ANNEXURE-V

Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year 2025 - 2026

Clinical Material in Hospital

Faculty: Nursing

Name of College / Institute: Gurukul Nursing Institute, Daryapur

HOSPITAL DETAILS

Sr. No	Particulat to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum100 bedded own /parent Hospital (Affiliated hospital must be 50 bedded or more.) **To be Made available on website**	**Parent Hospital - 100 Beded**	**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 1:10 Student Ratio	**Yes**	**Adequate**
c	Average Bed Occupancy in % (Minimum75%) **85%**	**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)	**YES** **250** **5000** **165 (Normal)** **99 (LSCS)**	**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.**
- **In case of "Inadequate", it must be mark as "Inadequate" with evidence. To be submit to university with report**

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

Any Other, Please Specify :-

GURUKUL NURSING INSTITUTE ★ DARYAPUR ★ Dist. Amravati

Date:- 31/01/2025

Dean / Principal Stamp & Signature

PRINCIPAL
Gurukul Nursing Institute
Daryapur.444803

Chairman of LIC | Member Of LIC | Member Of LIC

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

100

ONE HUNDRED RUPEES

सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA

2023

67AA 578710

S. No. 288/2024

29/03/2024

THIS DOCUMENT CONTAINE 02 PAGE

OFFICE OF THE SUB TREASURY OFFICER DARYAPUR

18 MAR 2024

NOTARY ADV. MUKUND S. HALKANDE Banosa (Daryapur) Dist. Amravati Reg. No. 16463 Expiry Date 28/01/2025 GOVT. OF INDIA

NOTARY

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)

Ekta Multispeciality Hospital Shivar Road Gadge Nagar Daryapur 444803 Dist. Amravati 07224-235096 9861611 5

NDC No. 288/2024
29/03/24

CANCELLED CANCELLED

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL

29/03/2024

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

NOTARY GOVT. NOT

भारत सरकार
GOVERNMENT OF INDIA

इकबाल खान शफीउल्लाह खान पठाण
Iqbal Khan Shafiullah Khan Pathan

जन्म वर्ष / Year of Birth : 1972

पुरुष / Male

2483 0555 0544

आधार – सामान्य माणसाचा अधिकार

Pathan

PRINCIPAL
Gurukul Nursing Institute
Daryapur.444803

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

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता S/O: शफीउल्लाह खान पठाण, बडापुरा बाभली, दर्यापूर, अमरावती, दर्यापूर, महाराष्ट्र, 444803

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

1947
1800 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.रु./ BNHA 1949/2006/2021...C.S./0088../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/2024/0088

Date Of registration : 26/02/2024

Place : Amravati

Date of issue of certificate : 26/02/2024

MATERNITY Beds	:	**15** Beds
SURGERY Beds	:	**09** Beds
PAEDIATRIC	:	15 Beds
ICU	:	11 Bads
(Other) GENERAL Beds	:	50 **Beds**

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

(/i)

General Hospital, Amravati सामान्य रुग्णालय, अमरावती सत्यमेव जयते

(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

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

100

ONE HUNDRED RUPEES

सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA ◑ 2023 ◑ 67AA 578709

बो. जो. मोरस्कर
मुद्रांक विक्रेता, दर्यापूर ता. दं. १८/०१-०२
कोड नं. 6105006

N.R.S. No. 117/2023 12/11/2023

THIS DOCUMENT CONTAINS 03 PAGE

OFFICE OF THE 18 MAR 2024 TREASURY OFFICER DARYAPUR

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 is agree as follows

NOTARY GOVT. OF INDIA

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.

N.R.S. No. 1771/2024

12/11/2024

Hospital Dean

With Seal and Date

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

GURUKUL NURSING INSTITUTE Dist. Amravati DARYAPUR

College Secretary

with Seal and Date

Principal
Gurukul Nursing Institute
Daryapur 444803

भारत INDIA 5 Rs. पांच रुपये FIVE RUPEES NOTARIAL CANCELLED

12/11/2024

MUKUND V. NALKANDE
Advocate & Notary
GOVT. OF INDIA
"Mrudgandh", Near Central Bank of India
Main Road Bansa (Daryapur)
Te. Daryapur, Dist. Amravati-444803
Mob. 9850320424 / 8096553377

இந்திய அரசாங்கம்
Government of India

ஆதார்

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

Download Date: 05/02/2020

Issue Date: 22/05/2015

7265 9691 9853

VID : 9123 7906 1683 1332

எனது ஆதார், எனது அடையாளம்

இந்திய தனிப்பட்ட அடையாள ஆணையம் அமைப்பு
Unique Identification Authority of India

ஆதார்

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

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

7265 9691 9853

VID : 9123 7906 1683 1332

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

भारतीय गैर न्यायिक

भारत INDIA

500 FIVE HUNDRED RUPEES

सौ रुपये Rs. 500

सत्यमेव जयते

INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA ◐ 2022 ◐ BW 023616

अ.नं. २२४४३ ता. ३०/१०/२३

गोदावरी चॅरीटेबल ट्रस्ट, दर्यापुर

आर.एम. गुल्हाने
मुद्रांक विक्रेता, दर्यापूर
ला.नं. १०/९२
कोड नं. ६१०५००२

OFFICE OF THE
27 OCT 2023
SUB TREASURY
DARYAPUR
SUB TREASURY OFFICER

N.R.S. No. 25/4/2023
THIS DOCUMENT CONTAINE 02 PAGE

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.

NOTARY ADV. GOVT. OF INDIA

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.

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. D. 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 **III.**

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;

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.

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

College Secretary

with Seal and Date

गोदावरी चॅरीटेबल ट्रस्ट
बनोसा-दर्यापूर

N.R.S. No. 254/2023
30/10/2023

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL

CANCELLED CANCELLED

30/10/2023

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

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक / Enrollment No. : 2006/27129/02854

To
Aruna Rajendra Bhattad
अरुणा राजेंद्र भट्टड
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

1111239063

KF111239063FI

आपला आधार क्रमांक / Your Aadhaar No. :

4808 5383 0553

माझे आधार, माझी ओळख

भारत सरकार
Government of India

आधार

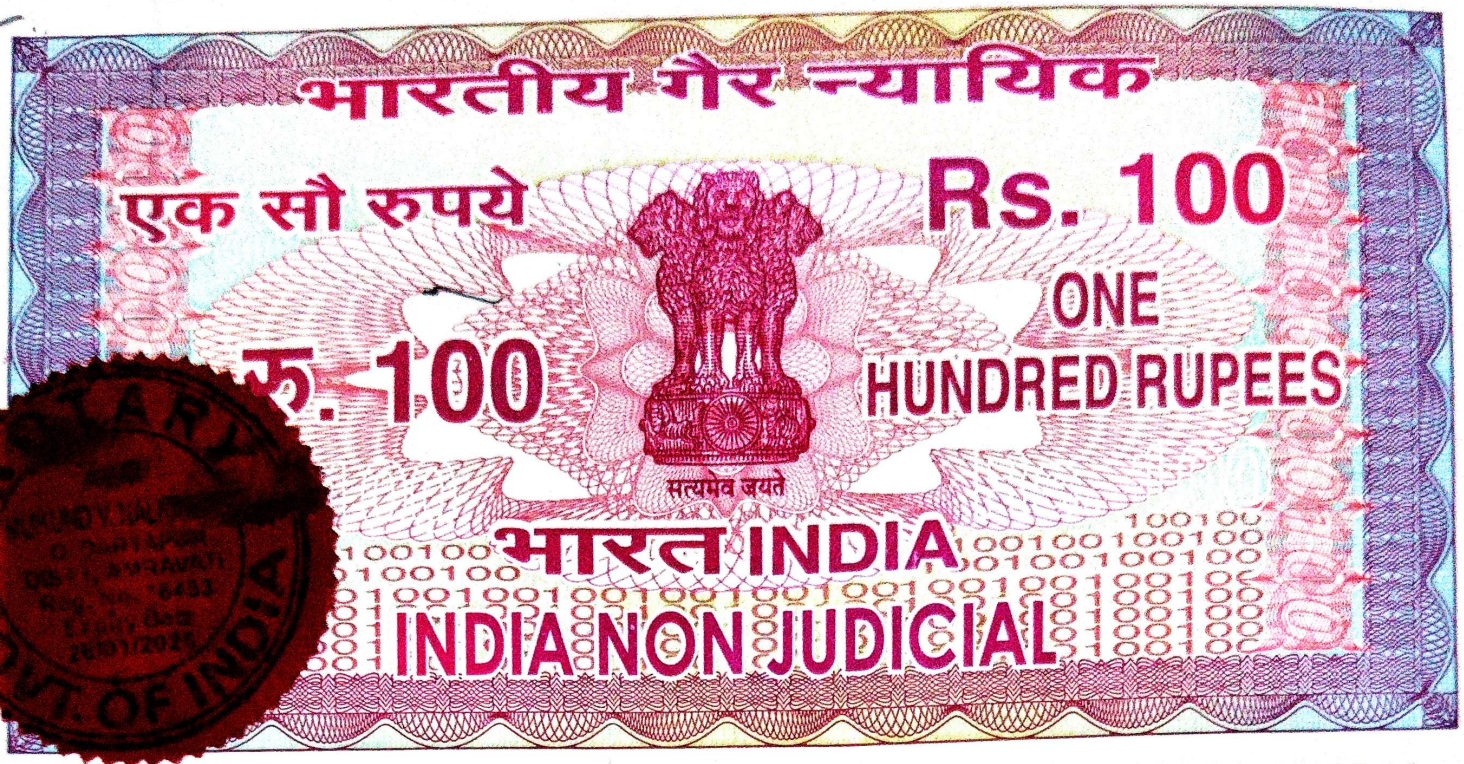
अरुणा राजेंद्र भट्टड
Aruna Rajendra Bhattad
जन्म तारीख / DOB: 12/10/1963
स्त्री / Female

28/10/2012

4808 5383 0553

माझे आधार, माझी ओळख

सचिव
गोदावरी चॅरीटेबल ट्रस्ट
बनोसा-दर्यापूर



महाराष्ट्र MAHARASHTRA 2022 01AA 257746

21 JUN 2022

मुरेंद्र वि. देशमुख
मुद्रांक विक्रेता, कॅम्प, अमरावती.
ता.नं. ११/१९९१

TREASURY OFFICER
20 JUN 2022

MOU

This MOU is between fallowing two parties No.1 and No.2

1. DR. PANKAJ BARABDE

SAI HOSPITAL & HOPE PEDIATRIC CRITICAL HOSPITAL,

RUKHMINI NAGAR, AMRAVATI

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

DARYAPUR

NOTARY
GOVT. OF INDIA
NOTARY

Done on Date: 21/06/2022

N.R.S.No. 267/2022
Date 28/6/2022
THIS DOCUMENT
CONTAINE 02 PAGE

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

साई मल्टीस्पेशालिटी हॉस्पीटल
अदिती मेडीकल फाउंडेशन
अमरावती. Reg. No.266

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

CANCELLED CANCELLED

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL

28/06/2022

MUKUND V. NALKANDE
Advocate & Notary
GOVT. OF. INDIA
'Mrudgandh' Main Road, Banoss
Near Central Bank of India, Daryapur
Tq. Daryapur Distt. Amravati. 444803
Mob. 9850320424 / 9096563377


भारत सरकार
Government of India
சிவநாதன் தங்கவேலு
Sivanathan Thangavelu
பிறந்த நாள் / DOB : 05/05/1983
ஆண் / MALE
6589 2539 7417
मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
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