

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2026-2027

Clinical Material in Hospital

Name of College:- Gurukul Nursing Institute, Daryapur

Faculty: Nursing

HOSPITAL DETAILS

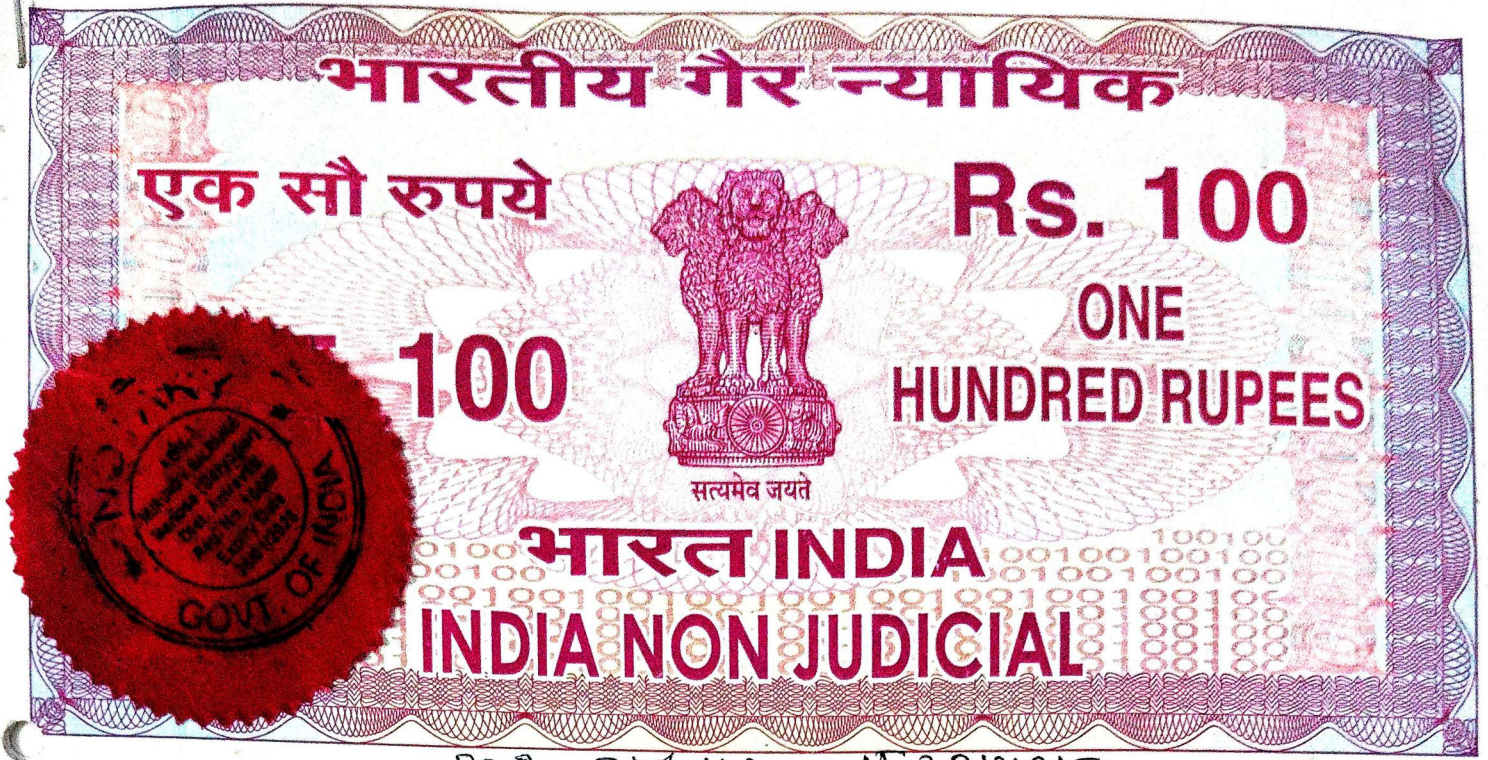
Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) To be made available on web site	Parent Hospital - 100	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: Copy to be made available on web site	Yes	Adequate
b.	Student Bed Ratio for UG & PG to be verified: (As per MSR) Calculate at Actual Copy To be Made available on website	Yes	Adequate
c.	Average Bed Occupancy in % : (Minimum 75%)	85% Yes	Adequate
d.	Clinical facilities for PG to be verified:-(As per MSR)	NA	NA
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD (current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)		Adequate
- As per Central Council Norms/ University Norms, above Infrastructure must be available at College. - If Infrastructure is available, then mark "Adequate" & do not attach any Documents it should be available on college website - In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report			

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

Date:-




Dean/ Principal Stamp & Signature
 Secretary / President / Vice President
 Gurukul Nursing Institute
 Daryapur Dist. Amravati



महाराष्ट्र MAHARASHTRA

2023

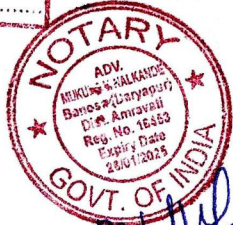
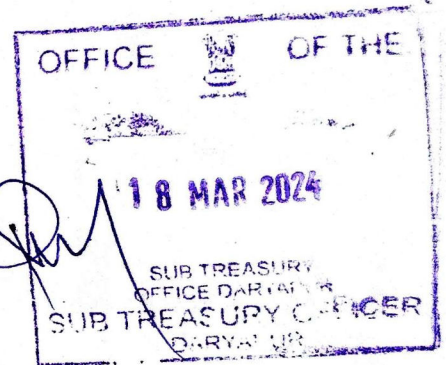
67AA 578710

गोदावरी चरिटेबल ट्रस्ट

गोदावरी चरिटेबल ट्रस्ट

मुद्रांकिका, दार्यापुर ता. नं. १८/०१-०२
कोड नं. ९१०५००९

29/03/2024



UNDERTAKING

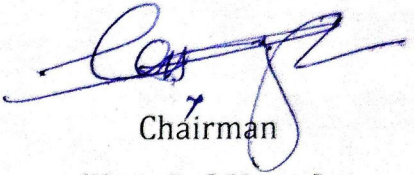
I Dr/Mr/Mrs Iqbal Khan Shafiuliah Khan Pathan age 55 Years resident of at Badapura Babhali, Daryapur Tq Daryapur, Dt Amravati, would like to submit the following undertaking-

1. I am lifetime member of the trust named Godawari Charitable Trust, Banosa, and Daryapur Occurred for member of trust.
2. Gurukul Nursing Institute (Post Basic B.SC Nursing & B.Sc Nursing) is established and managed by Godawari Charitable Trust, Banosa, Daryapur Ekta Multispeciality Hospital and Nursing Home, Adarsh High School, Akot Road, Banosa Tq, Daryapur, Dt Amravati at distance 02 Km. from Shivar Road, Opp Govt ITI, Tq, Daryapur, Dt Amravati

3. My Hospital would continue to function as "Parent Hospital" of this college Gurukul Nursing Institute Shivar Road, Opp Govt ITI, Tq, Daryapur, Dt Amravati
4. For Post Basic B.Sc Nursing & B.Sc Nursing managed by the Godawari Charitable Trust, Banosa, and Daryapur for life time.
5. I would not allow the hospital to be treated as "Parent Hospital" to any other nursing institute /college in future

Date:- 29/03/2024

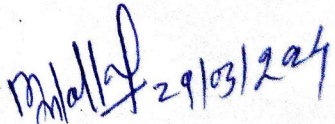
Place: Daryapur


Chairman
(Hospital Name)

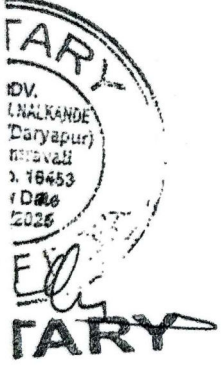


NDC No. 288/2024
29/03/24




MUKUND V. NALKANDE
Advocate & Notary
GOVT. OF INDIA
"Mrudgandh", Near Central Bank of India
Main Road Banosa (Daryapur)
Tq. Daryapur, Dist. Amravati-444803
Mob. 9850320424 / 9096553377





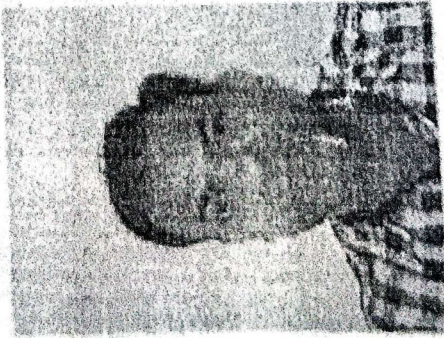
भारत सरकार

GOVERNMENT OF INDIA

इकबाल खान शफील्लाह खान पठाण
Iqbal Khan Shafiullah Khan Pathan

जन्म वर्ष / Year of Birth : 1972

पुरुष / Male



2483 0555 0544

आधार — सामान्य माणसाचा अधिकार

I. Pathan

PR
Gurukul Nursing Institute
Daryapur, 444803

Phode
Vice-President / Secretary / Joint Secretary
GURUKUL Nursing Institute
Shivar Road, Daryapur Dist. Amravati



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता S/O: शफील्लाह खान पठाण,
दर्यापुर् बाबली, दर्यापूर, अमरावती,
दर्यापूर, महाराष्ट्र, 444803

Address: S/O: Shafullah Khan
Pathan, BADAPURA BABHALI,
Daryapur, Amravati, Daryapur,
Maharashtra, 444803



1947

180 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001



महाराष्ट्र शासन



कार्यालय:- जिल्हा शल्य चिकित्सक, सामान्य रुग्णालय, अमरावती

0721 - 2663337/39- 2663340 (Office) Fax -0721 2663338

E-mail : csamravati2016@gmail.com, cs_amravati@rediffmail.com

Web Site-www.arogya.maharashtra.gov.in

आरोग्य सेवा

जा.क्र./सा.सं./ BNHA 1949/2006/2021.....26/02/2024
कार्यालय जिल्हा शल्य चिकित्सक, अमरावती

FORM 'C'

(See rule 5)

Certificate of Registration under section 3 of the
Bombay Nursing Home Registration Act, 1949

No.

This is certify that DR.IQBAL KHAN SHAFIULLAH KHAN PATHAN Has been
registered under the Bombay Nursing Home Act, 1949, in respect EKTA MULTISPECIALTY
HOSPITAL AND NURSING HOME, ADARSH HIGH SCHOOL AKOT RODE, BANOSA
TALUKA DARYAPUR, DISTRICT AMRAVATI and EKTA MULTISPECIALTY HOSPITAL
AND NURSING HOME has been authorized to carry on the said nursing home.

Registration No. : BNHA/CS MATERNITY Beds : 15 Beds
Date Of registration : 2024/0088 SURGERY Beds : 09 Beds
26/02/2024 PAEDIATRIC : 15 Beds
ICU : 11 Beds
Place : Amravati (Other) GENERAL Beds : 50 Beds

Date of issue of certificate : 26/02/2024

This certificate of registration shall be valid upto 31st March 2027



(Dr.DILIP K.SOUNDALE)

Civil Surgeon

District Hospital Amravati

डॉ. दिलीप का. सौंदळे
जिल्हा शल्य चिकित्सक, अमरावती.

PRINCIPAL
Gurukul Nursing Institute
Daryapur.444803

Vice-President / Secretary / Joint Secretary
GURUKUL Nursing Institute
Shivar Road, Daryapur Dist. Amravati



महाराष्ट्र MAHARASHTRA

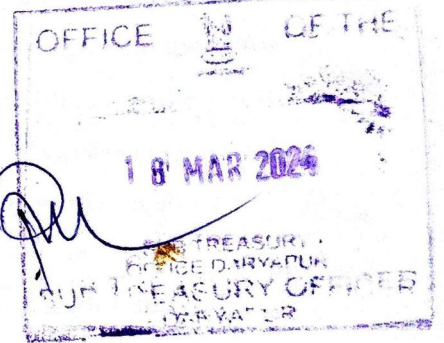
2023

67AA 578709

बी. ओ. मोरकर

मुद्रांक विक्रेता, दार्यापुर ता. नं. १८/०१-०२
कोड नं. ६१०६००६

M.R.S. No. 117/112023
12/11/2023
THIS DOCUMENT
CONTAINS 03 PAGE



MEMORANDUM OF UNDERSTANDING

The memorandum of understanding is made on day 01 Month 10 Year 2024

This Agreement is entered into between;

Godawari Charitable Trust, Gurukul Nursing Institute, Near Govt. ITI Shivar Road Tq.

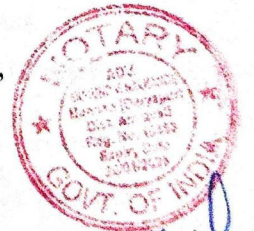
Daryapur, Dt Amravati

&

C/o Dr. Shrikant Deshmukh Manas Hospital, Congress Nagar Road Golekar Plot,

Dt. Amravati. 444 601

The parties agree as follows



NOTARY

I. COLLEGE RESPONSIBILITIES

- A. The College will have current accreditation by any required accrediting body.
- B. The College will have overall responsibility to supervise its students during the clinical rotation experience at the hospital, including evaluating the student. Supervision may include having Faculty onsite depending upon the experience level of the student and upon agreement with the hospital.
- C. The College will provide its Faculty offsite for the overall supervision of the student; however, the direct clinical supervision of its undergraduate nursing students will be performed by a preceptor. This type of supervision is only available by mutual agreement when the Facility agrees to provide on-site clinical supervision. In such circumstances, an appropriately credentialed individual by the Facility will provide on-site supervision. The student's Faculty member will be responsible to complete the student's evaluation.
- D. The Student Nurse Intern Program will be clinically supervised by Facility preceptors. The preceptor may or may not participate in the evaluation of the student.
- E. If the student is in a graduate nursing program, Facility preceptors will clinically supervise advanced nursing clinical rotations.
- F. The College faculty will be responsible for planning, directing and evaluating the students learning experience.
- G. The College will provide the Facility with a list of the students who are participating in the clinical experience program, the units' locations within the Facility where they are assigned, and the dates of each student's participation in the program.
- H. The College will inform its faculty and students of the hospital policies and regulations, which relate to the clinical experience program at the hospital. This includes notifying faculty and students that they will be required to sign a patient confidentiality statement.
- I. The College will maintain a record of students' health examinations and current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

II. HOSPITAL RESPONSIBILITIES

- A. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.

- 
- B. The hospital will permit the College faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.
 - C. When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.
 - D. The hospital assumes no responsibility for the cost of meals, uniforms, housing, or health care of College/ faculty and students who are participating in the clinical experience program. The Facility will permit college faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.
 - E. The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

III. MUTUAL RESPONSIBILITIES

- A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.
- B. Communication to keep both parties and the parties' personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs, which are contemplated;
- C. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate);
- D. Communication to identify areas of mutual need or concern;
- E. Communication to seek solutions to any problems which may arise in the clinical experience program; and
- F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve the College curriculum.

IV. REQUIREMENTS OF STUDENTS

- A. Each student will be required, as a condition for participation in the clinical experience program, to submit the results of a health examination to the College and, if requested, to the

Hospital, to verify that no health problems exist which would student or patient welfare. The health examination shall include an update of required immunizations.

V. EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

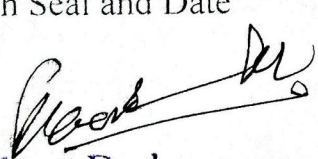
- A. Any emergency medical care available at the hospital will be available to College faculty and students. College/University faculty and students will be responsible for payment of charges attributable to their individual emergency medical care at either the Hospital or the College.
- B. Any College/University faculty member or student who is injured or becomes ill while at the hospital shall immediately report the injury or illness to the hospital and receive treatment (if available) at the hospital as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

VII. TERM OF AGREEMENT

- A. This Agreement is effective on October, 2024, and shall remain in effect for 5 year and shall thereafter automatically renew for successive one year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.

Hospital Dean

With Seal and Date


Shrikant Deshmukh
Reg.No.36101 MODPM (Mumbai)
PSYCHIATRIST
Joglekar Plot, Congress Nagar Road,
AMRAVATI (M.S.) 444 606

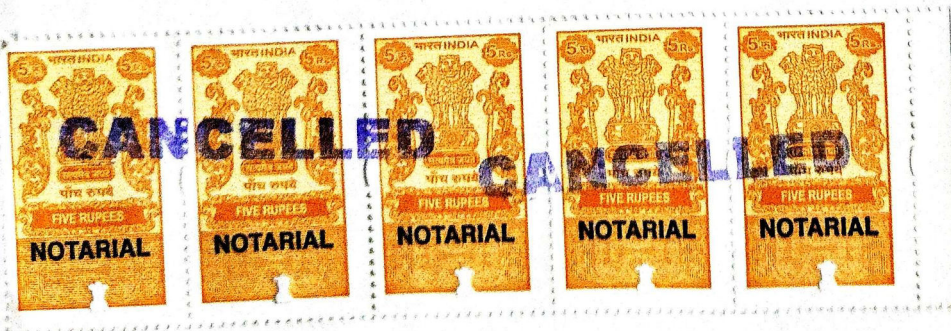
N.R.S. No. 1177/2024

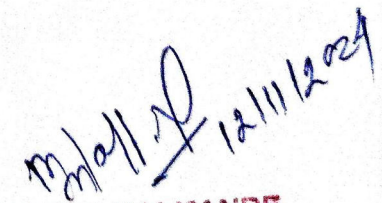
12/11/2023



College Secretary


with Seal and Date
Principal
Gurukul Nursing Institute
Daryapur 444803




MUKUND V. NALKANDE
Advocate & Notary
GOVT. OF INDIA
"Mrudgandh", Near Central Bank of India
Main Road Banasa (Daryapur)
Tq. Daryapur, Dist. Amravati-444803
Mob. 9850320424 / 9096553377



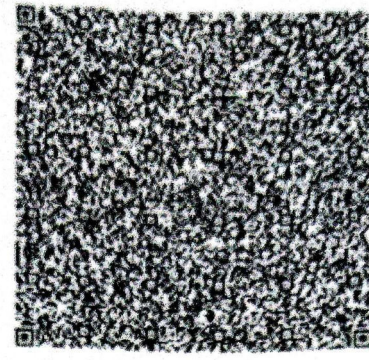
இந்திய அரசாங்கம்

Government of India



பாலசுப்ரமணி நாச்சிமுத்து
Balasubramani Nachimuthu
பிறந்த நாள்/DOB: 28/09/1986
ஆண்/ MALE

Issue Date: 22/05/2015



முகவரி:
தந்தை / தாய் பெயர்: நாச்சிமுத்து, 457 ஏ/என்
எ, புது நகர், சித்தா நகர், தட்டான்குளம்,
சிலக்கிரிப்பட்டி, திண்டுக்கல்,
தமிழ் நாடு - 624601

Address:
S/O: Nachimuthu, 457 A/NA, PUTHU
NAGAR, CHITHA NAGAR,
THATTANKULAM, Sivagripatti, Dindigul,
Tamil Nadu - 624601

7265 9691 9853

VID : 9123 7906 1683 1332

எனது ஆதார், எனது அடையாளம்



இந்திய அடையாள அமைப்பு

Unique Identification Authority of India

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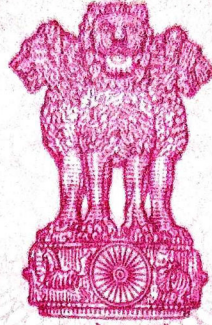
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1947 | help@uidai.gov.in | www.uidai.gov.in

Download Date: 05/02/2020

भारतीय गैर न्यायिक
भारत INDIA

500



FIVE HUNDRED
RUPEES

सौ रुपये

Rs. 500

सत्यमेव जयते

INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA

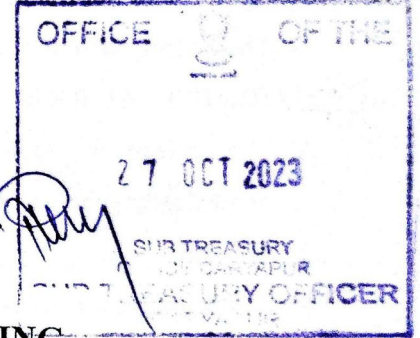
क्र.नं. २२४४३ ता. ३०/१०/२३
० 2022 ०

BW 023616

गोदावरी चॅरिटेबल ट्रस्ट, दयपुर

आर्यम. गुच्छाने
इद्रांक विक्रेता, दयपुर
ला.नं. १०/९२
फौड नं. ६१०५००२

[Signature]



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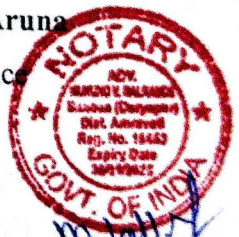
MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

Godawari Charitable Trust, Gurukul Nursing Institute, Daryapur, Amravati & Dr. Aruna Rajendra Bhattad, Godawari Hospital, Banosa, Daryapur, Amravati clinical experience program for students enrolled in the college.

I. COLLEGE RESPONSIBILITIES

- The College will have current accreditation by any required accrediting body.
- The College will have overall responsibility to supervise its students during the clinical rotation experience at the hospital, including evaluating the student. Supervision may include having Faculty onsite depending upon the experience level of the student and upon agreement with the hospital.
- The College will provide its Faculty offsite for the overall supervision of the student; however, the direct clinical supervision of its undergraduate nursing students will be performed by a preceptor. This type of supervision is only available by mutual agreement



when the Facility agrees to provide on-site clinical supervision. In such circumstances, an appropriately credentialed individual by the Facility will provide on-site supervision. The student's Faculty member will be responsible to complete the student's evaluation.

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- C. When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.
- D. The hospital assumes no responsibility for the cost of meals, uniforms, housing, or health care of College/ faculty and students who are participating in the clinical experience program. The Facility will permit college faculty and students who are participating in the clinical

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V. EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

- A. Any emergency medical care available at the hospital will be available to College faculty and students. College/University faculty and students will be responsible for payment of charges attributable to their individual emergency medical care at either the Hospital or the College.



- B. Any College/University faculty member or student who is injured or becomes ill while at the hospital shall immediately report the injury or illness to the hospital and receive treatment (if available) at the hospital as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.
- C. The hospital shall follow, for College faculty and students exposed to an infectious disease at the hospital during the clinical experience program, the same policies and procedures, which the hospital follows for its employees. Any hospital or medical costs arising from the exposure shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

VII. TERM OF AGREEMENT

- A. This Agreement is effective on February 1, 2023, and shall remain in effect for five year and shall thereafter automatically renew for successive one year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.

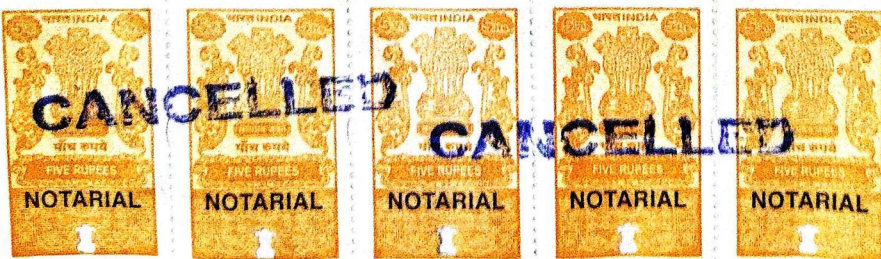


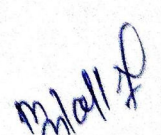
Hospital Dean

With Seal and Date with Seal and Date


College Secretary
गोदावरी चॅरीटेबल ट्रस्ट
बनोसा-दर्यापूर

N.R.S. No. 254/2023
30/11/2023




MUKUND V. NALKANDE
Advocate & Notary
GOVT. OF INDIA
"Mrudgandh", Near Central Bank of India
Main Road Banosa (Daryapur)
Tq. Daryapur, Dist. Amravati-444103;
Mob. 9850320424 / 9096553377



भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदविण्यात आलेला क्रमांक / Enrollment No. : 2006/27129/02854

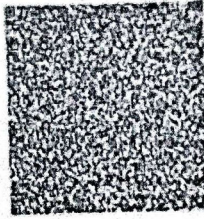
To
Aruna Rajendra Bhattad
अरुणा राजेंद्र भट्टाड
W/O: Rajendra Bhattad,
Near Adarsh school,
Akot Road Gandhi Nagar,
VTC: Banosa, PO: Daryapur,
Sub District: Daryapur, District: Amravati,
State: Maharashtra, PIN Code: 444803,
Mobile: 9860999832

28/10/2012

11123906



KF111239063FI



आपला आधार क्रमांक / Your Aadhaar No. :

4808 5383 0553

माझे आधार, माझी ओळख



भारत सरकार
Government of India



अरुणा राजेंद्र भट्टाड
Aruna Rajendra Bhattad
जन्म तारीख / DOB: 12/10/1963
लिंग / Female

4808 5383 0553

माझे आधार, माझी ओळख

28/10/2012

सचिव
गोदावरी वॅरीटेबल ट्रस्ट
बनोला-दर्यापूर



01AA 257746

48.75

सुमंद वि. देशमुख
मुंबई विद्यापीठ, कॅम्प, अमरावती.
ता.नं. ११/११११

~~Handwritten signature and text, likely a date or name, crossed out with a line.~~

செய்கு உதவுக அன்புடன்

MOU

1. DR. PANKAJ BARABDE

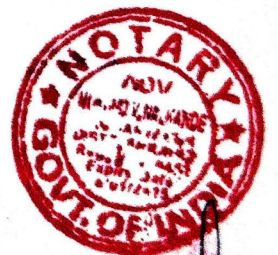
SAI HOSPITAL & HOPE PEDIATRIC CRITICAL HOSPITAL,

RUKHMINI NAGAR, AMRAVATI

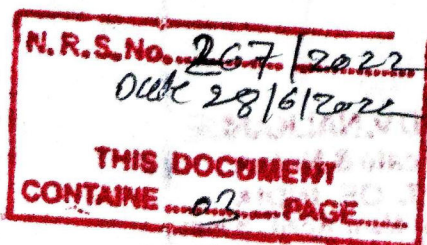
2. GURUKUL NURSING INSTITUTE, NEAR GOVT. ITI, SHIVAR ROAD

DARYAPUR

Done on Date: 21/06/2022



NOTARY



This is been decided in joint meeting of Director / Chairman **DR. PANKAJ BARABDE SAI HOSPITAL & HOPE PEDIATRIC CRITICAL HOSPITAL, AND SECRETARY / PRINCIPAL GODAWARI CHARITABLE TRUST, DARYAPUR**, That the students of GURUKUL NURSING INSTITUTE, NEAR GOVT. ITI SHIVAR ROAD DARYAPUR are granted permission for pediatric experience in DR. PANKAJ BARABDE SAI HOSPITAL & HOPE PEDIATRIC CRITICAL HOSPITAL, AMRAVATI utilizing their beds and patients for the clinical study as part of their curriculum. GURUKUL NURSING INSTITUTE, NEAR GOVT. ITI, SHIVAR ROAD DARYAPUR is affiliated to DR. PANKAJ BARABDE SAI HOSPITAL & HOPE PEDIATRIC CRITICAL HOSPITAL, AMRAVATI I which is 50 BEDDED. This applicable for 5 years with effect from **ACADEMIC YEAR 2022 – 2023 TO 2026-2027**


PRINCIPAL
Gurukul Nursing Institute
Daryapur. 444803


सई मल्टीस्पेशलिटी हॉस्पिटल
अदिती मेडीकल फाउंडेशन
अमरावती. Reg. No.266



SIGNED BEFORE ME N.R.S. NO. 267/2022
Date 28/6/2022




MUKUND V. NALKANDE
Advocate & Notary
GOVT. OF. INDIA
'Mrudgandh' Main Road, Banasa
Near Central Bank of India, Daryapur
Tq. Daryapur Dist. Amravati. 444803
Mob. 9850320424 / 9096553377

भारत सरकार
Government of India

सिवनाथन थंगवेलु
Sivanathan Thangavelu
பிறந்த நாள் / DOB : 05/05/1983
ஆண் / MALE

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मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

முகவரி: S/O: தங்கவேலு, 3/15 பி. பி.
அகரவாழ்வி அஞ்சல், பென்னாகரம்
வட்டம், பேரளம்மேரி, தருமபுரி,
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