



Rashtriya Aarogya Nyaya Sanshodhan Sanstha
NOOTAN HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
(Recognized By NCH, New Delhi & Affiliated to MUHS, NASHIK)
Narsinhgaon (Landgewadi), Kavathe Mahankal Dist- Sangli.




Ph : 02341 222738

Email- nootanhch@gmail.com

Date: 13/ 12 / 2023

PART II HOSPITAL DETAILS POINTS 5 TO 11

5	Ambulance facility (own / MOU)	OWN	Documents Uploaded
6	Dispensing Unit (Upload the details)	20.1 sq.mt.	-
7	Hospital Equipment as per MSR- OPD / IPD Upload the details	Yes, Available	List of Hospital equipments Uploaded
8	MOU with super specialty Hospital for clinical training of student and its functional Upload the details	Yes	MOU of Super Specialty Hospital Uploaded
9	First Aid kit in OPD / IPD	Yes, Available	-
10	BMW Certificate	Yes, Renewed	Certificate Uploaded
11	MPCB Certificate	Yes	Yes


PRINCIPAL
Nootan Homoeopathic Medical College & Hospital
Narsinhgaon, Kavathe Mahankal
Dist- Sangli, 416419, Maharashtra


Regn. No. MH500868 **MH9636567**

Regd Owner: **HOOTAN HOMOEOPATHIC HOSPITAL & R CEN**
 S/D/W of: **NA**
 Purpose: **TO**
 Regn Date: **20/11/2014**
 Colour: **S WHITE**
 Fuel: **PETROL**
 Vehicle Class: **Ambulance - FR**
 Body Type: **RIGID (PASSENGER CAR)**
 Manufacturer: **MARUTI SUZUKI INDIA LTD**
 Chassis No: **MA3EVB1150155743Z**
 Engine No: **FBBM4754090**
 Model No: **MARUTI OMNI MPI AMBULANCE BSI**
 Hypothecated To:
 Manufacturing Dt: **11/2014**
 Seat Capacity: **005**
 Stand Capacity: **00**
 Tax Paid Up To: **See Tax Rcpt**
 Regd Validity: **See F Cert**
 Address: **AP G.NO.847 LANDGEWADI
TAL-KAVTHEMHAANKAL Sangli MH416405**

DYRTO SANGLI
 Issuing Authority

Unladen Wt: **800800**
 Cubic Capacity: **600795**
 Wheel Base: **601010**
 R L W: **601285**


 Signature Of Issuing Authority


 12/12/2023

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HOSPITAL OPERATION THEATER/LABOUR ROOM EQUIPMENT LIST

Sr. No.	Name of the articles	Count Availability
1	ADHESIV TAPE	03
2	EPIDURAL CARHETER	01
3	SCALP VIEN	08
4	THREE WAY	12
5	IV CANNULA 18G,20G, 22G, 24G	1+3+5+4
6	AIRWAY 1no, 02no, 3no, 4no	1+1+2+1
7	SURGICAL BLADE 12no, 15no, 20no	1+2+2
8	SUTURIUG MATERIAL (PRO)	01
9	RYLES TUBE 10G, 12G, 14G, 18G	2+1+2+2
10	URO BAG PEDIATRIC	05
11	ADULT	04
12	IV SET	04
13	GLOVES 6"1/2, 7"1/2	8+7
14	NEBULIZER MASK	02
15	NOSAL OXYGEN CANN	02
16	SUCTION CATHETOR 6G, 8G, 10G, 18G, 20G, 22G	6+4+4+5+8+8+10
17	ABDOMINAL DRIANGO	02
18	TORCH BIG	01
19	ENDOTRIAL TUBE 2.5MM, 3.5MM, 4.0MM, 4.5MM, 5.0MM, 6.0MM, 6.5MM, 7.0MM, 8.0MM	4+2+2+2+1+1+4+1+1
20	DELIVERY TABLE	01
21	BEDSHEET+MACHINTOSH	1+1
22	BABY RECIVING TRAY	01
23	SUCTION MACHINE (small)	01
24	BABY WEIGHING MACHINE	01
25	DELIVERY TRAY	01
26	KIDNEY TRAY (steel small)	01
27	MEDIUM BOWL	01
28	CORD CISTTING SCISSOR	01
29	CURVED ARTERY FORCEP	01


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Date: 14/ 12 / 2023

LIST OF HOSPITAL EQUIPMENTS

Sr. No.	Name of the Articles	Available forNumber of Beds in the Hospital	
		For 25 Beds	Available
1	Iron Beds (Simple, Surgical & Pediatrics)	25	25
2	Stretcher With Trolley	01 in each ward	02
3	Sterilizers	02	02
4	B.P Instrument	05	06
5	Urine post ,Male and Female	10	10
6	Bed Pans E.I.	10	10
7	Tongue Depressor (Disposable)	As Required	As Required
8	Suction Machine	01	02
9	Suction Tube	As Required	As Required
10	Artery Forceps Small and Big	06 each	Available
11	Back Rest	02	02
12	Oxygen Cylinder With Stand	1 in each ward	02
13	Dressing Drums (Big)	02	02
14	Diagnostic Set (ENT)	1 in each ward	02
15	Infra-red	01	01
16	Chair Trolley With Wheels	02	02
17	Refrigerator	01	01
18	Weighing Machine	02	03
19	Bed Side Locker	-	25
20	Bed Side Stool	-	25
21	Height Adjustable OT Table	-	01
22	Wash Turb Single	-	01
23	IV Stand	-	05
24	Side Railing SS Bed Both Side+Flower Bed	-	04
25	Baby Cradle Attached To Bed	-	01

26	Labor Table	-	01
27	Food Steps Table	-	04
28	Bowel Stand	-	03
29	X-ray Viewer Box	-	05
30	An Examination Table of 6Ft / 2.5 Ft	-	04
31	Privacy Screen	-	02
32	Stethoscope	-	05
33	Torch	-	02
34	Thermometer	-	04
35	Weight Machine Big Size	-	04
36	Ambo Bags Superior Quality	-	03
37	Autoclave Drum 11 /9	-	07
38	B M W Colour Coded Bins Plastic	-	04
39	Cheatle Forceps Assorted Size 11" Inch	-	06
40	Dressing Trolley	-	06
41	Emergency Resuscitation Kit	-	02
42	Enema Set	-	03
43	Hot Water Bags	-	02
44	Instruments Tray	-	07
45	Kidney Tray	-	05
46	Medicine Trolley	-	03
47	Needle Cutter Superior Quality	-	07
48	Non Mercury Thermometer Clinicle	-	05
49	Sphygmomanoter Dile Type	-	02
50	Nebulizer	-	02
51	Autoclave	-	01
52	Instruments Trolley	-	03


31/2/2023

PRINCIPAL

Nootan Homoeopathic Medical College & Hospital
Narsinhgaon, Kavathe Mahankal
Dist- Sandli, 416419, Maharashtra



Surya Center Treatment Facility Pvt.Ltd.

• PAN No.: ABJCS9911R

• Plant D - 60 Miraj MIDC



• CIN : U90000PN2022PTC217159 • E-Mail-contact@suryactf@gmail.com

Certificate No. 415 / IPD / 2023-24

Mob.No.84118 11005

MPCB CCA No.Format 1.0/CC UAN No.0000146751/CR/2302001032

UIN No. :

Registration Certificate

Date : 7 / 7 / 2023

This is to certify that, Dr./ D^{rs}. Shree Bajirao Appa Shinde (MS)

Hospital / OPD Name and Address Nootan Homoeopathic Medical college & Hospital
A/P. Narsinhgaon, Tal- Kavathe Mahankal Dist- sangli

Is registered with M/s.Surya Central Treatment Facility,D-60 MIDC,Miraj - 416 410 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)

Dr. Bajirao Appa Shinde
Medical superintendent

2 Bombay Nursing Home Act Registration Details

a) BNH registration No

7/2016-17

b) BNH Issue Date

10/9/2020

c) Total No.of Beds

25 (Twenty Five)

d) BNH Validity(Form 'C')

31/3/2023

3 common Treatment Facility Registration Details

a) Date of Registration

1/4/2023

b) No.of Beds Registered

30 (Thirty)

c) Registration validity

31/3/2024

4 Renewal of CTF Membership (if Applicable)

a) Renewal Date

1/4/2024

b) No.of Beds

5 MPCB Consent (Establish / 1 Operate / Renewal)Details

a) Consent / CCA Number

Online Application Is

b) Issue Date

Submitted on 4/7/2023

c) Validity up to

With UAN NO- MPCB-CONSENT

0000175451



Authorized Signature

Meghana Rajeev Kore

Name : Meghana Rajeev Kore

Designation : Proprietor

Shinde
13/11/2023
Surya Ctf
Nootan Homoeopathic Medical College & Hospital
Narsinhgaon, Kavathe Mahankal
Dist- Sangli, 416410, Maharashtra

Self Code :

DECLARATION / UNDERTAKING FORM

To,

Certificate No. : JPP/396

22-21

Surya Center Treatment Facility Pvt.Ltd.

D - 60 MIDC Miraj

Date : 5/1/2023

Name of Dr. / Drs. : Dr. Shri Bajirao Appa Ghinde CMS

Name of Institute : Nootan Homoeopathic Medical College Hospital

Type of Institute : Gynaecologist & MD/Gen Medical medicine

Address : Alp Narsinhgaon Tal Kavathe Mahankal Dist Sangli

Respected Sir/Madam

I/We herewith confirm / under with / agree that I/We will follow these terms and conditions which are as follows:

1. For the purpose of the records implemented by Maharashtra Pollution Control Board / Bombay Nursing Home Act - 1949 / Any other concern Authority will be signed by me or my assigned person at the time of the visit. Bio-Medical Waste register will be made easily available at my location in order to be signed by biomedical waste collection representative, which is my whole responsibility.
2. I/We will segregate the Bio-medical waste as per the rules implemented by CPCB Maharashtra Pollution Control Board. I/We will not mix municipal/solid waste in Bio-Medical Waste. You have the right to reject such mixed waste for collection. I/We agree to handover all Bravy (including plastic waste) to Surya CTF
3. I and our staff will co-operate to deliver all the Bio-medical waste to the collection van without any hesitation. I / we know very well that un-segregated Biomedical Waste will not be collected by you & I / We agree to you that Bio-medical waste will be kept at located collection point within prescribed time as per the norms. I/We will not have any complaint for nonacceptance of unsegregated waste.
4. I/We will immediately inform if I / We change the bed capacity or in address or if there is any change to your office in writing. I/We agree that if the institution must convey in advance otherwise if it fails in this regard I will have to pay charges for this period. The information should be in written only.
5. I / We agree to pay yearly charges as per the company rules and policy and I / We also agree that charges are fixed and 10% rise in existing charges per annum.
6. I / We will submit Maharashtra Pollution Control Board / Bombay Nursing Home Act - 1949, Registration certificate, Doctor Degree certificate / Any other concern Authority certificate of my institute. (I have received information from you about registration of above require d certificates.)
7. I/We agree to inform your office regarding any service related complaint of Bio-Medical waste collection systems within 24 hrs. in written.
8. I / We agree this, certificate renewal period is 1, April to 31st March of next year, if not renewed by me within this period, you have right to take decision about terms and conditions & quote extra charges as per your rules as well as 10% per month penalty will be applicable after such period.
9. I / We agree to purchase Non Chlorinated Plastic Colour coded bags provided by you on chargeable basis as per revised rate time to time.
10. I/We agree that Taxes applicable as per Govt. Rules to be paid by me, if any.
11. I / We agree segregation procedure will be instructed to our responsible person / staff as per requirement. The place should be fixed by Hospital Authority to keep segregated BMW in plastic bags & corugated boxes from where the collecting agency will collect the waste. Proper segregation of waste is the responsibility of Hospital Authority. Responsible person should be appointed by Hospital.
12. I / We agree this contract bound for above mentioned period. This contract cannot be cancelled in between due to any reason and if cancelled waste generator will be held responsible for this.
13. I/We agree regarding payment your representative will visit to hospital / clinic / lab etc. For registration & all yearly payment to be cleared within max. 3 visits. After this Surya CTF is not responsible for registration process
14. I / We am / are ready to implement Bar Code system. Implementation of this system is my whole responsibility

For my Vignya Prudh
Vignya Prudh
 PRINCIPAL
 13/12/2022

Nootan Homoeopathic Medical College & Hospital

Stamp & Sign. of Doctor

Narsinhgaon, Kavathe Mahankal
Dist- Sangli 416419, Maharashtra

1) Hospital Name : Noolan Homeopathic Medical College & Hospital

2) Dr's Name : Dr. Bajirao Appa Ghinde (MS)

3) Detail Address : Alp Narsinhgaon Tal Kavathe Mahankal

Dist Sangli Pin : 416405

4) Land Line : _____ 5) Mobile No. : 9226721277

6) E-mail ID : noolan'hmc@gmail.com

7) Responsible Person for BMW : Mr. Guni Ghinde

8) Contact No. (Mobile) : 7083485905

- 9) Category : Hosp - GP - Clinical Lab - Dentist - Blood Bank - Pathology Lab - Diagnosis Centre -
- 10) Sub Category - Surgical
- 1) Gynecologist
 - 2) General Surgeon
 - 3) Orthopedic Surgeon
 - 4) Pediatric Surgeon
 - 5) ENT Surgeon
 - 6) Eye Surgeon
 - 7) Neuro Surgeon
 - 8) Cancer Surgeon

11) Total Beds : 30 Bed Sub Category - Non Surgical

12) Chargeable Beds with Surya CFF : SUR - 4.4 Nos 1) MD Medicine / Gen Medicine
N.SUR - 12.1 Nos

13) Rate per bed per day : SUR - 10 R 2) Pediatric Medicine
N.SUR 9.5

14) Occupancy : 55% 3) Diagnosis & Endoscopy Centre

15) Total Yearly Amount : 57974.11 + 12% GST = 64931.00 4) Leparcy

16) Contract Period: 1/4/2023 to 5) Psychiatric Hospital
31/3/2024 6) Neuro Physician

In case of any query please contact : 1) Smt. M. R. Kore : 9823184999
2) Mr. Vishwas Thombare : 8411811005
3) Mrs. Richa Tagare : 9768888888

For. Mr. Vinayak Kumbhar

Signature & Seal of Doctor

Signature & Seal of Dr. Bajirao Ghinde PRINCIPAL
Noolan Homeopathic Medical College & Hospital
Narsinhgaon, Kavathe Mahankal
Dist - Sangli, 416419, Maharashtra
13/12/2022