

Mb No. : 7757962370

Website : www.pbh-mc.com

SANMITRA MANDAL,
P. B. Homoeopathic Medical College & Hospital, Chandrapur
Pathanpura Gate, Dist : Chandrapur

✉ E-mail Address : pbhmc@rediffmail.com, pbhmcchandrapur@gmail.com ✉

Recognised by National Commission for Homoeopathy Central Govt. of India New Delhi & Maharashtra Govt. of Mumbai Affiliated to Maharashtra University of Health Sciences, Nashik

Ref No. : PBHMC&H/ /2025

Date : 2025

Part II – Hospital Details

Availability of the area in sq.mt as per Bed Strength (UG/PG) & MES-2024

Sr. No	A-Hospital Details Infrastructure	Details on the College Website	Remark
1	Name of Hospital	Yes / No	Yes
2	Registration details with Renewal (Copy Attached)	Yes / No	Yes
3	Bed strength, ward distribution as per MES-2024	Yes / No	Yes
4	Hospital Infrastructure Administration block OPD / IPD details Operation theatre unit Yoga / Physiotherapy rehabilitation unit Central Clinical Laboratory Radiology and Sonography Section Hospital kitchen Hospital Stores Clinical teaching room Skill laboratory Peripheral OPDs	Yes / No	Yes Yes Yes Yes Yes Yes Yes Radiology Yes Yes
5	Ambulance facility (Own / MOU)	Yes / No	Yes
6	Dispensing Unit (Upload the details) in OPD & IPD DISPENSARY	Yes / No	Yes
7	Hospital Equipment as per MES-2024 in OPD / IPD	Yes / No	Yes
8	MOU with super specialty Hospital for clinical training of students and its functioning	Yes / No	Yes
9	First Aid kit in OPD / IPD	Yes / No	Yes
10	BMW Certificate (Valid up to 30/11/2028) (Copy Attached)	Yes / No	Yes
11	MPCB Certificate (Valid up to 30/11/2028) (Copy Attached)	Yes / No	Yes
12	Fire NOC	Yes / No	Yes
13	EMERGENCY UNIT	Yes / No	Yes
14	Alcohol Licence / Sprit Licence (Valid up to 25/03/2025) (Copy Attached)	Yes/ No	Yes



Dr. Suchita
Dr. Suchita Valdyia
Office Principal
PBHMC Chandrapur

Office : 7620325370
Web-site : www.pbb-mc.com

SANMITRA MANDAL

**Purushottamas Bagla Homoeopathic Medical College
& Hospital Chandrapur**

Pathanpura Gate, At Arwat Road, Post : Marda, Tal.- Dist : Chandrapur (MH)
✂ E-mail Address : pbhmc@rediffmail.com, pbhmcchandrapur@gmail.com ✂

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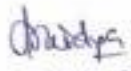
IN PATIENT DEPARTMENT (I.P.D.)

The College has 25 bedded Hospital with well-equipped operation Theatre & Labor Room. The beds have been allotted to the teaching set, so as to impart Clinical training the bed side clinics. OPD level teaching Clinical Examination diagnostic & differential diagnosis & application of Homoeopathic Medicine.

Dept. Medicine _____	15 Beds.
Including _____	Dept. of Materia Medica
Dept. Of Organon of Medicine	: - 07
Dept. of Clinical Medicine & Pediatrics	: - 02
Dept. of Homoeopathic Repertory	: - 06
Dept. of Surgery	: - 05
Dept. of Gynecology & Obstetrics	: - 05


Dr. Avanish Parashar
R.M.O.
P. B.H.M.C. & H., Chandrapur




Dr. Suchita Valdyia
Office Principal
PBHMC Chandrapur

SANMITRA MANDAL

**Purushottamdas Bagla Homoeopathic Medical College
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Ref.No. PBHMC&H/ /2025

Date: / /2025

Total Bed		: -	25
General Medicine		: -	50%
1. A) Acute	10 %	: -	03 Bed
B) Chronic	40%	: -	10 Bed
2. Pediatrics	10%	: -	02 Bed
3. Surgery	20%	: -	05 Bed
4. Gyn. Obst.	20%	: -	03 Bed




Dr. Avanish Parashar
R.M.O.
P. B.H.M.C. & H., Chandrapur

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Homoeopathy Faculty
DETAILS OF THE HOSPITAL AND WORK RECORD: (HOSPITAL – INFORMATION)
YEAR 2025 - 2026

Name of College: P.B.Homeopathic Medical College & Hospital Chandrapur. College Code: 504

NUMBER OF PATIENTS ATTENDED OPD (1st Jan. to 31st December 24)					
(Note:- Patients of Medical Camp OPD should not be included)					
(Patients of peripheral OPDs can be included in that particular Day)					
Sr. No.	Month	Information to be filled up by the college			
		General Medicine	OBGY	Surgery	Pediatrics
1	Jan.	2303	539	891	494
2	Feb.	2142	503	744	444
3	March	2209	417	653	422
4	April	2020	452	705	449
5	May	2603	385	713	248
6	June	2103	496	730	461
7	July	2263	305	826	490
8	August	1859	517	867	500
9	Sept.	1839	411	603	433
10	Oct.	1446	432	792	425
11	Nov.	1221	457	855	395
12	Dec.	1521	476	585	445
Total		21690	5390	8964	5206
Grand Total		41250			

Signature of Principal with Seal



Suchita Valdya
Principal
Chandrapur

Suchita Valdya
Dr. Suchita Valdya
Office Principal
PBHMCH Chandrapur

(The information must be made available on the College website)

SANMITRA MANDAL, CHANDRAPUR

P. B. Homoeopathic Medical College & Hospital, Chandrapur

Pathanpura Gate, At Arwat, Post Marda Ta. Dist: Chandrapur

E-mail Address :- pbhmc@rediffmail.com, pbhmcchandrapur@gmail.com

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Ref No. : PBHMC&H/ / 2025

Date : /2025

ANNEXURE-III B (1)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK Homoeopathy Faculty

DETAILS OF THE HOSPITAL AND WORK RECORD: (HOSPITAL – INFORMATION)

YEAR 2024 - 2025

Name of College: P.B.Homeopathic Medical College & Hospital Chandrapur. College Code: 4504

NUMBER OF PATIENTS ATTENDED IPD (1st Jan.24 to 31st December 24)					
Sr. No.	Month	Information to be filled up by the college			
		General Medicine	OBGY	Surgery	Pediatrics
1	Jan.	247	115	157	85
2	Feb.	222	128	163	93
3	March	223	127	184	115
4	April	200	116	184	102
5	May	220	170	187	124
6	June	221	125	201	114
7	July	267	104	172	87
8	August	297	74	119	55
9	Sept.	227	125	150	97
10	Oct.	216	126	158	121
11	Nov.	151	78	92	80
12	Dec.	250	143	164	141
Total		2741	1431	1931	1214
Grand Total		7317			
Bed Occupancy (in %)		80.18%			
FORMULA FOR CALCULATING BED OCCUPANCY					
Bed Occupancy		= $\frac{\text{Total No. of Bed days Occupied} \times 100}{\text{Total No. of Beds} \times \text{No. of total days}}$			

(The information must be made available on the College website.)

Signature of Principal with Seal
Office Principal



Dr. Suchita Valdya
Office Principal
PBHMC Chandrapur

Office : 7757962370
www.pbh-mc.com

SANMITRA MANDAL, CHANDRAPUR

P. B. Homoeopathic Medical College & Hospital, Chandrapur

Pathanpara Gate, Murda Road, Arwat, Dist : Chandrapur

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जनवरी २०२४ ते डिसेंबर २०२४ का वार्षिक अहवाल

भारत देश में मुख्य का स्वास्थ्य निरोगी रहते हेतु सम्मित्र मंडळ, चंद्रपूर द्वारा पु. बा. होमिओपैथिक वैद्यकीय महाविद्यालय व रुग्णालय, चंद्रपूर कि और से उपरोक्त महाविद्यालय मे निम्न तिथी को होमिओपैथिक औषधोपचार करवाणे हेतु निम्नलिखित गावोमे कॅम्प लगाये गये थे।

SR. NO.	NAME OF THE PLACE	DATE
1.	DIAGNOSTIC & HOM. TREATMENT CAMP AT. ARWAT TA. DIST. CHANDRAPUR	18/05/2024
2.	SCHOOL HEALTH CHECK-UP CAMP, KELZAR, TAH & DIST. CHANDRAPUR.	06/09/20224
3.	FREE EYE CHECK UP CAMP, P. B. HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, CHANDRAPUR	08/09/2024
4.	DIAGNOSTIC & HOM. TREATMENT CAMP, AT DEVADA TA. DIST. CHANDRAPUR	01/10/2024
5.	DIGNOSTIC & HOM. TREATMENT CAMP. AT. POST. MADA COLONY DIST. CHANDRAPUR	08/10/2024
6.	DIAGNOSTIC & HOM TREATMENT CAMP, P. B. HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, CHANDRAPUR	15/01/2025
7.	BHAVYA KRUSHI MOHOTSAV 2024 CHANDA GROUND, TA. DIST. CHANDRAPUR	07/01/2025
8.	DIAGNOSTIC & HOM TREATMENT CAMP. HADASTI TA. DIST. CHANDRAPUR	16/01/2025
9.	DIAGNOSTIC & HOM. TREATMENT CAMP AT. SHIVANI TA. DIST. CHANDRAPUR	17/01/2025
10.	ORGAN DONATION CONCENT FORM FILLING BY STAFF AND STUDENTS UNDER GOVT. MEDICAL COLLEGE, CHANDRAPUR	29/01/2025

Suchita
Jr. Suchita Vaicya
Office Principal
PBHMCH Chandrapur

UNITED INDIA INSURANCE COMPANY LIMITED

ABHISHEK MUL ROAD
CHANDRAPUR - 442402 MAHARASHTRA
PH: (07172) 253783 FAX: EMAIL:



UNITED INDIA INSURANCE COMPANY LIMITED

MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES - LIABILITY ONLY POLICY
(FORM 51 OF CENTRAL MOTOR VEHICLE RULES 1989)

Policy No.	1302023115P115448032	Certificate Number	1302023115P115448032
Customer ID	1302023115P115448032	Issuing Office Address Code	130202
Name of the Insured	MS SANMITRA MANDAL CHANDRAPUR C/O KATYANI RUGNALAYA, BALAJI WARD, MUL ROAD 442402 CHANDRAPUR MAHARASHTRA	Relationship	(07172) 253783
Effective date of commencement of Insurance for this purpose of Act from	00:00 Hrs on 16/03/2016		
Period of expiry of the Insurance	To Midnight of 15/03/2017		
Category of Vehicle Insured			
Vehicle	MH - 34 - A - 6985	Engine No.	2113722
Chassis No.	447997	Type of Body	Closed
Year of Manufacture	2001	Year of Capacity	1990
Make/Model	Maruti Suzuki Ltd / Ambulance - Grand MPI	Type of Public / Private	Public / Private
Obsolete Vehicle	No		
Trailer (If any)			
Geographical Area	INDIA		

Amount to be paid: Three thousand two hundred and fifty Rupees only.

Persons or classes of persons entitled to drive: Any person including insured provided that a person hold an effective driving license at the time of accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may drive this vehicle and apply a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rules, 1989.

Limitations as to use:

The policy covers use only under a permit unless the receiving of motor vehicles Act, 1988 or such a License being under Sub-section 3 of Section 66 of the Motor Vehicle Act, 1988. The policy does not cover use for:

- 1. Race racing
- 2. Race making
- 3. For public transport
- 4. Speed Testing

Levels of Liability:

Under Section 1(4) Death or bodily injury in respect of any one accident, as per Motor Vehicles Act, 1988

Under Section 1(4) Damage to third party property in respect of any one claim or series of claims arising out of one event: ₹50000/-

Subject to the Endorsement, Non-claim and conditions: The insured hereby agrees to pay the certain premium as well as the cost of the policy and to indemnify the Insurers of the Insured in accordance with the provisions of Chapter X of Act of 1938.

Date of Issue: 16/03/2016

PERIOD OF INSURANCE
From 00:00 Hrs of 16/03/2016
To Midnight of 15/03/2017

Insured
MS SANMITRA MANDAL CHANDRAPUR
C/O KATYANI RUGNALAYA, BALAJI WARD,
442402
CHANDRAPUR
MAHARASHTRA

Agent Name: RAKESH BAI WANI
Agent Code: 10004963
Vehicle/Line/Line Number: 2537834833

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uic.co.in>, Email: info@uic.co.in
Printed By: AM129487 @ 15/03/2016 4:58:59 PM

Dr. Suchta Vaidya
Dr. Suchta Vaidya
Office Principal
PBHMCH Chandrapur



Principal
P. B. Homoeopathic Medical College & Hospital, Chandrapur

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MISCELLANEOUS AND SPECIAL TYPE OF VEHICLES - LIABILITY ONLY POLICY
SCHEDULE

Policy No. 202203113713458933
 Insured Name: SRI SANGHITA KARNAD, CHANDRAPUR
 Insured Address: 24/101, Mysuru
 Insured Occupation: Others / Consultant
 Period of Policy: From 16/03/2016 To 16/03/2017

Vehicle	Class	Engine No.	Chassis No.	Make/Model	Year of Mfg
INS - 34 - A - 6885	INS	211732	41797	Maruti Suzuki Ltd / Ambition - Guard	2008

Type of Body: SPECIAL Cab
 Registration Authority: Karnataka
 Auto Association Membership No.: 281A
 Geographical Area: Extension

ENDORSEMENTS:
 1) One for hire or reward for carrying passengers for hire or reward.
 2) One for Carriage of passengers for hire or reward.
 3) One for Carriage of goods for hire or reward.
 4) One for Carriage of passengers for hire or reward.
 5) One for Carriage of goods for hire or reward.
 6) One for Carriage of passengers for hire or reward.
 7) One for Carriage of goods for hire or reward.
 8) One for Carriage of passengers for hire or reward.
 9) One for Carriage of goods for hire or reward.
 10) One for Carriage of passengers for hire or reward.
 11) One for Carriage of goods for hire or reward.
 12) One for Carriage of passengers for hire or reward.
 13) One for Carriage of goods for hire or reward.
 14) One for Carriage of passengers for hire or reward.
 15) One for Carriage of goods for hire or reward.

DECLARATIONS:
 I hereby declare that the above information is true and correct to the best of my knowledge and belief.
 Signature: _____
 Date: _____

Prudhvi
Dr. Suchita Vaidya
 Office Principal
 PBHMCH Chandrapur

(1) This endorsement does not affect the insured's liability in respect of any liability in cases where the insured holds or wishes to hold any other policy of insurance in respect of liability as herein defined for motor vehicles.

(2) The insured shall take reasonable precautions to prevent accidents and must comply with all statutory obligations.

(3) The insured shall keep records of the names of each paid driver, conductor, driver or person employed in loading and unloading and the amount of wages and salaries and other earnings paid to such employees and staff as at 15.03.2016 in respect of this policy, which shall be submitted to the insurer as and when required.

(4) In the event of the policy being cancelled at the request of the insured no refund of the premium paid in respect of this endorsement will be allowed.

Subject otherwise to the terms conditions, limitations and exceptions of the Policy except to the extent necessary to meet the requirements of the Motor Vehicles Act, 1988.

*In case of provide copy/ materialized loss vouchers (not used for loss or reward) inside the park.

CORRECTIONS

The Policy and this Schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this policy or of the Schedule shall bear the same meaning wherever it is used.

1. Notice shall be given as stated in the Company's regulations upon the occurrence of any accident and in the event of any claim. Every letter shall set out the facts and circumstances of the accident and the names of the persons concerned. Every letter shall also be sent to the Company immediately after the occurrence of any accident and in the event of any claim. Every letter shall also be sent to the Company immediately after the occurrence of any accident and in the event of any claim. Every letter shall also be sent to the Company immediately after the occurrence of any accident and in the event of any claim.
2. The policy shall apply to the use of the vehicle for the purpose of the business of the insured and for the purpose of the business of the insured.
3. The policy shall apply to the use of the vehicle for the purpose of the business of the insured and for the purpose of the business of the insured.
4. The policy shall apply to the use of the vehicle for the purpose of the business of the insured and for the purpose of the business of the insured.
5. The policy shall apply to the use of the vehicle for the purpose of the business of the insured and for the purpose of the business of the insured.

SCHEDULE OF PREMIUMS

5. Basic - 50			
TOTAL		₹	2
ADD :		₹	2
Compulsory M to Owner Drive			
11. In Paid Drive 2017-18		₹	2
Bulk Trade (AMBHAM)		₹	2
Driver TPWD		₹	2
Total Liability Premium		₹	2

REGARDED THAT IN CASE OF DISTRESSOR OF INSURANCE COMPANY, THE EMPLOYEE PROVIDED HERETO BY APPROPRIATELY MARKED "AS-INTEND".

IMPORTANT NOTICE

THE INSURED IS NOT EMPLOYED BY THE COMPANY IN THE VEHICLE IS USED OR DRIVEN OTHERWISE THAN IN ACCORDANCE WITH THE POLICY AND THE COMPANY IS NOT RESPONSIBLE FOR THE LOSS OF THE VEHICLE OR THE LOSS OF THE CONTENTS THEREIN. THE COMPANY IS NOT RESPONSIBLE FOR THE LOSS OF THE VEHICLE OR THE LOSS OF THE CONTENTS THEREIN.

And Having Carefully Checked in the event of a claim under the policy accepting ₹ 1 lakh as a claim for repair of the vehicle ₹ 2 lakh, the insured will comply with the provisions of this policy of the company. The rate policy is given according to the terms and conditions of the policy.

State of Gujarat and District: DAVUDRIS IN WITNESS WHEREOF, this policy has been signed at SO CHAROLANVA 23082 on this 15th day of 2017.

For and On behalf of United India Insurance Co. Ltd. *[Signature]* Chief Constable Attorney



ATTESTED *[Signature]* Principal

THE MS. LEGAL LIABILITY TO B. Homoeopathic Medical College & Hospital, Chandrapur.

IN CONNECTION WITH THE POLICY OF THE COMPANY AND THE COMPANY'S LIABILITY TO B. Homoeopathic Medical College & Hospital, Chandrapur.

IN CONNECTION WITH THE POLICY OF THE COMPANY AND THE COMPANY'S LIABILITY TO B. Homoeopathic Medical College & Hospital, Chandrapur.

http://pioneer.mtc.in/Configuration/Underwriting/Features/Reports/FirmPolicySchedule.ms... 15/03/2016

[Signature]
Dr. Suchita Vaidya
Office Principal
PBHMCH Chandrapur

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EXCLUSIONS - AGRICULTURAL TYPES OF VEHICLES - PACKAGE POLICY

This policy is not intended to cover any agricultural type of vehicle, including but not limited to tractors, combines, harvesters, balers, mowers, and other similar equipment, when used in agricultural operations. This exclusion applies to all policies issued under this contract.

IF THESE POLICY BENEFITS ARE SUBJECT TO THE TERMS OF ANOTHER POLICY

When a vehicle is covered by this policy and another policy, the benefits payable under this policy shall be reduced to the extent of the benefits payable under the other policy.

RIGHT TO THIRD PARTIES

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

THE COMPANY WILL NOT BE LIABLE FOR ANY CLAIM ARISING OUT OF OR IN CONNECTION WITH THE USE OF A VEHICLE COVERED BY THIS POLICY IF THE CLAIMANT IS NOT A THIRD PARTY WHO IS NOT A DRIVER, OPERATOR, OR PASSENGER IN THE VEHICLE AT THE TIME OF THE ACCIDENT.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

THE COMPANY WILL NOT BE LIABLE FOR ANY CLAIM ARISING OUT OF OR IN CONNECTION WITH THE USE OF A VEHICLE COVERED BY THIS POLICY IF THE CLAIMANT IS NOT A THIRD PARTY WHO IS NOT A DRIVER, OPERATOR, OR PASSENGER IN THE VEHICLE AT THE TIME OF THE ACCIDENT.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

INVOICING OF CERTAIN TERMS AND BENEFITS OF RECOVERY

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

THE COMPANY WILL NOT BE LIABLE FOR ANY CLAIM ARISING OUT OF OR IN CONNECTION WITH THE USE OF A VEHICLE COVERED BY THIS POLICY IF THE CLAIMANT IS NOT A THIRD PARTY WHO IS NOT A DRIVER, OPERATOR, OR PASSENGER IN THE VEHICLE AT THE TIME OF THE ACCIDENT.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

PERSONAL ACCIDENT COVER FOR:	COVERED	PERCENTAGE
Driver of the Insured	Yes	100%
Passenger in the Insured	Yes	100%
Operator of the Insured	Yes	100%
Other	No	0%

Subject to the terms, conditions and exclusions of this policy, the Company will pay to the insured the amount of any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a driver, operator, or passenger in the vehicle at the time of the accident.

Amount of Loss	Percentage of Loss	Maximum Amount
Up to \$100,000	100%	\$100,000
Over \$100,000	80%	\$200,000

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

- (1) any one accident shall be limited to the amount of the per-accident limit set forth in the schedule of coverages.
- (2) the maximum amount payable for any one accident shall be limited to the amount of the per-accident limit set forth in the schedule of coverages.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

The Company will not be liable for any claim arising out of or in connection with the use of a vehicle covered by this policy if the claimant is not a third party who is not a driver, operator, or passenger in the vehicle at the time of the accident.

ATTESTED

[Signature]
P. D. Sureshchandra Menzies Dr. Suchita Valdye
 College & Hospital, Chaudhary Office Principal
 PBHMCH Chandrapur



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Agency Office Code	Address	20002	BO CHANSHIBRAVYR	Receipt Number	1012902011511924645
			ABHISHEK NEV BHADRA 42402	Expiry Date	14.03.2016

Received with bank from NANSHEERA MANJAL CHANDRAPHY of business ID 20002 (sum of Rs 2,298.00) Three thousand two hundred ninety-eight rupees only) as per detail given hereunder.

Sl. No	Policy Number	Policy Type	Radio Button	Particulars	Total	Amount
1	200023115911544802	Miscellaneous Vehicle		Total Premium	2,298.00	2,298.00
2	200023115911544802	Miscellaneous Vehicle		Service Tax including Swachh Bharat Cess (12% 5%)	114.00	114.00
3	200023115911544802	Miscellaneous Vehicle		Education Cost	0.00	0.00
4	200023115911544802	Miscellaneous Vehicle		Higher Education Cost	0.00	0.00
Total (Rounded Off)					3,298.00	3,298.00
Stamp Duty					0.00	0.00
Bank Charges					0.00	0.00
Total Amount					3,298.00	3,298.00

Sl. No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	11523020109966236	CASH	0	0			3,298.00

Particulars: Service Tax Reimbursement Number: AAACUS/20002/3115911544802 (UNITED INDIA INSURANCE COMPANY LIMITED)



Cashier Initial
Name

1. Receipt valid subject to realization of cheque
2. Please quote policy no., collective no., and date in all correspondence.

AUTHORIZED SIGNATORY

[Handwritten Signature]

P. B. Homeopathic Medical College & Hospital, Chandrapur

[Handwritten Signature]

Dr. Suchita Valodia
Office Principal
PBHMCH Chandrapur

P.B. HOMEOPATHIC MEDICAL COLLEGE & SANMITRA HINDU MISSION
HOSPITAL & RESEARCH/CENTER CHANDRAPUR.

MEDICINE WARD

Sr. No.	Name of the Articles	Quantity
1	Iron Beds	32
2	Bed Side Lockers	18
3	I.V. Stand	7
4	Blood Transfusion Set	1
5	Rectangular Trays	2
6	B.P. Instrument	6
7	Bowls (Big & Small) Bowels	5
8	Bed pans	10
9	Urine pots Male & Female	10
10	Ice Caps	2
11	Hot Water Bottles	2
12	Ryles tube	10
13	Flatus tube	1
14	Stomach Tube	1
15	Suotion Machine	1
16	L.P.Needls	1
17	Hammer	1
18	Urobag	1
19	Vasofix	2
20	Syringes	10
21	Diagnostic Set	1
22	Infra Ray Lamp	1
23	Torches	6
24	Scissor	6
25	Sputum Mugs	2
26	Sterilizer	1
27	Dressing Drum Dressing	1
28	Enema Syringe	1
29	Scalpel	2
30	Bed Sheet	30
31	Pilo	30
32	Weight Machine	6



APL

R.M.O


Dr. Avanish Parashar
P.B.H.M.C. & H., Chandrapur.

**P.B. HOMEOPATHIC MEDICAL COLLEGE & SANMITRA HINDU MISSION
HOSPITAL & RESEARCH/CENTER CHANDRAPUR.**

ARTICLE OF SURGICLE WARD

Sr. No.	Name of the Articles	Quantity
1	Operation Table	1
2	Suction Machine	1
3	Autoclave	1
4	Drum	4
5	Artery Forceps	6
6	Allie Forceps	3
7	"C" Shape Retractor	4
8	Sponge Holding Forceps	3
9	Needle Holder	5
10	Tooth Forcep	5
11	Towel Clip	4
12	Scissor	4
13	B.P. Handle	2
14	Proctoscope	1
15	Babcock's Forceps	2
16	Introducer	1
17	Self-Retractor	4
18	B.P. Apparator Stand	10
19	Cylinder Flow Meter	2
20	Cheatle's Forceps	2
21	Dressing Tray	2
22	Trolley	4
23	Artery Chaught Forceps	7
24	Kocher's Forceps	7
25	Medicine Tray	4
26	I.V. Stand	6
27	Kidney Tray	4
28	Speculum	8
29	Baul	8
30	Instrument Cabinet	1
31	Food Step	1
32	Sterilizer	2
33	Babcock's Forceps	1
34	Mosquito Forceps	1
35	Suture Needle	2
36	X-ray box with double film	1
37	Pail Lithotomy rod	2
38	Revolving Stool	2
39	Mucus Extractor	1
40	ENTH Head Lamp	1
41	Silicon Bag (Ambu bag)	1





R.M.O
Dr. Avanish Parashar
P.B.H.M.C. & H., Chandrapur.

P. B. Homoeopathic Medical College & Hospital, Chandrapur

Department of Medicine, Surgery & Obst/Gyn

Sr. No.	Name of the Article	For 25 Beds	From 26 to 50 Beds	From 51 to 100 Beds
1	Iron beds (Simple, Surgical & Paediatrics)	25	50	10
2	Stretcher with trolley	1 in each ward	1 in each ward	1 in each ward
3	Sterillizers	2	2	2
4	B. P. Instrument	5	8	10
5	Urine posts, Male & Female	10	10	10
6	Bed Pana E.I	10	10	10
7	Tongue depressor (Disposable)	As required	As required	As required
8	Suction Machine	1	1	2
9	Suction	As required	As required	As required
10	Artery forceps, Small & big	06 each	12 each	18 each
11	Back rest	2	4	6
12	Oxygen Cylinder with stand	1 in each ward	1 in each ward	1 in each ward
13	Dressing Drums (big)	2	3	4
14	Diagnostic set (ENT)	1 in each ward	1 in each ward	1 in each ward
15	Infra-red-Lamp	1	1	1
16	Chair trolley with wheels	2	2	2
17	Refrigerator	1	1	2
18	Weighing Machine	2	4	6


 S.M.O.
 P.B.H.M.C.&H.
 3. H. M. C & H. Chandrapur


P. B. Homeopathic Medical College & Sanmitra Hindu Mission Hospital & Research Centre, Chandrapur

Indoor Homoeopathic Hospital Shall be well equipped having functional Medical, Surgical, Gynaecological and Obstetrics Wards

Sr. No.	Name of the Articals	Required	Existing	Deficient
1	Iron beds (Simple, Surgical & Pediatrics)	20	25	Nil
2	Stretcher with trolley	1 in each ward	4	Nil
3	Sterilizers	2	2	Nil
4	B. P. Instruments	5	5	Nil
5	Urine post, male and female	10	10	Nil
6	Bed pans E.I	10	10	Nil
7	Tongue depressor (Disposable)	As required	4	Nil
8	Suction Machine	1	1	Nil
9	Suction tube	As required	2	Nil
10	Artery forceps small and big	6 each	12	Nil
11	Bach rest	2	2	Nil
12	Oxygen cylinder with stand	1 in each ward	4	Nil
13	Dressing drums (big)	2	3	Nil
14	Daignostic set (ENT)	1 in each ward	3	Nil
15	Infra-red lamp	1	1	Nil
16	Chair trolly with wheels	2	2	Nil
17	Refrigerator	1	1	Nil
18	Weighing Machine	2	2	Nil


For Intake Capacity upto 60 students

Sr. No.	Particulars	Required	Existing	Deficient
1	Minimum no. of bed in In-patient Department	20	25	Nil
2	Minimum per day average number of patients in out-patient Department during last one calendar year (1:2) 365 days	125-135 (Per Day - 6909)	10 To 11	Nil
3	Minimum per day average number of patients in out-patient Department during last one calendar year (1:2) 365 days	30%	33%	Nil


 Dr. Avanish Parashar
 R.M.O

P.B.H.M.C. & H., Chandrapur




 Dr. Suchita Valoya
 Office Principal
 P.B.H.M.C. Chandrapur

P. B. Homoeopathic Medical College & Hospital, Chandrapur

Clinical Pathology Laboratory

P. B. Homoeopathic Medical College & Hospital, Chandrapur

List of Eye Department

Sr. No.	Instrument	Quantity
1	Retino Scope	1
2	Ophthalmic Scope	1
3	Magnifying Spect	1
4	Reveise Rolling Drum	1
5	Trial Frame	1
6	Trial Opthamic Lence Box	1
7	Torch	1
8	Mirror	1


S.M.O.
P. B. H. M. C. & H.
Chandrapur


Dr. Suchita Vaidya
Office Prindpai
PBHMCH Chandrapur

Health Department, Zilla Parishad, Chandrapur



महाराष्ट्र शासन

दि बॉम्बे (महाराष्ट्र) नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट १९४९ च्या कलम ५ अन्वये दिलेले रजिस्ट्रेशन सर्टिफिकेट
Certificate of Registration under Section 5 of the Bombay (Maharashtra) Nursing
Homes Registration Act, 1949

(नियम ५ अन्वये)

(Under Rule 5)

क्रमांक No. 084/23-26

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट १९४९ अन्वये डॉ. परमानंद गोपालकृष्ण
अंदनकर

यांचे आरवट ता. चंद्रपूर जि. चंद्रपूर येथील पुरुशोत्तमदास बागला
होमियोपॅथीक मेडिकल कॉलेज व हॉस्पिटल

रजिस्टर्ड केले असून सदरचे नर्सिंग होम/रुग्णालय चालविण्यास परवाना देण्यात येत आहे.

This is to certify that Dr. Parmanand Gopalkrishna has been registered under
Andankar
the Bombay Nursing Homes, Registration Act, 1949 in respect of Purushottamdas
Bagla Homeopathic Medical College & Hospital
situated at Arwat Tq. Chandrapur Dist. Chandrapur has
been authorized to carry on the said Nursing Homes.

रजिस्ट्रेशन क्र. 064/23-26	प्रसूतीसाठी	04 (चार)	कॉट्स
	Maternity	05 (Five)	Cots
रजिस्ट्रेशन दिनांक : ६/९/२०२३	इतर रुग्णांसाठी	२० (वीस)	कॉट्स
Date of Registration : 6/9/2023	Other Nursing Patients Total	20 (twenty)	Cots
ठिकाण	एकूण	२५ (पंचवीस)	
Place : Chandrapur	Total	25 (Twenty Five)	

सर्टिफिकेट दिल्याचा दिनांक Date of issue of Certificate : 09/09/23

सदरचे सर्टिफिकेट दिनांक ३१ मार्च २०२६ पर्यंत कार्यवाहीस राहील

This Certificate Shall be Valid up to 31st March 2026

Fee Paid Receipt No. RS. 17,500/-

Date : 09/09/23

563
NHR/563/23

Office of the District Health Officer

Chandrapur

07/09/23



जिल्हा आरोग्य अधिकारी
जिल्हा परिषद, चंद्रपूर

District Health Officer
Zilla Parishad, Chandrapur



जिल्हा आरोग्य अधिकारी यांचे कार्यालय
जिल्हा परिषद, चंद्रपूर

E-Mail Id : dhocha@gmail.com, Website : https://tpchandrapur.maharashtra.gov.in



क्रमांक/आरोग्य/ न. हो. रजि. १२४४/२०२३
दिनांक ०५/०९/२०२३

प्रती,

डॉ. परमानंद गोपालकृष्ण अंदनकर
पुरुषोत्तमदास बागला होमियोपॅथीक
मेडीकल कॉलेज व हॉस्पिटल
आरवट, ता. चंद्रपूर जि. चंद्रपूर

विषय :- आपले रुग्णालयाच्या नोंदणीबाबत.

- संदर्भ :- १) आपला अर्ज दिनांक ०६/१२/२०२२ अर्ज
२) तालुका आरोग्य अधिकारी, चंद्रपूर यांचे पत्र क्र./ आरोग्य/वा.न. हो. रजि./१११/२०२३
दिनांक ३०/०८/२०२३ अर्ज प्राप्त दि. ०६/०९/२०२३
३) सार्वजनिक आरोग्य विभाग क्र. शुनोज-२०१८/१७६/प्र. क्र. ६०४/कु. क.,
दिनांक १३/०८/२०१९

उपरोक्त संदर्भांमध्ये आपणास कळविण्यात येते की, आपल्या आरवट ता. चंद्रपूर जि. चंद्रपूर येथील पुरुषोत्तमदास बागला होमियोपॅथीक मेडीकल कॉलेज व हॉस्पिटल ची तात्पुरत्या स्वरूपात नोंदणी करण्यात आली असून आपला नोंदणी क्रमांक ०८४/२३-२६ आहे. नोंदणी प्रमाणपत्र यासोबत आपणांस देण्यात येत आहे.

तरी तीन वर्ष कालावधीसाठी २५ बेडस करिता नोंदणी फी ची रक्कम १५,०००/- व एकसरे करिता २,५००/- असे एकूण १७,५००/- या कार्यालयाच्या बँक खात्यामध्ये रक्कम जमा करण्यात यावी किंवा चेक द्वारे भरणा करण्यात यावा.

या विभागातील अधिकारी शुश्रूषागृहाची वर्षातून २ वेळा आपले रुग्णालयाचे तपासणी करेल. त्यावेळी आढळलेल्या बाबीनुसार नोंदणीमध्ये बदल वा आवश्यक कार्यवाही होई शकते, याची नोंद घ्यावी.

जिल्हा आरोग्य अधिकारी
जिल्हा परिषद चंद्रपूर

प्रतिलिपी,

- १) तालुका आरोग्य अधिकारी, तालुका चंद्रपूर
- २) श्री सचिन अरविंद हिरानी, रोखपाल, आरोग्य विभाग, जि. प. चंद्रपूर

जिल्हा आरोग्य अधिकारी
जिल्हा परिषद चंद्रपूर



Dr. Suchita Valoya
Office Principal
PBHMCH Chandrapur

सन १९४९ च्या वि. बाब्ये नर्सिंग होम रजिस्ट्रेशन अक्टच्या कलम ५ अन्वये दिलेले रजिस्ट्रेशन सर्टीफिकेट

**Certificate Of Registration under Section 5 of the Bombay
Nursing Homes Registration Act, 1949**

(नियम ५ अन्वये)

(Under Rule 5)

क्रमांक No. 084/23-25

वि. बाब्ये नर्सिंग होम रजिस्ट्रेशन अक्ट १९४९ अन्वये डॉ. परमानंद गोपालकृष्ण अंदनकर यांचे आरवट ता. चंद्रपुर जि. चंद्रपुर येथील पुरुषोत्तमदास बागला होमियोपॅथीक मेडीकल कॉलेज व हॉस्पिटल रजिस्टर केले असून सवरचे रुग्णालय चालविण्यास परवाना देण्यात येत आहे.

This is to certify that Dr. Parmanand Gopalkrushna Andankar has been registered under Bombay Nursing Homes, Registration Act, 1949 in respect of Purushottamdas Bagla Homoeopathic Medical College & Hospital Situated at Arwat Tq. Chandrapur Dist. Chandrapur has been authorized to carry on the said Nursing Homes.

रजिस्ट्रेशन क्र. ०८४/२३-२६

प्रसूतीसाठी ०५ (पाच) कॉट्स
Maternity 05 (Five) cots

रजिस्ट्रेशन दिनांक : ०६/०९/२०२३
DATE OF REGISTRATION : 06/09/2023

इतर रुग्णांसाठी २० (बिस) कॉट्स
Other Nursing Patients 20 (Twenty) cots
Total 25 (Twenty Five) cots

जिल्हाण Place : Chandrapur

सर्टिफिकेट दिल्याचा दिनांक Date of issue of CERTIFICATE : ०७/०९/२३
सवरचे सर्टिफिकेट दिल्याचा दिनांक ३१ मार्च २०२६ पर्यंत कार्यवाहीस राहिल
This Certificate shall be valid up to 31 st Marh 2026
Fee paid Receipt No. १९, १७, ५००५
Date- ०७/०९/२३

१०. HEALTH ACCOUNTS NHR/१६९/२३
Office of the District Health Officer
Zilla Parishad Chandrapur
Dated ०७/०९/२३

जिल्हा आरोग्य अधिकारी
जिल्हा परिषद चंद्रपुर
District Health Officer
Zilla Parishad, Chandrapur



Dr. Suchita Valoye
Office Principal
BHMCH Chandrapur



Maharashtra Pollution Control Board
महाराष्ट्र प्रदूषण नियंत्रण बोर्ड

SUPERB HYGIENIC DISPOSALS (I) PVT LTD



SUPERB
HYGIENIC DISPOSALS
(INDIA) PVT. LTD.

Reg Off. - C.J. Forever, Plot No. 50-A,
4th Floor, Central Bazar Road,
Bajaj Nagar, Nagpur - 440010
Email : info@superbgroup.in

Unique Registration No. 77022023000152143



Registration Certificate



Outward No. : SHD/23-24/000644

Date: 02-Apr-2024

This is to certify that P.B. HOMOEOPATHIC MEDICAL COLLEGE & SANMITRA HINDU MISSION HOSPITAL, RESEARCH CENTER CHANDRAPUR, PATHANPURA GATE, MARDA ROAD, CHANDRAPUR - is registered with SUPERB HYGIENIC DISPOSALS (I) PVT LTD, CHANDRAPUR 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)	P.B. HOMOEOPATHIC MEDICAL COLLEGE & SANMITRA HINDU MISSION HOSPITAL, RESEARCH CENTER CHANDRAPUR
2. Bombay Nursing Home Act Registration Details	
a. BNH Registration Number	084/23-26
b. BNH Issue Date	07-Sep-2023
c. Total Number of Beds	25
d. BNH Validity(Form 'C')	31-Mar-2026
3. Common Treatment Facility Registration Details	
a. Date of Registration	11-Nov-2022
b. No. of Beds Registered	25
c. Registration Validity	31-Mar-2025
4. Renewal of CTF Membership(if applicable)	
a. Renewal Date	31-Mar-2025
b. No. of Beds Registered	25
5. MPCB Consent (Establish/ 1 st Operate/Renewal) Details	
a. Consent/ CCA Number	FORMAT 1.0/SRO/UAN NO.0000154379/ CO/2301000966
b. Issue Date	11-Jan-2023
d. Validity up to	30-Nov-2028

Suchita
Dr. Suchita Valdya
Office Principal
BHMCH Chandrapur

[Signature]
For SUPERB HYGIENIC DISPOSALS (I)
PVT LTD

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

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 07172-272410
Fax: 07172-272410
Website: <http://mpcb.gov.in>
Email:
srochandrapur@mpcb.gov.in

Udyog Bhavan, 1st
Floor, Opp. Bus Stand,
Railway Station
Road, Chandrapur-442401

ORANGE/S.S.I
No:- Format1.0/SRO/UAN
No.0000154379/CO/2301000966

Date: 11/01/2023

To,
Purushottamdas Bagla Homoeopathic College and
Hospital
S. No. 11, Marda Road, At. Arwat, Tal. & Dist.
Chandrapur



Sub: Combined Consent and BMW Authorization.

Ref: Your application for Combine Consent and Bio-Medical Authorization vide no. MPCB-CONSENT-0000154379 dated 28 November 2022.

Combined Consent to Operate and BMW Authorization.

For: Under Section 26 of the Water (Prevention & Control of Pollution) Act, 1974 & under Section 21 of the Air (Prevention & Control of Pollution) Act, 1981 and Authorization under Rule 6 of the Hazardous & Other Wastes (Management & Transboundary Movement) Rules 2016 and Bio-Medical Waste Management Rules, 2016 and amendment thereof is considered and the consent is hereby granted subject to the following terms and conditions and as detailed in the schedule I, II, III & IV annexed to this order:

- The Combined Consent to Operate and BMW authorization is granted upto: 30.11.2028**
- The capital investment of the project is Rs.0.3242 Crs. (As per C.A Certificate submitted by industry).**
- The Consent is valid for the Activity of**

Sr No	Activity	Quantity	UOM
1)	Hospital		
a)	Beds	25	Nos
b)	Total Plot Area	8000.00	Sq.Mtrs
c)	Total Built up Area	40000.00	Sq.Mtrs

- Conditions under Water (P&CP) Act, 1974 for discharge of effluent:**

Sr No	Description	Permitted (in CMD)	Standards to Acheive	Disposal
1.	Trade effluent	0	As per Schedule -I	0
2.	Domestic effluent	7.0	As per Schedule - I	2.0

- Conditions under the Air (P& CP) Act, 1981 for air emissions:**

Sr.No	Description of stack / source	Number of Stack	Standards to be achieved
1	NA	1	As per Schedule -II

- Conditions under Hazardous & Other Wastes (M & T M) Rules 2008 for treatment and disposal of hazardous waste:**

Sr No	Type of Waste	HW Category	Quantity	UoM	Treatment	Disposal
1		NA	0	--NA--	NA	NA

7. Conditions about Non Hazardous Wastes:

Sr No	Type of Waste	Quantity	UoM	Treatment	Disposal
1	NA	0	--NA--	NA	NA

8. Treatment and Disposal of Biomedical Waste generated to CBMWTSDF:

Sr.No	Category	Type of Waste	Quantity not to exceed (Kg/M)	Segregation Color coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	1.00	Yellow colored non-chlorinated plastic bags or containers	CBMWTSDF
		b) Soiled Waste	5.00		
		c) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	2.00		
		d) Microbiology Biotechnology and other clinical laboratory waste	1.00		
2	Red	Contaminated waste (Recyclable)	1.00	Red colored non chlorinated plastic bags or containers	CBMWTSDF
3	White (Translucent)	Waste sharps including Metals	1.00	Puncture proof, Leak proof, tamper proof container	CBMWTSDF
4	Blue	a) Glassware	1.00	Puncture proof & leak proof boxes or containers with blue colored marking.	CBMWTSDF
		b) Metallic body implants	1.00		

9. PP shall comply the following guidelines published by the CPCB on February-2019 regarding handling of BMW for utilization

- HCE shall preferably handover Bio-medical wastes such as pleural fluid, ascetic fluid, HBsAG positive blood, placenta etc. to the Pharmaceutical industry / Biotechnology firms for production of drugs, reagent chemicals, markers etc. If any such as Pharmaceutical industry / Biotechnology firm approaches them for the same. If there are any difficulties in the matter, the same may be communicated to such firm and copied to the board also.
- HCE shall strictly follow the procedure for packaging & transportation of Bio-medical Wastes such as pleural fluid, ascetic fluid, HBsAG positive blood, placenta etc. to the Pharmaceutical industry / Biotechnology firms as per the guidelines of CPCB published in Feb-2019 for "Handling of BMW for utilization".
- HCEs shall submit the report to the Board office about type, quantity and frequency of handling over such BMW on yearly basis.
- Industry to enter into legal agreement with HCE's and inform the MPC Board and competent authority of State Public Health Department about such collection of BMW along with quantity and type of waste collected.
- In case of any technical difficulty towards handing over the required BMW, you shall inform to the Board accordingly.
- HCEs shall properly dispose and handover the waste to authorised user / facilities having valid consent to operate from MPCB.

10. This consent is issued subject to conditions mentioned below:

Dr. Suchita Valdya
Dr. Suchita Valdya
Office Principal

ABMCH Chandrapur

- a. The "authorized Person" shall comply with provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
 - b. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this Authorization.
 - c. You shall submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs generated in the Cancer centers, research and health care in the format prescribed by CPCB which is available on www.cpcb.nic.in alongwith Annual Report to MPCB with a copy to CPCB before 31st January every year.
 - d. You shall manage the Mercury Waste in the HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per CPCB guidelines published on CPCB website www.cpcb.nic.in dated: 07.09.2010 as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities"?
 - e. You shall ensure phase out of chlorinated plastic bags, gloves and blood bags by HCEs within two years.
 - f. You shall establish Bar code system within one year.
 - g. You shall ensure that the liquid waste is treated and disposed by all the occupier or operator of a CBWTF in accordance with the Water Act, 1974;
 - h. You shall maintain day to day basis and display the monthly record Including Annual report on its website within two years from the date of Notification.
 - i. You shall submit separate Bank Guarantees towards compliance of condition mentioned at Annexure - IV to Regional Office, within 30 days.
 - j. You shall submit compliance of Bank Guarantee conditions every six months to Regional Officer, for verification purpose.
 - k. You shall submit application for renewal of Combined Consent and Biomedical Waste authorization before 120 days along with appropriate fees.
11. This Board reserves the right to review, amend, suspend, revoke etc. this consent and the same shall be binding on the industry.
 12. This consent should not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies.



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Signed by: Atul Satfale
Sub Regional Officer
For and on behalf of
Maharashtra Pollution Control Board
srochandrapur@mpcb.gov.in
2023-01-11 15:57:31 IST

Received Consent fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	7500.00	TXN2211003914	28/11/2022	Online Payment

Fees of Rs. 1500/- remains balance with MPCB which shall be considered at the time of next renewal

Copy to:

1. Regional Officer, MPCB, Chandrapur for information.
2. Chief Accounts Officer, MPCB, Sion, Mumbai

Dr. Suchita Vaidya
Office Principal
BHMCH Chandrapur

SCHEDULE-I

Terms & conditions for compliance of Water Pollution Control:

1. A) Generation - Nil
B) Treatment - NA
C) Disposal - NA
2. A)
B) Industry shall comply prescribed standards & disposal path as prescribed at Sr. No. 1 B & C of schedule I.
3. The Board reserves its rights to review plans, specifications or other data relating to plant setup for the treatment of waterworks for the purification there of & the system for the disposal of sewage or trade effluent or in connection with the grant of any consent conditions. The Applicant shall obtain prior consent of the Board to take steps to establish the unit or establish any treatment and disposal system or an extension or addition thereto.
4. The industry 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.
5. The Applicant shall comply with the provisions of the Water (Prevention & Control of Pollution) Act, 1974 and as amended, by installing water meters and other provisions as contained in the said act:

<i>Sr. No.</i>	<i>Purpose for water consumed</i>	<i>Water consumption quantity (CMD)</i>
1.	Industrial Cooling, spraying in mine pits or boiler feed	0.00
2.	Domestic purpose	7.00
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	0.00
4.	Processing whereby water gets polluted & pollutants are not easily biodegradable and are toxic	0.00
5.	Gardening	0

6. The Applicant shall provide Specific Water Pollution control system as per the conditions of EP Act, 1986 and rule made there under from time to time/ Environmental Clearance/ CREP guidelines.


Dr. Suchita Valdya
Office Principal
BHMCH Chandrapur

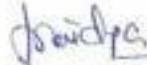
SCHEDULE-II

Terms & conditions for compliance of Air Pollution Control:

1. As per your application, you have provided the Air pollution control (APC) system and erected following stack (s) to observe the following fuel pattern:

Stack No.	Stack Attached To	APC System	Height in Mtrs.	Type of Fuel	Quantity & UoM	S%	SO ₂
NA	NA	NA	0	NA	0 --NA--	0.00	0.00

2. The applicant shall provide stack height of mtrs operate and maintain above mentioned air pollution control system, so as to achieve the level of pollutants to the following standards:
3. The Applicant shall obtain necessary prior permission for providing additional control equipment with necessary specifications and operation thereof or alteration or replacement/alteration well before its life come to an end or erection of new pollution control equipment.
4. 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, other in whole or in part is necessary).
5. Conditions for D.G. Set
- Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically.
 - Industry should provide acoustic enclosure for control of noise. The 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.
 - Industry should make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
 - Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
 - 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.
 - D.G. Set shall be operated only in case of power failure.
 - The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.
 - The applicant shall comply with the notification of MoEF dated 17.05.2002 regarding noise limit for generator sets run with diesel.


Dr. Suchita Valdyia
Office Principal
MCH Chandrapur

**SCHEDULE-III
Details of Bank Guarantees:**

Sr. No.	Consent(C2E/C2O/C2R)	Amt of BG Imposed	Submission Period	Purpose of BG	Compliance Period	Validity Date
NA						

** The above Bank Guarantee(s) shall be submitted by the applicant in favour of Regional Officer at the respective Regional Office within 15 days of the date of issue of Consent.
Existing BG obtained for above purpose if any may be extended for period of validity as above.

Statement of conditions to be complied and Bank Guarantee imposed to ensure timely compliance to be observed by:

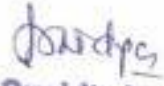
Sr.No	Activity / Condition to be Complied	Compliance Timeline(Months)	Bank Guarantee Amount
1A	Operation and Maintenance		
1	To Segregate and Handle BMW as per Rule	Continuous	Rs. 25,000/-
2	Towards Operation and Maintenance of STP/ETP to achieve prescribed discharge standards	Continuous	Rs. 25,000/-
1B	Records		
1	To Maintain records of BMW and submission of Annual Report in Form -II before 31st January	Continuous	Rs. 15,000/-
2	To maintain records of BMW material delivered to CBMWTSDF	Continuous	Rs. 10,000/-
2	Performance		
1	To provide BMW separate storage facility as per guidelines of CPCB	Continuous	Rs. 25,000/-
2	Effluent Treatment Plant not provided/needs upgradation	Continuous	Rs. 50,000/-

BG Forfeiture History

Srno.	Consent (C2E/C2O/C2R)	Amount of BG imposed	Submission Period	Purpose of BG	Amount of BG Forfeiture	Reason of BG Forfeiture
NA						

BG Return details

Srno.	Consent (C2E/C2O/C2R)	BG imposed	Purpose of BG	Amount of BG Returned
NA				


Dr. Suchita Valdya
 Office Principal

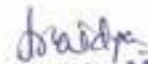
SCHEDULE-IV

General Conditions:

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. You should monitor effluent quality, stack emissions, noise and ambient air quality quarterly
3. You shall provide ports in the chimney/(s) and facilities such as ladder, platform etc. for monitoring the air emissions and the same shall be open for inspection to/and for use of the Board's Staff. The chimney(s) vents attached to various sources of emission shall be designated by numbers such as S-1, S-2, etc. and these shall be painted/ displayed to facilitate identification.
4. Whenever due to any accident or other unforeseen act or even, 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, office of Directorate of Health Services, Department of Explosives, Inspectorate of Factories and Local Body. In case of failure of pollution control equipments, the production process connected to it shall be stopped.
5. 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 production to abide by terms and conditions of this consent.
6. You shall submit, the Environmental Statement Report for the financial year ending 31st March in the prescribed Form-V as per the provisions of rule 14 of the Environment (Protection) (Second Amendment) Rules, 1992 to Regional Office, , the 30th day of September every year.
7. You shall recycle/reprocess/reuse/recover Hazardous Waste as per the provision contain in the HW (MH&TM) Rules 2008, which can be recycled /processed /reused /recovered and only waste which has to be incinerated shall go to incineration and waste which can be used for land filling and cannot be recycled/reprocessed etc should go for that purpose, in order to reduce load on incineration and landfill site/environment.
8. You shall comply with the Hazardous Waste (M, H & TM) Rules, 2008 and submit the Annual Returns to RO- as per Rule 5(6) & 22(2) of Hazardous Waste (M, H & TM) Rules, 2008 for the preceding year April to March in Form-IV by 30th June of every year.
9. An inspection book shall be opened and made available to the Board's officers during their visit to the HCE.
10. You shall strictly comply with the Water (P&CP) Act, 1974, Air (P&CP) Act, 1981 and Environmental Protection Act, 1986 and industry specific standard under EP Rules 1986 which are available on MPCB website (www.mpcb.gov.in).
11. You shall constitute an Environmental cell with qualified staff/personnel/agency to see the day to day compliance of consent & authorization condition towards Environment Protection.
12. 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.
13. Neither storm water nor discharge from other premises shall be allowed to mix with the effluents from the HCE.

14. 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.
15. You should not cause any nuisance in surrounding area.
16. 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.
17. You shall maintain good housekeeping.
18. You shall bring minimum 33% of the available open land under green coverage/ plantation. The applicant shall submit a yearly statement to Regional Office 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 by September end.
19. The non-hazardous solid waste arising in the factory 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.
20. You shall not change or alter the quantity, quality, the rate of discharge, temperature or the mode of the effluent/emissions or hazardous wastes or control equipments provided for without previous written permission of the Board. You will not carry out any activity, for which this consent has not been granted/without prior consent of the Board.
21. You shall submit Six Monthly statement in respect of obligation towards consent and pollution control compliance's duly supported with documentary evidences (format can downloaded from MPCB official site).
22. You shall submit official e-mail address and any change will be duly informed to the MPCB, forthwith.
23. You shall achieve the National Ambient Air Quality standards prescribed vide Government of India, Notification dtd. 16.11.2009 as amended
24. You shall observe provisions of E-waste (Management and Handling) Rules 2011 and Battery Waste (Management and Handling) Rules 2001, as amended.

This certificate is digitally & electronically signed.


Dr. Suchita Valdyia
Office Principal
MCH Chandrapur



MAHARASHTRA

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NOTARIAL REGISTRAR
ENTRY NO... 184/23 ZW 097322
DATE... 17.6.23

Memorandum of Understanding BETWEEN

Party No. 1 Dr. Kuber Manoharrao Kotpalliwar, Director of Dr. Kuber's Multispeciality Hospital, Bhanapeth Ward, Chandrapur, hereinafter called the DR. KUBER'S SHRI SAI DIVINE CURE MULTISPECIALITY HOSPITAL, and

Party No. 2 Principal, Purushottamdas Bagla Homoeopathic Medical College & Sanmitra Hindu Mission Hospital & Research Centre, Chandrapur hereinafter called the PBHM COLLEGE

PURPOSE OF AGREEMENT

The PBHMC COLLEGE runs a Homoeopathic Medical College under the Sanmitra Mandal, Chandrapur affiliated to Maharashtra University of Health Science, Nashik & Central Council of Homoeopathy & Ministry of AYUSH. For the purpose of investigation & diagnosis of OPD & IPD Patients of PBHMC Hospital since 05/04/2022 & current also under the strict supervision of concerned faculty of P.B.Homoeopathic Medical College & Hospital. A memorandum of understanding is being signed between the DR. KUBER'S SHRI SAI DIVINE CURE MULTISPECIALITY HOSPITAL, CHANDRAPUR and Purushottamdas Bagla Homoeopathic Medical College & Sanmitra Hindu Mission Hospital & Research Centre, Chandrapur.

आदिपत्र- २

...का प्रकार/अनुच्छेद क्रमांक _____ DR Kuber
 दस्त नोंदणी करणार आदींच का _____
 नोंदणी होणार असल्यास _____
 मुख्य निर्वाचक मार्कांछायाचे नाव _____
 निळकणीचे स्थान _____
 मोसदला रकम _____
 मुद्रांक दिवस घेणाऱ्याचे नाव प्रिन्सिपल डी.बी.एच. मॅडिकल कॉलेज
 हुक्मा घडकायचे नाव _____ मि. उमेश
 हुक्मे असल्यास रकमेचे नाव _____
 मुद्रांक शुल्क रक्कम 100/-
 मुद्रांक दिवस नोंद वही क्र. 592 दिनांक 25/04/2022
 मुद्रांक विकत घेणाऱ्याची राशी _____
 देवराव आचळे, स्टॅमप विज्ञान, चंद्रपूर...
 ०४०६१ ०९१४८०९०७०० मॉडी

TERMS OF AGREEMENT

DR. KUBER'S SHRI SAI DIVINE CURE MULTISPECIALITY HOSPITAL runs a super speciality hospital nearby the PBHM college, & has all the facilities required for investigation for the patients of OPD & IPD.

2. That the above named highly reputed DR. KUBER'S SHRI SAI DIVINE CURE MULTISPECIALITY HOSPITAL is situated at Bhanapeth Ward, Chandrapur & is nearby (within 2 kms) the P.B.Homoeopathic medical College
3. That the DR. KUBER'S SHRI SAI DIVINE CURE MULTISPECIALITY HOSPITAL offers special facilities in Radiology & Sonography.
4. That as per the requirements of the Central Council of Homoeopathy & Ministry of Ayush

DR. KUBER'S SHRI SAI DIVINE CURE MULTISPECIALITY HOSPITAL for the Period of 5 years provides its super speciality in investigation of Sonography for the patients of OPD & IPD of PBHMC & Hospital

5. That the Patients of OPD & IPD of PBHMC Hospital are sent for the purpose of investigation in sonography.
6. That the consernred faculty of the PBHMC College shall comply with all the Rules & Regulations of the DR. KUBER'S SHRI SAI DIVINE CURE MULTISPECIALITY HOSPITAL as Prescribe from time to time.
7. That the agreement shall be revoked with six months clear notice for any reasons specified by either or both parties.

Date : 5/04/2022
Place: Chandrapur



Kuber

Party No. 1
Director
(Dr. Kuber M. Kotpalliwar)

Umesh
Principal

Party No. 2
Principal
P. B. Homoeopathic Medical College & Hospital, Chandrapur
(Dr. Umesh V. Madyaswar)
PBHMC Chandrapur.

Authenticated & Attested

Dr. Kuber



महाराष्ट्र MAHARASHTRA

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Memorandum of Understanding BETWEEN

Party No. 1 Dr. Rohan Ainchwar, Director of CHL Multispeciality Hospital & Research Centre Chandrapur, Opposite Adarsh Petrol Pump, Sarkar Nagar, Mul Road, Chandrapur hereinafter called the DR. ROHAN AINCHWAR, CHL MULTISPECIALITY HOSPITAL & RESEARCH CENTRE and

Party No. 2 Principal, Purushottamdas Bagla Homoeopathic Medical College & Sanmitra Hindu Mission Hospital & Research Centre, Chandrapur hereinafter called the P.B.H.M. COLLEGE, CHANDRAPUR.

PURPOSE OF AGREEMENT

The P.B.H.M.COLLEGE runs a Homoeopathic Medical College under the Sanmitra Mandal, Chandrapur affiliated to Maharashtra University of Health Science, Nashik & Central Council of Homoeopathy & Ministry of AYUSH. For the purpose of investigation & diagnosis of OPD & IPD Patients of PBHMC Hospital since 21/03/2024 & current also under the strict supervision of concerned faculty of P.B.Homoeopathic Medical College & Hospital A memorandum of understanding is being signed between the DR. ROHAN AINCHWAR, CHL MULTISPECIALITY HOSPITAL & RESEARCH CENTRE, CHANDRAPUR and Purushottamdas Bagla Homoeopathic Medical College & Sanmitra Hindu Mission Hospital & Research Centre, Chandrapur.

जोडपत्र -2

दस्तावेज क्रमांक / अनुसंधान क्रमांक _____
 दस्त बंधिणी काठमाडौं उपत्यका _____
 बौद्धिक संपत्ति अधिकार _____
 दस्तावेज विवरण/कार्यवाही क्रमांक _____
 विक्रेता/दाता का नाम _____
 मालिकता का प्रकार _____
 मूल्य/किराया/संयोजित रूप से _____
 दस्तावेज प्राप्त/पंजीयन क्रमांक _____
 हस्त लिखित/मुद्रित रूप से _____
 गुणवत्ता का प्रकार _____
 मूल्य/किराया/संयोजित रूप से _____
 मूल्य/किराया/संयोजित रूप से _____
 दस्तावेज प्राप्त/पंजीयन क्रमांक _____
 मुद्रांक क्रमांक/दिनांक _____
 मुद्रांक क्रमांक/दिनांक _____
 मुद्रांक क्रमांक/दिनांक _____
 मुद्रांक क्रमांक/दिनांक _____
 मुद्रांक क्रमांक/दिनांक _____
 मुद्रांक क्रमांक/दिनांक _____
 मुद्रांक क्रमांक/दिनांक _____

करीबनामा

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TERMS OF AGREEMENT

1. The DR. ROHAN AINCHWAR, CHL MULTISPECIALITY HOSPITAL & RESEARCH CENTRE, CHANDRAPUR runs a super speciality hospital nearby the PBHM college, & has all the facilities required for investigation for the patients of OPD & IPD.
 2. That the above named highly reputed DR. ROHAN AINCHWAR, CHL MULTISPECIALITY HOSPITAL & RESEARCH CENTRE, CHANDRAPUR is situated at Opposite Adarsh Petrol Pump, Sarkar Nagar, Mul Road, Chandrapur & is nearby (within 5 kms) the P. B. Homoeopathic Medical College, Chandrapur.
 3. That the DR. ROHAN AINCHWAR, CHL MULTISPECIALITY HOSPITAL & RESEARCH CENTRE, CHANDRAPUR offers special facilities in Radiology & Sonography.
 4. That as per the requirements of the Central Council of Homoeopathy & Ministry of Ayush
- DR. ROHAN AINCHWAR, CHL MULTISPECIALITY HOSPITAL & RESEARCH CENTRE, CHANDRAPUR for the Period of 5 years provides its super speciality in investigation of Sonography for the patients of OPD & IPD of PBHMC & Hospital
5. That the Patients of OPD & IPD of PBHMC Hospital are sent for the purpose of investigation in sonography.
 6. That the consenrned faculty of the PBHMC College shall comply with all the Rules & Regulations of the DR. ROHAN AINCHWAR, CHL MULTISPECIALITY HOSPITAL & RESEARCH CENTRE, CHANDRAPUR as Prescribe from time to time.
 7. That the agreement shall be revoked with six months clear notice for any reasons specified by either or both parties.

Date : 21/03/2024

Place : Chandrapur

Rohan Ainchwar

Party No. 1
Director

(Dr. Rohan Ainchwar)

Dr. Rohan V. Ainchwar

M.D. (Medicine); D.M. (Cardiology)

Umesh V. Madyaswar

Principal

Party No. 2
P. B. Homoeopathic Medical College
Principal Chandrapur
(Dr. Umesh V. Madyaswar)
PBHMC Chandrapur.



महाराष्ट्र MAHARASHTRA

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Notarial Regr

Entry No 1583

Date 11/12/2023



Memorandum of Understanding

BETWEEN

Party No. 1. Fr BibinThekkekara ,Director Christ Multispecialty Hospital, Chandrapur runs under Diocese of Chanda at Jyoti Nagar Tukum, Chandrapur

Party No 2 Principal, Purushottamdas Bagla Homoeopathic Medical College & Hospital, Chandrapur hereinafter called P.B.H.M.C & H , Chandrapur

PURPOSE OF AGREEMENT

The P.B.H.M.C & H, Chandrapur runs a Homoeopathic Medical College under Sanmitra Mandal, Chandrapur affiliated to Maharashtra University of Health Sciences, Nashik & National Commission for Homoeopathy & Ministry of AYUSH. For the purpose of referring the patient ,investigation and diagnosis of OPD & IPD Patients ,for posting the Internees for internship programme and practical class of students of PBHMC & Hospital Chandrapur since 01/01/2025¤t also the under the strict supervision of concerned faculty of P B Homoeopathic Medical College & Hospital .A memorandum of understanding is being signed between Fr. Bibin Thekkekara ,Director Christ Multispecialty Hospital, Chandrapur runs under Diocese of Chanda at Jyoti Nagar Tukum, Chandrapur And Principal, Purushottamdas Bagla Homoeopathic Medical College & Hospital, Chandrapur .

जोडात्र -2

दस्तावा प्रकार / अनुच्छेद क्रमांक करारनामा
 दस्त बोरणी करणार आहेत का _____
 सादरी होणार असल्यास _____
 दस्तान विरोधक कार्यालयचे नाव _____
 लिळकतीचे पणल _____
 गीवदला रवळन _____
 मुद्रांक विकत घेणाऱ्याचे नाव सी-के एच-एमसी-पट्टर
 दस्ताना प्रकाशने नाव _____
 हस्त असल्यास स्थाने नाव _____
 मुद्रांक शाला स्थान _____
 मुद्रांक विकत घेणारी अनु. क्र. 1001 दिनांक _____
 मुद्रांक विकत घेणाऱ्याची सती 339
 वेवराव आवले स्ट्रीट सिडोसा, चंद्रपूर
 जेला प.क्र. 1061, 01 क.क्र. 1801010

2 JAN 2025

TERMS OF AGREEMENT

1. The Christ Multispecialty Hospital, Chandrapur runs a super specialty hospital nearby the PBHM College & all facilities required for investigation for the patients of OPD & IPD.
2. That the above name highly reputed The Christ Multispecialty Hospital, Chandrapur is situated at Jyoti Nagar Tukum, Chandrapur & is nearby (within 5 kms) the P.B. Homoeopathic Medical College Chandrapur.
3. That the Internees of PBHMC & Hospital are sent for the purpose of their posting during Compulsory internship programme in Medicine, Surgery, Ob/Gy and Paediatric departments.
4. That the students of PBHMC & Hospital are sent for the purpose of Practical classes.
5. That the concerned faculty of the PBHM College shall comply with all the Rules & Regulations of the Christ Multispecialty Hospital, Chandrapur prescribed from time to time.
6. That the agreement shall be revoked with six months clear notice for any reasons specified by either or both parties.

Date:

Place: Chandrapur

[Signature]

Party No.1

CHRIST HOSPITAL

Director

Jyoti Nagar, Tukum

Fr. Bibin Thekkekara

Christ Multispecialty Hospital, Chandrapur

[Signature]

Party No.2

Dr. Suchita Vaidya
Office Principal
PBHMC Chandrapur

Principal

Dr. Suchita Vaidya

P.B. Homoeopathic Medical College
& Hospital, Chandrapur



SIGNED BEFORE ME

Mrs. M. G. Ambade, Advocate