुंबई

महाराष्ट्र राज्य सरकार, न्यायिक शाखा, मुंबई

N.R.S. No. 2131/12

Date-14/08/2023

MEMORANDUM OF UNDERSTANDING

BETWEEN

SHREE ANANT SMRITI CHARITABLE TRUST KASAL's, INSTITUTE OF
PHYSIOTHERAPY, KASAL A/P: GAORAI, TAL: KUDAL, DIST: SINDHUDURG,
MAHARASHTRA- 416 534 a proposed educational Institute, an agency of education for
B. P. Th. Course (Hereinafter the "Institute") the First Party and Dr. NAGVEKAR
HOSPITAL AND NURSING HOME, AT: VIDYANAGAR, POST: KANKAVLI, TAL:
KANKAVLI, DIST: SINDHUDURG, MAHARASHTRA- 416 602 (Hereinafter "the Clinical
Facility") the Second Party



PRINCIPAL

SASCTK's Institute of Physiotherapy Kasal
Taluka Kudal, District: Sindhudurg

WHEREAS, the First Party is an educational institution going to establish program in Physiotherapy, which requires clinical experiences of students enrolled therein; and

WHEREAS, B. P. Th. stands for Bachelor of Physiotherapy hereinafter collectively referred to as the "Program"

WHEREAS, the Second Party is a health care facility which has the resources in equipment and staff to provide the clinical experiences required by the Program of the Institute;

WHEREAS, it is to the benefit of the Institute that the resources of the Clinical Facility to be made available to the students for the required clinical experiences, practical & oral examinations; and

WHEREAS, it is to the benefit of both the Institute and the Clinical Facility to co-operate in the educational preparation of students enrolled in the Program so as to promote excellence in patient care, to ensure professional competence and to provide maximum utilization of clinical resources;

NOW THEREFORE, in consideration of the promises herein contained and other good and valuable consideration, the parties agree as follows:

Mutual Terms and Conditions:

The Parties hereby agree that the effective date of the agreement shall be the date on which the agreement is signed

1. **Duration of Agreement:** The agreement will be valid for a period of 30 years from the effective date of agreement and shall be considered renewed unless either party seeks to terminate this agreement.
2. **Termination of Agreement:** Either party may terminate this agreement, for any reason, by giving the other party written notice three (03) months prior to the effective date thereof.
3. **Modification of Agreement:** All modifications, waivers or alterations to this agreement must be approved in writing by both parties. Modifications in terms and conditions of MOU will be made by as per the instructions, suggestions or changes in norms by university, council and other governing bodies.
4. **Relationship of Parties:** Either party shall be considered independent contractors to one another. This agreement shall not create a partnership, joint venture, or association between the Hospital, Institute and any of its teacher and students.
5. **Meeting the Objectives:** Hospital shall make available appropriate clinical fieldwork experience, consistent with patient's rights, enabling students to meet objectives of the educational program, consistent with the course description and objectives. The Hospital must allow for conducting all practical & oral examination.



W. Palu
PRINCIPAL
SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

6. **Entire Agreement:** This agreement represents the complete understanding between the Hospital and Institute. It shall supersede prior oral or written understandings and promises relating to this subject matter. The Hospital must provide necessary required hospital documents such as permissions and certificates, various NOCs, hospital records, building blueprints or any other documents for inspection, approval & affiliation purpose by university, council & any other Governing body as per their requirement. Hospital shall allow to use hospital premises, patients and articles for all practical & oral examinations held by the university timely.
7. **Student Duties:** Students shall be allowed to work in all the wards of hospital according to the duty hours prescribed in the curriculum.
8. **Emergency Treatment:** In case of a student or faculty emergency illness or injury during the clinical fieldwork experience, Hospital will provide emergency care to students or faculty members.

Students' General responsibilities

1. Must comply with all hospital policies and procedures during rotations.
2. Must wear a Institute identification badge
3. Must receive basic orientation to hospital, and departmental orientation prior to entering area of rotation posting.
4. Must never offer treatment to a patient or perform a procedure without qualified personnel present to assist/instruct.
5. If an instructor suspects a student is impaired, the student is removed from the clinical area. The instructor will follow the policies of the academic institution.
6. Students who document on the patient care record must ensure that the documentation reflects the student's identification as a student and is co-signed by licensed personnel.
7. Students are dismissed for a variety of reasons which may include:
 - a) Unmet contractual requirements.
 - b) Drug/alcohol impairment.
 - c) Failure to respect patient privacy and confidentiality.
 - d) Failure to maintain a safe clinical environment for themselves, patients, visitors/staff.
 - e) Corporate compliance violation.
 - f) Inability to remediate to expected competency levels.
 - g) Failure to abide by the policies of hospital.

PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg





...4...

AUTHORIZATION
SHREE ANANT SMRITI CHARITABLE TRUST, KASAL's,
INSTITUTE OF PHYSIOTHERAPY, KASAL

[Signature]

SIGNATURE

NAME: Mr. Gopal Tatoba Harmalkar

DESIGNATION: Joint Secretary, Shree Anant Smriti Charitable



[Signature]

AUTHORIZATION
Dr. NAGVEKAR HOSPITAL AND NURSING HOME, KNAKVALI

Dr. A. R. Nagvekar

SIGNATURE

NAME: Dr. Anant Raghunath Nagvekar

DESIGNATION: Owner, Dr. Nagvekar Hospital and Nursing Home



Dr. A. R. Nagvekar

WITNESS:

SR. NO.	NAME	SIGNATURE
1.	Mr. Ravindra Arun Bobhate, Aadhar- 5764 4990 1030	<i>[Signature]</i>
2.	Mr. Vaibhav Gopaldas Sarmalkar, Aadhar- 8490 6528 0819	<i>[Signature]</i>

14/08/2023

DATE: N.R.S.No. 2131 /2023

PLACE: Kankavli
Total No. of Corrections: Nil
Document is of: SIX Pages
SIGNED & EXECUTED BEFORE ME

14/08/2023
Date 1 /2023
Kankavli

PRINCIPAL

SASCTK's Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

[Signature]
NOTARY
Umesh S. Sawant
Kankavli.





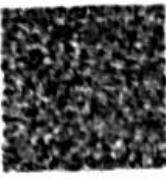
भारत सरकार
Unique Identification Authority of India
भारत सरकार

आधार संख्या / Identification No. : 3028 3584 3179

31/07/2011

Gopal Talabha Harnmalakar
 शेणू गोपाळ हार्मलकर
 G/P Talabha Harnmalakar
 Kumbharwadi
 Kadal - N. 643
 Kurlali
 Kadal, Sindhadurg
 Maharashtra - 416811
 9422381342

91585546



आपला आधार क्रमांक / Your Aadhaar No. :

3028 3584 3179

माझे आधार, माझी ओळख



भारत सरकार
Government of India



शेणू गोपाळ हार्मलकर
 Gopal Talabha Harnmalakar
 शेणू गोपाळ हार्मलकर
 Kumbharwadi
 Kadal - N. 643
 Kurlali



3028 3584 3179

माझे आधार, माझी ओळख

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PRINCIPAL

SAS Institute of Physiotherapy, Kadal
 Talabha Kurlali District, Sindhadurg



SIGNED BEFORE ME
 No Of Correction—

[Handwritten signature]

UMESH SURESH SAWANT
NOTARY KANKAVLI
 Dist Sindhadurg (M S India)



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No. 0127/00026/00388

To
अनंत रघुनाथ नागवेंकर
Anant Raghunath Nagavekar
S/O Raghunath Anant Nagavekar
224/4 College Road
Near Vidyamandir High School Kankavli
Kankavli
Kankavli
Kankavli Sindhudurg
Maharashtra 416602
9422434538

03/11/2013
6971082



MN697108295FT



आपका आधार क्रमांक / Your Aadhaar No. :

2048 0174 3904

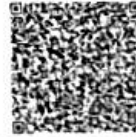
आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



अनंत रघुनाथ नागवेंकर
Anant Raghunath Nagavekar
जन्म तिथि / DOB : 13/04/1953
पुरुष / Male



2048 0174 3904

आधार - आम आदमी का अधिकार

Signature

SIGNED BEFORE ME
No Of Correction--2



UMESH SUBHASH SAWANT
NOTARY KANKAVLI

Signature

PRINCIPAL

1st Sindhudurg (M S) Bazar TK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



संस्कृतं नमः

GOVERNMENT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT

FORM 'C'

(See rule 5)

**Certificate of Registration under section 3 of the
Maharashtra Nursing Homes Registration Act**

No. 144

This is certify that Dr. Shri/~~Smt~~/ Anant R. Nagvekar
has been registered under the Maharashtra Nursing Homes Registration
Act in respect of Dr. Nagvekar hospital & Nursing home
situated at Vidyanagar, Opposite
Vidya Mandir High School, A/P. Kankavli, Tal: Kankavli, Dist.: Sindhudurg.
and Dr. Nagvekar hospital & Nursing home has been authorized
to carry on the said nursing home.

Registration No. - 04/SND/06/2012	Total Number of Beds - Sixty (60)
Date of Registration - 25 th June 2012	Maternity Patients - Thirty (30)
	Other patients - Thirty (30)

This certificate of registration shall be valid up to 31 st March 20 25

Date of Issue of Certificate - 20th April 2022

Place - Sindhudurg



[Signature]
Civil Surgeon, Sindhudurg
Authorized Signatory

[Signature]
PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

MBHMCOMMON BIO-MEDICAL
WASTE TREATMENT FACILITY**M**
MAHARASHTRA BIO-MEDICAL WASTE MANAGEMENT
W

महाराष्ट्र

बायो-हायजेनिक मॅनेजमेंट,

प्रमाणपत्ररजि.नं.:
MS0062367Cआस्थापनाचे नांव: नागवेकर चॅरिटेबल ट्रस्ट
बेडची संख्या: आठ फक्त.

पत्ता: कठाकवली.

ता:- कठाकवली, जि.: सिंधुदुर्ग.

डॉक्टरांचे नांव: पु. आर. नागवेकर.
के. ए. नागवेकर.

या हॉस्पिटल/हेल्थ्केअर सेंटर/क्लिनिक/बॅथॉलॉजी लॅबोरेटरी / आयुक्तालय / क्लिनिक / मेडिकल सेंटर/अपमोस्टीक सेंटर/ब्लड बँक मध्ये उत्पन्न होणारा जैव वैद्यकीय कचरा व्यवस्थापन व हाताळणी नियम २०१६ प्रमाणे व्यवस्थापन करण्यासाठी उपरोक्त संस्थेच्या प्रकल्पावर नेला जातो.

टीप :

१. दि.०१/०४/२०२३ ते ३१/०३/२०२४ पर्यंत हे प्रमाणपत्र वैध राहील.
२. जैविक कचरा उपरोक्त संस्थेत दिला जाणार नाही किंवा देणेचा बंद केला तर या प्रमाणपत्राची वैधता रद्द केली जाईल व तात्काळ संबंधित प्रशासनाला सूचना दिल्या जातील.

**महाराष्ट्र बायो-हायजेनिक मॅनेजमेंट**
जैव वैद्यकीय कचरा निर्मुलन प्रकल्पकार्यालय : महाराष्ट्र बायो-हायजेनिक मॅनेजमेंट, लोटे-परशुराम, ता.खेड, जि.रत्नागिरी
मो.८६९८९३२६७६, ९०२८७२७६८९hphar
PRINCIPAL

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781/24014701

Fax: 24024068 /24023515

Website: mpcb.gov.in

E-mail: pso@mpcb.gov.net



Kalpaturu Point, 2nd - 4th Floor,

Opp. Cine Planet Cinema,

Near Sion Circle, Sion (E)

Mumbai - 400 022

Red/LSI

Date: 13/12/2019.

Consent No: Format 1.0/BO/PSO/HOD-1912000756

To,
M/s. Dr. Nagvekar Hospital & Charitable Trust,
Kh. No. 4994, Gut no. 224/A/8D/1,
A/p.: Vidyanagar, Kankavali,
Tal. Kankavali,
Dist. Sindhudurg
(Email: nagvekartraumacare@gmail.com)

Sub : Combined Consent to Operate & BMW authorization under RED Category.
Ref : Your BMW Authorization & Consent application submitted to MPCB, HQ, Sion,
Mumbai on 19/09/2019.

Consent to Operate

under Section 25/26 of the Water (Prevention & Control of Pollution) Act, 1974 & under Section 21 of the Air (Prevention & Control of Pollution) Act, 1981, Authorization under Rule 5 of the Hazardous Wastes Rules 2016 and Biomedical Waste Management Rules 2016 is considered and the consent is hereby granted subject to following terms and conditions and as detailed in the schedule I, II, III, IV & V annexed to this order.

1. The conditional Consent to Operate is granted for the period from 30.11.2019 to 30.11.2024.
2. The capital investment of the HCE is Rs. 1.15 Crore.
(As per C. A. certificate submitted)
3. The Consent is valid for the Activity of -

Sr. No.	Activity	Beds
1	Hospital	60 Nos.
	a) Total Plot Area	2200.00 sq. mtrs
	b) Total Built up Area	250.00 sq. mtrs

4. Conditions under Water (P&CP), 1974 Act for discharge of effluent:

Sr. no.	Description	Permitted quantity of discharge (CMD)	Standards to be achieved	Disposal
1.	Trade effluent	--	As per Schedule -I	On land for gardening
2.	Domestic effluent	10.0	As per Schedule -I	

5. Conditions under Air (P&CP) Act, 1981 for air emissions:

Sr. no.	Description of stack / source	Number of Stack	Standards to be achieved
1.	D.G. Set (40 KVA)	01 No.	As per schedule - II

M/s. Dr. Nagvekar Hospital & Charitable Trust, Kankavali.

PRINCIPAL
SASCI Institute of Physiotherapy, Kadal
Taluka Kadal, District Sindhudurg



... 2 ...

and MHASKAR HOSPITAL, RAILWAY STATION ROAD, TAL: KANKAVALI,
DIST: SINDHUDURG, MAHARASHTRA- 416 602 (Hereinafter "the Clinical Facility") the
Second Party

WHEREAS, the First Party is an educational institution going to establish program in
Physiotherapy, which requires clinical experiences of students enrolled therein; and

WHEREAS, B. P. Th. stands for Bachelor of Physiotherapy hereinafter collectively referred
to as the "Program"

WHEREAS, the Second Party is a health care facility which has the resources in equipment
and staff to provide the clinical experiences required by the Program of the Institute;

WHEREAS, it is to the benefit of the Institute that the resources of the Clinical Facility to be
made available to the students for the required clinical experiences, practical & oral
examinations; and

WHEREAS, it is to the benefit of both the Institute and the Clinical Facility to co-operate in
the educational preparation of students enrolled in the Program so as to promote excellence in
patient care, to ensure professional competence and to provide maximum utilization of clinical
resources;

NOW THEREFORE, in consideration of the promises herein contained and other good and
valuable consideration, the parties agree as follows:

Mutual Terms and Conditions:

The Parties hereby agree that the effective date of the agreement shall be the
date on which the agreement is signed

1. **Duration of Agreement:** The agreement will be valid for a period of 30 years from
the effective date of agreement and shall be considered renewed unless either party
seeks to terminate this agreement.
2. **Termination of Agreement:** Either party may terminate this agreement, for any
reason, by giving the other party written notice three (03) months prior to the effective
date thereof.
3. **Modification of Agreement:** All modifications, waivers or alterations to this
agreement must be approved in writing by both parties. Modifications in terms and
conditions of MOU will be made by as per the instructions, suggestions or changes in
norms by university, council and other governing bodies.
4. **Relationship of Parties:** Either party shall be considered independent contractors to
one another. This agreement shall not create a partnership, joint venture, or association
between the Hospital, Institute and any of its teacher and students.
5. **Meeting the Objectives:** Hospital shall make available appropriate clinical fieldwork
experience, consistent with patient's needs, enabling students to meet objectives of the
educational program, consistent with the course description and objectives.

UMESH SURESH SAWANI
NOTARY PUBLIC
Sindhudurg, Maharashtra

Principal
MHASKAR HOSPITAL
RAILWAY STATION ROAD
KANKAVALI
SINDHUDURG
MAHARASHTRA





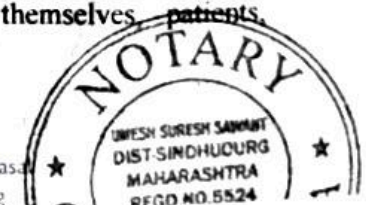
6. **Entire Agreement:** This agreement represents the complete understanding between the Hospital and Institute. It shall supersede prior oral or written understandings and promises relating to this subject matter. The Hospital must provide necessary required hospital documents such as permissions and certificates, various NOCs, hospital records, building blueprints or any other documents for inspection, approval & affiliation purpose by university, council & any other Governing body as per their requirement. Hospital shall allow to use hospital premises, patients and articles for all practical & oral examinations held by the university timely.
7. **Student Duties:** Students shall be allowed to work in all the wards of hospital according to the duty hours prescribed in the curriculum.
8. **Emergency Treatment:** In case of a student or faculty emergency illness or injury during the clinical fieldwork experience, Hospital will provide emergency care to students or faculty members.
9. **Hostel Facility:** Second party shall provide hostel facility to the students for which second party will take charges. The charges will be decided timely.

Students' General responsibilities

1. Must comply with all hospital policies and procedures during rotations.
2. Must wear a Institute identification badge
3. Must receive basic orientation to hospital, and departmental orientation prior to entering area of rotation posting.
4. Must never offer treatment to a patient or perform a procedure without qualified personnel present to assist/instruct.
5. If an instructor suspects a student is impaired, the student is removed from the clinical area. The instructor will follow the policies of the academic institution.
6. Students who document on the patient care record must ensure that the documentation reflects the student's identification as a student and is co-signed by licensed personnel.
7. Students are dismissed for a variety of reasons which may include:
 - a) Unmet contractual requirements.
 - b) Drug/alcohol impairment.
 - c) Failure to respect patient privacy and confidentiality.
 - d) Failure to maintain a safe clinical environment for themselves, patients, visitors/staff.
 - e) Corporate compliance violation.
 - f) Inability to remediate to expected competency levels.

PRINCIPAL

Taluka Kudal, District- Sindhudurg





...4...

AUTHORIZATION
SHREE ANANT SMRITI CHARITABLE TRUST, KASAL'S,
INSTITUTE OF PHYSIOTHERAPY, KASAL

Chirag
SIGNATURE

NAME: Mr. Chirag Shambhu Bandekar

DESIGNATION: President, Shree Anant Smriti Charitable Trust, Kasal



AUTHORIZATION
MHASKAR HOSPITAL, KANKAVALI

Dhanesh
SIGNATURE

NAME: Dr. Dhanesh Mohan Mhaskar

DESIGNATION: Owner, Mhaskar Hospital, Kankavali



WITNESS:

SR. NO.	NAME	SIGNATURE
1.	Mr. Ravindra Arun Bobhate, Aadhar- 5764 4990 1030	<i>Bobhate</i>
2.	Ms. Urmila Vikas Gawade, Aadhar- 5287 6448 2708	<i>Gawade</i>

DATE:

PLACE:

N.R.S.NO. 676 / 02 / 2024

Total No of Correction Nil
Document is of 51x Pages

SIGNED & EXECUTED BEFORE ME

hpalwa
PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

15/03/2024
Date / / 2021

Urmesh S. Sawant
NOTARY
Urmesh S. Sawant 5/03





भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोदणी क्रमांक / Enrolment No.: 2189/34137/00240

To
शिराग शम्भू बांदेकर
Chirag Shambhu Bandekar
S/O Shambhu Bandekar
Kasal
155AB Navabazar
Kudal
Sindhudurg Maharashtra - 416603
9423051877

Issue Date: 20/08/2017



आपला आधार क्रमांक / Your Aadhaar No.:

5922 4527 2124

VID : 9174 6950 2934 2484

माझा आधार, माझी ओळख



भारत सरकार
Government of India



शिराग शम्भू बांदेकर
Chirag Shambhu Bandekar
जन्म तारीख DOB: 07/12/1981
पुल्ल MALE

Download Date: 12/08/2017

Issue Date: 20/08/2017

5922 4527 2124

VID : 9174 6950 2934 2484

माझा आधार, माझी ओळख

SIGNED BEFORE ME

No Of Correction

[Signature]

[Signature]
PRINCIPAL

SASCTK's Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



Government of India



माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा
- हे इलेक्ट्रॉनिक पत्रिके द्वारे तयार झालेले एक पत्र आहे.

INFORMATION

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- This is electronically generated letter.

- आधार देशभरात वैध आहे
- आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते
- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्यावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - mAadhaar App वापरा

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भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
S/O शम्भू बांदेकर, १५५/अब नवाबजार, कसल कुडल
सिंधुदुर्ग
महाराष्ट्र - 416603

Address:
S/O Shambhu Bandekar, 155AB Navabazar
Kasal, Kudal, Sindhudurg,
Maharashtra - 416603



5922 4527 2124

VID : 9174 6950 2934 2484

1047 | help@uidai.gov.in



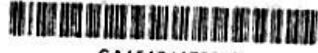


भारतीय विशिष्ट ओळख प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नोटिफिकाचा क्रमांक / Enrollment No 2085/26029/14789

To,
धनेश मोहन म्हास्कर
Dhanesh Mohan Mhaskar
S/O. Mohan Mhaskar
House No. 201
railway station road
Kankavli
Kankavli Kankavli Sindhudurg
Maharashtra 416602
9423881058

Ref. 966 / 220 / 189014 / 189047 / P



SA151041735FT



आपला आधार क्रमांक / Your Aadhaar No. :

9250 7169 1239

माझे आधार, माझी ओळख



भारत सरकार
Government of India



धनेश मोहन म्हास्कर
Dhanesh Mohan Mhaskar
जन्म तारीख / DOB 14/01/1983
पुरुष / Male



9250 7169 1239

माझे आधार, माझी ओळख

SIGNED BEFORE ME
No Of Correction-----

[Signature]

SHREESH SAWANT

[Signature]
PRINCIPAL
SASCTK's, Institute of Physiotherapy, Kusal
Taluka Kudal, District- Sindhudurg



भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

रु. 100



सत्यमेव जयते

ONE
HUNDRE



भारत INDIA
INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA

2022

24AA 713436

परवाना क्र. 9406-00

महाराष्ट्र सरकार, न्यायिक न्यायालय, मुंबई, महाराष्ट्र

महाराष्ट्र सरकार, न्यायिक न्यायालय, मुंबई, महाराष्ट्र

महाराष्ट्र सरकार, न्यायिक न्यायालय, मुंबई, महाराष्ट्र

महाराष्ट्र सरकार, न्यायिक न्यायालय, मुंबई, महाराष्ट्र

महाराष्ट्र सरकार, न्यायिक न्यायालय, मुंबई, महाराष्ट्र

महाराष्ट्र सरकार, न्यायिक न्यायालय, मुंबई, महाराष्ट्र

2 दिवस या अधिक

19/08/2023

मुद्रांक विभाग

N.R.S. No. 2133/2023

Date- 14/08/2023

MEMORANDUM OF UNDERSTANDING

BETWEEN

SHREE ANANT SMRITI CHARITABLE TRUST KASAL'S INSTITUTE OF
PHYSIOTHERAPY, KASAL A/P: GAORAI, TAL: KUDAL, DIST: SINDHUDURG,
MAHARASHTRA- 416 534 a proposed educational Institute, an agency of education for
B. P. Th. Course (Hereinafter the "Institute") the First Party and

PRINCIPAL

SASCTA's Institute of Physiotherapy, Kasal
Taluka Kudal District Sindhudurg





... 2 ...

SASCTK'S HOSPITAL, AT: MIDC, POST: KUDAL, TAL: KUDAL, DIST: SINDHODURG, MAHARASHTRA- 416 520 (Hereinafter "the Clinical Facility") the Second Party

WHEREAS, the First Party is an educational institution going to establish program in Physiotherapy, which requires clinical experiences of students enrolled therein; and

WHEREAS, B. P. Th. stands for Bachelor of Physiotherapy hereinafter collectively referred to as the "Program"

WHEREAS, the Second Party is a health care facility which has the resources in equipment and staff to provide the clinical experiences required by the Program of the Institute;

WHEREAS, it is to the benefit of the Institute that the resources of the Clinical Facility to be made available to the students for the required clinical experiences, practical & oral examinations; and

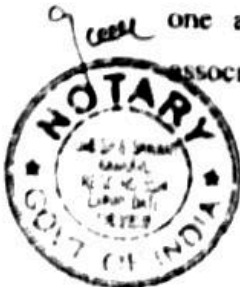
WHEREAS, it is to the benefit of both the Institute and the Clinical Facility to co-operate in the educational preparation of students enrolled in the Program so as to promote excellence in patient care, to ensure professional competence and to provide maximum utilization of clinical resources;

NOW THEREFORE, in consideration of the promises herein contained and other good and valuable consideration, the parties agree as follows:

Mutual Terms and Conditions:

The Parties hereby agree that the effective date of the agreement shall be the date on which the agreement is signed

1. **Duration of Agreement:** The agreement will be valid for a period of 30 years from the effective date of agreement and shall be considered renewed unless either party seeks to terminate this agreement.
2. **Termination of Agreement:** Either party may terminate this agreement, for any reason, by giving the other party written notice three (03) months prior to the effective date thereof.
3. **Modification of Agreement:** All modifications, waivers or alterations to this agreement must be approved in writing by both parties. Modifications in terms and conditions of MOU will be made by as per the instructions, suggestions or changes in norms by university, council and other governing bodies.
4. **Relationship of Parties:** Either party shall be considered independent contractors to one another. This agreement shall not create a partnership, joint venture, or association between the Hospital, Institute and any of its teacher and students.



W. P. Salunke
PRINCIPAL
SASCTK's Institute of Physiotherapy, Kasal
Taluka Kudal, District - Sindhodurg

Meeting the Objectives: Hospital shall make available appropriate clinical fieldwork experience, consistent with patient's rights, enabling students to meet objectives of the educational program, consistent with the course description and objectives. The Hospital must allow for conducting all practical & oral examination

Entire Agreement: This agreement represents the complete understanding between the Hospital and Institute. It shall supersede prior oral or written understandings and promises relating to this subject matter. The Hospital must provide necessary required hospital documents such as permissions and certificates, various NOCs, hospital records, building blueprints or any other documents for inspection, approval & affiliation purpose by university, council & any other Governing body as per their requirement. Hospital shall allow to use hospital premises, patients and articles for all practical & oral examinations held by the university timely.

Student Duties: Students shall be allowed to work in all the wards of hospital according to the duty hours prescribed in the curriculum.

Emergency Treatment: In case of a student or faculty emergency illness or injury during the clinical fieldwork experience, Hospital will provide emergency care to students or faculty members.

Students' General responsibilities

Must comply with all hospital policies and procedures during rotations.

Must wear a Institute identification badge

Must receive basic orientation to hospital, and departmental orientation prior to entering area of rotation posting.

Must never offer treatment to a patient or perform a procedure without qualified personnel present to assist/instruct.

If an instructor suspects a student is impaired, the student is removed from the clinical area. The instructor will follow the policies of the academic institution.

Students who document on the patient care record must ensure that the documentation reflects the student's identification as a student and is co-signed by licensed personnel.

Students are dismissed for a variety of reasons which may include:

a) Unmet contractual requirements.

b) Drug/alcohol impairment.

c) Failure to respect patient privacy and confidentiality.

d) Failure to maintain a safe clinical environment for themselves, patients, visitors/staff.

e) Corporate compliance violation.

f) Inability to remediate to expected competency levels.

g) Failure to abide by the policies of hospital.



W. Palwa
PRINCIPAL

SASCTK's Institute of Physiotherapy, Kudal
Taluka Kudal, District- Sindhudurg



Unique Identification
Government of India

To
Gopali Tashoba Parmalkar
पट्टा नं. ११३८१
S/O Tashoba Parmalkar
Kumbharwadi
Kasali, H N 643
Kudal
Kasali Sandrubung,
Maharashtra - 416603
9422281342

KA915955-46FH



3028 3584 3179

માફો આધાર, માફી ઓળખ



भारत सरकार
Government of India
राष्ट्रीय प्रशासनिक सेवा
Gopal Tiwari Maharaj
आर. ए. एस. (प्रशासनिक सेवा)
आर. ए. एस. (प्रशासनिक सेवा)



3028 3584 3179

માફો આધાર, માફી ઓઝલ



**SIGNED BEFORE
No Of Corrections**

UMESH SURESH S
NOTARY KANAKA
Not Simhadurg. 18/8



PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



भारतीय विधि विभाग
भारत सरकार
विधि विभाग
भारत सरकार

Ministry of Health and Family Welfare
Government of India

संकेत क्रमांक : Enrollment No. 118051036/00510

To
Rajendra Bhaskar Dhangar
राजेंद्र भास्कर धंगर
15/10/2011
Dr. Suresh M.D.C.
Kudal, Sindhudurg
Maharashtra 415550
Mumbai



UC 05677105 3 IN
Ref No. 413819X-5677105



आपला आधार क्रमांक / Your Aadhar No. :

7129 6907 4963

आधार - सामान्य माणसाचा अधिकार

भारत सरकार
GOVERNMENT OF INDIA



राजेंद्र भास्कर धंगर
Rajendra Bhaskar Dhangar
संकेत क्रमांक / Year of Birth 1973
लिंग / Male
7129 6907 4963



आधार - सामान्य माणसाचा अधिकार

SIGNED BEFORE ME
No Of Correction



PRINCIPAL
SASCTK's, Institute of Physiotherapy, Kudal
Taluka Kudal, District Sindhudurg

UMESH SURESH SAWANT
NOTARY KANKAVLI
Sindhudurg (M.S.) India



महाराष्ट्र राज्य मानसिक आरोग्य प्राधिकरण

प्राधिकरण, आरोग्य भवन, ७वा मजला, पी.डिमेलो रोड, फोर्ट, मुंबई

E-mail : smhamaharashtra@gmail.com

सदस्य :

सहसचिव, सामा. न्याय विभाग
मंत्रालय मुंबई

सहसचिव, सार्वजनिक आरोग्य,
मंत्रालय मुंबई

संचालक वैद्यकीय शिक्षण व
संशोधन मुंबई

मनोविकृती विभाग प्रमुख,
जी.एच.सी. मुंबई

वैद्यकीय अधीक्षक प्रा.म.रु. ठाणे

डॉ. शाश्वत शेरे

श्री. रंजीत जॉर्ज

श्रीमती तस्मिमा राज

डॉ. रिचा शेटे

श्रीमती नीलम बनसोडे

श्रीमती जॉय कॅन्वीन मॉन्टेरिओ

श्रीमती परविन शेख

श्री. असीम सुहास सरोदे

संजय खंदारे, (भा.प्र.से.)
अध्यक्ष,
राज्य मानसिक आरोग्य प्राधिकरण

डॉ. स्वप्निल लाळे
मुख्य कार्यकारी अधिकारी,
राज्य मानसिक आरोग्य प्राधिकरण

जावक क्रमांक :- 2581-82

दिनांक :- 19/07/2023

प्रति,

डॉ. रुपेश भास्कर धुरी

साई रूप हॉस्पिटल, ९/४ एम. आय.डी.सी., कुडाळ,
जिल्हा-सिंधुदुर्ग

विषय - मानसिक आरोग्य कायदा-२०१७ अन्वये नोंदणी देण्याबाबत.

उपरोक्त विषयाच्या अनुषंगाने आपणास कळविण्यात येते की, मानसिक आरोग्य कायदा-२०१७ मधील विहित केलेल्या अटी व शर्तीच्या अधिन राहून आपले साई रूप हॉस्पिटल, ९/४ एम. आय.डी.सी., कुडाळ, जिल्हा-सिंधुदुर्ग चा परवाना मंजूर करण्यात आला आहे.

यास्तव, आपणास असेही कळविण्यात येते की, मानसिक आरोग्य कायदा-२०१७ मध्ये विहित केलेल्या अटी व शर्तीचे तंतोतंत पालन करण्यात यावे.

डॉ.स्वप्निल लाळे

मुख्य कार्यकारी अधिकारी

राज्य मानसिक आरोग्य प्राधिकरण मुंबई

प्रत -जिल्हा मानसिक आरोग्य कार्यक्रम सिंधुदुर्ग यांना माहितीस्तव

W. Palwa
PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



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. Rupesh Bhaskar Dhuri

Address: - Sai Roop Hospital, 9/4, MIDC, Kudal, Dist- Sindhudurg- 416550

No of beds: - 30

Permanent Registration Certificate No.45/2023


The Permanent registration certificate No. 45/2023 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: 19/07/2023

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


Registration Authority
(MSMHA)


PRINCIPAL
SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

Authorization for Management of Bio-Medical Waste (Category and Quantity) **SCHEDULE**

SCHEDULE-I

Guidelines for Management of Bio-Medical Waste (Category and Quantity)

The authorization is granted for Generation and Segregation of BioMedical Waste (BMW) in waste categories and quantities listed here in below:

Sr. No	Category	Quantity
--------	----------	----------

Sr. No	Category	Type of Waste	Quantity not to exceed (Kg/Month)	Segregation Colour coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	1.00	Yellow coloured non-chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
		b) Animal Anatomical Waste	0.00		
		c) Soiled Waste	6.00		
		d) Expired or Discarded Medicines	1.00		
		e) Chemical Waste	0.00		
		f) Chemical Liquid Waste	0.00	Separate collection system leading to effluent treatment system.	Pre-treat to sterilize with nonchlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter sent to BMW-CTF for Incineration.
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	2.00	Yellow coloured non-chlorinated plastic bags or suitable packing material.	
		h) Microbiology Biotechnology and other clinical laboratory waste	0.00	Autoclave safe plastic bags or containers.	
2	Red	Contaminated waste (Recyclable)	2.00	Red coloured non chlorinated plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
3	White (Translucent)	Waste sharps including Metals	1.00	Puncture proof, Leak proof, tamper proof container.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
4	Blue	a) Glassware	2.50	Puncture proof, Leak proof with Blue coloured marking.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
		b) Metallic body implants	0.00		

PRINCIPAL

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 02352 - 220813
Fax: 02352 - 220813
Website: <http://mpcb.gov.in>
Email:
sroratnagiri@mpcb.gov.in



Central Administration
Building No. 2, 2nd Floor,
Collector Office, Ratnagiri,
Pincode 415612

RED/

No:- Format1.0/SRO/UAN No.0000157539/CO/2304001514

Date: 21/04/2023

To,
SAIROOP HOSPITAL
9, KUDAL AUDYOGIK SAMUH, A/P.KUDAL,
TAL. KUDAL, DIST. SINDHUDURG
416520
Email:sairoop82@gmail.com
Contact No.:9422633622



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: Your application for Combine Consent and Bio-Medical Waste Authorization Vide UAN No. MPCB-CONSENT-0000157539 dated 12/04/2023

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 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 **01-04-2021 To 31-03-2029**

W. Palwani
PRINCIPAL
SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg

2. The capital investment of the HCF is ₹56.19 Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 2560.00 M² with Built-up area 399.00 M².
4. **Activities Included**
 - a. Total Number of Beds : 12 Nos. (As per BNH certificate no. 0822016 valid upto 18-04-2021)
 - I. General Beds : 12 Nos
5. **Conditions under the Water (P&CP) Act, 1974:-**
 1. Quantity of total water consumption shall not exceed 2 M³/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.
6. **Conditions under the Air (P&CP) Act, 1981:-**
 1. You shall use the fuel for DG set as specified in the **Annexure-II**.
 2. You shall provide adequate emission control system to DG set as specified in **Annexure-II**.
 3. You shall strictly observe noise standards applicable for DG set stack emission and ambient noise level as per **Annexure-II**.

7. Conditions under Hazardous and Other Wastes(Management, Handling & Transboundary Movement) Rules, 2016 for treatment and disposal of hazardous waste:-

You shall have valid membership of CHWTSDf and shall dispose the Hazardous waste generated in strict compliance with said rules and maintain record thereof.

Sr No	Type of Waste	HW Category no.	Quantity	UOM	Disposal
1			As per Actual	--NA--	NA

8. **Conditions under Solid Waste Management rules 2016**
 1. You Shall Handover Solid waste (Other Than BMW) to Local bodies as per provisions of SWM Rules, 2016.
 2. You shall Not mix general solid waste with Bio Medical Waste.
9. **Conditions under BMW Management rules, 2016 (As Amended):-**

W. Palwan

PRINCIPAL

SASCTK's, Institute of Physiotherapy, Kasal
Taluka Kudal, District- Sindhudurg



W. Palua
PRINCIPAL
SASTIK's Institute of Physiotherapy, Kasal,
Taluka Kudal, District Sindhudurg

Conditions under Water (P & CP), 1974 Act: (Refer Condition No. 5)**A. Water Consumption Details:-**

Sr. No.	Purpose for water consumed	Water consumption quantity (CMD)
1.	Industrial Cooling, spraying in mine pits or boiler feed	0.00
2.	Domestic purpose	1.80
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	0.20
4.	Processing whereby water gets polluted & pollutants are not easily biodegradable and are toxic	0.00
5.	Other such as agriculture, gardening, etc.	0.00

B. Conditions for Sewage & Effluent Generation, Treatment and Disposal:-

Sr. No.	Description	Permitted quantity of discharge (CMD)	Standards to be achieved	Disposal
1	Domestic Sewage	1.8	As per clause 'C'	100% Recycle
2	Trade effluent	0.2	As per clause 'C'	100% Recycle

C. You shall operate the combined waste water treatment plant of adequate design and capacity to treat the domestic sewage and trade effluent so as to achieve the following standards as prescribed below under E (P) Act, 1986 and Rules made there under and recycle treated effluent after achieving standard prescribed below.

Sr. No.	Parameters	Discharge Standards applicable
		Limiting Concentration in mg/except for pH
1	pH	6.5-9.0
2	Oil & Grease	10
3	BOD (3 days 27°C)	30
4	COD	250
5	Total Suspended Solids	100
6	Bio-Assay Test	90 % survival of fish after 96 hours in 100 % effluent

- D.** You shall ensure replacement of pollution control system or its parts after expiry of its expected life as defined by manufacturer so as to ensure the compliance of standards and safety of the operation thereof.
- E.** You shall provide Primary/ Secondary/ tertiary treatment system and disinfection facility.
- F.** The Applicant shall obtain prior consent of the Board to take steps for Expansion/Modification of any treatment and disposal system or an extension or addition thereto.
- G.** You shall provide Specific Water Pollution control system as per above conditions and conditions of Environmental Clearance, if applicable.

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Annexure - II**Terms & conditions for Incinerator(s) and D.G. Set(s) under Air (P & CP) Act, 1981 and Bio Medical waste management Rule, 2016: (Refer Condition No.6)**

1. You shall observe following fuel pattern and erect following stack (s).

Sr. No.	Stack Attached to	Fuel Type	Quantity	Stack Height (Mtr)
1	NA	--	--	-

2. The Applicant shall obtain prior permission of MPC board for providing additional control equipment with necessary specifications and operation thereof or replacement/alteration well before its life come to an end or erection of new pollution control equipment.
3. The Board reserves its rights to vary all or any of the condition in the consent, if due to any technological improvement or otherwise such variation (including the change of any control equipment, either in whole or in part as necessary).
4. Conditions for D.G. Set:-
- Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically for control of noise.
 - Acoustic enclosure/acoustic treatment of the room should be designed for minimum 25 dB (A) insertion loss or for meeting the ambient noise standards, whichever is on higher side. A suitable exhaust muffler with insertion loss of 25 dB(A) shall also be provided. The measurement of insertion loss will be done at different points at 0.5 meters from acoustic enclosure/room and then average.
 - You shall make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
 - Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
 - A proper routine and preventive maintenance procedure for DG set should be set and followed in consultation with the DG manufacturer which would help to prevent noise levels of DG set from deteriorating with use.
 - D.G. Set shall be operated only in case of power failure.
 - The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.
 - The applicant shall comply with the notification of MoEFCC dated 17.05.2002 regarding noise limit for generator sets run with diesel.
5. You shall take adequate measures for control of noise levels from its own sources within the premises so as to maintain ambient air quality standard in respect of noise to less than 75 dB (A) during day time and 70 dB (A) during night time. Day time is reckoned in between 6 a.m. and 10 p.m. and night time is reckoned between 10 p.m. and 6 a.m.

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1	Yellow	a) Human Anatomical waste	1.00	Yellow coloured non- chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
		b) Animal Anatomical Waste	0.00		
		c) Soiled Waste	6.00		
		d) Expired or Discarded Medicines	1.00		
		e) Chemical Waste	0.00		
		f) Chemical Liquid Waste	0.00	Separate collection system leading to effluent treatment system.	
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	2.00	Yellow coloured non - chlorinated plastic bags or suitable packing material.	
		h) Microbiology Biotechnology and other clinical laboratory waste	0.00	Autoclave safe plastic bags or containers.	Pre-treat to sterilize with nonchlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter sent to BMW-CTF for Incineration.
2	Red	Contaminated waste (Recyclable)	2.00	Red coloured non chlorinated plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
3	White (Translucent)	Waste sharps including Metals	1.00	Puncture proof, Leak proof, tamper proof container.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
4	Blue	a) Glassware	2.50	Puncture proof, Leak proof with Blue coloured marking.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg Sindhudurg
		b) Metallic body implants	0.00		

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SCHEDULE-II

Responsibilities of the Health Care Facility

You shall handover Bio Medical waste only to MPCB Authorized Common Bio medical waste treatment and Disposal facility **Shree Govind Bio Medical Corporation CBMWTSDf, Sindhudurg** and maintain records thereof for 5 years.

You shall establish bar code for handling of bio-medical waste.

You shall ensure segregation of Bio-Medical Waste in colour coded bags as per BMW Management Rules, 2016

1. You shall not store Bio Medical waste beyond 48 hours from the generation.
5. You shall use only non-chlorinated plastic coloured bags.
6. You shall ensure use of colour coded bins and bags for segregation of BMW as required under BMW Management Rules 2016.
7. You shall not mix General/other Solid waste with Bio Medical Waste.
8. You shall ensure segregation, treatment and disposal of General / Other Municipal solid waste as per Solid Waste Management rules, 2016.
9. You shall pay the charges to authorized Common Bio Medical waste Treatment and Disposal facility for its services as agreed upon during the membership registration or as amended.
10. You shall comply and strictly abide with the conditions stipulated in BMW Management Rules, 2016 as amended time to time.
11. You shall handover Plastic / Metal waste (BMW) to Common Bio medical waste treatment and Disposal facility allocated to you for treatment & disposal or plastic/metal recycler authorized by MPCB for BMW Handling and maintain records thereof & submit to MPCB in Annual report.
12. You shall provide training to all workers involved in handling of bio-medical waste at the time of induction and at least once a year thereafter and maintain record thereof.
13. You shall undertake appropriate medical examination of all BMW Waste handlers & staff at the time of induction and at least once in a year and immunize all involved in management of Bio Medical Waste for protection against diseases, including Hepatitis B and Tetanus, that are likely to be transmitted while handling bio medical waste and maintain the records for the same.
14. You shall ensure use of personal protective Equipment such as Heavy Duty Gloves (Workman's Gloves), Gum Boots or safety shoes for waste collectors, Face mask, Head Cap, Splash Proof Gowns or aprons etc., Disposal gloves by waste handlers.
15. You shall develop and operate own website. The website should be uploaded on monthly basis with all the information relating to Bio-Medical waste management including this CCA and other permission and report.
16. You shall maintain all record for Generation, for a period of five years and produce whenever asked by MPCB authorities.
17. The occupier and operator of a Health Care Establishment shall be liable for all the damages caused to the environment or the public due to improper handling of bio-medical wastes.
18. You shall ensure submission of Annual Report of BMW for the period Jan to Dec, including category and quantity of BMW Generated and Disposed in Form IV for preceding year before 30th June of every year to the Regional Office, MPCB, Kolhapur and uploading the same to MPCB Portal (<https://www.ecmpcb.in/>).

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Bank Guarantees

1. Bank Guarantee imposed to ensure timely compliance, to be observed by operator.

Sr.No	Activity / Condition to be Complied	Compliance Timeline (Months)	Bank Guarantee Amount
1A	Operation and Maintenance		
1	To Segregate and Handle BMW as per Schedule I	Continuous	0.00
2	Towards Operation and Maintenance of STP/ETP to achieve prescribed discharge standards	Continuous	0.00
1B	Records		
1	To Maintain records of BMW and submission of Annual Report for preceding calendar year in Form -IV before 30th June every year	Continuous	0.00
2	To maintain records of BMW handed over to CBMWTF	Continuous	0.00
2	Performance		
1	To provide BMW separate storage facility as per guidelines of CPCB	Continuous	0.00
Total			0.00

Note: You shall extend the previously submitted Bank Guarantee valid upto the validity of this CCA + 4 months additional.

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General Conditions

SCHEDULE-IV

The following general conditions shall apply:-

1. You shall provide facility for collection of environmental samples and samples of trade and sewage effluents, air emissions and hazardous waste to the Board staff at the terminal or designated points and shall pay to the Board for the services rendered in this behalf.
2. Whenever due to any accident or other unforeseen act or event, such emissions occur or is apprehended to occur in excess of standards laid down, such information shall be forthwith reported to Board, concerned Police Station, Executive Engineer MIDC and Local Body. In case of failure of pollution control equipment's, the process connected to it shall be stopped.
3. You shall provide an alternate electric power source sufficient to operate all pollution control facilities installed to maintain compliance with the terms and conditions of the consent. In the absence, the applicant shall stop, reduce or otherwise, control operation to abide by terms and conditions of this consent.
4. You shall submit to this office, the 30th day of September every year, the Environmental Statement Report for the financial year ending 31st March in the prescribed Form-V as per the provisions of rule 15 of the Environment (Protection) (Second Amendment) Rules, 1992.
5. You shall comply with the Hazardous Waste (M, H & TM) Rules, 2016 and submit the Annual Returns as per Rule 20(2) of Hazardous Waste (M, H & TM) Rules, 2016 for the preceding year April to March in Form-IV by 30th June of every year to Regional Office, Kolhapur.
6. You shall engage qualified staff/personnel/agency to see the day to day compliance of consent & authorization condition towards Environment Protection.
7. Separate drainage system shall be provided for collection of trade and sewage effluents. Terminal manholes shall be provided at the end of the collection system with arrangement for measuring the flow. No effluent shall be admitted in the pipes/sewers downstream of the Terminal manholes. No effluent shall find its way other than in designed and provided collection system.
8. Neither storm water nor discharge from other premises shall be allowed to mix with the effluents from the HCE.
9. You shall install a separate meter showing the consumption of energy for operation of domestic and industrial effluent treatment plants and air pollution control system. A register showing consumption of chemicals used for treatment shall be maintained.
10. You should not cause any nuisance in surrounding area. You shall maintain good housekeeping.
11. You shall bring minimum 33% of the available open land under green coverage/plantation. The applicant shall submit a yearly statement by 30th September every year on available open plot area, number of trees surviving as on 31st March of the year and number of trees planted.
12. The non-hazardous solid waste arising in the HCE premises, sweepings, etc. be disposed of scientifically so as not to cause any nuisance / pollution. The applicant shall take necessary permissions from civic authorities for disposal of solid waste.
13. You shall achieve the National Ambient Air Quality standards prescribed vide Government of India, Notification Dated. 16/11/2009 as amended.

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14. You shall submit an official e-mail address and any change will be duly informed to the MPCB.
15. You shall observe provisions of E-waste (Management) Rules 2016 & as amended time to time and Batteries (Management and Handling) Amendment Rules, 2010.
16. An inspection book shall be opened and made available to the Board's officers during their visit to the HCE.
17. In case you use/ handle/ generate the cytotoxic waste you shall strictly adhere to the standards/ SOPs applicable and waste shall be labelled specifically as "Cytotoxic Waste" with symbol on waste containers/ bags and shall handover to BMW CTFs.
18. You shall obtain required permissions from competent authority for radio active material user/ handling/ disposal of waste before commencement of such activity.
19. The Energy source for lighting purpose shall preferably be LED based.
20. You shall harvest rainwater from roof tops of the buildings and storm water drains to recharge the ground water and utilize the same for different industrial applications within the plant
21. You shall provide personal protection equipment as per norms of Factory Act 1948
22. You are responsible to submit application for renewal of Combined Consent & Biomedical Waste authorization before 60 days of expiry.

This certificate is digitally & electronically signed.



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