

**Maharashtra University of Health Sciences, Nashik**  
**Inspection Committee Report for Academic Year 2026-27**

**Clinical Material in Hospital**

**Name of College/Institute:** SND College of Nursing , Babhulgaon, Yeola

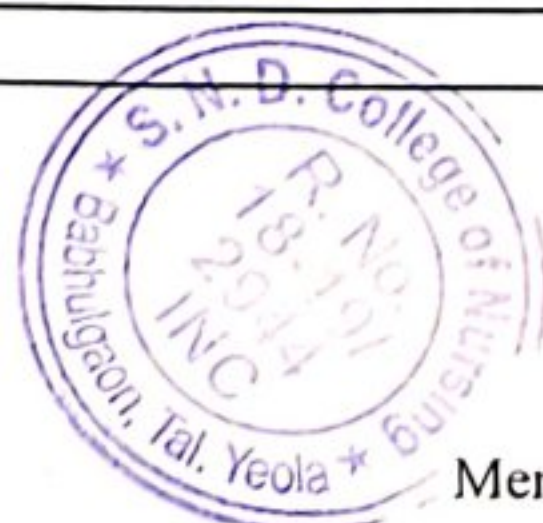
**HOSPITAL DETAILS**

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) <b>To be made available on web site</b>		Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: <b>Copy to be made available on web site</b>		No
b.	Student Bed Ratio for UG & PG to be verified: (As per MSR) Calculate at Actual UG 1:10 & PG 1:5	-	Adequate
c.	Average Bed Occupancy in % : (Minimum 75%) : 78%	-	Adequate
d.	Clinical facilities for PG to be verified: - (As per MSR)		Adequate
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD (current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)		Adequate
<ul style="list-style-type: none"> <li>As per Central Council Norms/ University Norms, above Infrastructure must be available at College.</li> <li>If Infrastructure is available, then mark "Adequate" &amp; do not attach any Documents it should be available on college website</li> <li>In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report</li> </ul>			

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

Date:-

Chairman of LIC

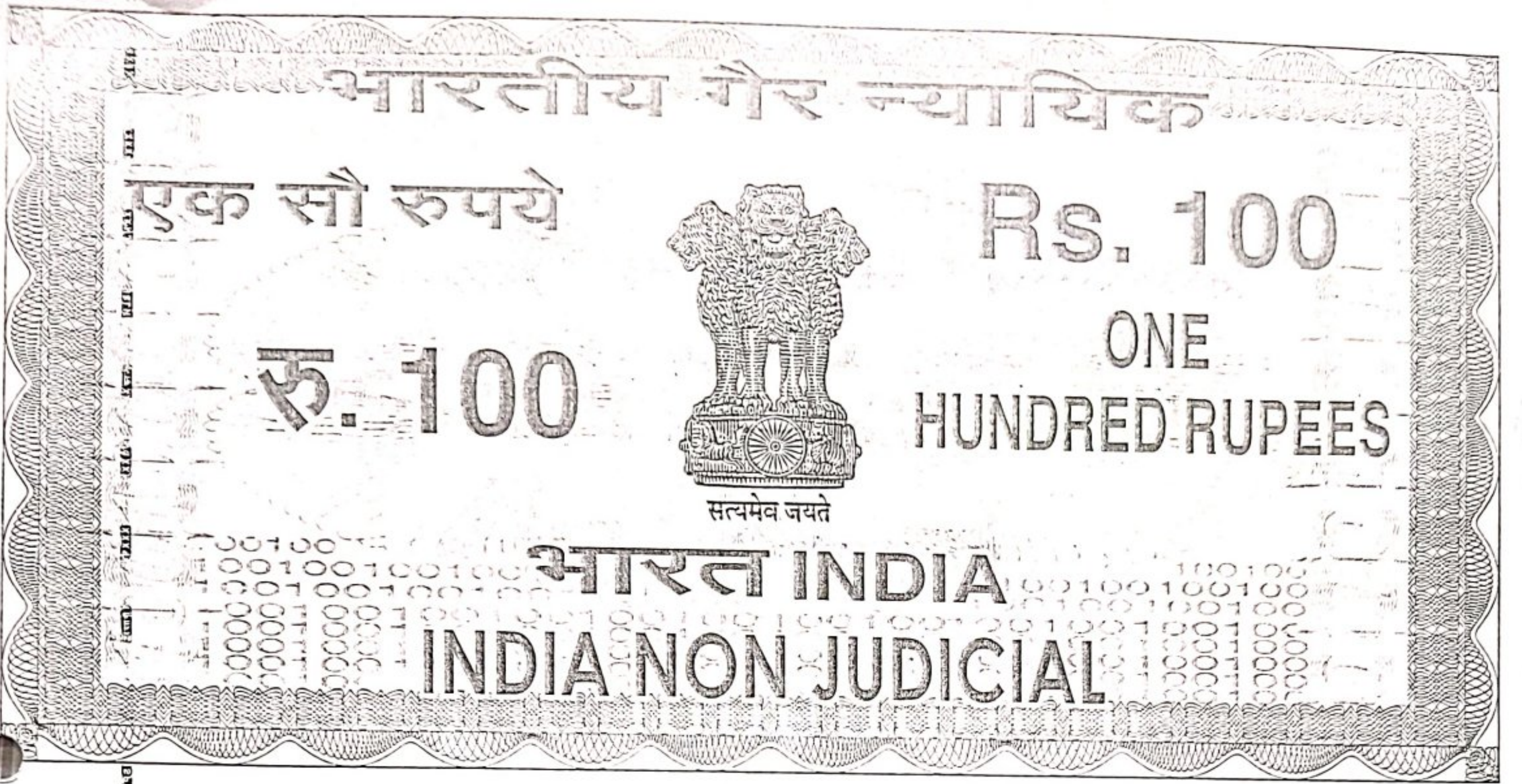


Member Of LIC

Dean/Principal Stamp & Signature  
 Babhulgaon, Tal. Yeola, Dist. Nashik

Member Of LIC





महाराष्ट्र MAHARASHTRA

2025

57AB 957608

उद्वाक विक्रेता परवाना क्र. 8379/2024 नु. वि. वि. येवला

नु.वि.अ.नं. 6888 ता. 07/10/2026

भी./सी.

Principal

रा. S.N.D. College of Nursing

हस्तो Babhulgaon, Tal. Yeola, Dist. Nashik उल्लेखी गायक

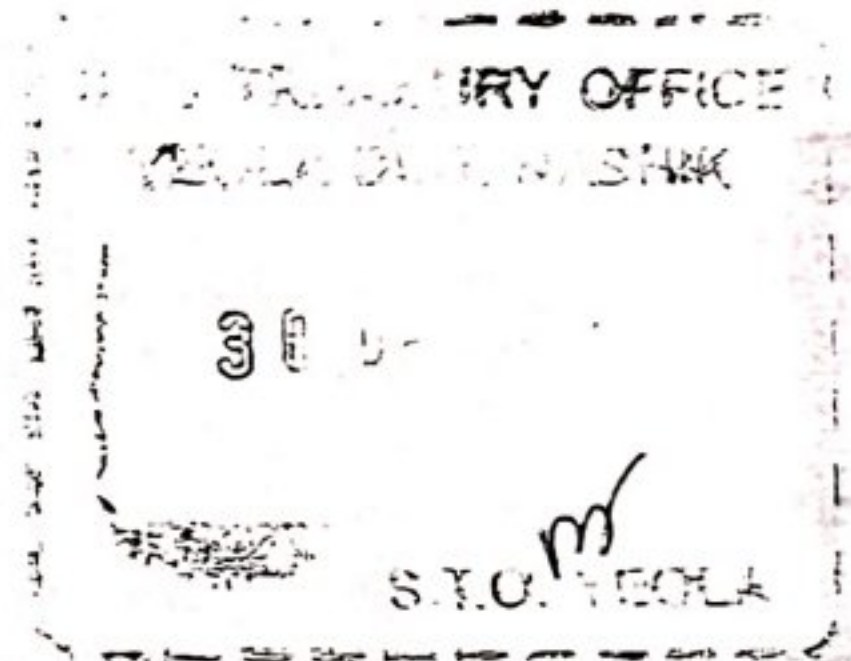
मुद्रांक खरेदित कारण कॉलेज

*[Signature]*

*[Signature]*  
राहुल सुधीरकुमार गुजराथी

सद्विक्रय विक्रेता येवला

MEMORANDUM OF UNDERSTANDING



This Agreement is entered into between,

SND College of Nursing, Babhulgaon, Yeola & Matoshri Multispeciality Hospital, Babhulgaon, Yeola

The Agreement, and any amendments and supplements there to

WITNESSETH THAT:

WHEREAS, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and

WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrolled in the college.

*[Signature]*  
Principal  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik



## **I. COLLEGE RESPONSIBILITIES**

A. The College will have current accreditation by any required accrediting body.

B. The College will have overall responsibility to supervise its students during the clinical rotation experience at the hospital, including evaluating the student. Supervision may include having Faculty onsite depending upon the experience level of the student and upon agreement with the hospital.

C. The College will provide its Faculty offsite for overall supervision of the student; however, direct clinical supervision of its undergraduate nursing students will be performed by a preceptor. This type of supervision is only available by mutual agreement when the Facility agrees to provide on-site clinical supervision. In such circumstances, an appropriately credentialed individual by the Facility will provide on-site supervision. The student's Faculty member will be responsible to complete the student's evaluation.

D. The Student Nurse Intern Program will be clinically supervised by Facility preceptors. The preceptor may or may not participate in the evaluation of the student.

E. If the student is in a graduate nursing program, Facility preceptors will clinically supervise advanced nursing clinical rotations.

F. The College faculty will be responsible for planning, directing and evaluating the students' learning experience.

G. The College will provide the Facility with a list of the students who are participating in the clinical experience program, the students' locations within the Facility where they are assigned, and the dates of each student's participation in the program.

H. The College will inform its faculty and students of the hospital policies and regulations which relate to the clinical experience program at the hospital. This includes notifying faculty and students that they will be required to sign a patient confidentiality statement.

I. The College will maintain a record of students' health examinations and current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

## **II. HOSPITAL RESPONSIBILITIES**

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

B. The Hospital will permit the College faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.

C. When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.

*Principal*  
**Principal**  
**S.N.D. College of Nursing**  
Babhulgaon, Tal. Yeola Dist. Nashik



D. The Hospital assumes no responsibility for the cost of meals, uniforms, housing or health care of College faculty and students who are participating in the clinical experience program. The Facility will permit College faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.

E. The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state or local laws and regulations.

### III. MUTUAL RESPONSIBILITIES

A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.

B. Communication to keep both parties and their personnel who are assigned to the clinical experience program informed of changes in policies and any new programs which are contemplated.

C. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate).

D. Communication to identify areas of mutual need or concern.

E. Communication to seek solutions to any problems which may arise in the clinical experience program.

F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve the College curriculum.


### IV. REQUIREMENTS OF STUDENTS

A. Each student will be required, as a condition for participation in the clinical experience program, to submit the results of a health examination to the College and, if requested, to the Hospital, to verify that no health problems exist which would detract from patient welfare. The health examination shall include an update of required immunizations.

### V. EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

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

B. Any College/University faculty member or student who is injured or becomes ill while at the hospital shall immediately report the injury or illness to the hospital and receive treatment (if available) at the hospital as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of the individual the responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

  
Principal  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, D. ashik



C. The hospital shall follow, for College faculty and students exposed to an infectious disease at the hospital during the clinical experience program, the same policies and procedures which the hospital follows for its employees. Any hospital or medical costs arising from the exposure shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

## VII. TERM OF AGREEMENT

A. This Agreement is effective on **1<sup>st</sup> January 2026 to 31<sup>st</sup> December, 2028** (for 03 years) and shall remain in effect for one year and shall thereafter automatically renew for successive one-year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.

  
**President/Director**


With Seal & Date



  
**Principal**

With Seal & Date

**Principal**  
S.N.D. College of Nursing  
Babhulgaon, Tal. Nashik, Dist. Nashik

  
**Principal**  
S.N.D. College of Nursing  
Babhulgaon, Tal. Nashik, Dist. Nashik





# नाशिक जिल्हा परिषद, नाशिक

फॉर्म "सी"



सन १९४९ च्या दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन  
अॅक्टच्या कलम ५ अन्वये दिलेले रजिस्ट्रेशन सर्टिफिकेट

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट १९४९ अन्वये डॉ. श्री. / श्रीमती झिकांत पोपट काकड यांचे जगदंबा ।

पं. सु. सोसा. यांचे मानांखी सल्लि. स्पेशा. टास्पाहस अण्डु निसर्च सेंटर, बाभुळगाव, ता. येवसा.

येथील नर्सिंग होम / हॉस्पिटल / मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम / हॉस्पिटल /

मॅटर्निटी होम चालविण्यास परवाना देण्यात येत आहे.

रजिस्ट्रेशन क्र. ४०५ प्रसुतिसाठी ६० कॉट्स

रजिस्ट्रेशन दि. ०२/०९/२०१७ इतर रुग्णांसाठी २९० कॉट्स

ठिकाण : नाशिक

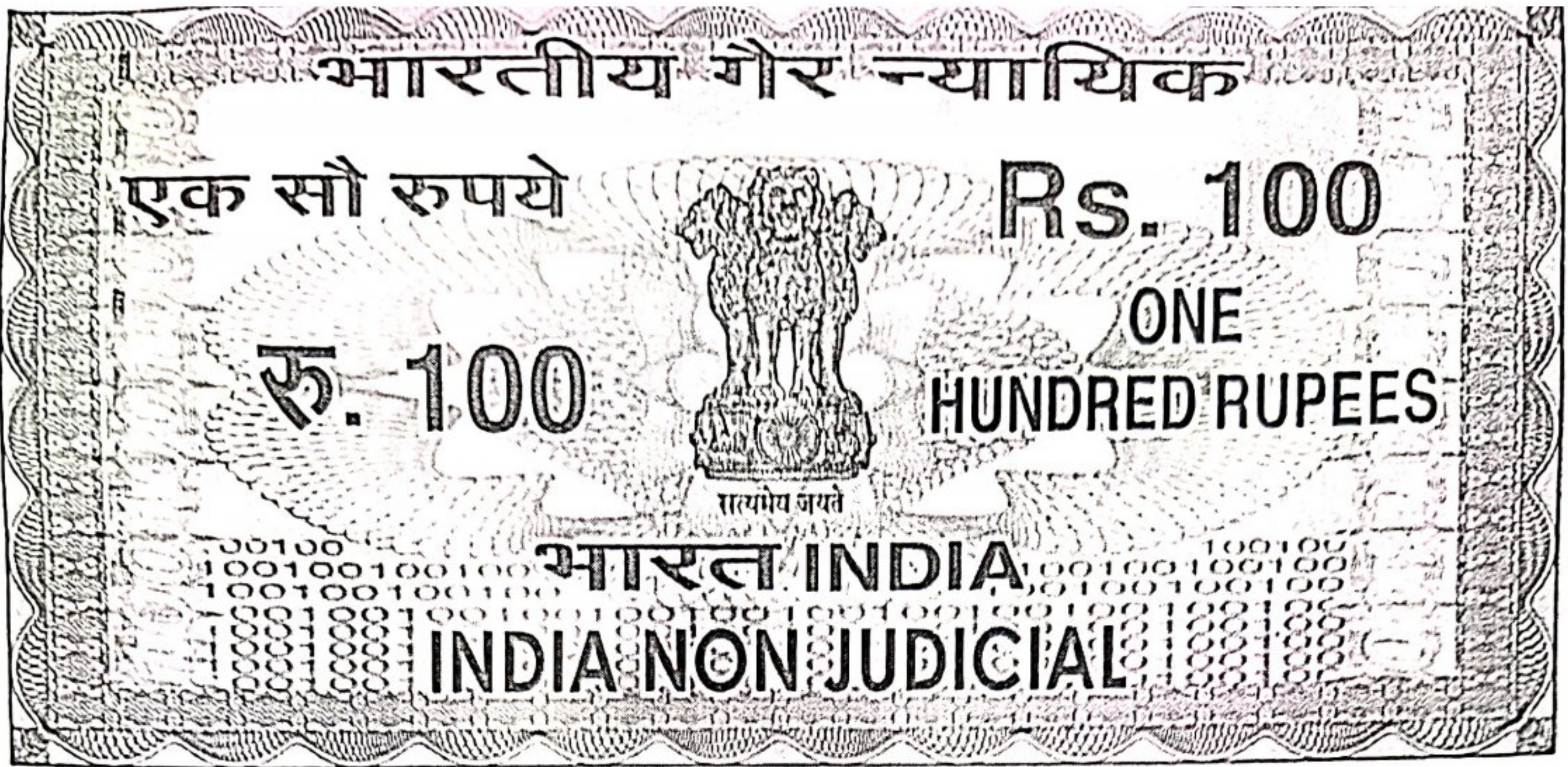
सदरचे सर्टिफिकेटचा कालावधी दिनांक ३१ मार्च २०२६ पर्यंत राहील

उपरोक्त कालावधीत वेळोवेळी B.M.W. चे नुतनीकरण व  
अग्रिप्रतीबंधकचे वी फॉर्म सादर न केल्यास सदरचे नोंदणी  
प्रमाणपत्र रद्द समजण्यात येईल.



जिल्हा आरोग्य अधिकारी  
जिल्हा परिषद नाशिक





महाराष्ट्र MAHARASHTRA

2025

57AB 957623

डाक विक्रेता परवाना क्र. 8379/2024 मु. वि. वि. येवला  
मु. वि. ज. नं. 6888 ता. 7 / 1 / 2024  
श्री./सौ. \_\_\_\_\_

श. \_\_\_\_\_  
हस्ता \_\_\_\_\_  
मुद्रांक खरेदित कारन \_\_\_\_\_  
Principal  
S.N.D. College of Nursing  
Babhulgaon Tal. Yeola Dist. Nashik

SUB TREASURY OFFICE  
YEOLA DIST. NASHIK

30 DEC 2024

31/12/24 3975 S.T.O. YEOLA

स्टॅम्प विक्रेता घेणाऱ्याची राशी  
MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between, Jagdamba Education Society's, SND College of Nursing, Babhulgaon, Yeola & Dr. Qadri's Mental Health Center, Padegaon, Chhat. Sambhajinagar.

The Agreement, and any amendments and supplements there to

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S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik



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~~over 100~~



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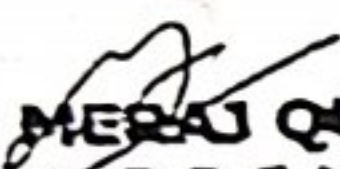
*[Signature]*  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yegola, Dist. Nashik



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**Dr. MERAJ QUADERI**  
M.B.B.S MD  
President/Director  
Neuro Psychiatry  
Reg. No. 2012/03/0542  
With Seal & Date



  
Principal

With Seal & Date

**Principal**  
**S.N.D. College of Nursing**  
Babhulgaon, Tal. Yeola, Dist Nashik







**MAHARASHTRA STATE MENTAL HEALTH AUTHORITY  
(MSMHA)**

**Form-F**

**[See rule 66]**

**CERTIFICATE OF PERMANENT REGISTRATION OF MENTAL  
HEALTH ESTABLISHMENT**

The Maharashtra State Mental Health Authority, after considering the application under section 65 (2) or section 66 (3) or section 66(10) or section 66 (17) of the Mental Healthcare Act, 2017, hereby accords Permanent Registration to the applicant mental health establishment in terms of section 66 (4) or section 66 (11), or section (17) as per the details given hereunder:

**Name: - Dr. Aziz Ahmed Quadri**

**Address: - Dr. A.A. Quadri's Mental Health Center, Nashik Road, Padegaon,  
Aurangabad -431002**

**No of beds: - 120**

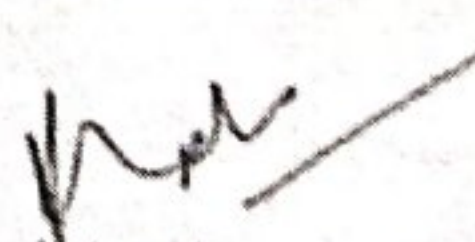
**Permanent Registration Certificate No.39/2023**

The Permanent registration certificate No. 39/2023 issued, is subject to the conditions laid down in the Mental Healthcare Act, 2017 and the rules and regulations made there under.

**Place: - Mumbai**

**Date: - 06/06/2023**

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

  
**Registration Authority  
(MSMHA)**





# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010706/24010437  
Fax: 24023516  
Website: <http://mpcb.gov.in>  
Email: [cac-cell@mpcb.gov.in](mailto:cac-cell@mpcb.gov.in)



Kalpataru Point, 2nd, 3rd  
and 4th floor, Opp. Cine  
Planet Cinema, Near Sion  
Circle, Sion (E),  
Mumbai-400022

ORANGE/M.S.I

Date: 17/01/2026

No:- Format1.0/CC/UAN No.0000258747/CO/2601001670

To,  
Dr. A. A. Quadri's Mental Health Centre.  
Gut. No. 24, Nashik Road, Padegaon,  
Chatrapati Sambhaji Nagar - 431002  
Email: [drzafar.mhc@gmail.com](mailto:drzafar.mhc@gmail.com)  
Contact No.:9823870011



Your Service is Our Duty

*Combined Renewal of Consent to Operate and BMW Authorization (CCA) with Change in Name under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.*

- Ref:**
1. Combine Consent to Establish & 1st Operate and BMW Authorization (CCA) with expansion in Beds i.e 30 Beds to 120 Beds is granted by the Board vide no. Format1.0/CC/UAN No.0000202594/CO/2408001726 dtd. 19.08.2024 valid upto 01.12.2025
  2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 29/08/2025
  3. Minutes of 11th Consent Committee Meeting held on 04/12/2025

After examining the proposal, The Maharashtra Pollution Control Board hereby grant Renewal of Consent to Operate and BMW Authorization (CCA) with Change in Name 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. This CCA shall be in force for a period From **01-12-2025 To 01-12-2033**
2. HCF Area : - Plot Area 3846.00 M<sup>2</sup> with Built-up area 321.95 M<sup>2</sup>.
3. **Activities Included**
  - a. Total Number of Beds : **120 Nos.** (As per BNH certificate no. 392023 valid upto 06-06-2034)
4. **Conditions under the Water (P&CP) Act, 1974:-**
  1. Quantity of total water consumption shall not exceed 40 M<sup>3</sup>/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**

*Signature*  
S.M.D. College of Nursing  
Babulgaon, Tal. Nashik, Dist. Nashik





महाराष्ट्र MAHARASHTRA

2025

57AB 957613

मुद्रांक विक्रेता परवाना क्र. 8379/2024 मु. वि. वि. येवला

मु. वि. अ. नं. 6808 ता. 07/01/2026

श्री./सौ. \_\_\_\_\_

Principal

S.N.D. College of Nursing

Babhulgaon, Tal. Yeola Dist. Nashik

मुद्रांक विक्रेता का नाम \_\_\_\_\_

\_\_\_\_\_

सहस्र लुम्वरकुमार गुजराथी

मुद्रांक विक्रेता, येवला

### MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

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The Agreement, and any amendments and supplements there to

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Principal  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik




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**Principal**  
**S.N.D. College of Nursing**  
Babhulgaon, Tal. Yeola, Dist. Nashik



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E. Communication to seek solutions to any problems which may arise in the clinical experience program.

F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve the College curriculum.

### IV. REQUIREMENTS OF STUDENTS

A. Each student will be required, as a condition for participation in the clinical experience program, to submit the results of a health examination to the College and, if requested, to the Hospital, to verify that no health problems exist which would detract from patient welfare. The health examination shall include an update of required immunizations.

### V. EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

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

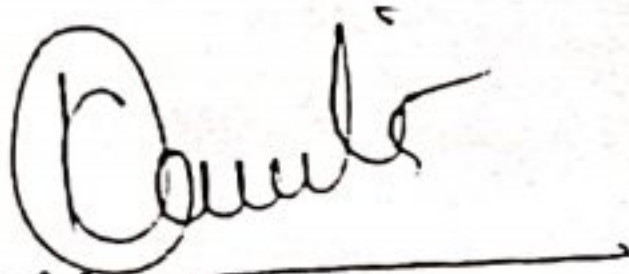
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C. The hospital shall follow, for College faculty and students exposed to an infectious disease at the hospital during the clinical experience program, the same policies and procedures which the hospital follows for its employees. Any hospital or medical costs arising from the exposure shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

## VII. TERM OF AGREEMENT

A. This Agreement is effective on 1<sup>st</sup> January 2026 to 31<sup>st</sup> December, 2028 (for 03 years) and shall remain in effect for one year and shall thereafter automatically renew for successive one-year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.



President/Director

With Seal & Date

**Spanacea**  
Hospital

Dr. Kavita Kunal Darade  
M.B.B.S., M.S. Obst & Gynaec, FMIS  
Reg. No. M.A.C 2009/10/3591  
Vinchur Road, Yeola- 423401

  
Principal

With Seal & Date

S.N.D. College of Nursing  
Bahhulgaon, Tal. Yeola, Dist. Nashik

  
Principal

S.N.D. College of Nursing  
Bahhulgaon, Tal. Yeola, Dist. Nashik





GOVT. OF MAHARASHTRA



HEALTH SERVICES

DISTRICT HOSPITAL, NASHIK

FORM 'C' (See Rule 5)

CERTIFICATE OF REGISTRATION UNDER SECTION 5 OF THE  
BOMBAY NURSING HOMES REGISTRATION ACT- 1949(2021)

This is to Certify that **DR.KAVITA KUNAL DARADE. (MBBS, MS .OBGY.)**  
had been requested under the Bombay Nursing Homes Registration  
Act 1949.

In respected of **JAGDAMBA EDUCATION SOCIETY'S PANACEA HOSPITAL  
(MATERNITY/LAPROSCOPY/IVF CENTER) & RESEARCH CENTER.**

Situated at **SURVEY NO.16/3K. VINCHUR ROAD, YEOLA  
TAL.YEOLA.DIST. NASHIK**

(Here insert the name of the Nursing Home)

**JAGDAMBA EDUCATION SOCIETY'S PANACEA HOSPITAL  
(MATERNITY/LAPROSCOPY/IVF CENTER) & RESEARCHCENTER.YEOLA,NASHIK.**

And has been Authorized to carry on the said Nursing home.

Registration No: **171**

Mat. **40**

Date of Registration: **25/04/2024**

Other. **20**

**TOTAL. 60 BEDS**

Place :- **NASHIK**

Date of issue of certificate **25/04/2024 (RENEWAL)**

This Certificate of Registration shall be valid Upto **31st March 2027**



*[Signature]*

**CIVIL SURGEON, NASHIK**  
Signature of Registering Authority

*[Signature]*  
**Principal**

**S.N.D. College of Nursing**  
**Babhulgaon, Tal. Yeola, Dist. Nashik**



# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781  
Fax: 24024068/24023515  
Website: <http://mpcb.gov.in>  
Email: [psa@mpcb.gov.in](mailto:psa@mpcb.gov.in)



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

RED/S.S.I

Date: 07/10/2022

No:- Format1.0/PSO/UAN No.0000142535/CR/2210000434

To,  
Panacea Hospital  
Sr. No. 16/3, Plot No. 1 & 2 ,  
Tal.Yeola,  
Nashik-423401  
Email:[drkavitadarade@gmail.com](mailto:drkavitadarade@gmail.com)  
Contact No.:9850816255



Your Service is Our  
Duty

*Renewal of Combined Consent 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:**
1. Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.Format 1.0/ BO/ PSO/HOD-20080011998 Date-31/08/2020
  2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 29/06/2022
  3. This office Email Dtd.12/09/2022
  4. Your Reply dtd. 15/09/2022 & 16/09/2022 & 21/09/2022

After examining the proposal, The Maharashtra Pollution Control Board hereby Renew Combined Consent and BMW Authorization to HCE under Section 25/26 of the Water (P&CP) Act, 1974, Section 21 of the Air (P&CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Authorization under Rule 5 of the Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, under Environment (Protection) Act, 1986, subject to terms and conditions as specified below and in the **Schedules(I-IV) and Annexures (I-II)** enclosed in this order.

1. This CCA shall be in force for a period From **01-07-2022 To 30-06-2026**
2. The capital investment of the HCF is **₹238.25** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 765.00 M<sup>2</sup> with Built-up area 540.00 M<sup>2</sup>.
4. **Activities Included**
  - a. Total Number of Beds : **60 Nos.** (As per BNH certificate no. 171 valid upto 31-03-2024)
    - I. General Beds : **20 Nos**
    - II. Maternity Beds : **40 Nos**

  
**Principal**  
**S.N.D. College of Nursing**



भारतीय गैर न्यायिक

एक सौ रुपये

रु. 100



सत्यमेव जयते

Rs. 100

ONE  
HUNDRED RUPEES

भारत INDIA  
INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA

2025

57AB 957611

मुद्रांक विक्रेता परवाना क्र. 8379/2024 मु. वि. ति. येवला  
मु. वि. अ. नं. 6888 ता. 07 / 01 / 2026

प्री. / लो.

Principal

रा.

S.N.D. College of Nursing

हस्ता

Babhulgaon, Tal. Yeola, Dist. Nashik

मुद्रांक खरेदी करण

कलेज

स्टॅम्प विक्रेता घेणाऱ्याची सही

राहुल सुधीरकुमार गुजराथी  
मुद्रांक विक्रेता, येवला

### MEMORANDUM OF UNDERSTANDING

SUB TREASURY OFFICE  
YEOLA, DIST. NASHIK

30 DEC 2025

S.T.O. YEOLA

This Agreement is entered into between,

SND College of Nursing, Babhulgaon, Yeola & Shah Hospital & Critical Care, Yeola

The Agreement, and any amendments and supplements there to

### WITNESSETH THAT:

WHEREAS, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and

WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students enrolled in the college.

S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik



## I. COLLEGE RESPONSIBILITIES

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

## II. HOSPITAL RESPONSIBILITIES

- A. The Hospital will provide the College with a copy of its policies and procedures which relate to the clinical experience program.
- B. The Hospital will permit the College faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.
- C. When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.



D. The Hospital assumes no responsibility for the cost of meals, uniforms, housing or health care of College faculty and students who are participating in the clinical experience program. The Facility will permit College faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.

E. The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state or local laws and regulations.

### **III. MUTUAL RESPONSIBILITIES**

A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.

B. Communication to keep both parties and their personnel who are assigned to the clinical experience program informed of changes in policies and any new programs which are contemplated.

C. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate).

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

B. Any College/University faculty member or student who is injured or becomes ill while at the hospital shall immediately report the injury or illness to the hospital and receive treatment (if available) at the hospital as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of



the individual the responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

C. The hospital shall follow, for College faculty and students exposed to an infectious disease at the hospital during the clinical experience program, the same policies and procedures which the hospital follows for its employees. Any hospital or medical costs arising from the exposure shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

## VII. TERM OF AGREEMENT

A. This Agreement is effective on 1<sup>st</sup> January 2026 to 31<sup>st</sup> December, 2028 (for 03 years) and shall remain in effect for one year and shall thereafter automatically renew for successive one-year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.



**President/Director**

With Seal & Date  
SHAH HOSPITAL & CLINICAL CARE CENTRE  
**Dr. Swapnil H. Shah**  
M.B.B.S., D.N., D-Cardiology  
Reg. No. 11664  
Vinchar Road, Yeola, Dist. Nashik-423401



  
**Principal**

With Seal & Date  
Principal  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik

  
**Principal**  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik

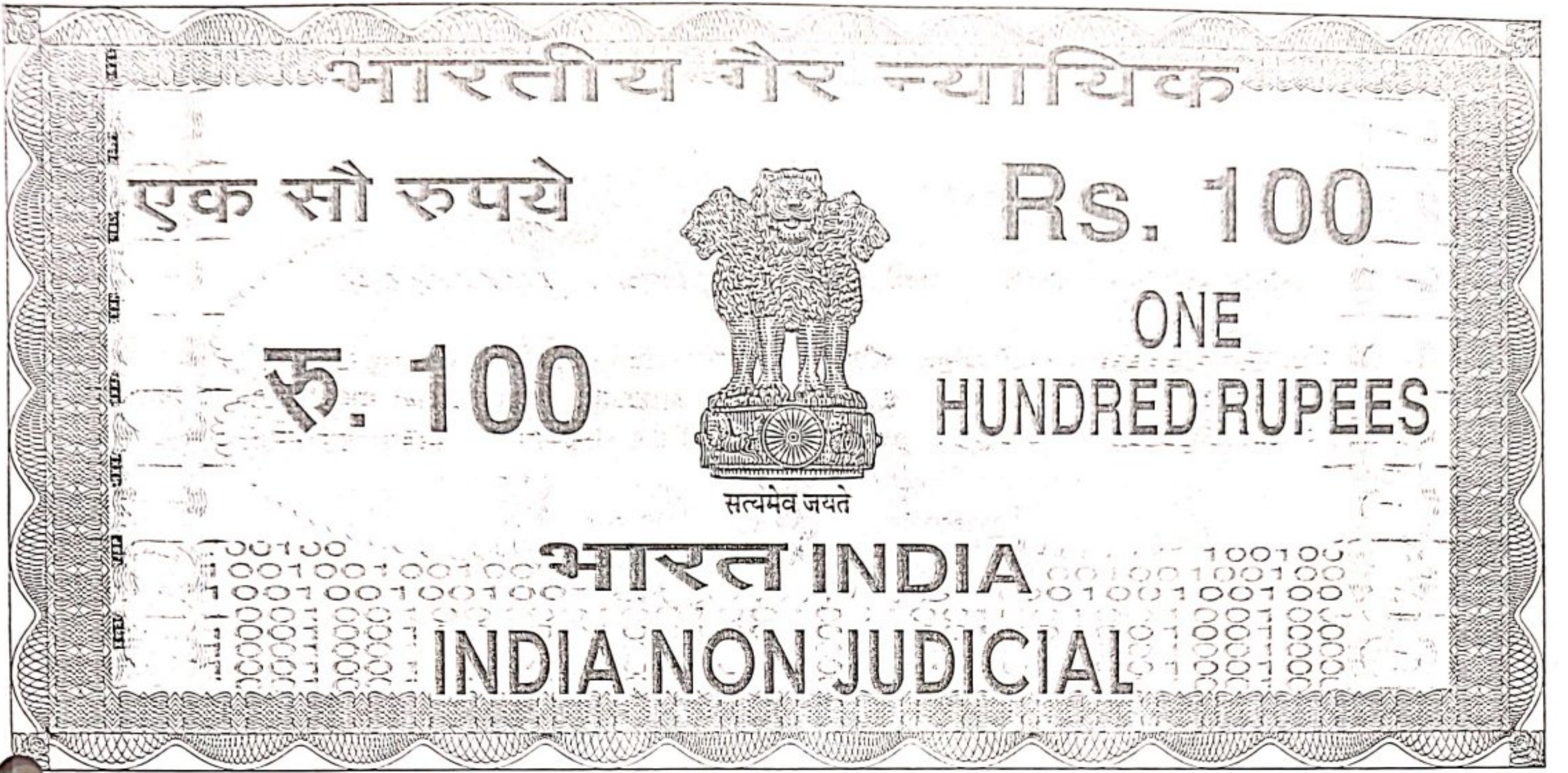




**FORM 'C' (See Rule 5)**

~~S.M.D. G. ...  
Rajulgaon, Tal. ... Dist. Nashik~~



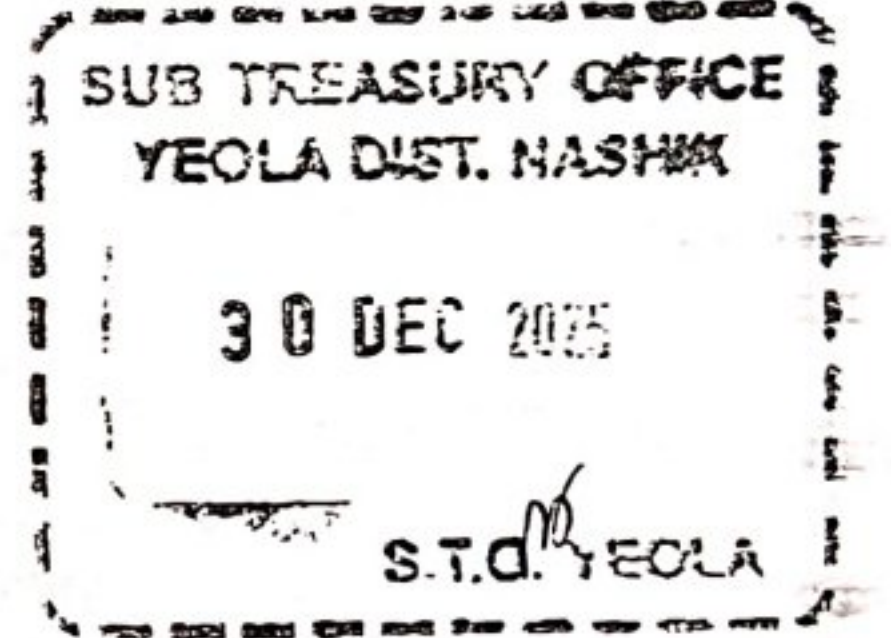


महाराष्ट्र MAHARASHTRA

2025

57AB 957612

मुद्रांक विक्रेता परवाना क्र. 8379/2024 मु. वि. वि. येवला  
मु. वि. अ. नं. 6888 ता. 07/07/2026  
श्री./सौ. Principal  
रा. S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik  
हस्ताक्षर Principal  
मुद्रांक खरेदी करण कॉलेज



Principal

स्टॅम्प विकत येणाऱ्याची सही

Principal  
राहुल सुधीरकुमार मुकुंदाथी  
मुद्रांक विक्रेता, येवला

### MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,

SND College of Nursing, Babhulgaon, Yeola & Sai Siddhi Multispeciality Hospital, Yeola

The Agreement, and any amendments and supplements there to

### WITNESSETH THAT:

WHEREAS, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and

WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

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Principal  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik




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Principal  
S.N.D. College of Nursing  
Babulgaon, Tal. Yeola, Dist. Nashik



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President/Director

With Seal & Date

**Dr. Shrikant Kakad**

MBBS, FCPS, MD.

Sai Siddhi Multispeciality Hospital


Paregaon Road, Yeola (Nashik)

Reg.No.: 2006/01/0298




  
Principal

With Seal & Date

  
Principal

S.N.D. College of Nursing

Babhulgaon, Tal. Yeola, Dist. Nashik

  
Principal  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik



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GOVT. OF MAHARASHTRA  
HEALTH SERVICES  
DISTRICT HOSPITAL, NASHIK  
FORM 'C' (See Rule 5)

CERTIFICATE OF REGISTRATION UNDER SECTION 5 OF THE  
BOMBAY NURSING HOMES REGISTRATION ACT- 1949(2021)

This is to Certify that **DR.SHRIKANT POPATRAO KAKAD.**

**(MBBS, FCPS, MD.MED)**

had been requested under the Bombay Nursing Homes Registration  
Act 1949.

In respected of **SAI SIDDHI MULTISPECIALITY HOSPITAL**  
Situated at **PAREGAON ROAD, YEOLA**  
**TAL.YEOLA.DIST. NASHIK**

(Here insert the name of the Nursing Home)

**SAI SIDDHI MULTISPECIALITY HOSPITAL.YEOLA,NASHIK.**

And has been Authorized to carry on the said Nursing home.

Registration No: **117/YEOLA/14**

Mat. 20

Date of Registration: **02/05/2024**

Other. 80

**TOTAL. 100 BEDS**

Place :- **NASHIK**

Date of issue of certificate **02/05/2024 (RENEWAL)**

This Certificate of Registration shall be valid Upto **31st March 2027**



Write down the name of the Nursing Home

*[Signature]*

**STATIONER**

Signature of Registering Authority

*[Signature]*

**S.N.D. College of Nursing**  
**Bahulgaon, Tal. Yeola, Dist. Nashik**



# MAHARASHTRA POLLUTION CONTROL BOARD

STATION 14016487/24020781

Fax: 24024068/24023515

Website: <http://mpcb.gov.in> Steps and 5 moment

Email: [psa@mpcb.gov.in](mailto:psa@mpcb.gov.in)



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

ORANGE/S.S.I

Date: 23/09/2022

No:- Format1.0/PSO/UAN No.0000130484/CO/2209001534

To,

Sai Siddhi Multispeciality Hospital

Survey No. 18/19, Paregaon Road, Near Swami Samarth Kendra,

A/P Yeola Tal. Yeola Dist. Nashik, Nashik-423401

Email: [saisiddhipls2021@gmail.com](mailto:saisiddhipls2021@gmail.com)

Contact No.:8380059374



Your Service is Our  
Duty

*Renewal of Combined Consent 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:**
1. Bio-Medical Waste Authorization granted by the Board vide no.RO-Nashik/BMW\_Aut/2111000246 dtd 25.11.2021.
  2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 31/01/2022
  3. SCN for refusal vide No. MPCB/PSO/BMW/B-220707-fts-0070 dtd 07.07.2022
  4. Minutes of Personal Hearing Extend on 26.08.2022.
  5. Reply to SCN for refusal uploaded on 02.09.2022,04.09.2022
  6. Sub Regional Officer, MPCB, Nashik Verification Report dtd 07.09.2022
  7. Penal fee paid on 08.09.2022

After examining the proposal, The Maharashtra Pollution Control Board hereby grants Renewal of Combined Consent and BMW Authorization to HCE under Section 25/26 of the Water (P&CP) Act, 1974, Section 21 of the Air (P&CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Authorization under Rule 5 of the Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, under Environment (Protection) Act, 1986, subject to terms and conditions as specified below and in the **Schedules(I-IV) and Annexures (I-II)** enclosed in this order.

1. This CCA shall be in force for a period From **31-08-2021 To 31-08-2026**
2. The capital investment of the HCF is **₹82.92** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 633.25 M<sup>2</sup> with Built-up area 1003.67 M<sup>2</sup>.
4. **Activities Included**
  - a. Total Number of Beds : **100 Nos.** (As per BNH certificate no. 117/Yeola/14 valid upto 31-03-2024)

*Sai Siddhi Multispeciality Hospital*  
S.N.D. College of Nursing  
Paregaon, Tal. Yeola, Dist. Nashik





# S.N.D. COLLEGE OF NURSING BABHULGAON

Babhulgaon, Tal. Yeola, Dist. Nashik - 422 001 Phone: (02559) 25551

Approved By : Indian Nursing Council (I N C) Govt. of Maharashtra / Maharashtra Nursing Council (M N C)

Affiliated To : Maharashtra University of Health Science (M U H S)

Outword No. JES/SND/B.Sc/Nursing/1368/2026-27

Date : 17/01/2026

To,  
The Registrar,  
Academic Section (Nursing)  
Maharashtra University of Health Sciences,  
Nashik- 422 004

Sub: - Submission of Report and Documents of Staff Selection Committee.

Respected Sir,

With reference to the above-mentioned subject, kindly enclosed herewith the report of the Staff Selection Committee which was held on 17/01/2026 at S.N.D. College of Nursing, Babhulgaon, Yeola.

Also enclosed herewith the documents of the candidates who appeared for the personnel interview.

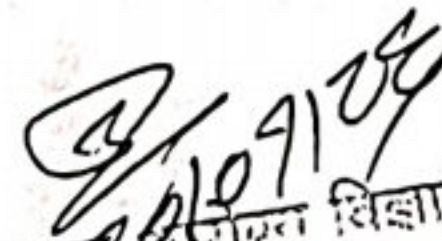
Enclosed herewith the list of all the documents enclosed with this letter as Appendix-A.

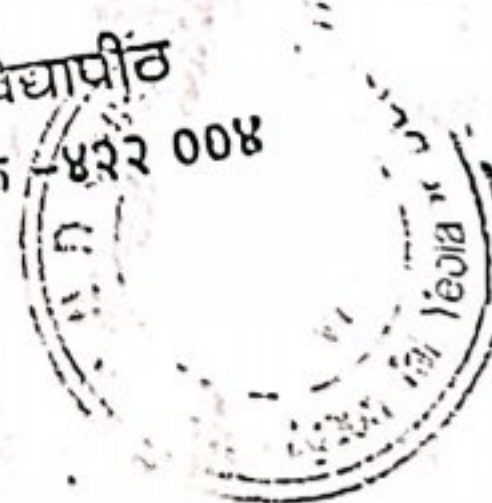
Thanking you.

Sincerely,

  
Principal  
Principal


S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik

  
महाराष्ट्र विद्यापीठ शिक्षण विद्यापीठ  
महाराष्ट्र, वणी-दिंडोरी रोड, नाशिक - 422 008



Encl:

1. Appendix-XIII
2. Sealed envelope of Staff Selection Committee.
3. A list of candidates appeared for interview
4. A list of candidates applied for the Post

  
Principal  
S.N.D. College of Nursing  
Babhulgaon, Tal. Yeola, Dist. Nashik