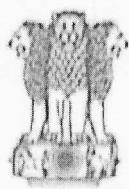


PART-II HOSPITAL DETAILS

Name of Hospital :-

Dr. J. J. Magdum Homoeopathic
Medical College Hospital Jaysingpur



महाराष्ट्र शारान

जिल्हा शाल्यचिकित्सक, कोल्हापूर

(सन १९४९ च्या दि वांग्ये नर्सिंग होम्स रजिस्ट्रेशन ऑफिच कलम ५ अन्वये दिलेले रजिस्ट्रेशन सर्टिफिकेट)

दि वांग्ये नर्सिंग होम्स रजिस्ट्रेशन ऑफिच, १९४९ अन्वये

नोंदणी प्रमाणपत्र

डॉ. श्री. / श्रीमती डॉ. जे. जे. मराठुम दृश्यत्वे डॉ. जे. जे. यांचे
मराठुम होम्स ऑपरेटिंग मॅडिकल कॉम्पौज, हांसितुर जर्यारिम्बन
येथील हॉस्पिटल/नर्सिंग होम/मॅटर्निटी होम रजिस्टर केले असून सदरचे हॉस्पिटल/नर्सिंग
होम/मॅटर्निटी होम चालविण्यास परवाना देणेत येताहा. / पुनर्नोंदणीस मान्यता देणेत
येत आहे.

रजिस्ट्रेशन क्रमांक : ३४४/२०२५/जे.ह.सि.बॉ.पू.२ प्रसूतीसाठी कॉटस : १६

रजिस्ट्रेशन दिनांक : ०७/०५/२०२५ इतर रुग्णांसाठी कॉटस : ६४

ठिकाण : कोल्हापूर

एकूण कॉटस : ८०

सर्टिफिकेट दिल्याचा दिनांक : २४/०५/२०२५

सदरचे सर्टिफिकेट दिनांक : ३१/०३/२०२४ पर्यंत कार्यवाहीत राहील.



जिल्हा शाल्यचिकित्सक,
छत्रपती प्रमिलाराजे सर्वोपचार
रुग्णालय, कोल्हापूर.

गोडला

राज



Dr. J. J. Magdum Trust's
**Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE
HOSPITAL**

Jaysingpur - 416 101, Tal-Shiroli, Dist.- Kolhapur (Maharashtra)
NCH Delhi recognized, Affiliated to AYUSH Delhi & Maharashtra University of Health Science (MUHS), Nashik.
* Phone No. College : (02322) 227083, Hospital- (02322) 225218*
* Email id- jjmhmc1990@gmail.com * * Established year – 1990 *

- According to NCH Regulation 2024

Bed Distribution

Sr. No.	Department	Bed Distribution
1	Medicine	Acute -7 37 Chronic- 30
2	Obstetrics & Gynecology	15
2	Surgery	15
3	Paediatrics	7
	Total	74



FORM 23
[See Rule 48]

Certificate of Registration

Registered No. **MH-09-CA-1018**

Brief description of vehicle. **Ambulance**

Name of registered owner **President Rotary Club - Kolhapur**

Son / wife / daughter of **Trust Shireen**

Full address (Permanent) **App. Shireen Hall - Shireen
Dish Kolhapur**

Full address (Temporary) **.....**

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Date **27/6/01**



(e.g. Fiat / Ambassador / Maruti Car, Tata Goods Vehicle, Leyland Goods Vehicle, Trailer, Motor Cycle with side car etc.)

G.P.Z.P. Pune - 1

R.S.

Form 59

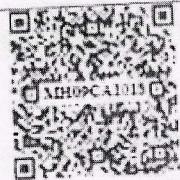
[See rules 115 (2)]

Pollution Under Control Certificate

Authorised By :

Government of Maharashtra

Date : 12/05/2023
Time : 15:52:50 PM
Validity upto : 11/11/2023



Certificate SL. No.	:	MH00900590009403
Registration No.	:	MH09CA1018
Date of Registration	:	06/Jun/2012
Month & Year of Manufacturing	:	June-2012
Valid Mobile Number	:	*****8086
Emission Norms	:	BHARAT STAGE III
Fuel	:	DIESEL
PUC Code	:	MH0090059
GSTIN	:	Rs.150.00
Fees	:	(GST to be paid extra as applicable)
MIL observation	:	No

न्यु विनायक P.U.C. सेंटर
संस्था का नाम : न्यु विनायक पी.यू.सी. सेंटर
संस्था का पता : न्यु विनायक पी.यू.सी. सेंटर
मोबाइल नंबर : 9158359690, 0983799696
Mob. 9158359690, 0983799696

Vehicle Photo with Registration plate
60 mm x 30 mm



Sr. No.	Pollutant (as applicable)	Units (as applicable)	Emission limits	Measured Value (upto 2 decimal places)
1	2	3	4	5
Idling Emissions	Carbon Monoxide (CO)	percentage (%)		
	Hydrocarbon, (THC/HC)	ppm		
High idling emissions	CO	percentage (%)		
	RPM	RPM	2500 ± 200	
Smoke Density	Lambda	-	1 ± 0.03	
	Light absorption coefficient	1/metre	2.45	0.25

This PUC certificate is system generated through the national register of motor vehicles and does not require any signature.

Note : 1. Vehicle owners to link their mobile numbers to registered vehicle by logging to <https://puc.parivahan.gov.in>

Authorised Signature with stamp of PUC operator
60mm x 20 mm

न्यू विनायक P.U.C. सेंटर
मानानी पेटोल पंगास्टोर, मनाली मार्हन ज़वळ,
सातारा ज़िल्हा, तुष्यं, राजाकोपूर
Mob. 9106660696, 8932799696



MH-09
CA 1018 019443

GOVERNMENT OF MAHARASHTRA

NON-TRANSPORT

CERTIFICATE OF TAXATION

UNDER THE

BOMBAY MOTOR VEHICLES

TAX ACT, 1958

PAY YOUR VEHICLE TAX REGULARLY
TAX IN RESPECT OF VEHICLES LIKE
CARS, JEEPS, ETC. CAN BE PAID FOR
THREE YEARS AT A TIME



गामुको.-ईडी ८७-१२,८८,०००-७.९५ (से. १)
गा. नि., ग. वि., क्र. ७८५९ (४), दि. १७-३-४४]

[दिशेष-मो. वा. ४६ भ.]

प्रादेशिक परिवहन कार्यालय,

पोदणी क्रमांक

वनावट

तपाराणी दिनांक

शेरा

५०

२७/६/२०१४

Chno-MAT460124BUN07140

Cy No-483DLT255N9271932

Ps Gootpani-615266/3at-21/6/2014

MV Mech. F.M.C. Passed For
12/24 Month Cr upto

26 JUN 2014

१०५२७६

ना. वा. ग.

प्रा. प. ना. लौलू. मुर



MH-09
CH-1018 019443

GOVERNMENT OF MAHARASHTRA

NON-TRANSPORT

CERTIFICATE OF TAXATION

UNDER THE

BOMBAY MOTOR VEHICLES

TAX ACT, 1958

PAY YOUR VEHICLE TAX REGULARLY
TAX IN RESPECT OF VEHICLES LIKE
CARS, JEEPS, ETC. CAN BE PAID FOR
THREE YEARS AT A TIME



Transferred to

Signature of Taxation Authority

Transferred to

Signature of Taxation Authority

Transferred to

Signature of Taxation Authority



Detailed description
1. Registration Mark MH-09-CA-1018
2. Class of Vehicle L1W Ambulance
3. Maker's Name TATA Motors Ltd.

4. Type of Body Ambulance
5. Year of Manufacture 06/2012
6. Chassis Number MAH60124BUN0746
7. Engine Number 4830TC55NYY719341
8. Fuel Diesel
9. Carrying Capacity 4+1+P.

(i) If a public service vehicle, Number of passengers licensed to carry—
(a) Seated
(b) Standees
Total

(ii) If not a public service vehicle—
(a) No. of seats (including driver)
(b) No. of standees, if authorised to carry
Total

MH-09
CA-1018

REPUBLIC OF INDIA

Ambulance ✓

**CERTIFICATE
OF
REGISTRATION
OF
MOTOR VEHICLE**

Govt. Photozinco Press, Pune - 1

STATE OF MAHARASHTRA



Dr.J.J.Magdum Hom.Medical College (UG)

Jaysingpur, Tal. Shirol.

Dist. Kolhapur

President, Rotery Charitable Trust, Shirol

Ledger Account

1-Apr-2016 to 31-Mar-2017

Date	Particulars	Vch Type	Vch No.	Debit	Credit
5/07/2016 Dr	Ambulance [TATA Winger] Being Ambulance No. MH-09-CA-1018 purchased for Trust Hospital	Journal		450000.00	
3/08/2016 Cr	Sangli Urban Co-Op Bank Ltd A/c No. 0655 Being amount paid by cheque No. 006471 to President, Rotery Charitable Trust, Shirol towards Part Payment of Ambulance Purchased [Ambulance Price Rs 450000/- Less Rs 1,00000/- = 3,50,000/- Balance]	Payment		100000.00	
7/01/2017 Cr	Sangli Urban Co-Op Bank Ltd A/c No. 0655 Being amount paid by cheque No. 008112 towards Ambulance 2nd installment [350000/- - 50000/- Balance Rs 300000/-]	Payment		50000.00	
8/03/2017 Cr	Sangli Urban Co-Op Bank Ltd A/c No. 0655 Being amount paid by cheque No. 010346 towards Ambulance 3rd installment [300000/- - 150000/- Balance Rs 150000/-]	Payment		150000.00	
Cr	Closing Balance			300000.00 450000.00 150000.00 450000.00 450000.00	

Dr.J.J.Magdum Hom.Medical College[UG]

Jaysingpur - 416101

Tal. Shirol, Dist. Kolhapur

President, Rotery Charitable Trust, Shirol

Ledger Account

1-Apr-2017 to 9-Mar-2018

Date	Particulars	Vch Type	Vch No.	Debit	Credit
1/04/2017 Dr	Opening Balance			150000.00	
15/04/2017 Cr	Sangli Urban Co-Op Bank Ltd A/c No.655 Being amount paid by cheque No 10347 towards Ambulance purchased out standing bill payable paid	Payment		150000.00	
				150000.00 150000.00	



DEV MOTORS **ESTIMATE**
DATE: 09/03/2018

DATE:09/03/2018

AMV Authorized Service Station

0
Read N. H. Nursey, Nimsbridge INVOICE # -

Sangate-Vellore Road, Ar. 109, Vellore.

Pat. - Street, Dist. - Kolhapur

SERVICE TYPE# PAID

Payment-Mode : CASH

卷之三

MUNICIPAL HOSPITAL

MR. JAYHINGPUR

DIBJ BOH HAPUR

MJ101 9011230400

MAI 410124

Veh No : MH10CA1018

Model : WINGER

Job No.:

a) BRAKE 1

N o.	Part no	Part/Labour	Uom	Qty/No of Jobs	Rate (Rs.)	GST TAX%	TAX AMOUNT	Amount (Rs)
1	MM100000012	fuel filter& seal kit	EACH	2	107.00	28%	30.00	274.00
2	2N4715130100	oil filter	EACH	1	218.00	28%	61.00	279.00
3	TMU40 CH4 15W40	engine oil	ltr	5.5	834.35	18%	183.15	1017.50
4	2N4515100101	starter motor	EACH	1	8201.39	28%	2296.00	10498.00
5	distilled water	battery water	EACH	2	20.00		0.00	40.00
					Total	0%	0.00	12108.50

b) Labour		Stand. Hrs					Total	
								12100.00
1	Engine oil change with fuel filter	PAID	EACH	1	150	18%	27	177.00
2	General check up of vehicle		EACH	1	250.00	18%	45.00	295.00
3	Battery r/r & service	PAID	EACH	1	250.00	18%	45.00	295.00
4	Starter motor new fitting	PAID	EACH	1	300.00	18%	54.00	354.00
		PAID						Total 12100.00

	parts amount	12,108.50
		-
	Final Labour Invoice Amount	1,121.00
	Gross Amount	13,229.00
	Adjustment	
	Grand Total	13,229

DURING GENERAL CHECK UP IF FOUND ADDITIONAL WORK LABOUR CHARGES WILL BE ADDED
DURING COURSE OF REPAIR REQUIRED PARTS WILL BE ADDED EXTRA .



6

10. Unladen Weight 1800kg

11. Registered Laden Weight 2850kg

12. (For Transport Vehicles only)

Limits of Operation

(a) Within Municipal Limits.

(b) Within General Limits.

1800kg
2850kg
R.T.O. KOLHAPUR

Signature of
Taxation Authority.

Date 27/6/12



7

Tax Assessment

1. Registration Mark MM09 CA 1018

2. Taxation Class DTT - 189.00

3. Annual Rate of Tax —

4. Quarterly Rate of Tax —

Dated 21/6/12 199

Signature of Taxation
Authority.

Revised Tax Assessment Form

R.T.O. KOLHAPUR

1. Taxation Class
2. Annual Rate of Tax
3. Quarterly Rate of Tax

Signature of Taxation
Authority.

Revised Tax Assessment Form

(Date)

1. Taxation Class
2. Annual Rate of Tax
3. Quarterly Rate of Tax

Signature of Taxation
Authority.

Transferred to

Signature of Taxation Authority

Transferred to

Signature of Taxation Authority

Transferred to

Signature of Taxation Authority

Detailed description
1. Registration Mark MH-09-CA-1018
2. Class of Vehicle LWB Ambulance
3. Maker's Name TATA Motors Ltd.
4. Type of Body Ambulance
5. Year of Manufacture 06/2012
6. Chassis Number MAFH6012ABUN0M140
7. Engine Number A83DLTC55NYY71939
8. Fuel Diesel
9. Carrying Capacity 4+1+P
(i) If a public service vehicle, Number of passengers licensed to carry—
(a) Seated
(b) Standees
Total
(ii) If not a public service vehicle—
(a) No. of seats (including driver)
(b) No. of standees, if authorised to carry
Total



600
64521613
27/16/2012

6

7

21. Number, description and size of tyres on (each) axle
.....

22. Registered axle weight (in respect of each axle)
..... Kgms.

This certificate is valid from 27/16/2012 to 26/16/2014.

Date 27/16/2012 200

Signature of Registering Authority

Note.—The motor vehicle above described is—

(i) Subject to a hire purchase agreement with
—M&H.P.A.—
(ii) Subject to a lease agreement with
.....
(iii) Subject to a hypothecation in favour of
.....
(iv) is not held under hire purchase agreement / lease
agreement / subject to hypothecation.

This certificate is hereby renewed from

to the day of 200.....
the day of 200.....
the day of 200.....
the day of 200.....

Dated 200 Signature of Registering Authority

Transferred to

Address

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Date 200 Signature of Registering Authority

Signature of Registering Authority



1. Class of vehicle	Detailed Description
The motor vehicle is—	
(a) a new vehicle	Ambulance
(b) Ex-army vehicle	yes
(c) Imported vehicle	yes
(d) Migration from other States	
2. Maker's Name	TATA Motors Ltd.
3. Type of body	Ambulance
4. Month and year of manufacture	06/2011
5. Number of cylinders	4
6. Chassis number	MAN460124BUN07140
7. Engine number	483D1TC55NYY719341
8. Fuel used in the engine	Diesel
9. Horse power (B.H.P.)	—
10. Cubic capacity	1948 C.C.
11. Maker's classification	Tata wings Ambulance
12. Wheel-base	—
13. Seating capacity (including driver)	4+1+P
14. Unladen weight	1800 Kgs

15. Colour or colours of body, wings and front and additional motors cage.	A-White
16. Gross vehicle weight—	2850 Kgs
(a) as certified by the manufacturer	Kgms.
(b) as registered	Kgms.
17. Number, description and size of tyre	
(a) Front axle	185R-12-24 nos
(b) Rear axle	185R-14-24 nos
(c) Any other axle	
(d) Tandem axle	
18. Registered axle weight—	
(a) Front axle	1400
(b) Rear axle	1450
(c) Any other axle	
(d) Tandem axle	
Additional particulars of alternative or additional trailer or semi-trailers registered with an articulated vehicle—	
19. Type of body	Ambulance
20. Unladen weight	1800 Kgs



6

10. Unladen Weight 1800 kgs

11. Registered Laden Weight 2850 kgs

12. (For Transport Vehicles only)

Limits of Operation

(a) Within Municipal Limits,

(b) Within General Limits.

R.T.O. KOLHAPUR
Signature of
Taxation Authority.

Date 27/6/12



7

Tax Assessment

1. Registration Mark Mm09 CA 1018

2. Taxation Class D.T.T. - 18402

3. Annual Rate of Tax —

4. Quarterly Rate of Tax —

Dated 27/6/12 199

Signature of Taxation Authority

R.T.O. KOLHAPUR
Revised Tax Assessment Form

1. Taxation Class
2. Annual Rate of Tax
3. Quarterly Rate of Tax

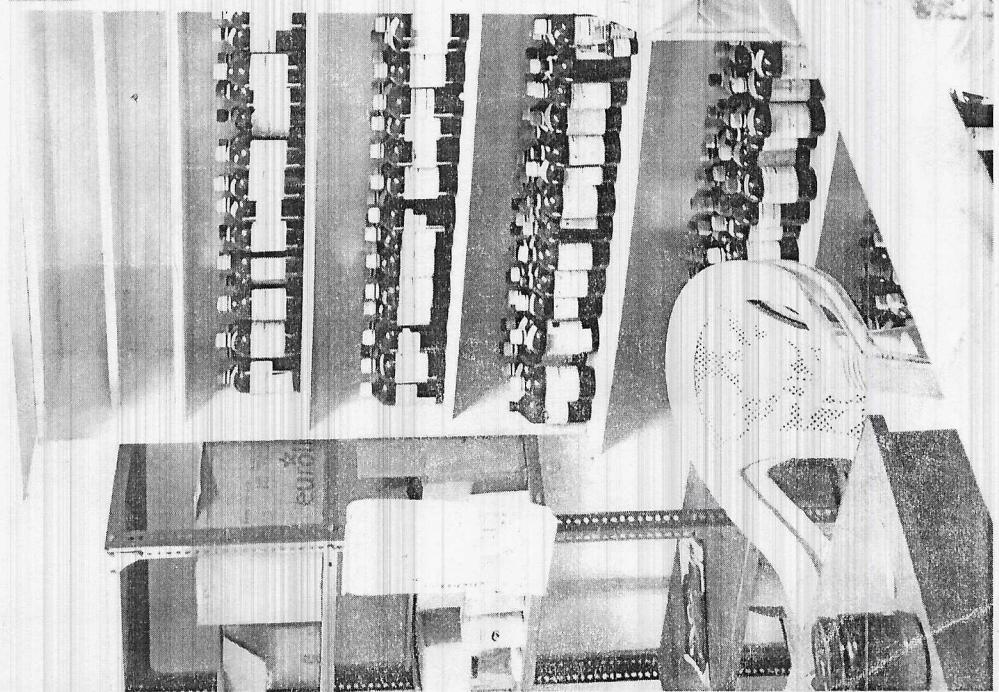
Signature of Taxation Authority

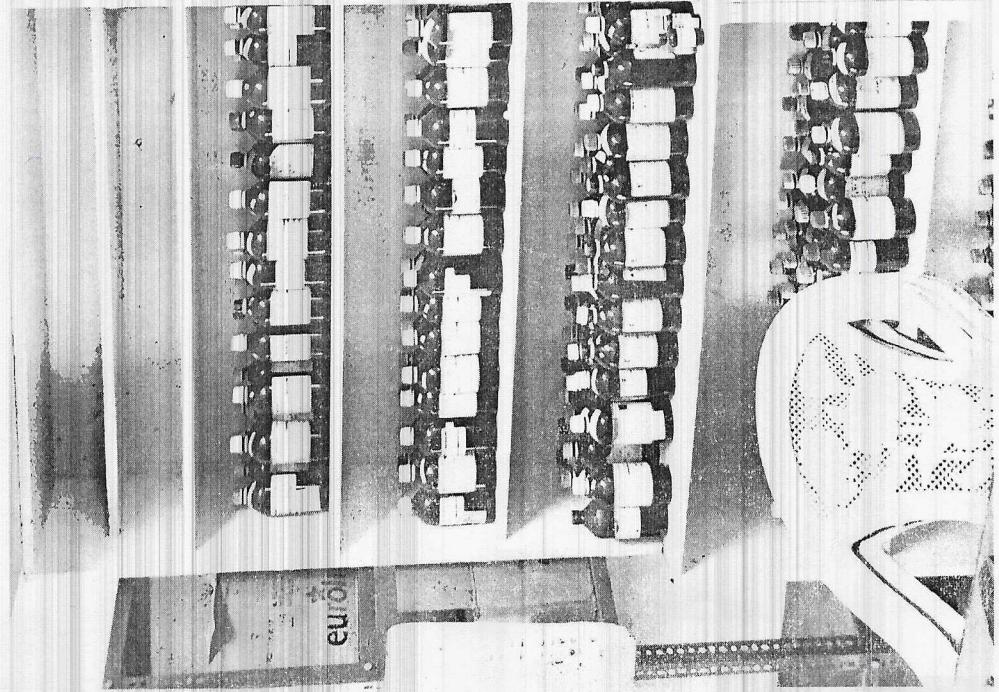
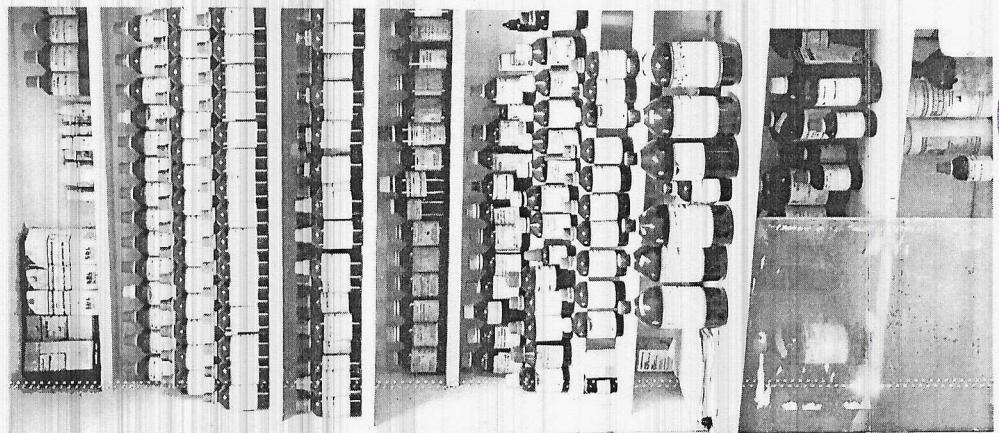
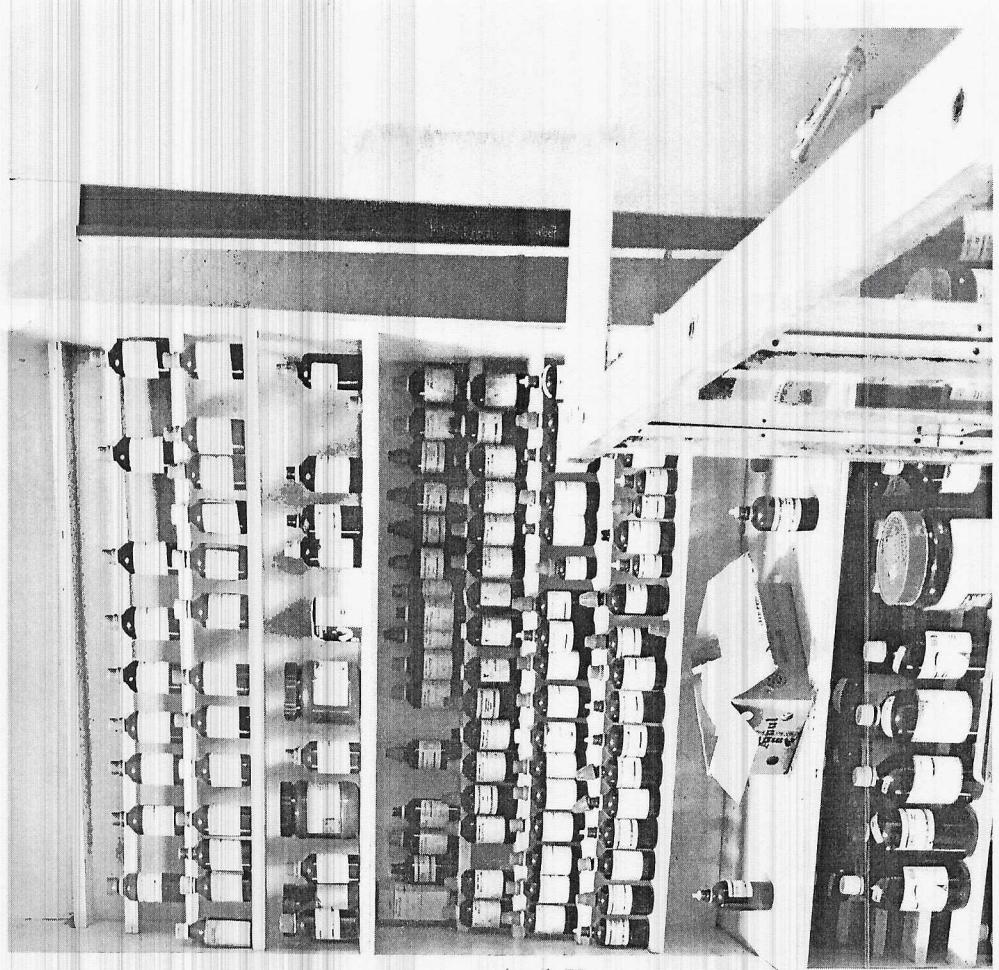
R.T.O. KOLHAPUR
Revised Tax Assessment Form

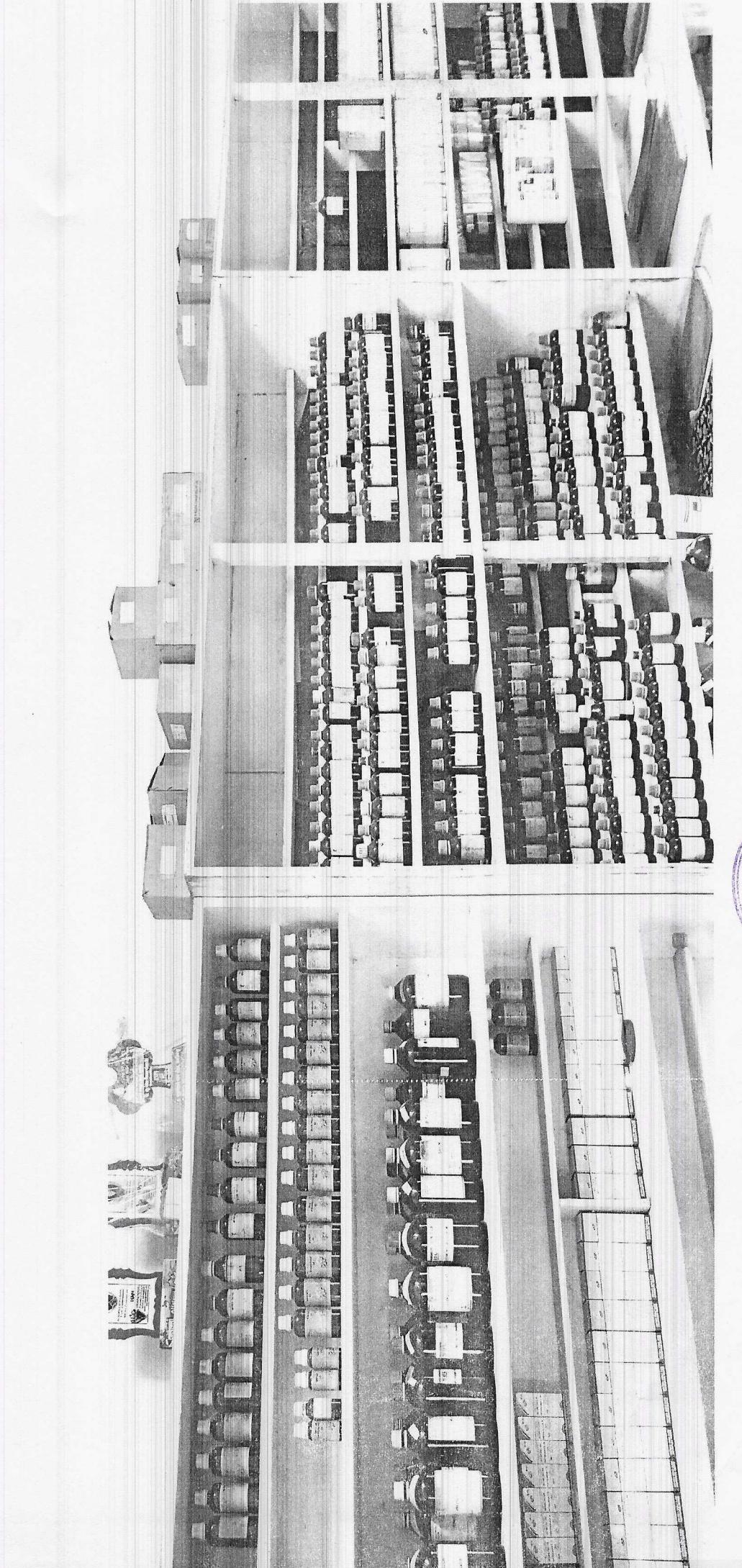
(Date)

1. Taxation Class
2. Annual Rate of Tax
3. Quarterly Rate of Tax

Signature of Taxation Authority









Dr. J. J. Magdum Trust's

Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

C.S.NO.2357/A/A1 KOLHAPUR SANGLI ROAD, JAYSINGPUR, 416101

* Phone No. College : (02322) 227083, 229583, Hospital- (02322) 225218 *

* Email id- jjmhmchospitaljaysingpur@gmail.com * * Established year - 1990 *

Recognized by National Commission for Homoeopathy, Ministry of AYUSH, Govt. of India.
Approved by Govt. of Maharashtra, Affiliated to Maharashtra University of Health Science, Nashik.

Memorandum of Understanding

This is Agreement for the expose of the students in the clinical field and to understand the depth of operative Surgery and operative Gynecology and Obstetrics as well as management in clinical illness.

Between

Name of College (Party-A) :- Dr. J.J.Magdum Trust's Dr. J.J.Magdum Homoeopathic Medical College, Jaysingpur, Tal. Shiroli Dist. Kolhapur

And

Name of Super speciality Hospital (Party-B) :- Sevasadan Niramay Pvt. Ltd 691/1, Niramay Hospital, Ring Road, Ichalkaranji 416115

I. Purpose and Scope

The Purpose of this Memorandum of Understanding (MoU) is to clearly identify the roles and responsibility of each party as they relate to providing exposure of the students in BHMS Course and M.D. (Hom) course in the clinical field and to understand the depth of Radiology in Diagnostic clinical illnesses and providing clinical Radiology for patients of Para A.

Both party A and Party B should ensure that educational activities are conducted in compliance with all requirements for provision of clinical exposure to the Homoeopathic Medical students curriculum of BHMS and M.D.(Hom) and requirement laid down by the Central Council of Homoeopathy (minimum standards requirements of Homoeopathic colleges and attached hospitals)

II. MoU Term

The term of this MoU agreement is the period within which the project responsibilities of this agreement shall be performed. The terms commences 01/08/2025 and terminates 31/07/2029.

III. Party B Responsibilities.

Party B shall undertake the following activities during the duration of the MoU term.

1. Ensure adherence of party A to at least 2 hours per day clinical classes for batch wise students and six hours in two shift per day for batch wise internees will be allowed by the party B for clinical teaching and training as laid down in regulations.





All the activities of the teaching and training will be suitable document for record.

1. Documentation Approval and Acknowledgements.
2. Review and monitor party B's compliance with party A's performance of services as per regulations and technical assistance to party A by providing exposure of the students in BMS course and M.D.(Hom) course in the clinical field of radiology and to understand the depth of radiology in diagnostic clinical illnesses and provide clinical Radiology for Patients.
3. Provided training and technical assistance to party A by providing exposure of the students in BMS regulations and monitor party B's compliance with MOU.
4. Net more three month should allowed in any department for internes rotation period may be cut short as per requirement of Hospital authorities subject to prior approval in writing from party A.
5. Party B will not create any restriction with regard to teaching and training programme. Teaching programme will be in accordance with curriculum as laid down by the Central Council of short as per requirement of party A with information of party A of his/her built.
6. Party B will not be responsible for transportation of students.
7. Party B has the right to take action again any students for committing/branch of any discipline and decorum of party B with information of party A of his/her built.
8. Ensure that the party A's scope of work activities do not suffer for ensuring provisions of curriculum requirement under the regulation.
9. Party A will be responsible for transportation of the student's internes/patients from respective understanding of both the party.
10. Party A will ensure that all students/internes attending the teaching and training programme drawn under mutual understanding of both the party.
11. Teaching and training should be guided by the teaching staff of party A.
12. Party A shall undertake the following activities during the duration of the MOU term:

IV. Party A Responsibilities

1. Ensure that the following activities during the duration of the MOU term:
2. Party A will ensure presence of students/internes as per the programme drawn under mutual understanding of both the party.
3. Party A will be responsible for transportation of the student's internes/patients from respective understanding of both the party.
4. Party A will ensure to replace or make good of any damages made to party B by the college premises to the party B premises.
5. Party A will ensure that all students/internes attending the teaching and training programme at party B hospital are under the guidance and supervision of in charge teaching faculty depoted by party A.
6. Party A will ensure that students/internes attending the teaching and training programme at super specialty hospital of party B to, assist in the clinical and related activities of party B.
7. Party A will follow all relevant laws and regulations regarding documentation, reporting, use, etc. in accordance with the provision of Hospital as well as regulation of the Central Council of Homoeopathy.
8. Parties A and B Agree to Following Provisions:
9. Documentation Approval and Acknowledgements.
10. Homeopathy.

Approved by Govt. of Maharashtra, Affiliated to Maharashtra University of Health Science, Nashik, Recognized by National Commission for Homoeopathy, Ministry of AYUSH, Govt. of India,

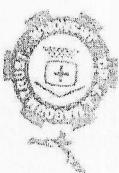
* Email Id- jmmhcospitalayush@gmail.com * * Established year - 1990 *

* Phone No. College : (02322) 227083, 229583, Hospital - (02322) 225218 *

C.S.NO.237/A1 KOLHAPUR SANGLI ROAD, JASINGPUR, 416101

Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

Dr. J. J. Magdum Trust's





Dr. J. J. Magdum Trust's

Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

C.S.NO.2357/A/A1 KOLHAPUR SANGLI ROAD, JAYSINGPUR, 416101

* Phone No. College : (02322) 227083, 229583, Hospital- (02322) 225218 *

* Email id- jjmhmcospitaljaysingpur@gmail.com * * Established year - 1990 *

Recognized by National Commission for Homoeopathy, Ministry of AYUSH, Govt. of India,
Approved by Govt. of Maharashtra, Affiliated to Maharashtra University of Health Science, Nashik.

2. Special Terms and Conditions.

Party A and Party B shall follow all relevant and applicable regulations as specified in their respective area of application.

VI. Funding

1. Party A will ensure that all expenses related to students/internees teaching and training are borne and managed themselves and will not create any liability of Party B.
2. Party B shall only provide time and space for teaching and training programme for students/internees and will charge for the services rendered by them.

VII. Modification and Termination.

1. This agreement may be cancelled or terminated without cause by the either party by giving (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and /or payment invoicing instruction/requirements.
2. Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

VIII. Effective Date and Signature.

This MoU shall be effective upon the signature of Party A and Party B authorized official. It shall be in force from 01/08/2025 indicate agreement with this MoU by their signatures.

Signatures and Dates

Authorized signature from Party A

Insert name of Party A Signature

Prof. Dr. Suresh. R. Nair

M.Sc, B.M.S, M.D.(Hom.), Ph.D

Reg No.- 4491

Principal & Medical Superintendent

Date :- 01/08/2025

Authorized signature from Party B

Insert name of Party B Signature

EVASADAN NIRMAL PVT. LTD.

691/1, Niramay Ring Road,

Ichalkaranji 416115

Ph. 0230-2437517/18/19





महाराष्ट्र MAHARASHTRA

● 2023 ●

86AA 923570

पुम अ श्र



05 MAR 2024

SUB-TREASURY OFFICER
SHIROL

दस्तावा प्रकार/अनुच्छेद क्रमांक :-

दस्तावा करणार आहेत का? होय/नाही

नोंदवी देशार असल्यास दुःख निवारक कार्यालयाचे नांव :-

मुद्रांक दिनांकाचे नांव :- कुलुजा द्वारसाळ वेळेटो, रा. जयसिंगपूर

कांड. २५, ११३६, प.क.र. /११, डिल्म-द्वारा नं. १८ यांत है. सोला. जयसिंगपूर

मुद्रांक दिनांक अ.क्र. :- ०३ दिनांक :- १६/१२/२०२४

मुद्रांक शुल्क किंतु रुपये :- १००/- आधार - १५८/- ६०५ ७२०३

मुद्रांक विकात घेणाऱ्याचे नांव :- सुनीत काचसा वडा रा. जयसिंगपूर

दुसऱ्या पक्षाचाराचे नांव व पता :-

१. अंजी रु. सोला

मिळकातीचे वर्णन :-

Businessman *Secret*
द्राक विक्रेताची सही मुद्रांक विकात द्वारा नायाची सही
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी
त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून द
महिन्यात वापरणे बंधनकारक आहे.

प्रोद्दला रक्म रुपये :-

Memorandum of Understanding

This is Agreement for the exposure of the students in the clinical field and to understand the depth of operative Surgery, operative Gynaecology & Obstetrics and In Radiology departments as well as management in clinical illness.

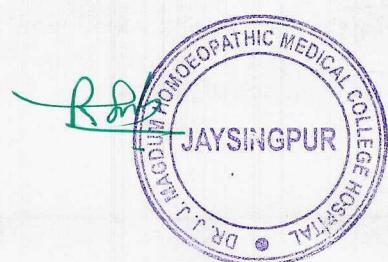
Between

Name of College (Party-A) :- Dr. J.J. Magdum Trust's Dr. J.J. Magdum Homoeopathic Medical College, Jaysingpur, Tal. Shirol Dist. Kolhapur (M.S.)

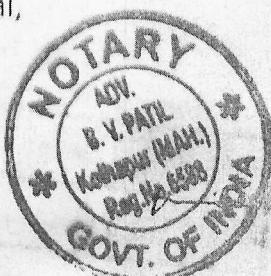
And

Name of Super speciality Hospital (Party-B) :- Ushahkal Abhinav

Multi super speciality Hospital,
Dhamani Road, Sangli



Page No. 1 - 4
No. 382/2024



I. Purpose and Scope

The Purpose of this Memorandum of Understanding (MoU) is to clearly identify the roles and responsibility of each party as they relate to providing exposure of the students in BHMS Course and M.D. (Hom) course in the clinical field and to understand the depth of Radiology in diagnostic clinical illnesses and providing clinical Radiology for patients of Party A.

Both party A and Party B should ensure that educational activities are conducted in compliance with all requirements for provision of clinical exposure to the Homoeopathic Medical students curriculum of BHMS and M.D.(Hom) and requirement laid down by The National Council for Homoeopathy (minimum Essential standards for requirements of Homoeopathic colleges and attached hospitals), for regulations,2024.

II. MoU Term

The term of this MoU agreement is the period within which the project responsibilities of this agreement shall be performed. The terms commence from 01/04/2024 and terminate 31/03/2029.

III. Party B Responsibilities.

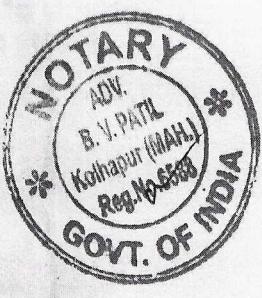
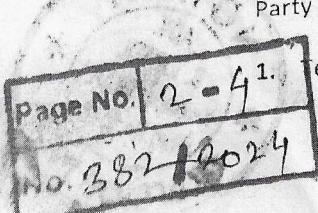
Party B shall undertake the following activities during the duration of the MoU term.

1. Ensure adherence of party A to at least 2 hours per day clinical classes for batch wise students and six hours in two shift per day for batch wise internees will be allowed by the party B for clinical teaching and training as laid down in regulations.
2. Review and approve all documentation evidencing party A's performance of services as per regulations and monitor party B's compliance with MoU.
3. Provided training and technical assistance to party A by providing exposure of the students in BHMS course and M.D.(Hom) course in the clinical field and to understand the depth of Operative surgery and Operative Gynaecology and obstetrics as well as management in critical and surgical cases,
4. To understand the depth of radiological (including Compute tomography Scan, Magnetic Resonance Imaging, Ultrasonography) and Advanced Laboratory Investigation diagnostic Facilitites; clinical illnesses and providing clinical Radiology for Patients.
5. Net more three month should allowed in any department for internees rotation period may be cut short as per requirement of Hospital authorities subject to prior approval in writing from party A.
6. Party B will not create any restriction with regard to teaching and training programme. Teaching and training programme will be in accordance with curriculum as laid down by the Central Council of Homoeopathy.
7. Party B will not be responsible for transportation of students.
8. Party B has the right to take action again any students for committing/branch of any discipline and decorum of party B with information of party A of his/her guilt.
9. Ensure that the party A's scope of work activities do not suffer for ensuring provisions of curriculum requirement under the regulation.

IV. Party A Responsibilities

Party A Shall undertake the following activities during the duration of the MoU term:

Teaching and training should be guided by the teaching staff of party A.



2. Party A will ensure presence of students/internees as per the programme drawn under mutual understanding of both the party.
3. Party A will be responsible for transportation of the student's internees/patients from respective college premises to the party B premises.
4. Party A will ensure to replace or make good of any damages made to party B by the students/internees done during the period of teaching and training.
5. Party A will ensure that all students/internees attending the teaching and training at party B hospital are under the guidance and supervision of in charge teaching faculty deputed by party A.
6. Party A will ensure that students/internees attending the teaching and training programme at super speciality hospital of Party B to, assist in the clinical and related activities of Party B.
7. Party A will follow all relevant laws and regulations regarding documentation, reporting, use, etc. in accordance with the provision of Hospital as well as regulation of the National Council of Homoeopathy.

V. Parties A and B Agree to Following Provisions:

1. Documentation Approval and Acknowledgements.

All the activities of the teaching and training will be suitable documented for record.

2. Special Terms and Conditions.

Party A and Party B shall follow all relevant and applicable regulations as specified in their respective area of application.

VI. Funding

1. Party A will ensure that all expenses related to students/internees teaching and training are borne and managed themselves and will not create any liability of Party B.
2. Party B shall only provide time and space for teaching and training programme for students/internees.

VII. Modification and Termination.

1. This agreement may be cancelled or terminated without cause by the either party by giving (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and /or payment invoicing instruction/requirements.
2. All amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

VIII. Effective Date and Signature.

This MoU shall be effective upon the signature of Party A and Party B authorized official. It shall be in force from 01/04/2024 indicate agreement with this MoU by their signatures.

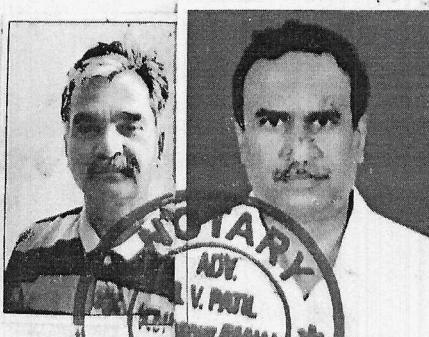
Signatures and Dates:

Authorized signature from Party A

Medical Superintendent

Dr.J.J. Magdum Homoeopathic
Medical College Hospital Jaysingpur.

Insert name of Party A



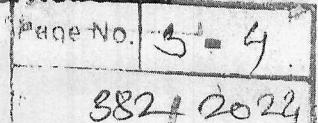
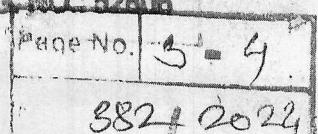
Authorized signature from Party B

DR. SANJAY KOGREKAR

M.B.B.S., D.G.O.

ert n MEDICAL DIRECTOR

REG. NO. 52806





महाराष्ट्र MAHARASHTRA

© 2023

86AA 937358

दस्तावेज प्रकार/अनुच्छेद नमंक :-

पुम आ. श्र आमी

दस्त नंदी वार्ता असार असार का? होय/नाही

नंदी दैवार का? असार असार विशेष असारवावे नाव :-

मुद्रांक विक्रित करावे :- कुमुद दैवार विक्रिते, रा. जयसिंगपूर

गोड नं. १२३, विक्रित नं. १०८, असार हो. सोसा. जयसिंगपूर

मुद्रांक विक्रित करावे :- ५८३ दिनांक :- २४/४/२०२४

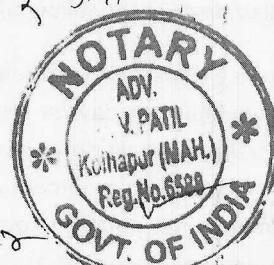
मुद्रांक विक्रित करावे :- ९००१ - आधार - ७५८७ ६०५१ ७२०३

मुद्रांक विक्रित दैवार नाव :- कुमुद वाकासा विक्रित रा. जयसिंगपूर

दुसऱ्या पद्धतारावे नाव :-

हस्ते असल्यास त्वावे नाव व पता :- २. आजिंग सु. सावंग

मिळकतीवे वर्णन :-



15 MAR 2024

GOVT. OF INDIA
TREASURY OFFICER
SHIROL

Benachetan
द्वारा विक्रिताचा सही

मुद्रांक विक्रित दैवाराचा सही

या कारणासाठी ज्यानी मुद्रांक खरेदी केला त्याची
गाव कारणासाठी मुद्रांक खरेदी केल्यापासून
हेचात वापरणे बंधनकारक आहे.

मोदला रुपये :-

Memorandum of Understanding

This is Agreement for the exposure of the students in the clinical field and to understand the depth of operative Surgery, operative Gynaecology & Obstetrics and in Radiology departments as well as management in clinical illness.

Between

Name of College (Party-A) :- Dr. J.J. Magdum Trust's Dr. J.J. Magdum Homoeopathic Medical College, Jaysingpur, Tal. Shirol Dist. Kolhapur (M.S.)

And

Name of Super speciality Hospital (Party-B) :- The Manager / Controller Alliance Hospital Ichalkaranji, Behind Suraj Gas Godown, Chandur Road, Tambe Mala, Ichalkaranji, 416115



I. Purpose and Scope

The Purpose of this Memorandum of Understanding (MoU) is to clearly identify the roles and responsibility of each party as they relate to providing exposure of the students in BHMS Course and M.D. (Hom) course in the clinical field and to understand the depth of Radiology in diagnostic clinical illnesses and providing clinical Radiology for patients of Party A.

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III. Party B Responsibilities.

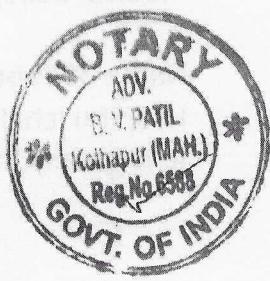
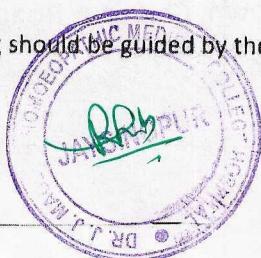
Party B shall undertake the following activities during the duration of the MoU term.

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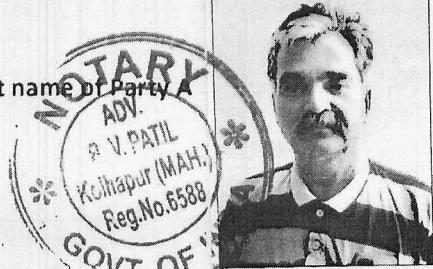
VIII. Effective Date and Signature.

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Signatures and Dates:

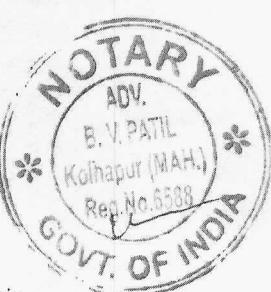
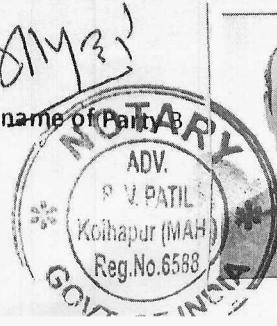
Authorized signature from Party A

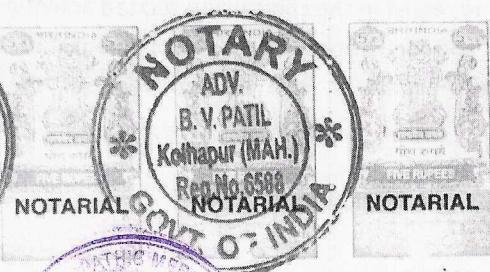
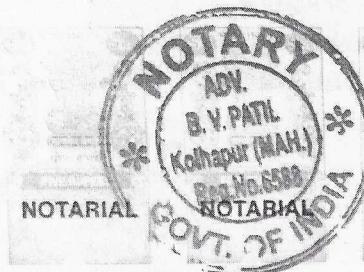
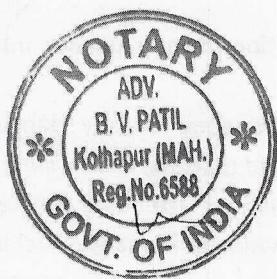
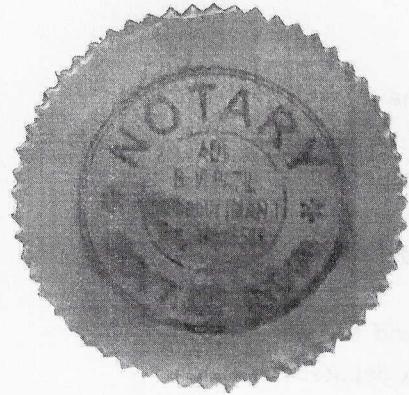
Insert name of Party A



Authorized signature from Party B

Insert name of Party B





BEFORE ME

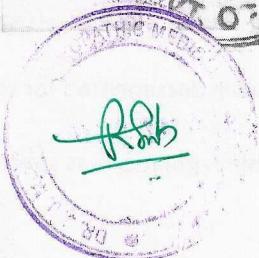
Balasaheb

Shri. B. V. Patil

Advocate / Notary
Jaysingpur, Tal. Shirool
Dist. Kop. 9423029287

Noted & Registered
at Serial Numbers 454
2024

15 JUN 2024





Dr. J. J. Magdum Trust's

Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE

Jaysingpur – 416 101, Tal-Shiroli, Dist.- Kolhapur (Maharashtra)

NCH Delhi recognized, Affiliated to AYUSH Delhi & Maharashtra University of Health Science (MUHS), Nashik.

* Phone No. College : (02322) 227083, Hospital- (02322) 225218 *

* Email id- jjmhmc1990@gmail.com * * Established year – 1990 *

First Aid Box

Sr. No.	Name Of the First Aid Items	Quantity	
1	Homoeopathic medicines and mother tinctures	1 dram each, 15ml dilution/tincture 1. Calendula 30C, 200C, 1M 2. Arnica 30C, 200C, 1M 3. Aconite 30C, 200C, 1M 4. Bell 30C, 200C, 1M 5. Hypericum 30C, 200C, 1M, mother tincture 6. Ledum pal 30C, 200C, 1M 7. Urtica 30C, 200C 8. Cantharis 30C, 200C mother tincture 9. Cactus G 30C, 200C 10. Plantago mother tincture 11. Arsenicum Album 30C, 200C, 1M 12. Camphora 30C, 200C, 1M 13. Carbo Veg 14. Symphytum 30C, 200C, 1M 15. Antimonium Tartaricum 30C 16. Gelsemium 30C, 200C, 1M 17. Rhustox 30C, 200C, 1M 18. Nux Vomica 30C, 200C, 1M 19. Ignatia 30C, 200C, 1M 20. Cochicum 30C, 200C, 1M 21. Opium 30C, 200C, 1M	
2	Denatured alcohol	30ml	
3	Hydrogen peroxide	30ml	
4	Calendula ointment	1	
5	Arnica ointment	1	
6	Rhus tox ointment	1	
7	Hypericum	1	
8	Ruta ointment	1	
9	Dettol/Savlon	30ml	
10	Betadine ointment	1	
11	Betadine solution	30ml	
12	Roller Gauze	1pkt	
13	Cotton	1pkt	
14	Bandage	1Box	
15	GSM Sticking	1	
16	Micropore	1	
17	Syringes 2cc/5cc	5each	
18	Gloves size 6,7,8(non sterile)5	5pair	
19	Mask	5	
20	Scissors Small	1pair	





S S SERVICES
GAT NO. 638, C.S. NO. 17695, NEAR NEW SANGLI NAKA, TAKAWADE ROAD, NEAR
S.T.P. COMPOUND, ICHALKARANJI 416115 Maharashtra, India
Phone: +91-8822997711, +91-8888419888 Email: pawarkishor7711@gmail.com
Web: <https://ssservices.cbwtf.in>



Unique Registration No.: 120654



Offline QR



Online QR

Registration Certificate

Outward No. : OW/CER/2025-26/0193

Date : 25-Apr-2025

This is to certify that, Dr. J. J. Magdum Trust's Dr. J. J. Magdum Homeopathic Medical College Hospital, Sangli - Kolhapur Road, Jaysingpur, Tal. Shirol, Dist. Kolhapur, 416101 is registered with M/s S S SERVICES, 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. Banne Sunil Balaso : The Medical Superintendent
2 Bombay Nursing Home Act Registration Details	
a. BNH Registration No	: 388/2023/Jaysingpur
b. BNH Issue Date	: 01-Aug-2023
c. Total Number of Beds	: 50
d. BNH validity (Form 'C')	: 31-Mar-2026
3 Common Treatment Facility Registration Details	
a. Date of Registration	: 01-Jul-2011
b. No. of Beds Registered	: 80
c. Issue Date	: 01-Apr-2025
d. Registration Validity	: 31-Mar-2026
4 Renewal of CTF Membership (if applicable)	
a. Renewal Date	: 31-Mar-2026
b. No. of Beds	: 80
5 MPCB Consents (Establish/ 1 st Operator/Renewal Details)	
a. Consent / CCA Number	: 0000167244/CO/2306001256
b. Issue Date	: 16-Jun-2023
c. Validity upto	: 30-Apr-2029



Authorized Signature

Name : Kishor Pawar/Abhaykumar Birnale
Designation : Partner



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



MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 0231-2652952
0231-2660448
Fax: 0231-2652952
Website: <http://mpcb.gov.in>
Email: rokolhapur@mpcb.gov.in



Maharashtra Pollution
Control Board, Udyog
Bhavan Building, Near
Collectarate Office,
Kolhapur - 416 002

ORANGE/
No:- Format1.0/RO/UAN No.0000167244/CO/2306001256

Date: 16/06/2023

To,
Dr.J.J.Magdum Homoeopathic Medical College Hospital
Jaysingpur
KOLHAPUR SANGLI ROADJAYSINGPUR,KOLHAPUR
SANGLI ROADJAYSINGPUR,Jaysingpur (M
CI),Kolhapur-416101
Email:jjmagdumhosp@gmail.com
Contact No.:9404268420



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 dated 01/04/2023

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 Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, under Environment (Protection) Act, 1986, subject to terms and conditions as specified below and in the **Schedule(I-IV) and Annexure (I-II)** enclosed in this order.

1. Granted Combine Consent to Operate for BMW Authorization period up to : 30.04.2029.



2. The capital investment of the HCF is **₹89.60** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 8000.00 M² with Built-up area 4000.00 M².

4. Activities Included

- a. Total Number of Beds : **50 Nos.** 330
 - I. General Beds : **35 Nos**
 - II. ICCU/ICU Beds : **4 Nos**
 - III Operation Theatre : **1 Nos**
 - IV. Maternity Beds : **10 Nos**

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

1. Quantity of total water consumption shall not exceed 10 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 & Transboundry 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
			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):-

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 **S.S. Services, Ichalkaranji** 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).

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.



J. Salunkhe

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Signed by: J. S. Salunkhe
Regional Officer
For and on behalf of,
Maharashtra Pollution Control Board
rokolhapur@mpcb.gov.in
2023-06-16 17:54:49 IST

Received Consent/Authorization fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	20000.00	TXN2304000067	01/04/2023	Online Payment
2	29959.00	TXN2305004797	31/05/2023	Online Payment

Copy to:

1. Regional Officer, MPCB, Kolhapur and Sub-Regional Officer, MPCB, Kolhapur
 - - They are directed to ensure the compliance of the consent conditions.
 - SRO They are directed to ensure the compliance of the consent conditions.
2. Cheif Accounts Officer, MPCB,Sion, Mumbai
3. I/C EIC- for record & website updating purpose.



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	3.00
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	7.00
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	2.4	As per clause 'C'	100% Recycle
2	Trade effluent	7	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.

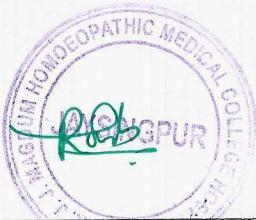


Terms & conditions for Incinerator(s) and D.G. Set(s) under Air (P & CP) Act, 1981 and Bio Medical waste management Rule, 2016: (Refer Condition No.6)

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:-
 - a. Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically for control of noise.
 - b. 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.
 - c. 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.
 - d. Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
 - e. 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.
 - f. D.G. Set shall be operated only in case of power failure.
 - g. The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.
 - h. 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.



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

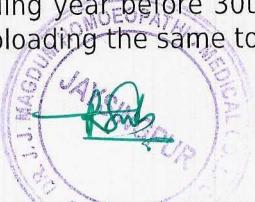
The authorization is granted for Generation and Segregation of BioMedical Waste (BMW) in waste categories and quantities listed here in below:

Sr. No	Category	Type of Waste	Quantity not to exceed (Kg/Month)	Segregation Colour coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	1.00	Yellow coloured non- chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF S.S. Services, Ichalkaranji Ichalkaranji
		b) Animal Anatomical Waste	0.00		
		c) Soiled Waste	80.00		
		d) Expired or Discarded Medicines	1.00		
		e) Chemical Waste	1.00		
		f) Chemical Liquid Waste	0.00		
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	10.00	Separate collection system leading to effluent treatment system.	
		h) Microbiology Biotechnology and other clinical laboratory waste	0.00	Yellow coloured non - chlorinated plastic bags or suitable packing material.	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)	1.00	Autoclave safe plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF S.S. Services, Ichalkaranji Ichalkaranji
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 S.S. Services, Ichalkaranji Ichalkaranji
4	Blue	a) Glassware	0.00	Puncture proof, Leak proof with Blue coloured marking.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF S.S. Services, Ichalkaranji Ichalkaranji
		b) Metallic body implants	0.00		



Responsibilities of the Health Care Facility

1. You shall handover Bio Medical waste only to MPCB Authorized Common Bio medical waste treatment and Disposal facility **S.S. Services, Ichalkaranji** and maintain records thereof for 5 years.
2. You shall establish bar code for handling of bio-medical waste.
3. You shall ensure segregation of Bio-Medical Waste in colour coded bags as per BMW Management Rules, 2016
4. 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/>).



SCHEDULE-III**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	25,000.00
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	15,000.00
2	To maintain records of BMW handed over to CBMWTDF	Continuous	10,000.00
Total			1,00,000.00

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



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.





Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Consent/ Authorisation

Sir,

I/We hereby apply for*

1. Consent to Establish/Operate/Renewal of consent under section 25 and 26 of the Water (Prevention & Control of Pollution) Act, 1974 as amended.
2. Consent to Establish/Operate/Renewal of consent under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended.
3. Authorization/renewal of authorization under Bio-Medical Wastes Management Rules, 2016 as amended, Hazardous waste (M, & TM) Rules, 2016, in connection with my/our/existing/proposed activity from the premises as per the details given below.

1. General Information

UAN No:

MPCB-CONSENT-0000236542

Application submitted on:

12-02-2025

Industry Information

Industry Type:

088 Health-care Establishment
(as defined in BMW Rules)

Category:

Orange

Scale:

S.S.I

Consent To:

Establish (Expansion)

Submit to:

SRO - Kolhapur

Previous Consent Details

Previous Consent No.

52

Previous Consent date

19-03-2020

Previous Consent Valid Upto

30-04-2021

Perticulars of Applicant (Owner/Occupier/Any other Authorised Person)

First Name **Father / Husband Name**

Mr. SUNIL BALASO

Last Name

BANNE

Designation

PRINCIPAL

Mobile No **Telephone/Fax**

9657779851

Email

jjmagdumhosp@gmail.com 758760517203

PAN No **Address**

ABQPK2011G CS NO.2357, KOLHAPUR SANGLI ROAD JAYSINGPUR

Pin Code

416101



2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

DR.J.J MAGDUM HOMEOPATHIC MEDICAL COLLEGE
HOSPITAL, JAYSINGPUR

b) Address for Correspondence

Pin Code

416101

Survey/Gut No.

2357

Area/Locality

Jaysingpur

c) Ownership of Facility

Private (Registered under company Act)

Land Ownership

Rent (Rent Agreement Date: Jan 1 1970 12:00:00:000AM

Validity Date: Jan 1 1970 12:00:00:000AM)

d) Month and year of commissioning of the HCF

01/05/2025

e) Area of the Facility / Hospital

i) **Total plot area (in square meter)**

8000

District

Kolhapur

City/Town

Shiroli

Name of premises /Building

JJ MAGDUM HOSPITAL

Road/Street

KOLHAPUR SANGLI ROAD

Email

jjmagdumhosp@gmail.com

Website URL

<https://www.jjmagdumhospital.com>

f) Enter Latitude and Longitude of site (In degrees)

Latitude (In degrees)

16.73

Longitude (In degrees)

74.55

g) Does HCF have Operation Theatre

No

h) Does HCF have Laundry facility in premises

No

i) Does HCF have Canteen/Cafeteria facility in premises

No

j) Does HCF have Hostel/Residential quarters in premises

No

3. BMW Authorization Details

a) Type of health treatment system

Homeopathy

b) Bombay Nursing Home Registration Details

Total number of Beds	BNH Registration Number	Valid Upto	First Issued Date
80	388	31-03-2026	26-05-2017

Certificate issuing Authority

District Health Officer

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab

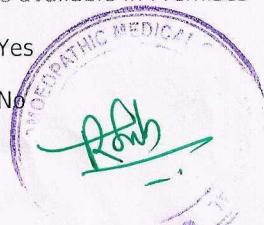
Yes

Average Samples/day

15

Blood Bank

No



4. Consent Details

a) Sources of Water

i) Surface Water Yes

Name of the water supply **Water Consumption Quantity (CMD)**

JAYSINGPUR MC 10

ii) Ground Water No

iii) Tanker Water No

b) Water Consumption Details

Raw Water (CMD)	Recycle Water (CMD)	Total Water Quantity Requirement (CMD)
10		10

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Disposal
Domestic Purpose	3	2.7	On Land For Gardening
Pathology Laboratory, Floor washing, Operation Theater	7	7	On Land For Gardening
Laundry	0	0	NA
Industrial Cooling, spraying in mine pits or boiler feed	0	0	NA
Total	10.00	9.70	

d) Waste Water Treatment

Have you installed STP or ETP

No

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day)	b) Recyclable Waste(kg/day)	c) Domestic Hazardous Waste(kg/day)
10.00	0	0

Air Pollution

Whether D.G. Set Installed

No

Do you have Boiler Installed

No

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

Yes

Do you have Infection Control Committee Constituted

No





Dr. J. J. Magdum Trust's
**Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE
HOSPITAL**

Jaysingpur - 416 101, Tal-Shiroli, Dist.- Kolhapur (Maharashtra)
NCH recognized, Affiliated to Maharashtra University of Health Science (MUHS), Nashik.
* Phone No. College : (02322) 227083, 229583, Hospital- (02322) 225218*
*Email id: jjmhmchospitaljaysingpur@gmail.com * *Established year - 1990*

**MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN**

**DR. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
JAYSINGPUR**
(Sangli Kolhapur Road Jaysingpur)
&
JAYANTI DIAGNOSTIC CENTRE JAYSINGPUR
(11th lane, Jaysingpur)

Responsibilities of Jayanti Diagnostic Centre

1. The Jayanti Diagnostic Centre will provide ultrasonography investigation facility to the entitled beneficiaries of Dr. J. J. Magdum Homoeopathic Medical College Hospital.
2. Jayanti Diagnostic Centre shall verify the identity of the Dr. J. J. Magdum Homoeopathic Medical College Hospital beneficiary and their reference by MO/SMO through his or her referral letter which has issued by Dr. J. J. Magdum Homoeopathic Medical College Hospital before starting the investigation.

Responsibilities of Dr. J. J. Magdum Homoeopathic Medical College Hospital

1. Dr.J.J.Magdum Homoeopathic Medical College Hospital will generate diagnostic appointments for Jayanti centre through its referral letter by MO/SMO
2. Dr.J.J.Magdum Homoeopathic Medical College Hospital will provide contact information and mode of service delivery to the Jayanti Diagnostic Centre.

Term- Jayanti Diagnostic Centre and Dr. J. J. Magdum Homoeopathic Medical College Hospital hereby agreed to make this MoU effective for an initial period of 2 years i.e., upto June 30, 2026

Scope of Service- Dr.J.J.Magdum Homoeopathic Medical College Hospital shall provide referral service to Jayanti Diagnostic Centre Jaysingpur.

Fee of the Service- The total charges for the referred ultrasound Tests done by Jayanti Diagnostic Centre will be borne by the patients in cash/online. The same may be processed for reimbursement at the hospital office by the patient.

JAYANTI DIAGNOSTIC CENTRE
Dr. Amar B. Kumbhar
M.B.B.S., D.M.R.E
Reg No 2002/01/0068



Medical Superintendent
Dr.J.J. Magdum Homoeopathic
Medical College Hospital Jaysingpur.



GOVT. OF MAHARASHTRA

Public Health Department

(PRE-CONCEPTION AND PRE - NATAL DIAGNOSTIC TECHNIQUES
(PROHIBITION OF SEX SELECTION) ACT, 2003

SCHEDULE III
CERTIFICATE OF REGISTRATION

in exercise of powers conferred under Sec. 19 (1) of Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. (57 of 1994), the Appropriate Authority Civil Surgeon Kolhapur here by grants registration to the Genetic Counselling Center VGenetic Laboratory*/Genetic Clinic* named below purposes of carrying out Genetic Counseling Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests as defined in the aforesaid Act for a Period of five years ending on 30/06/2025

This registration is granted subject to the aforesaid Act and Rules there under and any contracion thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of said period of five years

i) Name and address of the Genetiv Counseling Center*/Genetic Laboratory */Genetic Clinic*

Jayanti Diagnostic centre, Pusri Plaza, 11 Lane
Jaywingspura, Dist - Kolhapur.

ii) Name of Applicant for registration Dr. Amrak Kumbhar

30/06/2025

iii) Pre-natal diagnostic procedures approved for (Generic Clinic). Dr. Amrak Kumbhar

<input checked="" type="checkbox"/> Ultrasound	<input type="checkbox"/> Amniocentesis
<input type="checkbox"/> Chorion-je villi biopsy	<input type="checkbox"/> Foetoscopy
<input type="checkbox"/> Foetal skin or organ biopsy	<input type="checkbox"/> Cordocentesis
<input type="checkbox"/> Any other (specify)	

MBBS DMRE
FULL TIME

iv) Pre-natal diagnostic tests approved (for Genetic Laboratory)

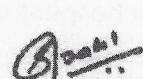
<input type="checkbox"/> Chromosomal Studies	<input type="checkbox"/> Biochemical studies
<input type="checkbox"/> Molecular studies	

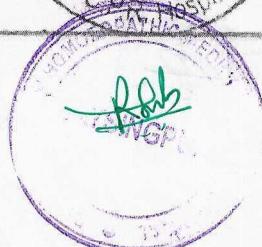
v) Model and make of equipments being used

vi) Registration No. allotted 186 SONOSCAPE -5-50 SR NO. 0505181673

vii) Period of validity of Registration Five Years From 1/7/2020 To 30/6/2025

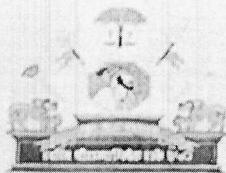
Date: 23/5/20 SEAL


Signature, name and designation
of the Appropriate Authority





कोल्हापूर महानगरपालिका



पोर्ट चॉकरा नं. ३३, पिन कोड नं. - ४१६ ००२,
फोन नं. - पी.वी.एस, चोड २५४०२९१ ते २५४०२९६

जावक क्र. - अग्निशमन विभाग / चिनि-१/ ८८/२०२५-२६

दि. २५/०४/२०२५

प्रति,

डॉ. जे.जे.मगदूम ट्रस्टच,
डॉ. जे.जे.मगदूम होमिओपथिक मेडीकल कॉलेज हॉस्पीटल
जरसिंगपूर, जि.कोल्हापूर



विषय :- डॉ. जे.जे.मगदूम ट्रस्टच, डॉ. जे.जे.मगदूम होमिओपथिक मेडीकल कॉलेज हॉस्पीटल यांचे ८० येंडे
हॉस्पीटल अग्निशमन विभागाचा ना-हरकत दाखला यावत...

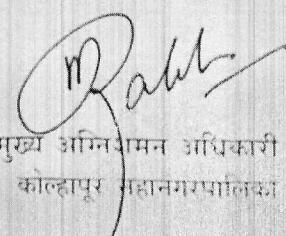
संदर्भ :- १. संचालक, महाराष्ट्र अग्निशमन सेवा संचालनालय यांचा आदेश दि. २५/०२/२०२५
२. सेफ स्टेक फायर सेफ्टी सर्वीसेस यांचा दि. २५/०४/२०२५ चा दी फॉर्म लायग्न
नं. MFS- LA/RF-39 RF-38

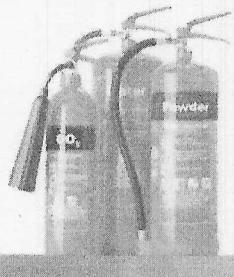
उपरोक्त विषयांकीत कामी संदर्भिय पत्रान्वये डॉ. जे.जे.मगदूम ट्रस्टच, डॉ. जे.जे.मगदूम होमिओपथिक मेडीकल कॉलेज
हॉस्पीटल यांचे ८० येंडे हॉस्पीटल वसविणेत आलेल्या अग्निशमन संस्था दुरुस्त आणि कायंदम स्थितीत असलेलाच अग्निशमन विभागाचा ना-हरकत दाखला मागणी केलेला आहे.

उपरोक्त टिकाणी संचालक, महाराष्ट्र राज्य अग्निशमन सेवा संचालनालय यांनी दिलेल्या आदेशाने महाराष्ट्र आग प्रतिवंधक
य जीव संरक्षक उपाययोजना २००६ भाग ४ नुसार आपल्या हॉस्पीटल मध्ये वसविण्यात आलेली अग्निशमन मुख्यांची कोल्हापूर
महानगरपालिका अग्निशमन विभागाने तपासणी केली असून सेफ स्टेक फायर सेफ्टी सर्वीसेस यांचा दि. २५/०४/२०२५ चा दी
फॉर्म लायग्न नं. MFS- LA/RF-39 RF-38 प्रमाणे १.) ए.वी.सी (६ केजी-०३ नग.) २) पंप-१ एच.पी , ३) होजरील -४ नग,
होज वॉक्स-०४, होज पाईप-०४ नग, स्प्रिंकलर-५०, स्मोक डिटेक्टर-५०, ४) फायर इनलेट दु वे -१, वसवलेली आहे, सदर वंत्रणा
आज मितीला कार्यक्रम व मुख्यांतीत असले यावत नमुद केले असल्याने त्यांना इकडील विभागा कडून ना-हरकत दाखला देण्यात येत
आहे, सदरचा दाखला हा केवळ मुंबई शृंख्ला गृह नोंदणी साठी यापरण्याचा आहे.

महाराष्ट्र आग प्रतिवंधक य जीव संरक्षक उपाययोजना २००६ भाग ४ मधिल कलम ३ (पोट कलम ३) नुसार सदरची वंत्रणा
मुख्यांतीत व कार्यसन आसले यावत मान्यताप्राप्त लायग्न एजन्सी यांचा दी फॉर्म वर्पातून दोन वेळा मरणांजे जानेवारी व जुले
महीन्यात मादर करण्याचा आहे अन्यथा सदरचा ना-हरकत दाखला रद्द समजण्यात येहील, सदरचा दाखला एक वर्पाचे मृदतीर्किना
देण्यात येत आहे. ८० येंडे हॉस्पीटल परवाना नुतनीकरण करणे कामी आग सुरक्षा निधी GD 1000133202500792 रक्कम
३३,२६५/-रुपये दिनांक २५/०४/२०२५ रोजी भरण्यात आले आहे.




मुख्य अग्निशमन अधिकारी
कोल्हापूर महानगरपालिका



BALAJI
FIRE SAFETY SOLUTIONS

Mob.: 9890306620, 7588171102

Email : balajifires@gmail.com

Vibhute Building, Opp. Vibhute Highschool, Near Nandani Naka, Jaysingpur. 416 101. Dist. Kolhapur

Ref No:

BFSS-25-26/133

Date:

25-Jul-2025

TEST CERTIFICATE

{AS PER IS 2190}

Certified that I / We have carried out inspection of fire prevention & life safety measures installed in the following building or premises namely

(Name & Address of Premises)

S. DR. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
Kolhapur- Sangli Road, Jaysingpur. Dist. Kolhapur 416101

We further certify that these installations in the above mentioned buildings are maintained in good repair and efficient conditions during the period ONE YEAR, as required under the provision IS 2190 . The details of the inspection & maintenance of installation carried out by me/us are mentioned as below herewith.

Details of Inspection & Maintenance / Servicing.

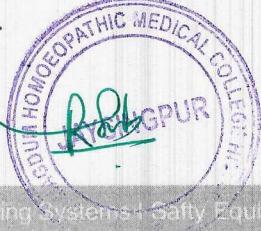
Following List of Materials are installed & tested successfully.

SN.	Description of Good	Qty	Refilling	HP Testing	Remark
1	ABC Type Fire Extinguisher 5 Kg	4 No	Yes	—	Ok
2	ABC Type Fire Extinguisher 4 Kg	7 No	Yes	—	Ok
3	CO2 Type Fire Extinguisher 2 Kg	3 No	Yes	—	Ok
4	ABC Type Fire Extinguisher 2 Kg	1 No	Yes	—	Ok

Refilled & Servicing Date:25-Jul-2025

Next Due Date:24-Jul-2026

Thank You.



For Balaji Fire Safety Solutions



Dr. B. L. P. M.

कृष्णगढ़ विद्यालय
पाठ्यालय, जयसिंगपुर, रियोल्हापुर

शुद्ध मधार्क लायसेन्स

No. 67/ 2002-2003

Renewed date - 31/ 3 / 2013

15 B. L. P. M. Rectified Spirit





FORM R. S. II
[Rule 5 (1) (B)]

License No. 911280-2003

Licence No. 99,717
Licence for the possession and use of rectified spirit including absolute alcohol for industrial, medicinal, scientific and educational purposes

License is hereby granted, under and subject to the provisions of the Bombay Prohibition Act, 1949 (Bomb. XXV of 1949), and the rules, regulations and orders made thereunder, to Mr. J. N. Mehta, Homeopath (hereinafter called "the licensee") on payment of a fee of Rs. 410/- Annual, in advance, authorising him to buy, possess and use restricted spirit including absolute alcohol (hereinafter called "spirit") during the period from 1st April 2002 to 31st March 2003, at his premises situated at 17, G. G. P. Road, K. R. Puram, Bangalore (hereinafter referred to as "the licensed premises"), subject to the following conditions, namely :—

Condition

1. The licensee shall not use the spirit for any purpose except for Edutainment purposes only.

2. (1) The licensee shall not buy spirit except on a requisition countersigned by an Officer of the Prohibition and Excise Department duly authorised in that behalf.

(1) The licensee shall not buy spirit in any one month exceeding ~~150000~~ ~~150000~~ in bulk gallons in the aggregate.

3. The licensee shall not have in his possession more than 15.0 ~~15.0~~ ^{quarts} ~~bulk gallons~~ of spirit at any one time.

4. The licensee shall keep all the spirit received by him in a place in the licensed premises approved by the local Inspector of Prohibition and Excise under lock and key and all issues of spirit from the said place shall be made in the presence of the licensee or a person duly authorized by him in writing in that behalf.

5. (1) The licensee shall maintain such accounts as may be prescribed by the Director of Excise and Prohibition under the Act. The account shall be kept in a bound book, paged and stamped with the seal of the Collector.

(2) The licensee shall keep, along with the account book, the requisitions and transport passes relating to the spirit received at the licensed premises.

(3) The licensee shall submit such returns as may be prescribed by the Director of Excise and Prohibition under the Act.

(4) The licensee shall furnish to the Collector such other information relating to the subject matter of this license as the Collector may from time to time require.

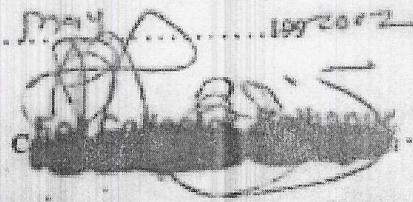
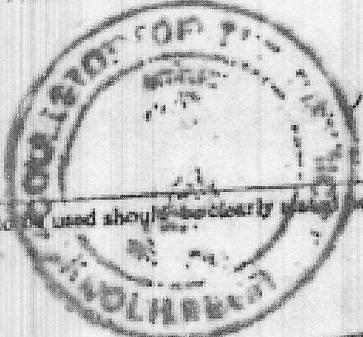
6. The licensee shall pay to Government such cost of the Prohibition and Excise staff as it is appointed by Excise and Prohibition for supervision over the use of rectified spirit, as may be fixed by the Director.

7. The licensed premises, the spirit kept therein and the account books, requisition and transport passes
shall be in condition 5 and this licence shall at all times be open to inspection by the Collector, or any Prohibition
or Excise Officer or Police, as the case may be.

2. The accounts, requisitions and transport passes referred to in condition 3 and the licence shall be preserved

8. The accounts, requisitions and reports of the licensee during the whole of the period of this license, by the licensee during the whole of the period of this license.

Copyright this



"The purpose for which the spirit is to be used should be clearly defined. In the case of use for industrial purposes the spirit should be measured."

"The purpose for which the spirit is created should be manifested."



Dr. J. J. Magdum Trust's
Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

C.S.NO.2357/A/A1 KOLHAPUR SANGLI ROAD, JAYSINGPUR, 416101

* Phone No. College : (02322) 227083, 229583, Hospital- (02322) 225218 *

* Email id- jjmhmcospitaljaysingpur@gmail.com * * Established year – 1990 *

Recognized by National Commission for Homoeopathy, Ministry of AYUSH , Govt. of India ,
Approved by Govt. of Maharashtra, Affiliated to Maharashtra University of Health Science, Nashik.

ANNEXURE – III B (2)

Name of College: Dr. J. J. Magdum Homoeopathic Medical College, Jaysingpur

College Code:-4206

01 Jan 2025 to 31 Dec 2025
OPD Record

NUMBER OF PATIENTS ATTENDED OPD (1st JAN 2025. To 31 Dec 2025)					
Sr No.	Month	General Medicine	OB GY	Surgery	Paediatrics
1	January	4895	2823	1914	1320
2	February	3721	1578	1748	1195
3	March	3922	1489	1793	1306
4	April	4930	1897	1667	1495
5	May	4326	1927	1667	1330
6	Jun	4416	1224	1531	1760
7	July	4600	1809	1709	1280
8	August	4659	1709	2041	1480
9	September	4370	1830	1659	1352
10	October	3795	1473	1447	1184
11	November	4076	1884	1986	1098
12	December	4788	1961	1846	1451
Total		52498	21604	21008	16251
Grand Total OPD -		110361			

R.R.B.

Prof. Dr. Suresh. R. Nair

M.sc, B.M.S, M.D.(Hom.),Ph.D

Reg No.- 4491

Principal & Medical Superintendent



Dr. J. J. Magdum Trust's
Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE

Jaysingpur - 416 101, Tal-Shiroli, Dist. - Kolhapur (Maharashtra)
NCH Delhi recognized, Affiliated to AYUSH Delhi & Maharashtra University of Health Science (MUHS), Nashik.
*Phone No. College : (02322) 227083, Hospital- (02322) 225218 *
*Email id- jjmhmc1990@gmail.com **Established year - 1990 *

Name of College: Dr. J. J. Magdum Homoeopathic Medical College, Jaysingpur.

01 Jan 2025 to 31 Dec 2025

IPD RECORD

NUMBER OF PATIENTS ATTENDED IPD (1 st JAN. To 31 Dec 2025)					
Sr No.	Month	General Medicine	OBGY	Surgery	Paediatrics
1	Jan	366	177	148	73
2	Feb	390	128	146	67
3	Mar	527	142	133	67
4	Apr	445	182	142	70
5	May	387	305	193	75
6	Jun	370	174	173	73
7	Jul	428	168	180	77
8	Aug	332	220	155	72
9	Sep	570	209	195	95
10	Oct	567	192	272	113
11	Nov	534	263	233	114
12	Dec	550	267	260	113
Total		5466	2427	2230	1009
Grand Total IPD -		11132			
BED OCUPANCY = $\frac{\text{Total No. of Bed days Occupied} \times 100}{\text{Total No. of Beds} \times \text{No. of total days}}$					
. (in%) $\times 365 =$					
FORMULA FOR CALCULATING BED OCUPANCY					
Bed Occupancy = <u>Total No. of Bed days Occupied $\times 100$</u> <u>Total No. of Beds \times No. of total days</u>					
1. Jan 25 to April 25 = <u>3203×100</u> <u>$43 \times 120 = 62\%$</u>					
2. Jan 25 to April 25 = <u>729×100</u> <u>$74 \times 245 = 43.75\%$</u>					
3. Final <u>$62.07\% + 43.75\%$</u> <u>$2 = 52.90\%$</u>					

Rfb

Prof. Dr. Suresh. R. Nair
M.Sc, B.M.S, M.D.(Hom.), Ph.D
Reg No. - 4491
Principal & Medical Superintendent

Dr. J. J. Magdum Trust's

Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

Jaysingpur - 416101, Tal- Shirol, Dist- Kolhapur (Maharashtra)

NCH recognised, Affiliated to Maharashtra University Of Health

Phone No. College:- (02322) 227083, Hospital:- (02322) 225218

Email id -jjmhmchospitaljaysingpur@gmail.com *Established Year - 1990*



Pathology Laboratory

Yearly Report 2025

Month	Test				Total Tests
	Haematology	Biochemistry	Other (Micro + Urine)	Serology	
Jan	88	120	1111	31	1350
Feb	166	201	833	38	1238
Mar	211	263	827	18	1319
Apr	219	286	754	36	1295
May	312	405	823	103	1643
Jun	207	328	671	19	1225
Jul	255	401	715	33	1464
Aug	280	362	734	38	1414
Sep	327	434	797	37	1595
Oct	306	423	711	32	1472
Nov	336	516	715	26	1593
Dec	379	435	793	15	1682
Total	3086	4174	9484	426	17230

Total No. of Investigation (Jan 2025 to Dec 2025) = 17230 Tests





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Pathology laboratory

(Total no. of investigation)

Jan- 2025 to Dec- 2025

MONTH	MICROBIOLOGY (Urine routine + Other)	BIO- Chemistry	Haematology	Serology	Pathology Total Investigation
Jan- 2025	88	120	1111	31	1350
Feb - 2025	166	201	833	38	1238
Mar- 2025	211	263	827	18	1319
Apr - 2025	219	286	754	36	1295
May - 2025	312	405	823	103	1643
Jun - 2025	207	328	671	19	1225
July - 2025	255	401	715	33	1404
Aug - 2025	280	362	734	38	1414
Sept -2025	327	434	797	37	1595
Oct - 2025	306	423	711	32	1472
Nov - 2025	336	516	715	26	1593
Dec -2025	379	495	793	15	1682
Total	3086	4234	9484	426	17230





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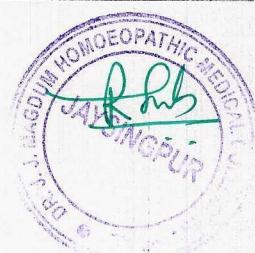
* Email id- jjmhmchospitaljaysingpur@gmail.com * * Established year - 1990 *

Pathology laboratory

(Total no. of OPD & IPD data)

Jan - 2025 to Dec - 2025

MONTH	NO. OF INVESTIGATIONS CARRIED OUT FOR IPD	NO. OF INVESTIGATIONS CARRIED OUT FOR OPD	OVERALL TOTAL INVESTIGATION
Jan - 2025	71	1279	1350
Feb - 2025	113	1125	1238
Mar - 2025	59	1260	1319
Apr - 2025	93	1202	1295
May - 2025	100	1543	1643
Jun - 2025	87	1138	1225
July - 2025	110	1294	1404
Aug - 2025	91	1323	1414
Sept -2025	169	1426	1595
Oct - 2025	152	1320	1472
Nov - 2025	193	1400	1593
Dec -2025	214	1468	1682
Total	1452	15778	17230





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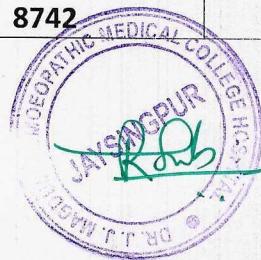
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Haematology laboratory

Jan - 2025 to Dec - 2025

MONTH	NO. OF INVESTIGATIONS CARRIED OUT FOR IPD	NO. OF INVESTIGATIONS CARRIED OUT FOR OPD	OVERALL TOTAL INVESTIGATION
Jan- 2025	49	1062	1111
Feb - 2025	67	766	833
Mar- 2025	40	787	827
Apr - 2025	45	709	754
May - 2025	48	775	823
Jun - 2025	42	629	671
July - 2025	51	664	715
Aug - 2025	42	692	734
Sept -2025	82	715	797
Oct - 2025	76	635	711
Nov - 2025	93	622	715
Dec -2025	107	686	793
Total	742	8742	9484





Dr. J. J. Magdum Trust's

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Bio-Chemistry laboratory

Jan - 2025 to Dec - 2025

MONTH	NO. OF INVESTIGATIONS CARRIED OUT FOR IPD	NO. OF INVESTIGATIONS CARRIED OUT FOR OPD	OVERALL TOTAL INVESTIGATION
Jan- 2025	7	113	120
Feb – 2025	20	181	201
Mar- 2025	9	254	263
Apr – 2025	23	263	286
May – 2025	16	389	405
Jun - 2025	19	309	328
July - 2025	26	375	401
Aug - 2025	22	340	362
Sept – 2025	43	391	434
Oct - 2025	38	385	423
Nov - 2025	51	465	516
Dec – 2025	44	451	495
Total	318	3916	4234





Dr. J. J. Magdum Trust's

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MICRO-BIOLOGY laboratory

Jan - 2025 to Dec - 2025

MONTH	NO. OF INVESTIGATIONS CARRIED OUT FOR IPD	NO. OF INVESTIGATIONS CARRIED OUT FOR OPD	OVERALL TOTAL INVESTIGATION
Jan- 2025	15	73	88
Feb - 2025	26	140	166
Mar- 2025	10	201	211
Apr - 2025	23	196	219
May - 2025	36	276	312
Jun - 2025	26	181	207
July - 2025	33	222	255
Aug - 2025	27	253	280
Sept -2025	42	285	327
Oct - 2025	36	270	306
Nov - 2025	49	287	336
Dec -2025	63	316	379
Total	386	2700	3086





Dr. J. J. Magdum Trust's
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* Email id- jjmhmchospitaljaysingpur@gmail.com * * Established year – 1990 *

SEROLOGY laboratory

Jan - 2025 to Dec - 2025

MONTH	NO. OF INVESTIGATIONS CARRIED OUT FOR IPD	NO. OF INVESTIGATIONS CARRIED OUT FOR OPD	OVERALL TOTAL INVESTIGATION
Jan- 2025	0	31	31
Feb - 2025	0	38	38
Mar- 2025	0	18	18
Apr - 2025	2	34	36
May - 2025	0	103	103
Jun - 2025	0	19	19
July - 2025	0	33	33
Aug - 2025	0	38	38
Sept -2025	2	35	37
Oct - 2025	2	30	32
Nov - 2025	0	26	26
Dec -2025	0	15	15
Total	6	420	426





Dr. J. J. Magendum Trust's
Jaysingpur - 416101, Tal-Shiroli, Dist- Kolhapur (Maharashtra)
NCH recognised, Affiliated to Maharashtra University Of Health Science (MUHS), Nashik
Phone No. College:- (02322) 227083, Hospital:- (02322) 225218
*Email id - jjmhon2016@rediffmail.com * *Established Year - 1990*

Department of Pathology Monthly Report - Jan 2025

Date	Patient Type	Haematology			Biochemistry						Other (M+U)		Serology				Other	Total OPD	Total IPD	Total Test						
		Hb %	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bilir	Alk	Cal	URIC ACID	UR/US	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue			
1	OPD	1	35											1	1	1	1	1	1				40	1	41	
1	IPD		1																							
2	OPD	1	36											1	1	1	1	1	1				41		53	
2	IPD		7											5												
3	OPD		36																				38	0	38	
3	IPD																									
4	OPD		103																				103	0	103	
4	IPD																									
5	OPD																						0	0	0	
5	IPD		37																							
6	OPD																						38	3	41	
6	IPD		1																							
7	OPD	0	35											0		0							35	40		
7	IPD	1	1											2			1							5	40	
8	OPD		35											0			0						35			
8	IPD		5											1			1						10	45		
9	OPD	1	35	1										3			2		1	1		1	47	49		
9	IPD	0	1	0										1			0		0			0	2			
10	OPD	1	36																				37	1	38	
10	IPD	0	1																							
11	OPD		37																				37	0	37	
11	IPD		0																							
12	OPD																						0	0		
12	IPD																									
13	OPD	1	38	1										2		1	1		1	1			47	0	47	
13	IPD	0	0	0										0		0	0		0							
14	OPD	1	36											1			1						40		46	
14	IPD	0	4											0			0		0					6		
15	OPD		38											2										41		45
15	IPD	4												0			0		1	1		1	45			
16	OPD	5	32											5					4			4	46			
16	IPD	0	0											0			0		4			4	46			





Dr. J. J. Magdum Trust's
DR. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

Jaysingpur - 416101, Tal-Shiroli, Dist-Kolhapur (Maharashtra)

NCH recognised, Affiliated to Maharashtra University Of Health Science (MUHS) , Nashik
 Phone No. College:- (02322) 227083, Hospital:- (02322) 225218
 *Email id - jjmhom2016@rediffmail.com * Established Year - 1990*

Department of Pathology Monthly Report - Feb 2025

Date	Patient Type	Haematology				Biochemistry						Other (M+U)		Serology				Other	Total OPD	Total IPD	Total Test						
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bili	Alk	Cal	URIC ACID	URUS	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue				
1	OPD	33				5							0	1										39	11	50	
1	IPD	8				0							1	2													
2	OPD																							0	0	0	
2	IPD																										
3	OPD	1	36			6									1	4								49	2	51	
3	IPD	1	0			1								0	0												
4	OPD		37			5																		45	3	48	
4	IPD		2			0										1	2										
5	OPD	1	36			1	4							1										PSA	45	3	
5	IPD	0	2			0								0	1												
6	OPD	10	24			3		1	1	1	1	1		6		1	1							53			
6	IPD	0	3	0		0	0	0	0	0	0	0		1	0	0		0									
7	OPD	6	18			6										3	3	3						39	4	57	
7	IPD	0	8			3										1	0	0									
8	OPD	15	16			7								5		1	1							12	51		
8	IPD	0	3			1								1	0	0											
9	OPD																						0	0	0		
9	IPD																										
10	OPD	14	15			10								7		1	1							48	3	51	
10	IPD	0	0			0								3	0	0											
11	OPD	5	28			10								8		1	1								53	2	55
11	IPD	0	1			0								1	0	0											
12	OPD	6	21			10								9										46	1	47	
12	IPD	0	1			0								0													
13	OPD	10	22			7								7											46	2	48
13	IPD	0	1			0								1													
14	OPD	6	25			6								5										42	3	45	
14	IPD	0	2			0								1													
15	OPD	8	23			6								5										42	3	45	
15	IPD	0	1			0								0										43	1	43	
16	OPD																						0	0	0		
16	IPD																						0	0	0		







Dr. J. J. Magdum Trust's
Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
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Phone No. College- (02322) 227083, Hospital- (02322) 225218
 *Email id - jjnmhom2016@rediffmail.com * *Established Year - 1990*

Department of Pathology Monthly Report - March 2025

Date	Patient Type	Haematology				Biochemistry						Other (M+U)		Serology				Other	Total OPD	Total IPD	Total Test					
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bili	Alk	Cal	URIC ACID	UR/US	UPT	HTV	Aus	Widal	CRP	TFT	RA	Dengue			
1	OPD	12	20			9								7										48	6	54
2	OPD	0	4			0								2										0	6	6
3	OPD	11	21			8		1									8							49		52
4	OPD	8	23			9								0			0							3		3
5	OPD	10	23			10								1			0							49	5	54
6	OPD	0	2			0								0			0							51		53
7	OPD	8	22			10																		2		2
8	OPD	5	26			9																		48		48
9	OPD	0	0			0																		0		0
10	OPD	8	21			13		1	1	1	1						8							54		54
11	OPD	10	19			9											0							0		0
12	OPD	12	20			10											6							48		51
13	OPD	0	3			0								0			0							3		3
14	IPD	0	0			0																		43	0	43
15	IPD	11	17			9								8										45		47
16	IPD	0	2			0								0										2		2
17	IPD	9	20			13	1	1						9			2	2					57		57	
18	IPD	0	0			0	0	0						0			0	0					0		0	
19	IPD	0	0			0	0	0						0			0	0					0		0	



Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
 Jaysingpur - 416101, Tal-Shiroli, Dist-Kolhapur (Maharashtra)

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Phone No. College:- (02322) 227033, Hospital:- (02322) 225218
 Email id - jjmhom2016@rediffmail.com *Established Year - 1990*

Department of Pathology Monthly Report - April 2025

Date	Patient Type	Haematology				Biochemistry						Other (M+U)				Serology				Other	Total OPD	Total IPD	Total Test		
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bili	Alk	Uric	URUS	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue			
1	OPD	11	14			9					0	7											41	3	44
1	IPD	0	2			0					1	0											45	5	50
2	OPD	8	19			9					1	7	1	1											
2	IPD	0	2			1					2	0	0												
3	OPD	7	21			7					5												41		45
3	IPD	0	3			0					1												0		4
4	OPD	8	21			9					8												46		50
4	IPD	0	3			1					0												4		50
5	OPD	7	20			6					5												38		38
5	IPD	0	0			0					0												0		38
																							0		
7	OPD	17	9								8												43		43
7	IPD	0	0			0					0												0		43
8	OPD	6	22			12					9	1	1										51		51
8	IPD	0	0			0					0	0	0										0		51
9	OPD	7	22			8					9	1	1										48		48
9	IPD	0	0			0					0	0	0										0		48
10	OPD	5	20			9					7	1	1										43		50
10	IPD	0	3			2					2	0	0										7		50
11	OPD	6	19			8					0												40		43
11	IPD	0	2			0					1	0											3		43
12	OPD	6	24			1					1												54		56
12	IPD	0	1			0					0												2		56
13	IPD																						0		0
14	OPD	3	22			10					8	1	1									0		0	
14	IPD	0	0			0					6												43		43
15	OPD	7	20			10					8	1	1									0		0	
15	IPD	0	0			0					0	0	0									47		47	
16	OPD	9	20			10					8	1	1									0		47	
16	IPD	0	2			2					1	0	0									49		54	



17	OPD	9	19		9	1	1	1	1	1	5	1	1	49	5	54		
18	OPD	5	21		12	0	0	0	0	0	1	0	0	45	0	45		
19	OPD	6	21		9	0	0	0	0	0	0	0	0	5	0	45		
20	OPD	0	5		3	4	4	4	4	4	4	4	4	4	0	0		
21	IPD	6	19		9	7	7	7	7	7	7	7	7	41	0	0		
22	OPD	8	20		10	6	1	1	1	1	1	1	1	46	5	51		
23	OPD	10	20	1	14	1	1	1	1	1	12	3	3	65	3	68		
24	OPD	6	21		9	6	6	6	6	6	6	6	6	42	0	42		
25	OPD	6	22		10	7	7	7	7	7	7	7	7	45	2	47		
26	IPD	0	1		0	1	1	1	1	1	1	1	1	47	3	50		
27	OPD	8	18		11	8	1	1	1	1	1	1	1	0	0	0		
28	OPD	5	21		12	10	10	10	10	10	10	10	10	48	11	59		
29	OPD	10	19		11	2	2	2	2	2	2	2	2	52	5	57		
30	OPD	13	14		12	11	1	1	1	1	1	1	1	52	0	52		
		0	0		0	0	0	0	0	0	0	0	0	0	0	0		
Total		192	560	2	0	275	2	3	1	1	219	0	17	17	0	0	0	
Total						754					219		36		0	1202	93	1295

Department of Pathology Monthly Report - May 2025

Date	Patient Type	Haematology					Biochemistry					Other (M+U)	Serology					Other	Total OPD	Total IPD	Total Test					
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bilir	Alk	Cal	URIC ACID	URUS	UPT	HTV	Aus	Widal	CRP	TFT	RA	Dengue			
1	OPD	5	22				10				1			5									43		5	48
2	OPD	7	21				9				0			8									45		1	46
3	IPD	0	1				0				0			0									41		1	42
4	OPD																						0		0	0
5	OPD	16	17				9								7		1	1					51		1	52
6	OPD	8	21	1			15	1	1	1	1	1	1	12		4	4						71		76	
7	OPD	5	17	2			11	2	2					9		2	2						5			
8	OPD	7	21				9				0			6		0	0						0		17	69
9	OPD	6	20				10							7									44		0	44
10	OPD	7	22				9							1									43		2	45
11	OPD						0							8									46		0	46
12	OPD	7	20				10							7									44			56
13	IPD	8	19				8							6									41		7	48
14	IPD	0	3				1							3									7			
15	OPD	6	23				9							6									44		8	52
16	IPD	0	4				1				1			3									56		2	58
17	OPD	4	22				10				1	0	0	1		0	0						44		2	46
18	IPD	0	1				1							0									2			

17	OPD	12	32	25	1	22	1	14	107	0	107
	IPD	0	0	0	0	0	0	0	0	0	0
18	OPD								0	0	0
	IPD								0	0	0
19	OPD	3	31	1	26	1	1	24	2	20	109
	IPD	0	0	0	0	0	0	0	0	0	0
20	OPD	7	29		20			19	1	14	90
	IPD	0	1		0			0	0	0	1
21	OPD	8	27		37			23	18		113
	IPD	0	3		1			1	0		5
22	OPD	8	23		21			15	10		79
	IPD	0	2		0			0	0		2
23	OPD	7	12		16			7			42
	IPD	0	2		0			2			4
24	OPD	7	23	1	14	1	2	10	2	2	62
	IPD	0	0	6	0	0	0	0	0	0	62
25	OPD										0
	IPD										0
26	OPD	5	24		12	1	1	8	1	BHP. PTHR. LFT	52
	IPD	0	7		1	0	0	3	0		63
27	OPD	6	21		15			13			55
	IPD	0	1		0			1			2
28	OPD	7	14		17			5			43
	IPD	0	0		0			0			0
29	OPD	9	19		9			7			44
	IPD	0	2		0			2			4
30	OPD	4	18		8			8			38
	IPD	0	5		2			1			8
31	OPD	7	20		10			9			46
	IPD	0	0		0			0			0
Total		191	626	6	0	384	7	8	1	1	0
Total		823				405			312	0	103
									0	1543	100
											1643



Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
 Jaysinghpur - 416101, Tal-Shitoli, Dist- Kolhapur (Maharashtra)
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Phone No. College:- (02322) 227083, Hospital:- (02322) 225218
 *Email id - jjmhom2016@rediffmail.com *Established Year - 1990*

Department of Pathology Monthly Report - June 2024

Date	Patient Type	Haematology				Biochemistry						Other (M+U)		Serology						Other OPD	Total OPD	Total IPD	Total Test		
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bili	Alk	Uric	UR/US	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue			
1	OPD																						0	0	0
2	IPD	6	13					9	2	2													36	49	
3	OPD	0	10					2	0	0													13		
4	IPD	2	21					6															36	45	
5	OPD	0	3					4															9		
6	IPD	10	13					19															49		
7	OPD	0	0					0															0	49	
8	IPD	7	19					13															0		
9	OPD	0	0					0															0	48	
10	IPD	7	16					12															42		
11	OPD	0	2					0															4	46	
12	IPD	7	17					13															43		
13	OPD	0	0					0															0	43	
14	IPD	0	0					0															0		
15	OPD	8	17					14															0	0	
16	IPD	0	3					2															0		
17	OPD	7	17					11															0	48	
18	IPD	0	0					0															7	55	
19	OPD	8	17					14															0	0	
20	IPD	0	3					2															0		
21	OPD	0	3					0															0		
22	IPD	7	18					11															41		
23	OPD	0	0					0															41		
24	IPD	5	20					1														0	41		
25	OPD	0	0					0															0		
26	IPD	9	16					13														8	46		
27	OPD	0	0					0														0	46		
28	IPD	0	0					0														0	0		
29	OPD	12	17					11														0	0		
30	IPD	0	2					2														51	57		
31	OPD	0	2					2														6	57		



Department of Pathology Monthly Report - July 2025

Date	Patient Type	Haematology				Biochemistry						Other (M+U)			Serology						Other	Total OPD	Total IPD	Total Test				
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bili	Alk	Cal	URIC ACID	UR/US	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue					
1	OPD	13	14				16							9		1	1							54		0	54	
2	OPD	8	17				0							0		0	0							42		1	43	
3	OPD	3	13											12										35		6	46	
4	IPD	9	16	1										5										11				
5	OPD	7	18											12										9		3	56	
6	IPD	0	0											0										0		1	57	
7	OPD	10	16											14										10			47	
8	OPD	8	17											13										0		0	0	
9	OPD	0	1											1										0		0	0	
10	IPD	0	2											0	0									1		1	55	
11	OPD	10	15	2										16	2	2								11		2	65	
12	OPD	6	15											8										5		1	66	
13	IPD	0	0											0										0		0	34	
14	OPD	7	15	1										20	1	1								10		1	57	
15	OPD	11	15											10										5		5	62	
																									41			



15	IPD	0	2		1					2						5	"												
16	OPD	9	14		15					8						46	4	50											
17	OPD	0	2		1					1						4													
18	IPD	6	16		14					7						43	1	44											
19	OPD	7	17		14					0						45	11	56											
20	OPD	0	0		0					0						0	0	48											
21	OPD	8	15		13					7						0	0	0											
22	IPD	0	4		1					6						0	0	43											
23	OPD	8	16		13					3						45	8	53											
24	OPD	8	15		16					2						47	4	51											
25	IPD	0	4		0					6						45	7	52											
26	OPD	11	17	1	11	1	1			3						42	8	50											
27	OPD	0	0	0	0	0	0			1						54	0	54											
28	IPD	10	15		14					0						0	0	0											
29	OPD	10	15		10					9						48	0	48											
30	IPD	0	4		3					8						43													
31	OPD	9	17		15					4						11													
Total		227	482	6	0	391	5	5	0	0	0	0	0	0	255	0	14	14	0	0	5	0	0	0	1294	110	1434		
Total															715		401												
															255		33												



Dr. J. J. Magdum Trust's

Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

Jaysingpur - 416101, Tal- Shiroli, Dist- Kolhapur (Maharashtra)

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Phone No. College:- (02322) 227083, Hospital:- (02322) 225218

*Email id - jjmhom2016@rediffmail.com * *Established Year - 1990*

Department of Pathology Monthly Report - August 2025

Date	Patient Type	Haematology					Biochemistry					Other (M+U)					Serology					Other	Total OPD	Total IPD	Total Test			
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Billi	Alk	Cal	URIC ACID	UR/US	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue					
1	OPD	4	18				16	1	1						11		2	2						55	0	55		
1	IPD	0	0				0	0	0						0		0	0										
2	OPD	6	19				13								8										46	0	46	
2	IPD	0	0				0								0													
3	OPD																											
3	IPD																											
4	OPD	11	17				10										7								45	0	0	
4	IPD	0	2				1									1												
5	OPD	9	16				12								9										46	0	46	
5	IPD	0	4				1								3													
6	OPD	6	17				14									12	1	1							51	0	51	
6	IPD	0	2				1								1		0	0										
7	OPD	13	18				12								11		2	2							58	0	58	
7	IPD	0	3				0								2		0	0										
8	OPD	9	18				13								11	2	2								5	0	5	
8	IPD	0	0				0								0	0	0	0										
9	OPD	7	17				11								9										44	0	44	
9	IPD	0	0				0								0													
10	OPD																									0		
10	IPD																									0		
11	OPD	7	20				13								14										0	0	0	
11	IPD	0	0				0								0										54	0	54	
12	OPD	5	20				12																					
12	IPD	0	4				1								11											48	0	48
13	OPD	8	19				12								8		1	1							5	0	53	
13	IPD	0	3				1								2		0	0							49	0	49	
14	OPD	8	22				22								11		2	2							6	0	6	
14	IPD	0	2				2								2		0	0							67	0	67	
																										73	0	73





Department of Pathology Monthly Report - Oct - 2025

Date	Patient Type	Haematology				Biochemistry								Other (M+U)	Serology						Other	Total OPD	Total IPD	Total Test		
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bili	Alk	URIC ACID	UR/US	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue				
1	OPD	11	14			18									9									52	4	56
1	IPD	0	2			1									1											
2	OPD	3	20			13									8									44	3	47
2	IPD	1	1			0									1											
3	OPD	5	18			14									13									50	4	54
3	IPD	0	3			0									1											
4	OPD	9	18			11									10									48	0	48
4	IPD	0	0			0									0											
5	OPD	3	7			10									3									23	0	23
5	IPD	0	0			0									0											
6	OPD	7	20			14	1	1	1	1	1				14	1	1							63		68
6	IPD	0	3			2	0	0	0	0	0				0	0	0								5	
7	OPD	4	19			13									8											
7	IPD	0	5			2									2										44	
8	OPD	3	7	1		5	1	1							5	1	2								15	
8	IPD	0	11	0		8	0	0							4	0	0								26	
9	OPD	6	19	1		15	1	1							13	1	1							23		
9	IPD	0	2	0		0	0	0							0	0	0								58	
10	OPD	4	19			15									14									2	60	
10	IPD	0	2			0									1											52
11	OPD	6	23			12	1								14									3	55	
11	IPD	0	1			0	0								1											58
12	OPD	1	13			10									8										2	
12	IPD	0	0			0									0											32
13	OPD	6	17			14									12										0	32
13	IPD	0	2			0									2											49
14	OPD	6	21			11									10										4	53
14	IPD	0	0			0									0											48
15	OPD	3	21	1		20	2	2	1	1	1				13	3	3							0	48	
																									72	0

	IPD	0	4	0	2	0	0	0	0	0	2	0	0	0	8	00
16	OPD	2	21		12						10	1	1		47	
	IPD	0	6		2						4	0	0		12	59
17	OPD	7	13		14						8				42	
	IPD	0	6		4						4				14	56
18	OPD	10	19		11						13	1	1		55	
	IPD	0	2		2						2	0	0		6	61
19	OPD	4	8		9						4				25	
	IPD	0	0		0						0				0	25
20	OPD	4	15		4						5				28	
	IPD	0	0		0						0				0	28
21	OPD	3	11		3						4				21	
	IPD	0	0		0						0				0	21
22	OPD	2	9		8						4				23	
	IPD	0	0		0						0				0	23
23	OPD	4	10		5						4				23	
	IPD	0	0		0						0				0	23
24	OPD	6	7		10						0				26	
	IPD	1	4		1						3				12	38
25	OPD	3	10		13						4				30	
	IPD	0	5		1						2				8	38
26	OPD	2	5		11						3				21	
	IPD	0	0		0						0				0	21
27	OPD	6	19	1	11						11	1	1		50	
	IPD	1	2	0	1						0	0	0		0	54
28	OPD	8	16		18						14	3	3		62	
	IPD	0	0		0						0	0	0		0	62
29	OPD	3	20		14						9				46	
	IPD	0	3		2						3				8	54
30	OPD	11	16	1	13						10	1	1		54	
	IPD	0	1	0	0						0	0	0		1	55
31	OPD	7	16		15						10	1	1		50	
	IPD	0	8		2						4	0	0		14	64
Total		162	544	4	1	396	5	6	4	4	4	0	0	0	0	0
Total		711			423						306	32	32	9	1320	152



J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

Javsinghpur - 416101, Tal-Shiroli, Dist-Kolhapur (Maharashtra)

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Phone No. College:- (02322) 227083, Hospital:- (02322) 225218

Email id - jjmhom2016@rediffmail.com *Established Year - 1990*

Department of Pathology Monthly Report - Nov 2025

Date	Patient Type	Haematology				Biochemistry								Other (M+U)		Serology						Other	Total OPD	Total IPD	Total Test				
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bilir	Alk	Cal	URIC	URUS	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue						
1	OPD	5	20			10		0	0	0	0	0	9											44		6	50		
1	IPD	0	2			0		1	1	1	1	1	0		5									31		31			
2	OPD	4	12			10																		0		0	31		
2	IPD	0	0			0																		4		40			
3	OPD	4	12			20																		6		17	57		
3	IPD	0	9			2																		10		48			
4	OPD	6	14			18																		1		4	52		
4	IPD	0	3			0																		10		51			
5	OPD	8	15			18																		10		3	54		
5	IPD	0	2			0																		0		53			
6	OPD	7	17			17																		1		3	56		
6	IPD	0	3			0																		12		56			
7	OPD	9	15	1		18	1	1															11		5	61			
7	IPD	0	2	0		1	0	0															2		5				
8	OPD	7	14			16																		11		48			
8	IPD	0	1			0																		0		3	49		
9	OPD	6	7			9																		4		26			
9	IPD	0	0			0																		0		0	26		
10	OPD	3	15	1		17	1	1															6		1	1			
10	IPD	0	4	0		1	0	0															2		0	46			
11	OPD	6	19			14		0	0	0	0	0											12		1	1			
11	IPD	0	3			1		1	1	1	1	1											3		0	53			
12	OPD	6	15			17																		11		0	64		
12	IPD	0	0			0																		11		49			
	OPD	7	16			18																		0		0	49		
	IPD	1	6			0																		11		52			
	OPD	7	16			17																		10		8	60		
	IPD	0	2			1																		1		34			
	OPD	5	16			16																		10		4	58		
																									10		1	49	



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Phone No. College:- (02322) 227083, Hospital:- (02322) 225218

*Email id - jjmhom2016@rediffmail.com * *Established Year - 1990*

Department of Pathology Monthly Report - Dec 2025

Date	Patient Type	Haematology				Biochemistry						Other (M+U)		Serology				Other	Total OPD	Total IPD	Total Test					
		Hb%	CBC	Bl. Gr	MP	Sugar	Urea	Creat	OT	PT	Bili	Alk	Cal	URIC	UR/US	UPT	HIV	Aus	Widal	CRP	TFT	RA	Dengue			
1	OPD	7	15	1		19		1						13			1	1						58	58	58
1	IPD	0	0	0		0		0						0			0	0						0	0	58
2	OPD	5	17			13								11										46	12	58
2	IPD	0	4			4								4										40	2	42
3	OPD	6	10			18								6										52	18	70
3	IPD	0	1			0								1										40		
4	OPD	3	20			16								12			1							5		
4	IPD	0	10			1								7			0							18		
5	OPD	7	11			20								6										44		
5	IPD	0	7			0								6										13		
6	OPD	6	19			13								13										51		
6	IPD	0	4			1								3										8		
7	OPD	4	7			10								4										25		
7	IPD	0	0			0								0										0		
8	OPD	5	18			15								10										48		
8	IPD	0	3			1								3										7		
9	OPD	10	19			14								11			2	2						58		
9	IPD	0	2			0								1			0	0						3		
10	OPD	8	14			15								12										49		
10	IPD	0	2			1								0										3		
11	OPD	4	18			15								11										3		
11	IPD	0	0			0								0										48		
12	OPD	8	16			12								0	0	0	0	0					0			
12	IPD	0	7			2								1	1	1	1	1					49			
13	OPD	4	19			11								5										18		
13	IPD	0	5			0								12										46		
14	OPD	4	8			11								4										9		
14	IPD	0	0			0								7										55		
15	OPD	8	18			14								0										30		
15	IPD	1	4			2								12										0		
																							8			
																							60			







Dr. J. J. Magdum Trust's

Dr. J. J. MAGDUM HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

C.S.NO.2357/A/A1 KOLHAPUR SANGLI ROAD, JAYSINGPUR, 416101

* Phone No. College : (02322) 227083, 229583, Hospital- (02322) 225218 *

* Email id- jjhmchospitaljaysingpur@gmail.com * * Established year – 1990 *

Recognized by National Commission for Homoeopathy, Ministry of AYUSH , Govt. of India ,
Approved by Govt. of Maharashtra, Affiliated to Maharashtra University of Health Science, Nashik.

PERIPHERAL OPD DUTY LIST (1st and 3rd Week)

Time – 9:00 am to 1:00 pm

MONDAY	
<u>Udgaon</u> Doctor – Dr. Gazala Sayyad	<u>Chinchwad</u> Doctor – Dr. Y. P. Prasade
TUESDAY	
<u>Danoli</u> Doctor – Dr. Vidya Ghevde	<u>Umalwad</u> Doctor – Dr. K. D. Shinde
WEDNESDAY	
<u>Nursinhwadi</u> Doctor – Dr. Saroj Sawant	<u>Aurwad</u> Doctor – Dr. Angaraj Mane
THURSDAY	
<u>Majrewadi</u> Doctor – Dr. Jamil Nadaf	<u>Nandani</u> Doctor – Dr. Avadhut Patil
FRIDAY	
<u>Ichalkaranji</u> Doctor – Dr. Pranav Nimankar	<u>Haroli</u> Doctor – Dr. S. B Banne
SATURDAY	
<u>Chipari</u> Doctor – Dr. Satish Katkar	<u>Nimshirgaon</u> Doctor – Dr. Pooja Shinde



Rah
6/01/2025

Prof. Dr. Suresh. R. Nair
M.Sc, B.M.S, M.D.(Hom.), Ph.D
Reg No.- 4491
Principal & Medical Superintendent



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<u>Udgaon Grampanchayat</u> Doctor – Dr. Gazala Sayyad	<u>Udgaon Sanskrutik Hall</u> Doctor – Dr. Y. P. Prasade
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SATURDAY	
<u>Chipari</u> Doctor – Dr. Satish Katkar	<u>Peth vadgaon</u> Doctor – Dr. Pooja Shinde

Roh
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Reg No.- 4491
Principal & Medical Superintendent