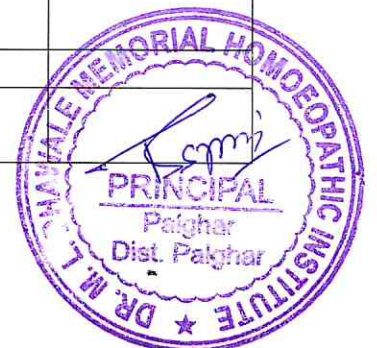


**Part II – Hospital Details**  
**Availability of the area in sq.mt as per Bed Strength (UG/PG) & MES-2024**

Sr.No	Hospital Details Infrastructure		Details on College Website	Remark
1	Name of Hospital	Dr. M.L. Dhawale Memorial Trust Hospital	Yes	
2	Registration details with Renewal (Copy Attached)	Registration on 1/8/2023 valid up 31/3/2026 Renewal in Process (Annexure – 6)	Yes	
3	Bed Strength – ward distribution – As per MSR and Intake capacity	Medicine – 18 (50%) Paediatrics – 4 (10%) Surgery – 7 (20%) Obstetrics & Gynecology – 7(20%)	Yes	
4	Hospital Infrastructure Administration block OPD/IPD details Operation Theater unit Yoga/Physiotherapy rehabilitation Unit Central Clinical Laboratory Radiology and Sonography Section Hospital Kitchen Hospital Stores Clinical Teaching Room Skill Laboratory Peripheral OPD	Annexure-III Total 210 Sq mtr 47 sq.mtr  Total 38 sq. mtr Total 46 Sq.mtr  80 sq. mtr. 50 sq. mtr. Available Total 38 sq. mtr 6	Yes	
5	Ambulance Facility (Own/MOU)	Own	Yes	
6	Dispensing Unit	Well Furnished Separate Dispensaries for Out Door Departments with sufficient stock of drugs	Yes	
7	Hospital equipment as per MSE - 2024 in OPD /IPD	Annexure-7		
8	MOU with super specialty Hospital for clinical training of student and its functional upload the details	(Annexure – 8)		
9	First Aid kit in OPD/IPD	Available in each OPD IPD		
10	BMW Certificate (Valid upto 31/03/2027) (Copy Attached)	Annexure – 9 ) Renewal pending		
11	MPCB Certificate (Valid upto 31/05/2027) (Copy Attached)	(Annexure – 10 )	Yes	
12	Fire NOC	(Annexure – 11 )	Yes	
13	EMERGENCY Unit		Yes	
14	Alcohol License / Sprit License (Valid Upto-----)Copy Attached	NA		





सार्वजनिक आरोग्य विभाग  
जिल्हा शल्य चिकित्सक  
जिल्हा रुग्णालय, पालघर, जि. पालघर.

प्रपत्र - सी  
(नियम ५ अन्वये)

बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्ट १९४९ चे कलम ५ अन्वये नोंदणी प्रमाणपत्र

प्रमाणपत्र देण्यात येते की, दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्ट १९४२ अन्वये

डॉ. श्री. / श्रीमती एम. एम्. ढवळे मेमोरियल इन्सॅल्ट्रीटल पालघर..... यांचे.

डॉ. एम्. एम्. ढवळे मेमोरियल इन्सॅल्ट्रीटल पालघर..... येथील नर्सिंग होम/मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम व मॅटर्निटी होम चालविण्यास परवानगी देण्यांत येत आहे.

नोंदणी क्र. - १८५१३८/२०१७

प्रसुतीच्या रुग्णांकरिता :- १५

ठेवलेल्या खाटांची संख्या

नोंदणी दिनांक - ११/८/२०२३

इतर रुग्णांकरिता वापरात :- ८५

असलेल्या खाटांची संख्या

सर्टिफिकेट दिल्याचा दिनांक :- ११/८/२०२३

सदरचे प्रमाणपत्र दिनांक :- ११/८/२०२३ ते ३१/३/२०२६ पर्यंत कार्यवाहीत राहिल.



नोंदणी अधिकारी

तथा जिल्हा शल्य चिकित्सक,  
जिल्हा रुग्णालय, पालघर.

नुतनीकरण दिनांक	नुतनीकरण कालावधी		जि. श. चि. स्वाक्षरी
	पासून	पर्यंत	
११/८/२०२३	११/८/२०२३	३१/३/२०२६	

- हे प्रमाणपत्र हॉस्पिटलच्या दर्शनी भागात दिसेल अशा ठिकाणी लावणे गरजेचे आहे.
- आपल्या संस्थेत दाखल संसर्गजन्य रुग्णांची माहिती (Notifiable Diseases) संबंधीत उपजिल्हा/ग्रामीण रुग्णालयास कळविणे गरजेचे आहे.
- जन्म मृत्यु नोंद संबंधीत नगरपालिकेस वेळेवर कळविणे आपल्यावर बंधनकारक आहे.
- कुटुंब कल्याण (पु/स्त्री) शास्त्रक्रियाची आकडेवारी संबंधीत उपजिल्हा/ग्रामीण रुग्णालयास कळविणे बंधनकारक आहे.
- संस्थेत कार्यरत नर्सिंग स्टाफ बॉम्बे नर्सिंग मिडवॉईफ्स ॲंड हेल्थ व्हिजीटर्स ॲक्ट १९५४ नुसार प्रशिक्षित असण्याच्या अटीवर सदरची नोंदणी देण्यात आले आहे.
- बायोमेडीकल वेस्ट नियम १९९८ क्र. ३२ व ४१/२००६ चे पालन करणे बंधनकारक आहे.

AN INSTITUTE RECOGNIZED FOR  
QUALITY HOMOEOPATHIC  
MEDICAL SERVICES,  
EDUCATION AND RESEARCH

Rural Homoeopathic Hospital, Palghar  
"A Centre of Excellence in Homoeopathy"  
Grant by Ministry of AYUSH, GOI

"Model Tribal Outreach  
Programme in Mother and  
Child Care in Homoeopathy"  
Smt. Janki Bachoo Dubey  
Cottage Hospital, Dhopoli,  
Tal. Vikramgad, Palghar District  
Recognized by Ministry of AYUSH, GOI

Extra-Mural Research Projects in  
Homoeopathic Medicine  
Funded by Ministry of AYUSH, GOI

Holistic Health Care Centre  
Dr. M. L. Dhawale Homoeopathic  
Medico-Surgical & Research Centre,  
Kurar, Malad(E)

Urban Homoeopathic Centres  
•Mumbai-Navi Mumbai-Pune

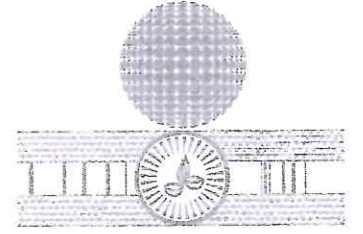
Rural Homoeopathic Clinics  
Palghar Taluka, Palghar  
Karveer Taluka, Kolhapur

Mobile Homoeopathic Clinics  
Vikramgad Taluka, Palghar

Academic Programmes  
MD(Hom) in 6 subjects  
PhD Programme

Certificate programme in Standardized  
Homoeopathic Practice  
Publications

CME programmes in Homoeopathy



MLD TRUST

जावक क्रमांक-एमएलडीटी/७२/२०२६

दिनांक-२५/०४/२०२६

प्रति,  
जिल्हा शल्यचिकित्सक  
जिल्हा पालघर  
पालघर .

विषय- नवीन रुग्णालय नोंदणी करणे बाबत .

महोदय,


वरील विषयास अनुसरून अर्ज करतो की डॉ. एम. एल. ढवळे मेमोरियल ट्रस्ट हॉस्पिटल, पालघर हे १०० खाटांचे असून याचा रजिस्ट्रेशन नंबर PLG/38/2017 असून त्याची वैधता ३१ मार्च २०२६ पर्यंत आहे. आपल्या रुग्णालयात ५० खाटा होमियोपॅथीक व ५० खाटा अॅलोपॅथीक अशा आहेत. याबाबतचे परिक्षण आपणाकडून झालेले असून (जा.क्र. जिशचिपा/प्रमाणपत्र/९४४२/२५ दिनांक-२२/०९/२०२५) आता आम्हांला त्यातील १०० खाटांपैकी ५० अॅलोपॅथीक खाटा याचे रुग्णालय नोंदणी नुतणीकरण करायचे आहे ज्याचे नाव 'डॉ. एम. एल. ढवळे मेमोरियल ट्रस्ट हॉस्पिटल, पालघर' हेच राहिल व उर्वरित ३६ खाटा याचे नवीन होमियोपॅथीक हॉस्पिटलची नोंदणी करून हवी आहे. नवीन होमियोपॅथीक हॉस्पिटलचे नाव 'डॉ. एम. एल. ढवळे मेमोरियल होमियोपॅथीक इन्स्टीट्यूट आणि हॉस्पिटल' हे असेल. या संदर्भात आम्ही ऑनलाईन नोंदणी प्रक्रिया पूर्ण केली आहे व त्या बाबतची माहिती आपल्याकडे सादर करित आहोत.

माझी तुम्हाला विनंती आहे की तुम्ही या बाबतीत आम्हाला परवानगी द्यावी व यासाठी आम्हास योग्य ते मार्गदर्शन करावे ही नम्र विनंती.

  
आवक लिपीक  
जिल्हा रुग्णालय, पालघर



आपला विश्वासू

  
डॉ. प्रशांत तंबोळी  
संचालक

डॉ. एम. एल. ढवळे मेमोरियल होमियोपॅथीक इन्स्टीट्यूट आणि हॉस्पिटल

DR. M. L. DHAWALE MEMORIAL TRUST (Reg. E-11273 Mumbai)

- Registered office address: 1/6, First Floor, Sekhsaria Building, 40 Parekh Street, Girgoan, Mumbai - 400004.
- Correspondence address: Rural Homoeopathic Hospital, Opp. S. T. Workshop, Palghar-Boisar Road, Palghar - 401404, Maharashtra
- Mobile No.: 8422928061/62 ● Email ID: info@midtrust.org ● Website: www.midtrust.org
- Donations to the Trust have I.T. Exemption under section 80 G
- The trust is registered under FCRA for Foreign donations

## Applicant Details

Application Number <b>MH11778</b>	Type of Applicant <b>Company/Society/Association/Other Corporate Body/General Medicine</b>	Applicant Status <b>Pending</b>
Applicant Name <b>PRASHANT PRAKASH TAMBOLI</b>	DOB (DD/MM/YYYY) <b>18-06-1970</b>	Mobile Number <b>7720016354</b>
Email Id <b>mldmhihospital@gmail.com</b>	Technical Qualification <b>BHMS,M.D.(Hom),Diploma in Medical Information, Certificate Course In Clinical Research</b>	Nationality <b>Indian</b>
Residential Address of The Applicant <b>Opp S T Workshop Palghar - Boisar Road Palghar, 401404</b>		

## Signing Authority Details

Name <b>Dr Prashant Prakash Tamboli</b>	Designation <b>Doctor</b>	Aadhaar Card No. <b>774329702891</b>
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## Nursing Home Details

Name of The Nursing Home in Respect of Which The Registration is Being Applied for <b>Dr M L Dhawale Memorial Homoeopathic Institute and Hospital</b>	Type of Institutions for Which Registration is Being Applied <b>AYUSH</b>	Sub Type of Institutions for Which Registration is Being Applied <b>Others</b>
Whether Collection Centre Available ? <b>No</b>		
Firm/ Company <b>NULL</b>	Website Address <b>NULL</b>	Date of Establishment
Type of Specialty <b>Multiple</b>		

## Details of The Procedure/Services

Procedure / Services	Details	Remarks
Homoeopathic General Medicine	OPD And IPD	Every Day
Homoeopathic Surgery	OPD And IPD	Every Day
Homoeopathic Paediatric	OPD And IPD	Every Day
Homoeopathic Gynec And Obstetrics	OPD And IPD	Every Day

## Place where The nursing home situated

Plot No./ House No	Colonv/ Area	City
--------------------	--------------	------

<b>Opp S T Workshop</b>	<b>Palghar - Boisar Road</b>	<b>Palghar</b>
<b>District</b> <b>Palghar</b>	<b>Taluka</b> <b>Palghar</b>	<b>Pincode</b> <b>401404</b>
<b>Brief Description of the Construction ,the Nursing Home or any Premises Used in Connection Therewith Type Plan of the Nursing Home</b>  <b>This is RCC structure of 15456 sq.ft.. There are total 2 floors. Ground floor has OPD servicesand 1st floor has IPD service.</b>		<b>Whether The Applicant is Interested in any Other Nursing Home or Business</b>  <b>Yes</b>

### Infrastructure Details

<b>Total Beds Proposed</b>		
<b>No. of Maternity Beds</b> <b>7</b>	<b>No.of ICU Beds( Adults )</b> <b>0</b>	<b>No.of ICU Beds( Paed )</b> <b>0</b>
<b>Other Beds</b> <b>29</b>		

<b>Details of Equipments</b>			
<b>Equipment</b>	<b>Make</b>	<b>Model</b>	<b>No of Equipment</b>
Dressing Trolley	Meditek	NA	5
Emergency Tray .	Meditek	NA	4
List Attached Separately	NA	NA	1

<b>Sanitary Arrangement for Patients</b>		
<b>Sanitary Arrangement</b>	<b>No. of Arrangements</b>	<b>Remarks</b>
Functional And Clean Toilets With Running Water And Flush	10	
Bed Pan Washing Sinks	12	
Continuous Water Supply	10	

<b>Detail of Rooms for Employees</b>			
<b>Room Type</b>	<b>Floor Space / Area ( In Sq. Ft)</b>	<b>Number of Rooms</b>	<b>Remarks</b>
Servant Room	378.00	2	

<b>Sanitary Arrangement for Employees</b>		
<b>Sanitary Arrangement</b>	<b>No. of Arrangements</b>	<b>Remarks</b>
Toilet	4	

Arrangements for Immunization of The Employees are Available or Not?

Yes

Arrangement Made for Medical Check - Up of The Employees

Yes

Regular immunization & Health Checkups are being held in the interval of(in Month )

AS PER SCHEDULE

Whether The Nursing Home or any Premises Used in Connection There With are Used or are to be Used for Purposes Other than that of Carrying On A Nursing Home

No

Details for purposes other than that of carrying on a nursing home

Arrangements Made for Storage of Food

Refrigerator

Service of Food

Cafeteria Service

## Staff Details

### Name, ages & qualification of members/Staff/Employee of the nursing home

Full Name	Designation	Qualification	Medical Council Registration Number with Date of Validity Upto
RUPALIDOWAL PATIL	STAFFNURSES	GNM	XXIX- 3117VALIDUPTO 30.06.2029
Uday Gajanan Pednekar	STAFFNURSE	Graduation (Ministry Of Defence )	NA
Dnyaneshwari Dhanesh Katkar	STAFFNURSE	GNM	XXIX- 31176VALID UPTO 30.03.2027
Babita Muda	STAFFNURSE	GNM	XXVIII- 70852 VALID UPTO 30.03.2027

Place Where The Nursing Staff Is Accommodated

### Name, ages and qualification of The resident or visiting physiciansor surgeonsin The nursing home

Full Name	Designation	Qualification	Council Registration Number with Date of Validity Upto
Dr. Karthika M	Homoeopathic Consultant	MD ( Hom )	13146 Valid Upto 24.11.2027
Dr. Shama Manoj Rao	Homoeopathic Consultant	MD ( Hom )	17081 Valid Upto 25.07.2029
Dr. Bipin Sohanraj Jain	Homoeopathic Consultant	BHMS,M.D(Hom ),MBA( Education Management ), Ph.D.	17085 Valid Upto 25.07.2029
Dr Prashant Prakash Tamboli	Director And Medical Suprintendent	BHMS,M.D.(Hom ),Diploma In Medical Information ,Certificate Course In Clinical Research	21330 VALID UPTO 29.07.2029
Bhavik Ramesh Parekh	Homoeopathic Consultant	MD ( Hom )	31066 Valid Upto 29.09.2030
Dr. Sachin Gajanan Junagde	Homoeopathic Consultant	MD ( Hom )	31498 Valid Upto 26.03.2026
Dr. Akshatha Damodar Nayak	Homoeopathic Consultant	MD ( Hom )	38178 Valid Upto 03.06.2026
Dr. Nikita Sureshchandra Mehta	Homoeopathic Consultant	MD ( Hom )	42237 Valid Upto 16.01.2027

Dr. Nikita Sureshchandra Mehta	Homoeopathic Consultant	MD ( Hom )	42237 Valid Upto 16/ 01/ 2027
Dr. Devangini Ramesh Broker	Homoeopathic Consultant	MD ( Hom )	45528 Valid Upto 01.08.2028
Dr. Vivek Vitthal Kadam	Homoeopathic Consultant	MD ( Hom )	47692 Valid Upto 10/ 02/ 2029
Dr. Sonali Atanu Mandal	Homoeopathic Consultant	MD ( Hom )	51462 Valid Upto 30.05.2030
Dr. Rajesh Ramkunwar Yadav	Homoeopathic Consultant	MD ( Hom )	54148 Valid Upto 07.06.2026
Dr. Mehvish Haris Dandoti	Homoeopathic Consultant	MD ( Hom )	54839 Valid Upto 25.08.2026
Dr. Omkar Deepak Anavkar	Homoeopathic Consultant	MD ( Hom )	59000 Valid Upto 26.06.2028
Dr. Harshla Chandrakant Sarvagod	Homoeopathic Consultant	MD ( Hom .)	60116 Valid Upto 20.01.2029
Dr. Jitesh Vivekanand Thakur	Deputy Medical Superitendant	MD ( Hom )	63431 Valid Upto 22.02.2026
Dr. Tanvir Abdul Hamid Sheikh	Homoeopathic Consultant	MD ( Hom )	65735 Valid Upto 04.07.2027
Dr. Chetana Vijay Sakpal	Homoeopathic Consultant	MD ( Hom )	69211 Valid Upto 12.08.2028
Dr. Khushboo Prakash Janwachoudhary	Homoeopathic Consultant	MD ( Hom )	72001 Valid Upto 21/ 08/ 2029
Dr. Devey Suresh Parit	Homoeopathic Consultant	MD ( Hom )	75062 Valid Upto 29.03.2026
Dr. Avni Mehta	Homoeopathic Consultant	MD ( Hom )	BHSD/ 5791 Valid Upto 25.07.2030

Whether the nursing home is under the supervision of a qualified medical practitioner or qualified nurse and if so

Full Name	Designation	Qualification	MMC/ MNC Registration Number
Dr. Prashant Prakash Tamboli	Medical Superitendant	MD ( Doctor Of Medicine )	21330 VALID UPTO 29.07.2029

#### Proportion of The qualified and unqualified nurses on The nursing staff

Enter Total Number of Qualified Staff <b>3</b>	Enter Total Number of Non Qualified Staff <b>8</b>
Enter Total Number of GNM Qualified Staff <b>3</b>	Enter Total Number of ANM Qualified Staff <b>0</b>

Whether The Nursing Home is Under The Supervision of A Qualified Nurse or Midwife and if so

**Yes**

#### Qualified nurse or midwife details

Full Name	Designation	Qualification	Registration Number with Date of Validity Upto
Babita Davaji Muda	Matron	GNM	XXVIII- 70852 VALID UPTO 30.03.2027

Whether any Unregistered Medical Practitioner or Unqualified Midwife is Employed for Nursing any Patient in The Nursing Home

No

Whether any Person of Foreign Nationality is Employed in The Nursing Home and if so, His Name and Other Particulars

No

On Campus Chemist Shop Available

No

#### On campus chemist shop details

Name of Chemist Shop

-

License No of Chemist Shop

-

### Upload Documents Details

7/12 Extract / Property Tax Certificate / Owner Possession Certificate

Fire Audit Report \*

Fire Safety NOC Certificate From Government Authority \*

Occupation Certificate (O.C.) From Appropriate Authority \*

Nursing Home Signing Authority Aadhaar Card \*

List Of Visiting Doctors with Qualification and Registration Details \*

List of nursing staff with Qualification and Registration Details \*

List of Other Staff with Qualification and Designation and job Details \*

Rate List \*

List of Equipment \*

MPCB Authorized Certificate / Acknowledgment for New Registration \*

No Pending Negligence Case Certificate from Medical Council \*

Affidavit Describing that Working Doctor / Staff is not A Government Employee / Officer \*



## Track Application

## Applicant Details

Application Number

**MH11778**

Type of Applicant

**Company/Society/Association/Other Corporate Body/General Medicine**

Application Status

**Pending**

Applicant Name

**PRASHANT PRAKASH TAMBOLI**

DOB (DD/MM/YYYY)

**18-06-1970**

Mobile Number

**7720016354**

Email Id

**mldmhihospital@gmail.com**

Technical Qualification

**BHMS,M.D.(Hom),Diploma in Medical Information, Certificate Course In Clinical Research**

Nationality

**Indian**

Residential Address of the Applicant

**Opp S T Workshop Palghar - Boisar Road Palghar, 401404**

## Signing Authority Details

Name

**Dr Prashant Prakash Tamboli**

Designation

**Doctor**

Aadhaar Card No.

**774329702891**



S.No.	Date	Start Date	End Date	Reply By	Transfer To	Status	Remarks
1	31-01-2026	31-01-2026	06-02-2026	PRASHANT PRAKASH TAMBOLI	PRASHANT PRAKASH TAMBOLI	Pending	-
2	06-02-2026	06-02-2026	-	PRASHANT PRAKASH TAMBOLI	Additional Palghar Civil Surgeon	Received	-

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(वि. नि. नमुना क्र. १) (Fin. R. Form No. 1)

सर्वसा. ११३ मई.  
Gen. 113 me.

मूळ प्रत +अहस्तांतरणीय।  
ORIGINAL COPY [NON-TRANSFERABLE]

शासनास केलेल्या प्रदानाची पावती  
RECEIPT FOR PAYMENT TO GOVERNMENT

ठिकाण/Place CHP दिनांक / Date 28/04/2026 /  
डा. राम पल हवळे मेमोरियल हॉस्पिटल यांच्याकडून //  
Received from आणि हॉस्पिटल हेमियु.प.चि.व.  
रु./Rs. ३०,०००/- (रुपये/Rupees तीस हजार)  
रुपये मात्र याकरिता मिळाले.  
on account of New Hospital Registration

रोखपाल वा लेखापाल  
Cashier or Accountant.

28/4/26  
(सही / Signature)  
(पदनाम / Designation)

वे.का.मु. - ५०,००० रु. (२०० पाने) - १२-२०१८ - ३ पीएच\* - (एच) ११२

**Dr. M. L. Dhawale Memorial Homoeopathic Institute**

**Dr. M. L. Dhawale Memorial Trust Hospital Palghar**

1.1. (See sub-clause 4.(a) of sub-regulation 4 of Schedule- II of regulation 5 and regulation 9) Furniture/Fixture/Equipments Requirements for OPD			
Sr. No.	Name of the Equipment	31 to 50 beds	Available
i.	Room with well- lighted and ventilated and equipped with a chair and a table for doctor	1per consultation room	Available
ii.	X-ray viewer	1 per consultation room	Available
iii.	Two chairs for patients and attendants	1per consultation room	Available
iv.	An examination table of 6 ft. X 2.5ft. With privacy screen	1per consultation room	Available
v.	Blood pressure apparatus	1per consultation room	Available
vi.	Stethoscope	1per consultation room	Available
vii.	Torch	1per consultation room	Available
viii.	Thermometer	1per consultation room	Available
ix.	Weighing machine.	1per consultation room	Available
x.	Essential diagnostic tools required for examination of patients as per the scope of services offered by the hospital.	As per requirement	Available
xi.	Light source which gives light colour and temperature similar to solar light, Light intensity of atleast 500 lux at the point of examination	As per requirement As	Available
xii.	computers	1 per consultation room	Available
xiii.	Telephone equipment	As per requirement	Available
xiv.	Airconditioning	As per requirement	Available
xv.	Adequate lockable storage space	As per requirement	Available
xvi.	Foot stools	1 per consultation room	Available

1.8 Peripheral OPD		
Sr. No	Particulars	Available No.
i.	Maximum of 10 peripheral OPDs may be established in teaching hospitals	Available
ii.	Registers-information Space for Post Graduate students, discussion rooms, Post Graduate Teaching faculty room and Departmental Library -90 sq. mtr.should be maintain on daily central OPD and No. of referrals from Peripheral OPDs	Available



iii.	Case records shall be clubbed with records of OPDs in collegiate hospitals.	<b>Available</b>
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1.1.	<b>Space Requirement: Hospital shall be suitably spacious to accommodate to OPD &amp; IPD in addition to following namely:-</b>	
	Reception, patients, waiting area, dispensing room, clinical laboratory, radiology section, medical record room, operation theatre, labour room, store room, separate wards for male & female, duty room for doctors, nurses, other staff and clinical teaching room	<b>Available</b>
1.2.	Record Maintenance: computerized central registration system for maintaining records of OPD & IPD (Department wise)	<b>Available</b>

1.3.	<b>Medical record management and Disposal:</b>	<b>Available</b>
	Digitalized Medical records atleast for past ten years	<b>Available</b>
	Medical records in Hard copy-for IPD case sheets for 5 years	<b>Available</b>
	For OPD registers and duplicate record if any (for 5 years )	<b>Available</b>
	Medico legal registers and case sheets-10 years or till disposal of ongoing cases.	<b>Available</b>

1.4.	<b>MoU with nearby multispeciality hospital of Modern Medicine for following facilities</b>	
	Operation theatre, labour room, intensive care unit, and other required facilities for emergency cases.	<b>Available</b>
	Radiological (CT Scan, MRI, USG) and special lab investigation.	<b>Available</b>

1.5.	<b>Indoor Patient Department:</b>		
<b>a.</b>	Wards and rooms for inpatient department	Required	Available
	General Medicine	50% (Acute 10% and Chronic 40%)	<b>50%</b>
	Surgery	20%	<b>20%</b>
	Obstetrics & Gynecology	20%	<b>20%</b>
	Paediatrics	10%	<b>10%</b>
	Toilets and bathrooms (separate for male & female)		<b>Available</b>
	Doctors duty room		<b>Available</b>
	Nursing stations or duty room for nurses		<b>Available</b>
	Pharmacy with essentials medicines		<b>Available</b>
	Record room		<b>Available</b>

**(See sub-clause 9.(b) of sub-regulation 9 of Schedule- II of regulation 5 and regulation 9)  
Furniture/Fixture Requirements for IPD**

Sr. No	Name of the Equipment	31 to 50 beds	Available
1.	Iron beds(simple, surgical & pediatrics)	50	100
2.	Adequate wall or steel Cupboards	8	10
3.	Arm Board Adult	24	24
4.	Backrest	8	8
5.	Bain marie trolley stainless steel 1 per floor	1 per floor	2
6.	Bed side cabinets	1 per 5 patients	8
7.	Bedside Screen	1 per ward or full length curtains between the beds	8
8.	Bucket Plastic	24	12
9.	Ceiling Fans	As per requirement	As per requirement
10.	Clock 1 per ward	1 per ward	1
11.	Containers for kitchen	As needed	As needed
12.	Doctor's chair for OP and ward,	As needed	As needed
13.	Doctor's or Office table	10	7
14.	Dressing trolley-1 per floor/ ward depending on layout	8	10
15.	Dust bins in each ward and consultation room	12	50
16.	Duty table for nurses	20	6
17.	Emergency resuscitation kit	1 per floor	1 per floor



18.	Encma Set	4	4
19.	Fire extinguisher –	ABC 1 per ward or floor based on layout	Available
20.	Foot stools	25	25
21.	Fridge	1 Per Area or Ward	7
22.	Heavy duty Torch light	1 per ward	1 per ward
23.	Hospital Cots	300	100
24.	Hospital Cots Pediatric	30	08
25.	Hot Water Bags 2 per ward	2 per ward	5
26.	Ice bags	2 per ward	10
27.	Hot Water geyser	2 per ward	12
28.	I V Stands - 2 per 10 beds	50	100
29.	Intercom System	2 per ward	15
30.	Kidney Trays 1 per 5 beds	50	10
31.	Kitchen utensils,	Adequate	Adequate
32.	Massage table of 7ft. x 2.5ft (wood or fiber) if service is provided	One per Procedure room	3
33.	Medicine trolley	1 per ward	12
34.	Office chairs	20	Available
35.	Office Table	10	Available
36.	Patient Beds with side rails	20% of total beds	25
37.	Patient call Bell System	1 per bed	8
38.	Patient locker	1 per bed	36
39.	Patients examination table– 1 per ward or floor a per the profile of patients and layout of facility	– 1 per ward or floor as per the profile of patients and layout of facility	2
40.	Patients side table	1 per bed	36
41.	Pediatric cots with railings as per scope of services	as per scope of services	4
42.	Steel or Wooden cupboard	20	12
43.	Steel rack	20	0
44.	Stool 1Per bed	15	15
45.	Stools revolving – 1 per ward	2 per ward	2 per ward
46.	Stretcher or Patient trolley – 1 per ward	1 per ward	6
47.	Urinal Male and Female	50	20
48.	waiting chairs or benches for patients relatives	50% of the bed strengths	28
49.	Weighing Machine	1 per ward	7
50.	Wheel chair	2 per 50 beds	6
51.	X-ray viewer	one per ward	100

Sr. No	Name of the Equipment	31 to 50 beds	Available
1.	Ambu bags	6	5
2.	Arm Board Adult	24	24
3.	Autoclave Drums	9	25
4.	Back rest	8	8
5.	Bain marie trolley stainless steel 1 per floor	4	1
6.	Bed pans, 1 per 5patients	10	10
7.	Biomedical waste colour coded bins	One set each per floor	22
8.	Cheatle forceps assorted sizes	16	14
9.	Clock per ward	1 per ward	1 per ward
10.	Containers for kitchen	As required	4
11.	Dressing trolley-1per floor/ ward depending on layout	1 per ward	8
12.	Dust bins in each ward And consultation room	1 per ward	15
13.	Emergency Resuscitation kit	1 per floor	6
14.	Enema Set	As required	4
15.	Fridge	As required	Available
16.	Heavy duty Torch light -1per ward	1 per ward	1
17.	Hot Water Bags 2 Per ward	2 per ward	6
18.	I V Stands - 2 per 10beds	2 per 10 beds	100
19.	Infra-Red lamp	10	1
20.	Instrument tray- minimum 1 perward	minimum 1 per ward	8
21.	Instrument trolley - 1 per ward	minimum 1 per ward	8 OT
22.	Intercom System	As required	7
23.	Kidney Trays-1 per 5 beds	1 per 5beds	15
24.	Medicine trolley	minimum 1 per ward	8
25.	Needle cutter - 3 Per ward	3 per ward	3 per ward
26.	Non mercury Thermometer clinical - 1perward	1 per ward	7
27.	O2cylinderwithspanner - 1perward	1 per ward	5
28.	Patients Examination table- 1 per ward/ floorAs per the profile of patients & layout of facility	1 per ward	2
29.	Sphygmomanometers Stand Type1 & Portable (aneroid or Digital) Type 1 - 1per ward	1 per ward	8



30.	Stretcher/Patient trolley – 1 per ward	1 per ward	7
31.	Weighing Machine – 1 per ward	1 per ward	5
32.	X-ray viewer – one per ward	1 per ward	4

1.6.	<b>Bed and Out Patient Department strength mentioned in table below:</b>				
Sr. No	Intake capacity per year	Minimum number of beds in IPD	Minimum per day average No. of patient in OPD during last one calendar year (300 days)	Available	
	No. of PG seats sanctioned and 1 bed is earmarked	0		Required	Available
	Upto 60 students	30	180		
	61-100 students	50	300		
1.7.	Hospital pharmacy with well furnished dispensaries			Required	Available
	Staff:-	Pharmacist	01	01	
		Dispenser	02	02	

1.8.	<b>Emergency unit: shall be managed under supervision of general physician (Schedule II)- Emergency Equipment and drugs are mentioned below in table. (See sub-clause 12.(a) of sub-regulation 12 of Schedule- II of regulation 5 and regulation 9) Emergency Equipments</b>		
	Name of the equipment	31 to 50 bed	Available
	Emergency equipment box For first aid and Basic Life Support Skill	Minimum 1	1
	Crash- Cardtrolley: 1	Minimum 1	9
	Portable defibrillator: 1	Optional	3
	Disposable syringes	As needed	Available
	Ambu Bag: 1	Minimum 1	5
	Laryngoscope with cell	Minimum 1	4
	Sealed battery cell	Minimum 1	4
	Endotracheal tubes	As needed	Available
	Monitor	As needed	15

	<b>(See sub-clause (i) 12.(b) of sub-regulation 12 of Schedule- II of regulation 5 and regulation 9) Anesthetic Drugs</b>			
Sr.no	Name of the drug	Strength	Minimum quantity	Available
<b>A.</b>	<b>General Anesthesia (to be given only by a qualified allopathy anaesthetist)</b>			
1.	Ether,	--	As per requirement	--
2.	Halothane	--	As per requirement	--
3.	Isoflurane*	--	As per requirement	Available

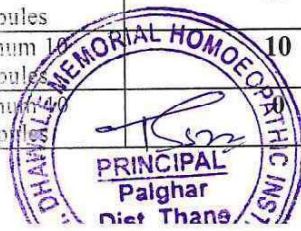
4.	Ketamine Hydrochloride Injection	10mg /ml, 50 mg /ml	As per requirement	Available
5.	Nitrous Oxide	Medical grade	As per requirement	Available
6.	Oxygen	Medical grade	As per requirement	Available
7.	Injection Thiopentone Sodium	0.5g, 1 g powder	As per requirement	--

<b>B. Local Anaesthesia</b>				
1	Injection Bupivacaine Hydrochloride	0.25%, 0.5%, 0.5% + 7.5% Glucose	As per requirement	10
2	Spray Ethyl Chloride	1%	As per requirement	--
3	Injection Lignocaine	Topical Forms 2-5%	As per requirement	Available 20
4	Injection Lignocaine	Hydrochloride 1-2% Spinal 5% + 7.5% Glucose	As per requirement	Available 20
5	Injection Lignocaine Hydrochloride + Adrenaline	1%, 2% + Adrenaline 1:200,000 In vial 1.3	As per requirement	Available 20

<b>C. Preoperative Medication and Sedation for Short Term Procedures</b>				
1	Injection Atropine Sulphate	0.6mg /ml	As per requirement	Available 10
2	Injection Diazepam	5mg Injection 5mg/ml	As per requirement	05
3	any other medication as decided by the concerned anesthetist		As per requirement	--

**D.** (See sub-clause (ii) 12.(b) of sub-regulation 12 of Schedule- II of regulation 5 and regulation 9) Emergency Drugs

Sr.no	Name of the drug	Strength	Minimum quantity	Available
1.	Inj. Adrenaline	As per I.P	Minimum 10 Ampules	10
2.	Inj. Atropine	As per I.P	Minimum 10 Ampules	10
3.	Inj. Calcium Carbonate	As per I.P	Minimum 10 Ampules	0
4.	Inj. Dopamine	As per I.P	Minimum 10 Ampules	10
5.	Inj. Dobutamine	As per I.P	Minimum 10 Ampules	10
6.	Inj. Nitro-glycerine	As per I.P	Minimum 10 Ampules	10
7.	Inj. Sodium Bicarbonate	As per I.P	Minimum 10 Ampules	10
8.	Inj. Hydrocortisone	As per I.P	Minimum 10 Ampules	10
9.	Inhaler Beclomethasone(250micro/dose)	As per I.P	Minimum 10 Ampules	10



10.	Inhaler Salbutamol(200micrograms)	As per I.P	Minimum 10 Ampules	0
11.	Inj. Frusemide	As per I.P	Minimum 10 Ampules	10
12.	Inj. Diazepam/Midazolam	As per I.P	Minimum 10 Ampules	10
13.	Inj. Deriphyllin	As per I.P	Minimum 10 Ampules	10
14.	Inj. Phenytoin sodium	As per I.P	Minimum 10 Ampules	10
15.	Inj. Avil	As per I.P	Minimum 10 Ampules	10
16.	Inj. Ondansetron	As per I.P	Minimum 10 Ampules	10
17.	Inj. KCl	As per I.P	Minimum 10 Ampules	10
18.	Inj. Lignocaine2%	As per I.P	Minimum 10 Ampules	10
19.	Inj. Amiodarone	As per I.P	Minimum 10 Ampules	10
20.	Inj. Magnesium sulphate	As per I.P	Minimum 10 Ampules	10
21.	Inj. Mannitol	As per I.P	Minimum 10 Ampules	10
22.	Inj. Morphine/Inj.Pethidine	As per I.P	Minimum 10 Ampules	0
23.	Inj. Noradrenaline bitartrate	As per I.P	Minimum 10 Ampules	10
24.	Inj. Fentanyl	As per I.P	Minimum 10 Ampules	10
25.	Water for Injection	As per I.P	Minimum 10 Ampules	10
26.	Inj. Sodium Valporate	As per I.P	Minimum 10 Ampules	0
27.	Inj. Voveran	As per I.P	Minimum 10 Ampules	10
28.	Inj. Paracetamol	As per I.P	Minimum 10 Ampules	10
29.	Metoprolol Injection	As per I.P	Minimum 10 Ampules	0
30.	N/2 saline Injection	As per I.P	Minimum 10 Ampules	10
31.	Oxygen Inhalation	As per I.P	Minimum 10 Ampules	10

1.9.	<b>Central laboratories: - the college shall have facility of scanning and sonography equipment in own hospital or under MoU with NABL accredited superspeciality Hospital</b>		
<b>Sr. No</b>	<b>Name of the equipment</b>	<b>31 to 50 bed</b>	<b>Available</b>
<b>i.</b>	Alarm clock	1 Per Area/Ward	1
<b>ii.</b>	Automatic cell counter	Optional	1
<b>iii.</b>	Auto analyzer or Semi auto analyzer	Optional	2
<b>iv.</b>	Autoclave	Minimum 1	1
<b>v.</b>	Binocular Microscope	Minimum 1	2
<b>vi.</b>	Biochemistry analyser	Minimum 1	1
<b>vii.</b>	Chemical Balances	Minimum 1	0
<b>viii.</b>	Counting chamber	Minimum 1	1
<b>ix.</b>	Electric Colorimeter	Minimum 1	1
<b>x.</b>	Centrifuge Machine	Minimum 1	2
<b>xi.</b>	Electrolyte analyser	Minimum 1	1

xii.	ESR stand with tubes	Minimum 1	2
xiii.	Flame photometer	Minimum 1	0
xiv.	Glucometer	1 Per Area/Ward	1 per ward
xv.	Hematology Analyser or Cell Counter	Minimum 1	1
xvi.	Haemoglobinometer	Minimum 1	1
xvii.	HbA1c machine	Minimum 1	1
xviii.	Hot air oven	As needed	1
xix.	Hot plates	As needed	0
xx.	Lab Incubator	As needed	1
xxi.	Laboratory AutoClaves	As needed	As needed
xxii.	Micro pipette of different volumes	As needed	Available
xxiii.	PH meter	As needed	1
xxiv.	Refrigerator	Minimum 1	2
xxv.	Rotor or Shaker	Minimum 1	0
xxvi.	Simple balances	Minimum 1	0
xxvii.	Spirit lamp	Minimum 1	0
xxviii.	TCDC count apparatus	As needed	Available
xxix.	Testtube holders	As needed	As needed
xxx.	Testtube rack	As needed	Available
xxxi.	Test tube stands	As needed	Available
xxxii.	Timer stopwatch	As needed	Available
xxxiii.	Urine analyser	Minimum 1	Available
xxxiv.	Water bath	As needed	Available

1.10.	<b>See sub-clause 16. (a) of sub-regulation 16 of Schedule-II of regulation 5 and regulation Operation theatre and labour room- equipment requirement for operation theatre is mentioned below in table.</b>		
<b>Sr. No.</b>	<b>Name of the Equipment</b>	<b>31 to 50 bed</b>	<b>Available</b>
1.	Anterior vaginal Wall retractor	Adequate	Available
2.	Artery forceps	Adequate	Available
3.	Auto Clave HP Vertical (2bin)	Minimum 1	Available
4.	Autoclave equipment for sterilization/Sterilizer	Minimum 1	Available
5.	Bladder sound (Urethral dilators)of different sizes	Minimum 1	Available
6.	Cusco's Speculum	As needed	Available
7.	Diathermy Machine (Electric Cautery)	As needed	Available
8.	Disposable syringes (5-10cc)	As needed	Available
9.	Enema Pot	Minimum 1	Available
10.	Focus lamp Ordinary	Minimum 1	01
11.	Foley's Catheter	As needed	Available
12.	Formaline dispenser	Minimum 1	Available
13.	General Surgical Instrument Set Piles, Fistula, Fissure	Minimum 1	Available
14.	Instrument Trays of Various Sizes	Adequate	Available
15.	Instrument Trolley	As needed	Available
16.	IV stands	As needed	Available
17.	Kidney tray	As needed	Available
18.	Knife and scissor 1 each	As needed	Available



19.	L.P. Tray	Adequate	Available
20.	Magill's forceps (two sizes)	Adequate	Available
21.	Metallic or disposable insemination cannula	Adequate	Not Available
22.	Operation table Hydraulic Minor with stand	Minimum 1	Available
23.	OT Spotlight (Shadow less ceiling fitted/stand mounted)	Minimum 1	Available
24.	Oxygen Cylinder	Minimum 1	Available
25.	Oxygen Mask with Circuit	Minimum 1	Available
26.	Plastic aprons, gloves and mask	Adequate	Available
27.	Shadow less lamp ceiling type major or minor	1	Available
28.	Shadow less Lamp Stand model	Minimum 1	Available
29.	Sims speculum in small, medium and large size	Adequate	Available
30.	Sphygmomanometer	Minimum 1	Available
31.	Sterile cotton	As needed	Available
32.	Sterile gloves	As needed	Available
33.	Sterilizer Small (Instruments)	As needed	Available
34.	Sterilizer big (Instrument)	As needed	Available
35.	Sterilizer Medium (Instrument)	Minimum 1	Available
36.	Stethoscope	Minimum 1	Available
37.	Suction Apparatus - Electrical	Minimum 1	Available
38.	Suturing Set	Minimum 1	Available
39.	Swab holders	Minimum 1	Available
40.	Thermometer	Minimum 1	Available
41.	Tongue depressors	Minimum 1	Available
42.	Toothed forceps	Minimum 1	Available
43.	Two long (8inch) and two short (6inch) Artery forceps	Minimum 1	Available
44.	Two Uterine sound	Minimum 1	Available
45.	Urethral Dilator Set	Minimum 1	Available
46.	Vaginal Examination set	Minimum 1	Available
47.	Vulsellum	Minimum 1	Available

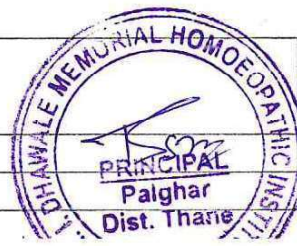
1.11.	See sub-clause 16. (b) of sub-regulation 16 of Schedule-II of regulation 5 and regulation Equipment requirements for Anaesthesia		
<b>Sr. No.</b>	<b>Name of the Equipment</b>	<b>31 to 50 beds</b>	<b>Available</b>
1.	Airway female & male	Adequate	Available
2.	Anaesthesia Trolley /Boyle's Apparatus	Minimum 1	Available
3.	Anesthetic- laryngoscope Magill's with Four blades	Minimum 2	--
4.	CO2 cylinder for laparoscope	Minimum 1	Available
5.	Connector set of six for ETT	Minimum 1	--
6.	Defibrillator or Automated external defibrillator	Minimum 1	Available
7.	Endotracheal tube sets	Minimum 1	Available
8.	Magill's forceps (two sizes)	Minimum 1	Available
9.	Mouthprop	Minimum 1	--
10.	Multi-parameter Monitor	Minimum 1	Available

11.	N2O Cylinder for Boyles	Minimum 1	Available
12.	O2 cylinder for Boyles	Minimum 1	Available
13.	Tongue depressors	Adequate	Available
14.	Tubes connecting for ETT	Adequate	

1.12.	<b>Rehabilitation unit 9 including physiotherapy and yoga facilities-equipment or instruments for physiotherapy are specified below: -</b>		
<b>S. No</b>	<b>Instruments</b>	<b>Required</b>	<b>Available</b>
a.	Diathermy machine	01	2
b.	Traction (cervical & lumbar)	01	1
c.	Physiotherapy cycle	01	2
d.	Ultrasound equipment	01	2
e.	Interferential therapy machine	01	1
f.	Transcutaneous Electrical nerve Stimulation	01	1
g.	Treatment Table	01	3

1.13.	<b>Imaging Equipments</b>				
<b>Sr. No.</b>	<b>Name of the Equipment</b>	<b>For 30 beds</b>	<b>31 to 50 beds</b>	<b>51 to 100 bed</b>	<b>Available</b>
1.	300 M.A. X-ray machine/ Digital X-Ray machine	01	01	01	1
2.	Ultra Sonogram (Obstetrics and gynaecology department should be having a separate ultrasound machine of its own)	Optional or under Memorandum of understanding with super specialty hospital	Optional or under Memorandum of understanding with super specialty hospital	Optional or under Memorandum of understanding with super specialty hospital	2
3.	Echocardiogram	01	01	01	1
4.	X-ray developing tank	Minimum 1	Minimum 1	Minimum 1	0
5.	Safe light X-ray darkroom	Minimum 1	Minimum 1	Minimum 1	0
6.	Cassettes X-ray	Minimum 1	Minimum 1	Minimum 1	1
7.	Lead apron	Minimum 1	Minimum 1	Minimum 1	3
8.	Intensifying screen X-ray	Minimum 1	Minimum 1	Minimum 1	0
9.	Thyroid shield	Minimum 1	Minimum 1	Minimum 1	2
10.	TLD batches	One per person	One per person	One per person	3
11.	Gonadal guard	Minimum 1	Minimum 1	Minimum 1	1
12.	X-ray lobby single	Minimum 1	Minimum 1	Minimum 1	1

1.1.	Hospital waste management system	Available/Not Available	Verified
1.2.	Ambulance	Available	
1.3.	Lift	Available	



1.4.	Ramp for patients with disability	<b>Available</b>	
1.5.	Wheel chairs & stretchers in the porch or visiting area	<b>Available</b>	
1.6.	Registers in hospital department and laboratory namely	<b>Available</b>	
	Dead stock register	<b>Available</b>	
	Equipment or instruments register	<b>Available</b>	
	Indent register	<b>Available</b>	
	Chemicals or solutions register	<b>Available</b>	
	Breakage register	<b>Available</b>	
	Medicines store register	<b>Available</b>	
	Medicine dispensing register	<b>Available</b>	
	Attendance register	<b>Available</b>	



DR. M. L. DHAWALE MEMORIAL  
HOMOEOPATHIC INSTITUTE

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(Recognized by the National Commission for Homoeopathy, New Delhi and  
Maharashtra University of Health Sciences, Nashik)

**PRINCIPAL**  
**DR. BIPIN S. JAIN**  
M.D. (Hom.), MBA (Ed. Mgt.)

### Certificate

Regarding - Copy of MOU with super specialty Hospital

MOU is not applicable with other super specialty hospital because our Rural Homoeopathic Hospital has its own super specialty services.

Following service being there

- 24-hour Casualty
- ICU
- NICU
- Dialysis
- 3 Operation theaters

#### Clinical Services in OPD and IPD

- Anesthesiology
- Cardiology (Non Interventional)
- Emergency Medicine
- General Medicine
- General Surgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery including joint replacement
- Otorhinolaryngology
- Paediatrics and Neonatology
- Gastroenteritis
- Psychiatry
- Endocrinology and Diabetology
- Nephrology
- Neurology
- Oncology



### **Dietetics Services**

### **Rehabilitation Services**

- Physiotherapy
- Neuro Physiotherapy
- Speech and Language Therapy
- Occupational Therapy
- Dietetics

### **Diagnostic Services**

- 2D Echo
- Bone Densitometry
- Ultrasound
- X-ray
- CT - MOU

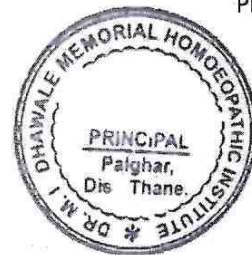
### **Laboratory Services**

- Clinical Pathology Lab - NABL

### **Professions Allied to Medicine**

- Ambulance

*B. S. Min*  
Dr. Bipin Jain,  
Principal





**MAHARASHTRA**  
 जिल्हा कोषागार कार्यालय, पालघर  
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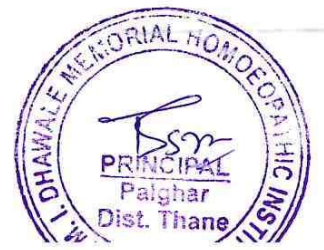
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 १) मुद्रांक विक्री थावतची पॉल अ. क्र.  
 २) मुद्रांक खरेदीचे कारण  
 ३) मुद्रांक विक्रीत सेवकाच्या नावास सतोष वासुदेव ओईट  
 व राहिलारा पत्ता जयभार  
 ४) हस्त  
 ५) मुद्रांक विक्रीत सेवकाच्या सही  
 ६) परवानग्याधारक मुद्रांक विक्रीतपत्ती  
 सही व परवानग्या क्रमांक तसेच  
 मुद्रांक विक्रीचे दिनांक/पत्ता  
 2 AUG 2022  
 श्री. निरंजन अशोक भोईर  
 पत्ता क्र. १२०१००२  
 प्लॉट नं. ६, पालघर क्रिडा भवन,  
 कचरा रोड, राजील कार्यालय समोर  
 पालघर (प.) ता. जि. पालघर,  
 पिन नं. ४०१ ४०४.

**Memorandum of Understanding**

THIS MEMORANDUM OF UNDERSTANDING is executed on 05 AUGUST 2022 at Palghar, between Green Diagnostics centre, CT Scan & MRI Centre having its office at Shop no. 1, Aster Bldg, Nine star Grandeur, Char Rasta. Nr. Nest Hotel, Palghar (W). ( herein after referred to as "The Provider") of the One Party .

AND

DR. M. L. Dhawale Memorial Trust Hospital Palghar having its office at Palghar - Opposite S.B. Workshop Boisar Road, Palghar ( herein after referred to as "DR. M. L. Dhawale Memorial Trust Hospital Palghar " ) of the Other Party.



WHEREAS "The Provider" is a Diagnostic Centre conducting C.T.Scan and M.R.I. WHEREAS DR. M. L. Dhawale Memorial Trust Hospital desires to engage the services of the Provider for C.T.Scan & M.R.I. tests and The Provider has agreed to provide its services to DR. M. L. Dhawale Memorial Trust Hospital Palghar on the terms and conditions contained herein.

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the Parties hereto agree as follows:

**1. Purpose**

The Provider will conduct the required tests of the patients referred and shall provide reports of the same on regular basis at the charges given in Annexure 1.

**2. Identification.**

All the patients of DR. M. L. Dhawale Memorial Trust Hospital need to carry **Requisition Letter** duly signed by the Authorized Signatory of their Hospital Referring Doctor. After identifying and confirming that the patient is sent from DR. M. L. Dhawale Memorial Trust Hospital Palghar the 'Provider' will conduct the tests as mentioned in the requisition.

**3. Compensation for services**

The bills will be recovered from the patient itself.

**4. Duration / Term**

The Agreement shall be in force for 3 Years from the date of MOU.

**5. Renewal**

Unless terminated as provided hereunder, this Agreement may be renewed with mutual consent.

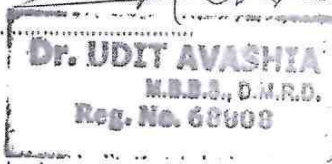
**6. Termination**

Either party can discontinue this MOU giving clear 30 days notice in writing.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the date mentioned above.

For and on behalf of - Green Diagnostics Centre, CT Scan & MRI Centre

Signature : .....



Name : Dr. UDIT AVASHIA

Designation : Consultant Radiologist

Office Seal :

In the Presence of .....

*K. Bhoir*



Name : MR. SANTOSH BHOIR

GREEN DIAGNOSTIC CENTRE  
Shop No. 1, Aster Ring, Nine Star,  
Grandour, Char Road, Near Nest Hotel,  
Palghar (W), 9178282844

For and on behalf of DR. M. L. Dhawale Memorial Trust Hospital Palghar .

Signature : .....

*Dr. Anand R. Kapse*

Name : .....



Designation : .....

Hospital Seal :

In the presence of .....

*Ms. Manvita Churi*

Name : MS. Manvita Churi

DR. M. L. DHAWALE MEMORIAL TRUST  
HOSPITAL, PALGHAR (CHARITABLE)  
Palghar - Bolsar Road,  
Palghar - 401 404





महाराष्ट्र MAHARASHTRA मुद्रांक दिनांक 10 जुल 2022 90000 दिनांक ZP 981313

मुद्रांक प्रमुख लिपीक  
 2816/2022  
 23 JUN 2022



१) मुद्रांक खरेदीचे कारण cash  
 २) मुद्रांक विनाश घेणाऱ्याचे नाव DR. M. L. DHAWALE MEMORIAL TRUST HOSPITAL, PALGHAR (CHARITABLE)  
 व रहिवासी पत्ता Palghar - Boisar Road, Palghar - 401 404  
 ४) एसी 90000  
 ५) मुद्रांक विनाश घेणाऱ्याची राशी 90000

- 8 JUL 2022

६) परवानाधारक मुद्रांक विक्रेत्याची राशी श्री. जगत दयाल संघर्षी  
 व परवाना क्रमांक तसेच मुद्रांक परवाना क्र. 9809008  
 विक्रीचे ठिकाण / पत्ता अर्जत रूम विक्री, गंग वंदे, उदय रोड, व. वि. पालघर - 401404  
 ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात कापणचे बंधनकारक आहे

Memorandum of Understanding

THIS MEMORANDUM OF UNDERSTANDING is executed on 10<sup>th</sup> July 2022 at Palghar, between SRL Diagnostics (Phadke Labs) and having its office at 'Udyam', Shivaji Park, Mumbai - 400028 (hereinafter referred to as "the Provider") of the One Party

AND

Dr. M. L. Dhawale Memorial Trust Hospital, Palghar having its office at Palghar Boisar Road, Palghar 401404 (herein after referred to as "Dr. M. L. Dhawale Memorial Trust Hospital") of the Other Party.

Dr. M. L. DHAWALE MEMORIAL TRUST HOSPITAL, PALGHAR (CHARITABLE)  
 Palghar - Boisar Road,  
 Palghar - 401 404



WHEREAS "The Provider" is a NABL Accredited Pathology Laboratory

WHEREAS Dr. M. L. Dhawale Memorial Trust Hospital desires to engage the services of the Provider for specialized pathological tests and The Provider has agreed to provide its services to Dr. M. L. Dhawale Memorial Trust Hospital on the terms and conditions contained herein.

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the Parties hereto agree as follows:

**(1) Purpose**

The Provider will process the samples (blood, urine etc) sent to them for the required test and shall provide reports of the same on regular basis at the Lab charges given in their Tariff booklet.

**(2) Identification.**

All the collected samples of patients of Dr. M. L. Dhawale Memorial Trust Hospital need to carry Requisition Letter duly signed by the Authorized Signatory of their Hospital Lab. After identifying and confirming that the samples sent for reporting are from Dr. M. L. Dhawale Memorial Trust Hospital the 'Provider' will process the sample and send the reports on credit as mentioned in the requisition.

**(3) Compensation for services**

The bills will be prepared on the basis of the discounted Lab rates given in the tariff booklet, on a monthly basis and will be sent to the address of the Hospital by email or courier. Bills will be settled by the Accounts department and payments thereof shall be made by NEFT/RTGS in favor of SRL Diagnostics within 30 (Thirty) days from the date of receipt thereof by Dr. M. L. Dhawale Memorial Trust Hospital

**(4) Duration/Term**

The Agreement shall be in force for 5 years from the date of MOU.

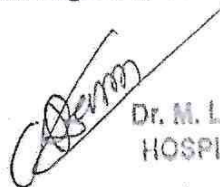
**(5) Renewal**

Unless terminated as provided hereunder, this Agreement may be renewed with mutual consent on the same terms and conditions.

**(6) Representations & Warranties:**

- No Conflicts. Each Party represents to the other that it has the authority to enter into this Agreement.
- Assignment. This Agreement and the rights granted under it may not be assigned or transferred by either Party without prior written consent of the other Party.
- Entire Agreement and Modification. This Agreement constitutes the complete and exclusive understanding between the Parties and it may be amended only by a written agreement signed by both the Parties.

- 2 -



Dr. M. L. DHAWALE MEMORIAL TRUST  
HOSPITAL, PALGHAR (CHARITABLE)  
Palghar - Bolar Road,  
Palghar - 401 404



**(7) Notices.**

All notices and communications required or permitted under this Agreement shall be in writing and either delivered personally or sent to the official address of the Party through recognized courier service and through email. Either Party may change its address by delivering notice of such change of address to the other Party.

**(8) Termination**

After clearing the dues either party can discontinue this MOU giving clear 30 days' notice in writing.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the date mentioned above.

For and on behalf of \_\_\_\_\_

Signature: [Signature]

Name: Dr. Sonal Priya Dhawan

Designation: Chairman

Office seal:



In the presence of \_\_\_\_\_

Name: \_\_\_\_\_

For and on behalf of **DR. M. L. DHAWALE MEMORIAL TRUST HOSPITAL PALGHAR.**

Signature: [Signature]

Name:

Designation:

Hospital seal:



**Dr. M. L. DHAWALE MEMORIAL TRUST HOSPITAL, PALGHAR (CHARITABLE)**  
Palghar - Belsar Road,  
Palghar - 401 404

In the presence of \_\_\_\_\_

Name: Sunita J. Smita





## Touch N Glow

Plot No 31, BIDCO Industrial Estate Chintupada, Palghar Tal. Dist. Palghar,  
401404. Maharashtra, India

Phone: +91-9226316909. Mobile: +91-8806340796 Email: info@touchnglow.in

Web: <https://touchnglow.cbwtf.in>



TOUCH N GLOW

Unique Registration No.: TNG/HA50/1/PLG



Offline QR

Outward No. : OW/Cer/2026-27/427



Online QR

Date : 28-Apr-2026

### Registration Certificate

This is to certify that, Dr. M.L.Dhawale Memorial Trust Hospital, Opp. S.T. Workshop, Boisar Road, Palghar, 401404 is registered with M/s. Touch N Glow, for management of Bio Medical waste in accordance with, the provision of Bio Medical Waste Management rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

- 1 Authorized Person of HCE (Name and Designation) : Dr. Anand R. Kapse
- 2 Bombay Nursing Home Act Registration Details
  - a. BNH Registration No : PAL/38/2017
  - b. BNH Issue Date : 01-Aug-2023
  - c. Total Number of Beds : 100
  - d. BNH validity (Form 'C') : 31-Mar-2026
- 3 Common Treatment Facility Registration Details
  - a. Date of Registration : 01-Jan-2024
  - b. No. of Beds Registered : 100
  - c. Issue Date : 01-Apr-2026
  - d. Registration Validity : 31-Mar-2027
- 4 Renewal of CTF Membership (if applicable)
  - a. Renewal Date : 31-Mar-2027
  - b. No. of Beds : 100
- 5 MPCB Consents (Establish/ 1<sup>st</sup> Operator/Renewal Details)
  - a. Consent / CCA Number : 0000171560
  - b. Issue Date : 31-May-2023
  - c. Validity upto : 31-May-2027

Nilesh Patil  
Digitally signed  
by Nilesh Patil  
Date: 2026.05.12  
11:27:53 +05'30'

Authorized Signature

Name :  
Designation : Partner

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



# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781  
Fax: 24024068/24023515  
Website: <http://mpcb.gov.in>  
Email: [ps@mpcb.gov.in](mailto:ps@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: 28/07/2023

No:- Format1.0/PSO/UAN No.0000171560/CO/2307001923

To,  
DR. M.L. DHAWALE MEMORIAL TRUST'S  
HOMOEOPATHIC HOSPITAL  
Surve No.115 A,Hissa No.1/1,OPP. S.T. WORKSHOP,  
PALGHAR-BOISAR ROAD  
PALGHAR-401101.  
Email:[arkapse@gmail.com](mailto:arkapse@gmail.com)  
Contact No.:9371721780



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

- Ref:**
1. Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.PSO/UAN No.0000120685/CR/2208000935 dtd. 22.08.2022.
  2. Your application for Combine Consent and Bio-Medical Waste Authorization dated 22/05/2023
  3. This office Email 07.06.2023.
  4. Show Cause Notice for refusal of application dtd. 28.06.2023
  5. Minutes of personal hearing dtd. 25.07.2023.
  6. Your reply dtd.25.07.2023, 26.07.2023 & 27.07.2023

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

1. This CCA shall be in force for a period From **31-05-2023 To 31-05-2027**
2. The capital investment of the HCF is ₹**1321.94** Lakhs (As per C.A Certificate Submitted by HCF)
3. HCF Area: - Plot Area 13759.00 M<sup>2</sup> with Built-up area 8821.00 M<sup>2</sup>.



#### 4. Activities Included

a. Total Number of Beds : 100 Nos. (As per BNH certificate no. PLG 38 2017 valid upto 31-03-2023)

- |                                |                             |
|--------------------------------|-----------------------------|
| I. General Beds : 17 Nos       | II. ICU/ICU Beds : 6 Nos    |
| III. Operation Theatre : 4 Nos | IV. Maternity Beds : 15 Nos |
| V. Other Beds : 58 Nos         |                             |

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

1. Quantity of total water consumption shall not exceed 32 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
3. You shall provide water meter at water intake point & at sewage/Effluent disposal point and shall maintain monthly records thereof.

#### 6. Conditions under the Air (P&CP) Act, 1981:-

1. You shall use the fuel for DG set as specified in the Annexure-II.
2. You shall provide adequate emission control system to DG set as specified in Annexure-II.
3. You shall strictly observe noise standards applicable for DG set stack emission and ambient noise level as per Annexure-II.

#### 7. Conditions under Hazardous and Other Wastes(Management, Handling & Transboundary Movement) Rules, 2016 for treatment and disposal of hazardous waste:-

You shall have valid membership of CHWTSDf and shall dispose the Hazardous waste generated in strict compliance with said rules and maintain record thereof.

Sr No	Type of Waste	HW Category no.	Quantity	UOM	Disposal
1	35.3 Chemical sludge from waste water treatment		5	Kg/M	

#### 8. Conditions under Solid Waste Management rules 2016

1. You Shall Handover Solid waste (Other Than BMW) to Local bodies as per provisions of SWM Rules, 2016.
2. You shall Not mix general solid waste with Bio Medical Waste.

#### 9. Conditions under BMW Management rules, 2016 (As Amended):-

1. You shall adhere to the BMW Generation quantity and storage conditions as specified in Schedule-I of BMW Management Rules, 2016, as amended.
2. You shall segregate and handover BMW to BMW T&D CTF **Touch N Glow, Palghar** Strictly complying with the Provisions of Schedule-I and Maintain record of the same.
3. **Cytotoxic Drugs/ Waste:** You shall have separate storage, marked with the symbol of Bio Hazard & Cytotoxic Hazard for outdated, discarded, unused cytotoxic drugs/waste and submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs in the format prescribed by CPCB which is available on [www.cpcb.nic.in](http://www.cpcb.nic.in) along with Annual Report to MPCB with a copy to CPCB before 30th June of every year.

4. **Mercury Waste:** You shall manage the Mercury Waste in HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per guidelines published by CPCB as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities" ([www.cpcb.nic.in](http://www.cpcb.nic.in)).
10. You shall not undertake Modifications/ Upgradation in existing facility without obtaining prior Environment Clearance under the Provision of EIA notification, 2006 Or Consent to Establish from the MPC Board as applicable.
11. Any unauthorized change in Location, Name, personnel, equipment or working conditions as mentioned in the application by you shall constitute a breach of this CCA. In case of any change you shall apply fresh for CCA or amendment as applicable.
12. You shall not Rent, Lend, Sell, Transfer or Close Down the facility or otherwise transport / Handover the Bio-Medical waste generated for any other purpose without obtaining prior written permission of the MPC Board.
13. This Board reserves the right to review, amend, suspend, revoke, or change any of the conditions applicable under this CCA and the same shall be binding on the HCE.
14. You shall maintain records of MPC board Officers visit and shall obey all the lawful instructions issued by the Board Officers from time to time.
15. Any violation of provisions of BMW Management Rules, 2016 as amended shall attract the penal provisions of Environment (Protection) Act, 1986 and Violations under the provisions of Water (P&CP) Act 1974, Air (P&CP) act 1981 shall attract provisions of respective act including closure of the facility and prosecution.
16. This CCA shall not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies as applicable.
17. HCE shall not operate hospital activity without valid BNH Certificate.
18. You shall submit the bank guarantee of INR 1.50 lakhs towards compliance of conditions as specified in Schedule III to The Regional Officer, MPCB, Thane within 30 days. Non submission of B.G. in specified time shall attract revocation of this CCA without further notice



*Amar R. Supate*

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287ab326

Signed by: Dr. Amar R. Supate  
Principal Scientific Officer  
For and on behalf of  
Maharashtra Pollution Control Board  
[pcb.mpcb.gov.in](http://pcb.mpcb.gov.in)  
2023-07-28 20:08:55 IST

**Received Consent/Authorization fee of -**

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	250000.00	MPCB-DR-18500	13/04/2023	NEFT
2	5000.00	MPCB-DR-19125	17/05/2023	NEFT

**Balance fee of Rs.1,50,000/- is with board & shall be considered for further renewal of CCA.**

**Copy to:**

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



**Annexure - I****Conditions under Water (P & CP), 1974 Act: (Refer Condition No. 5)****A. Water Consumption Details:-**

Sr. No.	Purpose for water consumed	Water consumption quantity (CMD)
1.	Industrial Cooling, spraying in mine pits or boiler feed	0.00
2.	Domestic purpose	30.00
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	2.00
4.	Processing whereby water gets polluted & pollutants are not easily biodegradable and are toxic	0.00
5.	Other such as agriculture, gardening, etc.	0.00

**B. Conditions for Sewage & Effluent Generation, Treatment and Disposal:-**

Sr. No.	Description	Permitted quantity of discharge (CMD)	Standards to be achieved	Disposal
1	Domestic Sewage	25.00	As per clause 'C'	100% Recycle & treated sewage used for gardening & remaining send to local body sewer line.
2	Trade effluent	1.00	As per clause 'C'	100% Recycle & send to STP

**C. You shall operate the combined waste water treatment plant of adequate design and capacity to treat the domestic sewage and trade effluent so as to achieve the following standards as prescribed below under E (P) Act, 1986 and Rules made there under and recycle treated effluent after achieving standard prescribed below.**

Sr. No.	Parameters	Discharge Standards applicable
		Limiting Concentration in mg/except for pH
1	pH	6.5-9.0
2	Oil & Grease	10
3	BOD (3 days 27°C)	30
4	COD	250
5	Total Suspended Solids	100
6	Bio-Assay Test	90 % survival of fish after 96 hours in 100 % effluent

**D. You shall ensure replacement of pollution control system or its parts after expiry of its expected life as defined by manufacturer so as to ensure the compliance of standards and safety of the operation thereof.****E. You shall provide Primary/ Secondary/ tertiary treatment system and disinfection facility.****F. The Applicant shall obtain prior consent of the Board to take steps for Expansion/Modification of any treatment and disposal system or an extension or addition thereto.****G. You shall provide Specific Water Pollution control system as per above conditions and conditions of Environmental Clearance, if applicable.**

**Annexure - II**

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

1. You shall observe following fuel pattern and erect following stack (s):

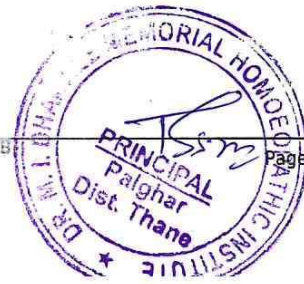
Sr. No.	Stack Attached to	Fuel Type	Quantity	Stack Height (Mtr)
1	D G SET 220 KVA	Diesel	5.00 Ltr/Hr	4.00

2. The Applicant shall obtain prior permission of MPC board for providing additional control equipment with necessary specifications and operation thereof or replacement/alteration well before its life come to an end or erection of new pollution control equipment.
3. The Board reserves its rights to vary all or any of the condition in the consent, if due to any technological improvement or otherwise such variation (including the change of any control equipment, either in whole or in part as necessary).
4. Conditions for D.G. Set:-
- Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically for control of noise.
  - 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.
  - You shall make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
  - 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 MoEFCC dated 17.05.2002 regarding noise limit for generator sets run with diesel.
5. You shall take adequate measures for control of noise levels from its own sources within the premises so as to maintain ambient air quality standard in respect of noise to less than 75 dB (A) during day time and 70 dB (A) during night time. Day time is reckoned in between 6 a.m. and 10 p.m. and night time is reckoned between 10 p.m. and 6 a.m.

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

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

Sr. No	Category	Type of Waste	Quantity not to exceed (Kg/Month)	Segregation Colour coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	40.00	Yellow coloured non- chlorinated plastic bags.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Touch N Glow, Palghar Palghar
		b) Animal Anatomical Waste	0.00		
		c) Soiled Waste	60.00		
		d) Expired or Discarded Medicines	0.40		
		e) Chemical Waste	0.00		
		f) Chemical Liquid Waste	0.00	Separate collection system leading to effluent treatment system.	
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	10.00	Yellow coloured non - chlorinated plastic bags or suitable packing material.	
		h) Microbiology Biotechnology and other clinical laboratory waste	0.00	Autoclave safe plastic bags or containers.	
2	Red	Contaminated waste (Recyclable)	68.00	Red coloured non chlorinated plastic bags or containers.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Touch N Glow, Palghar Palghar
3	White (Translucent)	Waste sharps including Metals	3.00	Puncture proof, Leak proof, tamper proof container.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Touch N Glow, Palghar Palghar
4	Blue	a) Glassware	30.00	Puncture proof, Leak proof with Blue coloured marking.	Bio medical Waste shall be sent to MPCB authorized BMW-CTF Touch N Glow, Palghar Palghar
		b) Metallic body implants	0.00		



## **SCHEDULE-II**

### **Responsibilities of the Health Care Facility**

1. You shall handover Bio Medical waste only to MPCB Authorized Common Bio medical waste treatment and Disposal facility **Touch N Glow, Palghar** and maintain records thereof for 5 years.
2. You shall establish bar code for handling of bio-medical waste.
3. You shall ensure segregation of Bio-Medical Waste in colour coded bags as per BMW Management Rules, 2016
4. You shall not store Bio Medical waste beyond 48 hours from the generation.
5. You shall use only non-chlorinated plastic coloured bags.
6. You shall ensure use of colour coded bins and bags for segregation of BMW as required under BMW Management Rules 2016.
7. You shall not mix General/other Solid waste with Bio Medical Waste.
8. You shall ensure segregation, treatment and disposal of General / Other Municipal solid waste as per Solid Waste Management rules, 2016.
9. You shall pay the charges to authorized Common Bio Medical waste Treatment and Disposal facility for its services as agreed upon during the membership registration or as amended.
10. You shall comply and strictly abide with the conditions stipulated in BMW Management Rules, 2016 as amended time to time.
11. You shall handover Plastic / Metal waste (BMW) to Common Bio medical waste treatment and Disposal facility allocated to you for treatment & disposal or plastic/metal recycler authorized by MPCB for BMW Handling and maintain records thereof & submit to MPCB in Annual report.
12. You shall provide training to all workers involved in handling of bio-medical waste at the time of induction and at least once a year thereafter and maintain record thereof.
13. You shall undertake appropriate medical examination of all BMW Waste handlers & staff at the time of induction and at least once in a year and immunize all involved in management of Bio Medical Waste for protection against diseases, including Hepatitis B and Tetanus, that are likely to be transmitted while handling bio medical waste and maintain the records for the same.
14. You shall ensure use of personal protective Equipment such as Heavy Duty Gloves (Workman's Gloves), Gum Boots or safety shoes for waste collectors, Face mask, Head Cap, Splash Proof Gowns or aprons etc., Disposal gloves by waste handlers.
15. You shall develop and operate own website. The website should be uploaded on monthly basis with all the information relating to Bio-Medical waste management including this CCA and other permission and report.
16. You shall maintain all record for Generation, for a period of five years and produce whenever asked by MPCB authorities.
17. The occupier and operator of a Health Care Establishment shall be liable for all the damages caused to the environment or the public due to improper handling of bio-medical wastes.
18. You shall ensure submission of Annual Report of BMW for the period Jan to Dec, including category and quantity of BMW Generated and Disposed in Form IV for preceding year before 30th June of every year to the Regional Office, MPCB, Thane and uploading the same to MPCB Portal (<https://www.ecmpcb.in/>).

**SCHEDULE-III****Bank Guarantees**

1. Bank Guarantee imposed to ensure timely compliance, to be observed by operator.

<b>Sr.No</b>	<b>Activity / Condition to be Complied</b>	<b>Compliance Timeline (Months)</b>	<b>Bank Guarantee Amount</b>
<b>1A</b>	<b>Operation and Maintenance</b>		
1	To Segregate and Handle BMW as per Schedule I	Continuous	50,000.00
2	Towards Operation and Maintenance of STP/ETP to achieve prescribed discharge standards	Continuous	50,000.00
<b>1B</b>	<b>Records</b>		
1	To Maintain records of BMW and submission of Annual Report for preceding calendar year in Form -IV before 30th June every year	Continuous	25,000.00
2	To maintain records of BMW handed over to CBMWTFD	Continuous	25,000.00
<b>Total</b>			<b>1,50,000.00</b>

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



## SCHEDULE-IV

### General Conditions

#### The following general conditions shall apply:-

1. You shall provide facility for collection of environmental samples and samples of trade and sewage effluents, air emissions and hazardous waste to the Board staff at the terminal or designated points and shall pay to the Board for the services rendered in this behalf.
2. Whenever due to any accident or other unforeseen act or event, such emissions occur or is apprehended to occur in excess of standards laid down, such information shall be forthwith reported to Board, concerned Police Station, Executive Engineer MIDC and Local Body. In case of failure of pollution control equipment's, the process connected to it shall be stopped.
3. You shall provide an alternate electric power source sufficient to operate all pollution control facilities installed to maintain compliance with the terms and conditions of the consent. In the absence, the applicant shall stop, reduce or otherwise, control operation to abide by terms and conditions of this consent.
4. You shall submit to this office, the 30th day of September every year, the Environmental Statement Report for the financial year ending 31st March in the prescribed Form-V as per the provisions of rule 15 of the Environment (Protection) (Second Amendment) Rules, 1992.
5. You shall comply with the Hazardous Waste (M, H & TM) Rules, 2016 and submit the Annual Returns as per Rule 20(2) of Hazardous Waste (M, H & TM) Rules, 2016 for the preceding year April to March in Form-IV by 30th June of every year to Regional Office, Thane.
6. You shall engage qualified staff/personnel/agency to see the day to day compliance of consent & authorization condition towards Environment Protection.
7. Separate drainage system shall be provided for collection of trade and sewage effluents. Terminal manholes shall be provided at the end of the collection system with arrangement for measuring the flow. No effluent shall be admitted in the pipes/sewers downstream of the Terminal manholes. No effluent shall find its way other than in designed and provided collection system.
8. Neither storm water nor discharge from other premises shall be allowed to mix with the effluents from the HCE.
9. You shall install a separate meter showing the consumption of energy for operation of domestic and industrial effluent treatment plants and air pollution control system. A register showing consumption of chemicals used for treatment shall be maintained.
10. You should not cause any nuisance in surrounding area. You shall maintain good housekeeping.
11. You shall bring minimum 33% of the available open land under green coverage/ plantation. The applicant shall submit a yearly statement by 30th September every year on available open plot area, number of trees surviving as on 31st March of the year and number of trees planted.
12. The non-hazardous solid waste arising in the HCE premises, sweepings, etc. be disposed of scientifically so as not to cause any nuisance / pollution. The applicant shall take necessary permissions from civic authorities for disposal of solid waste.
13. You shall achieve the National Ambient Air Quality standards prescribed vide Government of India, Notification Dated. 16/11/2009 as amended.

14. You shall submit an official e-mail address and any change will be duly informed to the MPCB.
15. You shall observe provisions of E-waste (Management) Rules 2016 & as amended time to time and Batteries (Management and Handling) Amendment Rules, 2010.
16. An inspection book shall be opened and made available to the Board's officers during their visit to the HCE.
17. In case you use/ handle/ generate the cytotoxic waste you shall strictly adhere to the standards/ SOPs applicable and waste shall be labelled specifically as "Cytotoxic Waste" with symbol on waste containers/ bags and shall handover to BMW CTFs.
18. You shall obtain required permissions from competent authority for radio active material user/ handling/ disposal of waste before commencement of such activity.
19. The Energy source for lighting purpose shall preferably be LED based.
20. You shall harvest rainwater from roof tops of the buildings and storm water drains to recharge the ground water and utilize the same for different industrial applications within the plant
21. You shall provide personal protection equipment as per norms of Factory Act 1948
22. You are responsible to submit application for renewal of Combined Consent & Biomedical Waste authorization before 60 days of expiry.

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This certificate is digitally & electronically signed.

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मुख्य कार्यालय, विरार  
विरार (पूर्व)  
ता.वसई, जि.पालघर-४०१ ३०५.



दुरध्वनी: ०२५०-२५२५१०१/०२/०३/०४/०५/०६

फॅक्स : ०२५०-२५२५१०७

ई-मेल: [fire.vvmc@gov.in](mailto:fire.vvmc@gov.in)

जा.क्र. : MFS/VVCMC/FIRE/HQ/101/2024-25

दिनांक: 07/08/2024.

**FIRE & EMERGENCY SERVICES**

To,  
Dr.M.L.Dhawale Memorial Trust,  
Hospital, Palghar (Charitable)  
S.No.115/A, H.No.1-A,  
Tal & Dist-Palghar.

**Sub:-** Grant of "Final No Objection Certificate" for your proposed construction of Hospital Building & Hostel Building known as "Dr.M.L.DHAWALE MEMORIAL TRUST HOSPITAL, PALGHAR (CHARITABLE)" on S.No.115/A, H.No.1-A of Tal & Dist: Palghar.

- Ref:-**
- 1) An application received from Developer Dr.M.L.Dhawale Memorial Trust, Dated:26/07/2024.
  - 2) Area Statement from M/s-Anjalis Associates, Dated:29/07/2024.
  - 3) Certificate from License Agency M/s-Shri Ram Fire Controlling Systems, Dated:06/04/2024. (Form A)
  - 4) Submitted License copy of Maharashtra Fire Services, Dated:15/07/2023.
  - 5) Submitted Affidavit & Fire Fighting Installation Photo Copy, Dated:27/07/2024.
  - 6) Structural Audit Report of M/s-Anjali's Associates, Dated:27/04/2021.
  - 7) MFS issued Provisional No objection Certificate No. MFS/51/2021/131, Dated:05/05/2021.
  - 8) License to work the Lift from Govt. of Maharashtra Industries, Energy & Labour, Dated:28/09/2006 & 01/07/2016.
  - 9) Submitted Annual Inspection Report (Electric) of Electrical Inspector Division, Palghar, Dated:15/07/2024.
  - 10) Submitted D.G.Set Certificate of M/s-Stamford, Dated:22/07/2015.
  - 11) C.F.O. site visit, Dated:27/07/2024.

This has reference to the above. This office has No Objection for (Final) Fire Approval for following proposed construction of Hospital Building.

The Proposed Built up area is 8523.17Sq.Mtrs. (Incl area free of FSI)

With reference to Sr.No.1 & 2 above, this office is in receipt of your application for your **Hospital Building as (Basement + Ground + 2<sup>nd</sup> floor ) in 10.40mtrs Height & Hostel Building (Ground + 2<sup>nd</sup> floor in 9.60mtrs & Dining Hall (Ground floor) in 5.10mtrs Height & Staff Quarter 1<sup>st</sup> & 2<sup>nd</sup> floor in 11.20mtrs** at above mentioned address Since the firefighting arrangements provided is installed by License Agency i.e. M/s- Shri Ram Fire Controlling Systems, bearing





DR. M. L. DHAWALE MEMORIAL  
HOMOEOPATHIC INSTITUTE

NAAC Accreditation B+

NABH Accredited

**Dr. BIPIN S. JAIN** M.D.(Hom ), MBA (Ed.Mgt. ), Ph.D. (Hom)  
Principal

दिनांक : १३/०५/२०२६

विषय : Alcohol License / Spirit License लागू नसल्याबाबत...

मा . महोदय,

आपणांस कळवू इच्छितो की, आमच्या महाविद्यालयात पदव्युत्तर होमिओपॅथी अभ्यासक्रमात फार्मसी अभ्यासक्रम नाही . त्यामुळे स्पीरीट परवाना व Alcohol परवाना लागू नाही याची नोंद घ्यावी .

कळावे,

  
डॉ . विपीन जैन,  
प्राचार्य

