

**Maharashtra University of Health Sciences, Nashik**  
**Inspection Committee Report for Academic Year 2025-2026**

**Clinical Material in Hospital**

Name of College:- **Orangecity Institute of Nursing**

Faculty:- **B.Sc Nursing**

**HOSPITAL DETAILS**

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) <b>To be made available on web site</b>	<b>Total 300 Bedded All MOU Available</b>	<b>Adequate</b>
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: <b>Copy to be made available on web site</b>	<b>Private</b>	<b>Adequate</b>
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual .....	<b>1:2</b>	<b>Adequate</b>
c.	Average Bed Occupancy in % : (Minimum 75%) .....	<b>81%</b>	<b>Adequate</b>
d.	Clinical facilities for PG to be verified:-(As per MSR)		<b>Adequate</b>
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD(current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)	<b>Yes</b> <b>Yes</b> <b>OPD-11500</b> <b>287</b> <b>182</b>	<b>Adequate</b>
<ul style="list-style-type: none"> <li>As per Central Council Norms/ University Norms, above Infrastructure must be available at College.</li> <li>If Infrastructure is available, then mark "Adequate" &amp; do not attach any Documents it should be available on college website</li> <li>In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report</li> </ul>			

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



Date:- 31/01/2025

Chairman of LIC

Member Of LIC

Dean/ Principal Stamp & Signature  
Principal

Orange City Institute of Nursing



महाराष्ट्र MAHARASHTRA

2023

71AA 020047

म.क्र. दिनांक १७ 29 JAN. 2024

गंध किरंताई बाबाराव मेघे. एड्युकेशन सोसायटी  
अनिल शं. राऊत  
पुस्तक विक्रेता, वरुड, प.क्र. ५/७७  
वर्ग लॉक डेपॉजिटरी मुम्बई

OFFICE OF THE  
SUB-TREASURY  
OFFICER, WARUD  
23 JAN 2024  
SUB-TREASURY  
WARUD

NOTARY  
Bhushali V. Behare  
Warud, Dist. Amravati  
MAHARASHTRA  
Regn. No. 1023  
Date 17/12/2024  
GOVT OF INDIA

**UNDERTAKING**

I, **Dr. Rajendra Radhakisan Rajoriya** age 64 Years resident of at, **N0-23 Rajoria Netra Rignalay, Pandhurna Chouck, Tq.Warud, Dt.Amravati Maharashtra 444 906** would like to submit the following undertaking-

I am lifetime member of the trust named "**Kirantai Babarao Meghe Education Society, Yavatmal.**" Occurred for member of trust.

1. "**Orangecity Institute of Nursing, ( B.SC Nursing )** is established and managed by "**Kirantai Babarao Meghe Education Society**"Yavatmal,
2. "**Warud Multispeciality Hospital**" is Managed, by '**SSSRM Health Care Pvt.Ltd**' Near to Warud Central Bus Stand, Morshi Road, Tq.Warud, Dt.Amravati Maharashtra 444 906 at distance 5 Km. from '**Orangecity Institute of Nursing, (B.SC Nursing)**, Near Railway Line, Roshankhed, Nagpur Road, Tq Warud, Dt Amravati Maharashtra 444 906

**Notary**

3. My Hospital would continue to function as "Parent Hospital" of this college "Orangecity Institute of Nursing, (B.Sc Nursing), Near Railway Line, Roshankhed, Nagpur Road, Tq Warud, Dt Amravati Maharashtra 444 906 For B.Sc Nursing (4year) managed by the "Kirantai Babarao Meghe Education Society, for life time.

Date:- 30/01/2024.

Place: Warud

Director/Chairman

**Notary**

"Warud Multispeciality Hospital"  
Secretary / Managing Director  
SSSMH-908 Care  
Private Limited

N.R.S.No. 465  
ON DATED 30/01/2024  
THIS DOCUMENT CONTAINS 02 PAGE



ATTESTED BY ME  
B. Behare  
Adv.  
BHUSHAN V. BEHARE  
NOTARY For  
Warud/Amravati (M.S.) India  
Mob. 9373991989



भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

100

ONE HUNDRED RUPEES



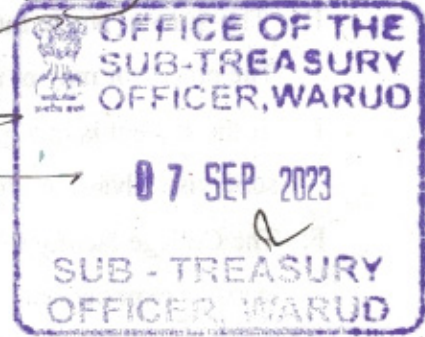
महाराष्ट्र MAHARASHTRA

2022

42AA 664393

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कि. स. (अक्षरी)  
दिनांक : 07/09/23  
मु. वि. :- हि. ल. चौधरी, वरुड  
प. क्र. 3/23 व 9/23 को. फी

किरन्तई बाबराओ मेघे एज्युकेशन सोसायटी यवतमांड मॉ संगीत पाठशाळा



MEMORANDUM OF UNDERSTANDING

This Agreement is entered into between,  
" Kirantai Babarao Meghe Education Society ", Sunil Nilkanthrao Thakare , Jayshree Nagar , Civil Court Road, Near Surya Colony, Warud Dist Amravati & Ande Hospital , Maternity And Surgical Home , Renuka Nagar, Warud Ta Warud Dist Amravati.

The Agreement, and any amendments and supplements thereto

**WITNESSETH THAT:**

**WHEREAS**, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and **WHEREAS**, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

Notary

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

### I. COLLEGE RESPONSIBILITIES

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

### II. HOSPITAL RESPONSIBILITIES

- A. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.
- B. D. The hospital will permit the College faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.

Notary

Notary

- C. . When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.
- D. The hospital assumes no responsibility for the cost of meals, uniforms, housing, or health care of College/ faculty and students who are participating in the clinical experience program. The Facility will permit college faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.
- E. . The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

### III. MUTUAL RESPONSIBILITIES

- A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.
- B. Communication to keep both parties and the parties' personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs, which are contemplated;
- C. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate);
- D. Communication to identify areas of mutual need or concern;
- E. Communication to seek solutions to any problems which may arise in the clinical experience program; and
- F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve the College curriculum.

### IV. REQUIREMENTS OF STUDENTS

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

**Notary**



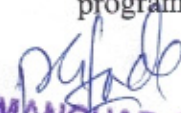
**ary**

## V. EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

- A. Any emergency medical care available at the hospital will be available to College faculty and students. College/University faculty and students will be responsible for payment of charges attributable to their individual emergency medical care at either the Hospital or the College.
- B. Any College/University faculty member or student who is injured or becomes ill while at the hospital shall immediately report the injury or illness to the hospital and receive treatment (if available) at the hospital as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.
- C. The hospital shall follow, for College faculty and students exposed to an infectious disease at the hospital during the clinical experience program, the same policies and procedures, which the hospital follows for its employees. Any hospital or medical costs arising from the exposure shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.

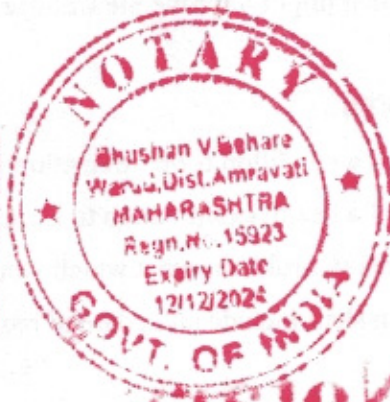
## VII. TERM OF AGREEMENT

- A. This Agreement is effective on September 12, 2023, and shall remain in effect for one year and shall thereafter automatically renew for successive one year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.

  
**Dr. MANOHAR G. ANDE**  
M.B.B.S., D.G.O. (NAG), D.T.C.D. (Mumbai)  
Regd. No. 70521  
ANDE HOSPITAL  
**Hospital Dean**

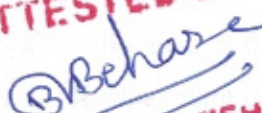
With Seal and Date

N.R.S.No. 2834  
ON DATED 12/09/2023  
THIS DOCUMENT CONTAINS 04 PAGE



  
**President**  
Kirti Bahargu Meghe  
**College President**  
Education Society

With Seal and Date

**ATTESTED BY ME**  
  
**BHUSHAN V. BEHARE**  
NOTARY FOR  
Warud/Amravati (M.S.) India  
Mob. 9373991069



महाराष्ट्र MAHARASHTRA

© 2022 ©

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२०३२  
 ज.क्र. ....  
 कि. क्र. (अक्षरी) .....  
 दिनांक : ०५/०९/२३  
 मु. वि. :- हि. ल. चौधरी, वरुड  
 प. क्र. ३/८३ व. १/८३ को. की

किरन्ताई बाबराओ मेगहे एजुकेशन सोसायटी  
 सूर्य कॉलोनी, वरुड, अमरावती, महाराष्ट्र  
 डॉ. चौधरी स्ट्रीट रूग्णालय & वैश्रवाणी बाल रूग्णालय, पण्डहर्ना स्क्वोर, वरुड ता वरुड, अमरावती, महाराष्ट्र

OFFICE OF THE  
 SUB-TREASURY  
 OFFICER, WARUD  
 07 SEP 2023  
 SUB - TREASURY  
 OFFICER, WARUD



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The Agreement, and any amendments and supplements thereto

WITNESSETH THAT:

WHEREAS, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and  
 WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

**Notary**

११६३०/१

Regd. 1965/03/21  
 WARUD

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

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**Notary**



**Notary**

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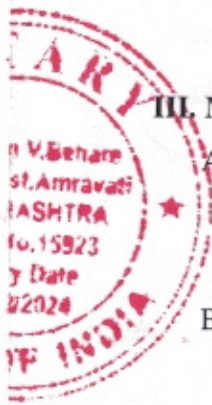
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**Notary**

**Notary**

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**Notary**

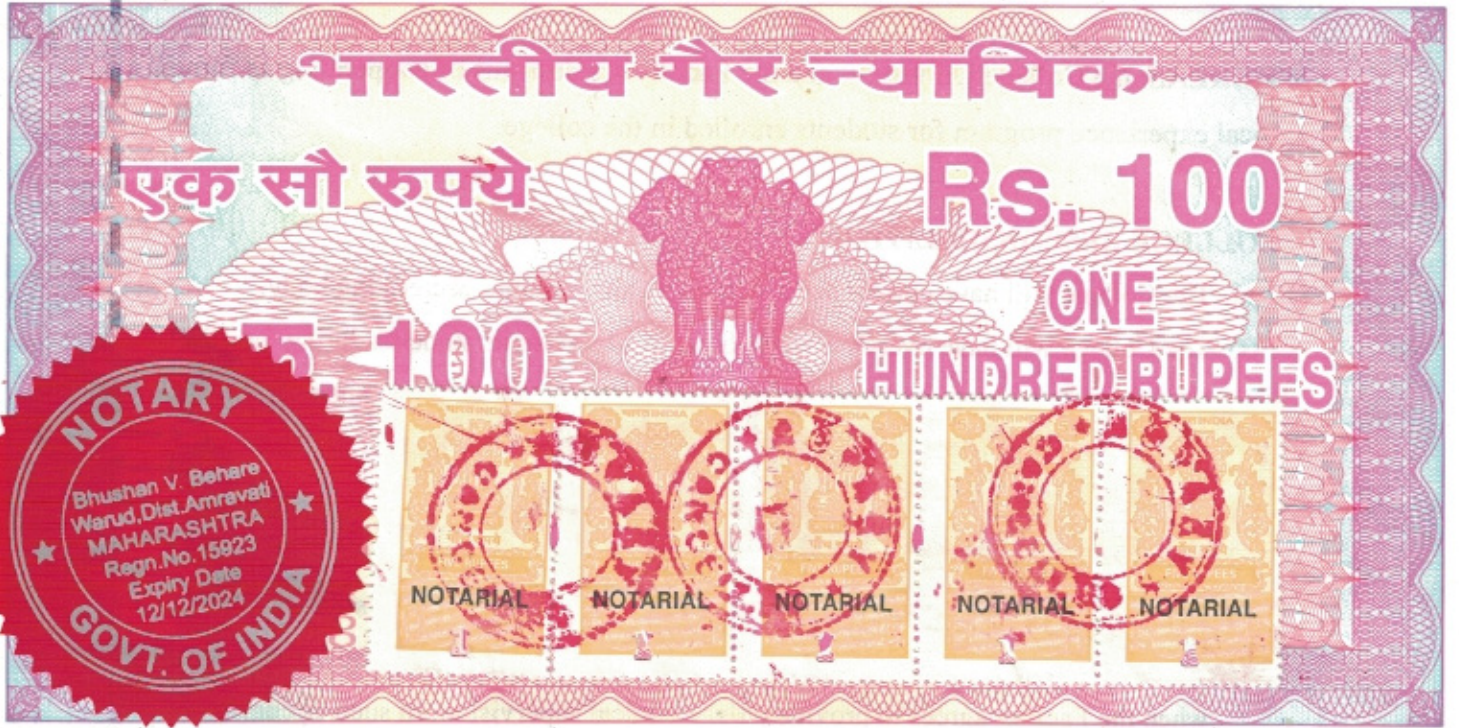
*Chandru*  
डॉ. प्रविण रा. चौधरी  
Hospital Dean  
M.S., B.S., M.A. (Mumbai)  
PALS, NALS (Mumbai)  
With Seal and Date  
Regd. 1803/03/2001  
WARUD

*Kirant Baharao Meghe*  
President  
Kirant Baharao Meghe  
College President  
Education Society  
With Seal and Date

N.R.S.No. 2835  
ON DATED 12/09/2023  
THIS DOCUMENT CONTAINS 04 PAGE



ATTESTED BY ME  
*B. Behare*  
Adr.  
BHUSHAN V. BEHARE  
NOTARY For  
Warud/Amravati (M.S.) India  
Mob. 9373991089



महाराष्ट्र MAHARASHTRA

2022

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2039V  
 कि. रु. (अक्षरी) .....  
 दिनांक: १२/१२/२३  
 मु. ति. - हि. ल. घोंघरी, वरुड  
 प. क्र. १/८३ व. १/८३ को. फी

*(Handwritten signatures and text in Marathi)*

OFFICE OF THE  
 SUB-TREASURY  
 OFFICER, WARUD  
 7 SEP 2023  
 SUB - TREASURY  
 OFFICER, WARUD



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The Agreement, and any amendments and supplements thereto

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**Notary**

*(Faint handwritten text)*

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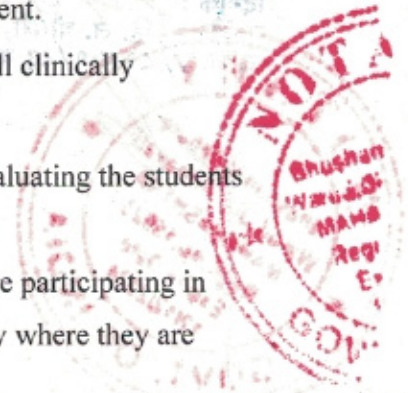
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**Notary**

**NOTARY**

**No**



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**Notary**

**Notary**

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## VII. TERM OF AGREEMENT

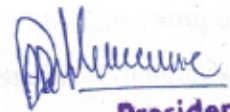
- A. This Agreement is effective on September 12, 2023, and shall remain in effect for one year and shall thereafter automatically renew for successive one year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.


  
**Hospital Dean**  
With Seal and Date

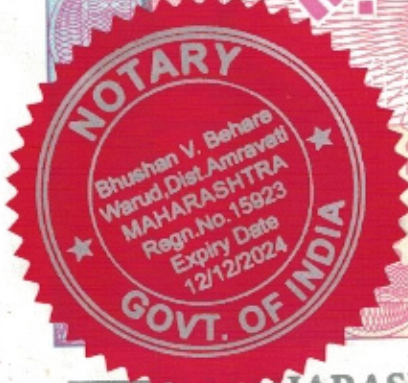
**PRAFULL HOLE**  
M.B.B.S., D.C.H.  
Reg. No. 2012/09/3242  
Vandana Bahugnalaya &  
Skin Care Center, Warud-444906

N.R.S.No. 2831  
ON DATED 12/09/2023  
THIS DOCUMENT CONTAINS 04 PAGES



  
**President**  
Kiranji Bahara Meghe  
**College President**  
With Seal and Date

**ATTESTED BY ME**  
  
**BHUSHAN V. BEHARE**  
**NOTARY For**  
Warud/Amravati (M.S.) India  
Mob. 9373991089



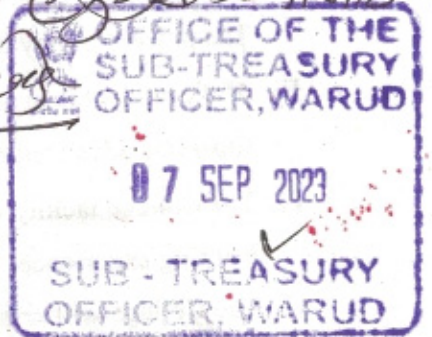
महाराष्ट्र MAHARASHTRA

2022

42AA 664398

क्र. सं. 2332  
कि. ह. (अक्षरी)  
दिनांक :  
म. सं. :- हि. ल. चौधरी, वरुड  
म. सं. 3/22 व 9/23 को. फी

*किरन्तई बाबराओ मेगहे एज्युकेशन सोसायटी*  
*महाराष्ट्र*



**MEMORANDUM OF UNDERSTANDING**

This Agreement is entered into between,

“ Kirantai Babarao Meghe Education Society “, Sunil Nilkanthrao Thakare , jayshree Nagar , Civil Court Road, Near Surya Colony, Warud Dist Amravati & Kherde Bal Rugnalay Above Khamgaon Bank, Approach Road Warud Ta Warud Dist Amravati

The Agreement, and any amendments and supplements thereto

**WITNESSETH THAT:**

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

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

**Notary**

*VISION*

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

### **I. COLLEGE RESPONSIBILITIES**

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

### **II. HOSPITAL RESPONSIBILITIES**

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

**Notary**

**7/10/10**

**Not**



- D. The hospital assumes no responsibility for the cost of meals, uniforms, housing, or health care of College/ faculty and students who are participating in the clinical experience program. The Facility will permit college faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.
- E. The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

### III. MUTUAL RESPONSIBILITIES

- A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.
- B. Communication to keep both parties and the parties' personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs, which are contemplated;
- C. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate);
- D. Communication to identify areas of mutual need or concern;
- E. Communication to seek solutions to any problems which may arise in the clinical experience program; and
- F. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve the College curriculum.

### IV. REQUIREMENTS OF STUDENTS

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

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

- A. Any emergency medical care available at the hospital will be available to College faculty and students. College/University faculty and students will be responsible for payment of charges attributable to their individual emergency medical care at either the Hospital or the College.
- B. Any College/University faculty member or student who is injured or becomes ill while at the hospital shall immediately report the injury or illness to the hospital and receive



ary

Notary


treatment (if available) at the hospital as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of the College faculty member or student who receives the treatment and not the responsibility of the hospital.


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

### VII. TERM OF AGREEMENT

- A. This Agreement is effective on September 12, 2023, and shall remain in effect for one year and shall thereafter automatically renew for successive one year periods until terminated. Either party may terminate this Agreement at any time upon sixty (60) days written notice to the other party. Termination by the Hospital shall not become effective with respect to students then participating in the clinical experience program.

**Notary**

  
Dr. Bhushankumar V. Kherde  
Hospital Dean  
Physician and Neonatologist  
With Seal and Date  
Reg. No. 5010129

  
President  
College President  
Education Society  
With Seal and Date



N.R.S.No. 2830  
ON DATED 12/09/2023  
THIS DOCUMENT  
CONTAINS 04 PAGE



ATTESTED BY ME  
  
Bhushan V. Behare  
NOTARY For  
Warud/Amravati (M.S.) India  
Mob. 9373991089

**Notary**



महाराष्ट्र MAHARASHTRA

© 2022 ©

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२२७६४ अ.क्र. दिनांक १० ३ SEP 2023

नांव किरन्ताई बाबाराव मेघे एड्युकेशन -  
अनिल श. थकारे -  
मुद्रांक विवेका, कड.प.क्र.५/१७ - जोलापट्टी यवतभाइ  
वर् लॅड शुभन पवाट १९७३

OFFICE OF THE  
SUB-TREASURY  
OFFICER, WARUD  
07 SEP 2023  
SUB - TREASURY  
OFFICER, WARUD



**MEMORANDUM OF UNDERSTANDING**

This Agreement is entered into between,

“ Kirantai Babarao Meghe Education Society “, Sunil Nilkanthrao Thakare ,Jayshree Nagar , Civil Court Road , Near Surya Colony , Warud Dist Amravati & Belsare Hospital Renuka Nagar , Pandhurna Chowk Warud ta Warud Dist Amravati.

The Agreement, and any amendments and supplements thereto

**WITNESSETH THAT:**

**WHEREAS**, the College has an established and accredited health care educational program(s) for qualified students preparing for and/or engaged in health care careers; and  
**WHEREAS**, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified health care personnel; and

**Notary**

२२७६४

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

### **I. COLLEGE RESPONSIBILITIES**

- A. The College will have current accreditation by any required accrediting body.
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- H. The College will inform its faculty and students of the hospital policies and regulations, which relate to the clinical experience program at the hospital. This includes notifying faculty and students that they will be required to sign a patient confidentiality statement.
- I. The College will maintain a record of students' health examinations and current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.

### **II. HOSPITAL RESPONSIBILITIES**

- A. The Hospital will provide the College with a copy of its policies and procedures, which relate to the clinical experience program.
- B. D. The hospital will permit the College faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.

**Notary**

- C. . When available, physical space such as offices, conference rooms and classrooms of the hospital may be used by the College faculty and students who are participating in the clinical experience program.
- D. The hospital assumes no responsibility for the cost of meals, uniforms, housing, or health care of College/ faculty and students who are participating in the clinical experience program. The Facility will permit college faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the hospital.
- E. . The Hospital recognizes that it is the policy of the College to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations

### III. MUTUAL RESPONSIBILITIES

- A. The College and the hospital assume joint responsibility for the orientation of the College faculty to hospital policies and regulations before the College assigns its faculty to the hospital.
- B. Communication to keep both parties and the parties' personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs, which are contemplated;
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### V. EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

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**Notary**

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

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**Hospital Dean**  
With Seal and Date

*[Signature]*

**College President**

With Seal and Date  
Kinnori Bahaso Meghe  
Education Society

R.S. 2854  
NO. 18/09/2023  
THIS DOCUMENT CONTAINS 04 PAGE



**ATTESTED BY ME**  
*[Signature]*  
**BHUSHAN V. BEHARE**  
NOTARY For  
Warananagar, Amravati (M.S.) India  
Mob. 9373991089



महाराष्ट्र MAHARASHTRA

2022

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 कि. क्र. (अक्षरी) .....  
 दिनांक: .....  
 मु. वि. :- हि. ल. चौधरी, वरुड  
 प. क्र. ३/८३ व १/८३ को. फी

*(Handwritten signatures and text in Marathi)*

OFFICE OF THE  
 SUB-TREASURY  
 OFFICER, WARUD  
 07 SEP 2023  
 SUB - TREASURY  
 OFFICER, WARUD



**MEMORANDUM OF UNDERSTANDING**

This Agreement is entered into between,  
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 Nagar , Civil Court Road, Near Surya Colony, Warud Dist Amravati &  
 Kubde Hospital Critical Care Center & Vatsalya Bal Rugnalaya, Ward -2, Pandhurna  
 Chowk , Warud Ta Warud Dist Amravati.

The Agreement, and any amendments and supplements thereto

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**Notary**

*(Handwritten signature)*

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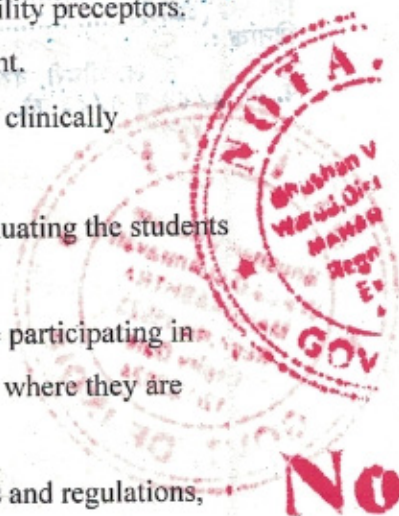
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**Notary**

7/10/17



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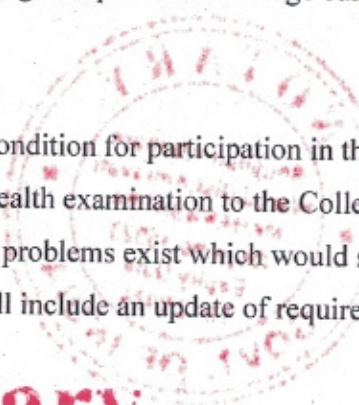
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**Notary**



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**Notary**

*Ru*

*Dr. Rahul S. Kubde*

**Hospital Dean**

With Seal and Date

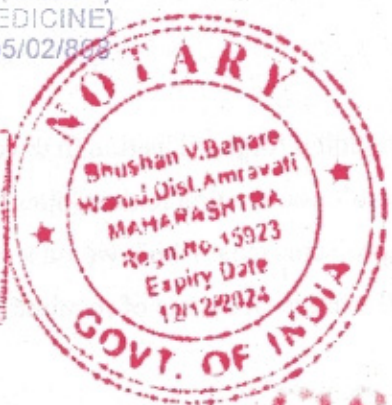
*Kirantai Babarao Meghe*

**President**

**Kirantai Babarao Meghe  
College President  
Education Society**

With Seal and Date

N.R.S.No. 2836  
ON DATED 12/09/2023  
THIS DOCUMENT CONTAINS 04 PAGE



**ATTESTED BY ME**  
*B. Behare*  
**Adv.**  
**BHUSHAN V. BEHARE**  
NOTARY For  
Warud/Amravati (M.S.) India  
Mob. 9373991089