

Maharashtra University of Health Sciences, Nashik

Following documents need to available on web site

Trust Deed / Bylaws/ Registration Certificate (Trust / Hospital (Bombay Nursing Act))

Faculty.....Nursing....

Name of College/Institute SARA INSTITUTE OF NURSING EDUCATION PANVEL
(151147)

| | |
|---|---|
| Name of Trust / Society | Nav Jagruti Vikas Sanstha |
| Registration Certificate To be uploaded on web site clear and original copy | Trust / Society :- To be uploaded on web site Yes |
| | Trust Deed / Bylaws:- To be uploaded on web site -yes |
| | Hospital Ownership Documents:- yes |
| | Hospital (Bombay Nursing Act) :- To be uploaded on web site - yes |
| | MPCB Certificate of Parent Hospital :- To be uploaded on web site- yes |
| Hospital Type as Per Bombay Nursing Act :- yes (General Hospital) | |
| Hospital (Bombay Nursing Act) issuing Authority :- Cvil Surgeon | |
| Hospital Bed as per Certificate:- 100 | |
| Name of the College / Institute (As per First Affiliation letter) | : SARA INSTITUTE OF NURSING EDUCATION PANVEL |
| Address | : Poyenje ,Navi Mumbai tal- PAnvel Dist Raigad |
| Email ID | : saranursingeducation@gmail.com |
| Telephone / Mobile No.(s) | : 8850598907 |
| Website | : www.saranursingeducation.com |
| College Code | : 151147 |

Here by I declare all relevant document uploaded are clear and visible on web site & are true as per my best knowledge

Any Other, Please Specify:-



[Signature]

PRINCIPAL
SARA INSTITUTE OF NURSING EDUCATION
Poyanje, Navi Mumbai
Tal.: Panvel, Dist.: Raigad

Date:-
Chairman of LIC

Member Of LIC

Dean/ Principal Stamp & Signature
Member Of LIC



राष्ट्रीय प्रमाणपत्र

राष्ट्रीय प्रमाणपत्र प्राप्त करने के लिए उच्चतम कक्षा में परीक्षा उत्तीर्ण करने वाले छात्रों को प्रमाणपत्र प्रदान किया जाता है।

औरंगाबाद

विद्यापीठ औरंगाबाद

राष्ट्रीय प्रमाणपत्र प्रदान करने के लिए

राष्ट्रीय प्रमाणपत्र प्राप्त करने के लिए उच्चतम कक्षा में परीक्षा उत्तीर्ण करने वाले छात्रों को प्रमाणपत्र प्रदान किया जाता है।

औरंगाबाद

राष्ट्रीय प्रमाणपत्र प्राप्त करने के लिए उच्चतम कक्षा में परीक्षा उत्तीर्ण करने वाले छात्रों को प्रमाणपत्र प्रदान किया जाता है।

अफ १२५८३

विद्यापीठ औरंगाबाद

राष्ट्रीय प्रमाणपत्र प्रदान करने के लिए

दिनांक २४/१०/१९

राष्ट्रीय प्रमाणपत्र प्रदान करने के लिए



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पदनाम औरंगाबाद विद्यापीठ, औरंगाबाद

PRINCIPAL
SARA SCHOOL OF NURSING

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PRINCIPAL
SARA INSTITUTE OF NURSING EDUCATION
Poyanje, Navi Mumbai

Tal.: Panvel, Dist.: Raigad



दिनांक-अ.जा./पुं. सा. वि./५० न

क्रमांक

48/07



नोंदणी प्रमाणपत्र

संस्था नोंदणी अधिनियम, १९६०

(१९६० चा अधिनियम २९)

नोंदणी क्रमांक महा/ 48/07

वाक्ये असे प्रमाणित करण्यात येते की, **जवजागृती विकास संस्था**

औरंगाबाद

यादीत तारखेला संस्था नोंदणी अधिनियम, १९६० (सत्र १९६० चा अधिनियम २९) अन्वये योग्यरित्या नोंदणी करण्यात आली.

तारीख: 11-01-2007 संस्थेची मान्यता सहीपित्री दिवस.



PRINCIPAL
SARA INSTITUTE OF NURSING EDUCATION
Poyanje, Navi Mumbai
Tal.: Panvel, Dist.: Raigad

PRINCIPAL
SARA INSTITUTE OF NURSING EDUCATION
Poyanje, Navi Mumbai
Tal.: Panvel, Dist.: Raigad

PANVEL CITY MUNICIPAL CORPORATION



Certificate Of Registration

(Under Bombay Nursing Home Registration (Amendment) Act 2005 Under Section 5)

This is certify that Dr. Balasaheb Khadkade MBBS MD Reg no-2005/02/0656

has been registered under The Bombay Nursing Home Registration (Amendment) Act

2005 in Respect of Yashoda Hospital

situated at Satyam Arcade Gr. Floor first floor Plot no 26 Panvel City
Seat 21 Kamathe

Municipal Corporation and has been authorised to carry on said Nursing Home

Registration No. MH/PMC/H- 126

Date of Registration 01/04/2025

Place P.M.C.

Date of issue 10/06/2025

Terms and Conditions

Facility - MTP Regd. No. _____ TL Regd. No. _____ / PCPNDT Regd. No. _____

- 1) Certificate is valid upto 31/03/2028
- 2) No. of indoor patients Sanctioned (93) Maternity Bed 45 2) ICU Bed 24 3) NICU Bed 10 Total Bed 1006
- 3) There should not be any nuisance or health hazards to the neighboring residents other-41 bed
- 4) Hospital waste should be disposed off as per the Biomedical Waste Act, 1998
- 5) Hospital waste should not be thrown in community dustbins or anywhere in open space.
- 6) All necessary NOC required from various department should be renewed regularly.
- 7) It is necessary to obtain relevant Registration / Licences required under various act applicable to hospital
- 8) Registration should be renewed every three year In the month of March as per the Bombay Nursing Home Registration (Amendment) Act 2005.
- 9) It is mandatory to submit Information / report as desired by PCMC
- 10) The Registration is liable to be evoked on violation of above condition.



[Signature]
Local Supervising Authority Cum
Medical Officer of Health
Panvel Municipal Corporation



[Signature]
PRINCIPAL
SARA INSTITUTE OF NURSING EDUCATION
Poyanje, Navi Mumbai
Tal.: Panvel. Dist: Raigad

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GOVT OF MAHARASHTRA



Public Health Department
(PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES
PROHIBITION OF SEX SELECTION ACT, 2003)
SCHEDULE III

Certificate Of Registration

Facility - Hospital Regd. No. 126 MTP Regd. No. 59 / TL Regd. No. 59

- In exercise of powers conferred under sec. 19(1) of Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, (57 of 1994), the Appropriate Authority Panel Municipal Corporation hereby grants registration to the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic* named below purposed of carrying out Genetic Counselling Pre-natal Diagnostic Procedures*/ Pre-natal Diagnostic Tests as defined in the aforesaid Act for a period of five years ending on P.M.C
21/07/2028
- This registration is granted subject to the aforesaid Act and rules there under and any contravention there of shall result in suspension or cancellation of this certificate of Registration before the expiry of the said period of years.

A Name and address of the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*

Yashoda Hospital, Ad. Satyam Arcade, Sect 21, Plot No 26, Kamothe

B Name of the Applicant for registration

owner & OP) Dr. Balaseheb Khadbade MBBS

C Pre-natal diagnostic procedure approved for (Genetic Clinic)

- i) Ultrasound ii) Amniocentesis
iii) Chorionic villi biopsy iv) Foetoscopy
v) Foetal skin or organ biopsy vi) Cordocentesis
vii) Any other (specify) 2D Echo IVFIV

D. Pre-natal diagnostic tests approved (for Genetic Laboratory)

- i) Chromosomal Studies ii) Biochemical studies
iii) Molecular studies

- Model and make of equipments being used 1) Wipro GE Vbluson P8 B1 22
2) Mindray Dc-30 FHD Sm Jm 3-21001613
3) Philips clearVue 350 Sm SZ41280110

4. Registration No. allotted MH/PMC/P-107

5. Period of validity of Registration 5 yrs From 03/07/2023 To 02/07/2028

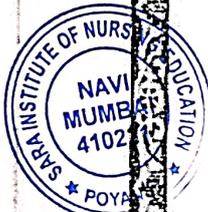
Date :

SEAL



Dr. P. J. Joshi
PRINCIPAL

Medical Officer Health Health
Tal. Panvel, Dist. Raigad





Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Authorisation/Renewal of Autorisation under Bio-Medical waste (management and handling) Rule, 1998

(To be submitted in triplicate to Sub-Regional Office/Regional Office/Head Office of the board)

From: DR.BALASAHEB VITTALRAO KADBADE

To :The Member secretary,
Maharashtra Pollution Control Board
Regional Office - Mumbai, Kalpataru Point, 3rd & 4th floor,
Sion Matunga scheme, Road no. 8,
Opp. Sion Circle, Mumbai - 400 022

1) Particulars of Applicant

i) Name of Applicant(in block letters and in full)

DR.BALASAHEB VITTALRAO KADBADE

ii) Name of institution

Yashoda Hospital

Address of institution

1, Satyam Arcade, Sector 21, Plot No. 26, Kamothe Panvel, Panvel-Raigad - 410209

Telephone

9967294847

Fax

0

Email

yashoda.hospital21@gmail.com

2) Activity for which authorization is sought

i) Generation

1

ii) Collection

0

iii) Reception

0

iv) Storage

0

v) Transportation

0

vi) Treatment

0

vii) Disposal

1

viii) Any other form of handing

NA

3) Please state whether applying for fresh authorization or for renewal
Renewal

In case of renewal, previous authorization no.

Format 1.0/BO/PSO/HOD-1901000720

In case of renewal, previous authorization date

Jan 10, 2019

4) i) Address of the institution handling Bio Medical Waste

Mumbai Waste Management Ltd. Plot No. 32, MIDC Taloja

ii) Address of the place of treatment facility

MWML, Plot No. P-32, MIDC Taloja, Tal- Panvel, Dist-Raigad

iii) Address of the place of disposal of facility

MWML, Plot No. P-32, MIDC Taloja, Tal- Panvel, Dist-Raigad

5) i) Mode of transportation (if any) of Bio Medical Waste

NA

ii) Modes of treatment

NA

7) i) Category (see schedule I) of waste to be handled

**ii) Quantity of waste
(categorywise) to be
handled per
month.(Kg/month)**

Human Anatomical Waste

5

Waste sharps

50

Discarded Medicines and Cytotoxic drugs

10

Solid Waste

100

Soiled Waste

10

Soiled Waste

10

Liquid Waste

10

8) Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Annexure

Existing

1

New

0

Altered

0

(1) (a) Type of institution

Hospital

(b) Is the firm registered

Yes

Registered as

Hospital,

(c) If registered, Give the registration number

MH/PMC/H-126

Date of registration

Mar 6, 2019

The authority with whom registered

PCMC

The authority with whom registered

PCMC

(2) No. of beds

61

Terms

5

(3) No. of patients treated per month

100

(4) No. of animals treated per month

0

(5) No. of animals slaughtered per month

0

(6) No. of samples analysed per month

0

(7) Population of town/city where the Institution is located

55000

(8) (a) Total capital investment of the project

5064049.41

(9) Total quality of waste generated per month

195

(10) Total quantity of BIO Medical Waste generated as per Bio Medical Waste management and handling, Rules 1989:

| Name of waste | Quantity per month | Category | Mode of storage | Brief description of method of treatment and disposal |
|----------------|--------------------|----------------|---|---|
| Category No. 1 | 5 | Category No. 1 | Yellow coloured non-chlorinated plastic bags | CBMW-TSDF at MWML , MIDC Talaja |
| Category No 4 | 50 | Category No 4 | Puncture proof, Leak proof, tamper proof containers | CBMW-TSDF at MWML , MIDC Talaja |
| Category No 5 | 10 | Category No 5 | Yellow coloured nonchlorinated plastic bags or containers | CBMW-TSDF at MWML , MIDC Talaja |
| Category No 6 | 100 | Category No 6 | Red coloured nonchlorinated plastic bags or containers | CBMW-TSDF at MWML , MIDC Talaja |
| Category No. 7 | 10 | Category No. 7 | Yellow coloured nonchlorinated plastic bags or containers | CBMW-TSDF at MWML , MIDC Talaja |
| Category No. 7 | 10 | Category No. 7 | Separate collection system leading to effluent treatment system | CBMW-TSDF at MWML , MIDC Talaja |
| Category No. 8 | 10 | Category No. 8 | (Glass ware)Cardboard Box with Blue Coloured Marking | CBMW-TSDF at MWML , MIDC Talaja |

(11) Quantity and source of water for

| | Quantity per month | Category |
|------------------------|--------------------|----------|
| a) Process (m3/d) | 0 | 0 |
| b) Domestic use (m3/d) | 5 | 1 |
| c) Other (m3/d) | 0 | 0 |

(12) Sewage and trade effluent discharge

a) Quantum of discharge (m3/d)

0

b) Is there any effluent treatment plan

No

d) Is terminal facility provided by local body

No

e) Are facilities available with the applicant for carrying out the following tests of the water

| | Already | Proposed |
|----------------------|----------------|-----------------|
| i) Physical | No | No |
| ii) Chemical | No | No |
| iii) Bacteriological | No | No |
| iv) Toxicological | No | No |

g) Characteristics of final effluent

i) pH

0

ii) Suspended solids (mg/l)

0

iii) Total dissolved solids (mg/l)

0

iv) Oil and grease (mg/l)

0

v) Chemical oxygen demand (mg/l)

0

vi) Biochemical Oxygen demand (BOD) (mg/l)

0

vi) Parameters of self monitoring

0

Frequency of self monitoring

0

h) Mode of disposal and final discharge point such as into river, creek, sea, nalla, municipal sewer or over land

0

13) Pertaining to stack (chimney) and vent emissions

a) No. of stacks

0

Height

0

Diameter

0

No. of vents

0

Height

0

Diameter

0

b) Quality of stack emissions from each of the stacks particulate matter and sulphur dioxide (SO₂) (mg/m³)

0

Quantity of stack emissions from each of the stacks particulate matter and sulphur dioxide (SO₂) (mg/m³)

0

c) A brief account of the air pollution control unit for emission control

0

d) Parameters of self monitoring

0
Frequency of self monitoring

0

14) Incinerator details

a) Combustion efficiency

0

b) Temperature of primary chamber

0

c) Temperature of secondary chamber

0

d) Particulate matter (mg/Nm³) at (12% CO₂: Correction)

0

e) Nitrogen oxides

0

f) HCL (ppm)

00

g) Stack height(Mts)

0

h) Stack diameter(Mts)

0

i) Type of fuel used

0

j) Volatile organic compounds in ash(%)

0

k) Details of pollution control devices installed/retrofitted with the incinerator,if any

0

15) Autoclave details

a) Type

Autoclave Gravity flow

Temperature

0

Pressure

0

Residence time

0

Autoclave Vacuum

0

0

0

Others please specify

a) Type

0

Temperature

0

Pressure

0

Residence time

0

b) Results of validation test

i) Spore testing

0

ii) Routine test

0

16) Microwave details

a) Type/Make

0

b) Results of efficacy test

0

c) Results of routine test

0

17) Deep burial details

a) Dimensions of trench or pit

0

b) Location of deep burial site

Place
Kamothe

Date
Mar 27, 2022

Designation
Director



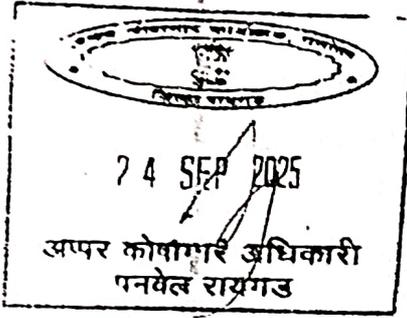
for [Signature]
PRINCIPAL
SARA INSTITUTE OF NURSING EDUCATION
Poyanje, Navi Mumbai
Tal.: Panvel, Dist.: Raigad



महाराष्ट्र MAHARASHTRA

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AFFIDAVIT

(For the Academic Year 2025-26)

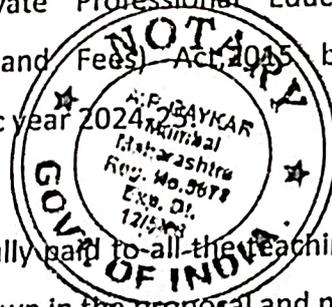


I DR. BALASAHEB V KHADABADE Aged 44 years, resident of Flat No. 803, Satyam Arcade, Plot No-26, Kamothe, Navi Mumbai - 410209 the President/Secretary of NAVJAGRUTI VIKAS SANSTHA Trust running the SARA NURSING SCHOOL college/institute do hereby make oath and state on solemn affirmation as under:-

1. By the resolution no. NVS/05/2021 Passed by the managing committee / Governing Body of the trust in its meeting held on 31/05/2021, I am authorized to execute and file this affidavit in support of the fee proposal submitted for approval of fee as provided under section 2(l) of The Maharashtra Unaided Private Professional Educational Institutions (Regulation Of Admissions and Fees) Act, 2015.

...2/-

2. I say and submit that along with the online proposal submitted by our college/institute for approval of fees for the academic year 2025-26, all the documents as per the checklist provided by the Nursing Diploma Course Shikshan Shulka Samiti has been annexed. I further undertake that the original/true copies of all the documents as per the checklist shall be produced with proper index and pagination in the form of a hard copy of the proposal.
3. I say and submit that the information recorded in the proposal submitted by our college/institute seeking approval of fees has been recorded truly and correctly and fully supported with evidence.
4. I say and submit that our college/institute has charged the fees to the students in the academic year 2024-25 as per the fees approved by the Nursing Diploma Course Shikshan Shulka Samiti and the same has been displayed on the official website and notice board of our college/institute.
5. I say and submit that no amount in any form has been charged and collected from the students over and above the fees approved by the Nursing Diploma Course Shikshan Shulka Samiti as defined under section 2(l) of The Maharashtra Unaided Private Professional Educational Institutions (Regulation Of Admissions and Fees) Act, 2015 by our college/institute as the trust in the academic year 2024-25.
6. I say and submit that the salary has been fully paid to all the teaching and nonteaching staff as per the expenditure shown in the proposal and none of them was exploited in any manner.
7. I say & submit that the College/Institute has provided the infrastructure & amenities as per norms laid down by the Competent Authority (I.N.C./M.S.B.N.P.E./State Government, etc.)





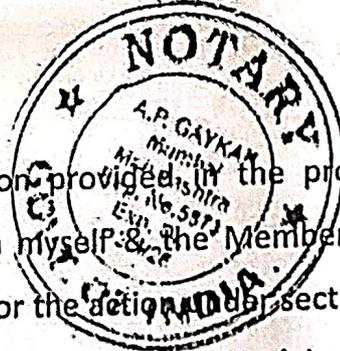
I undertake to display & post the proposal submitted to the Nursing Diploma Course Shikshan Shulka Samiti for approval of fees for the academic year 2024- 2025 on the official website of the college/institute as well as the notice board of the college/institute immediately after the online proposal uploaded to the Nursing Diploma Course Shikshan Shulka Samiti & the same remains to be displayed on the website & notice board of the college/institute till the fee proposal is finalized & approved by the Nursing Diploma Course Shikshan Shulka Samiti.

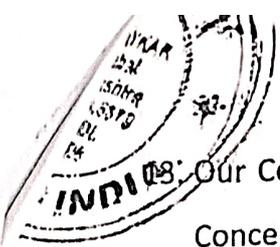
9. I say & submit that due care has been taken to fill in all the required fields/ columns in the proposal form. The names & designation of all the teaching & non- teaching staff, including the bank details, salary paid, etc. have been mentioned truly & correctly & the experience shown under different heads of non-salary expenditure has been shown as per actual expenditure incurred by the college/ institute. I further say & submit that no false, misleading or incorrect information has been provided in the proposal form.

10. I further state that no separate amount has been charged & collected from the students for any cultural activities, functions, etc.

11. That I say & submit that no staff, who left the service after 31st March 2024 has been shown as employed in the faculty details provided in the proposal form.

12. I am fully aware that if the information provided in the proposal is discovered to Be false & incorrect then myself & the Members of the Management Committee shall be liable for the action under section 20 of the Maharashtra Unaided Private Professional Educational Institutions (Regulation of Admissions & Fees) Act, 2015 & Indian Penal Code.





Our College/Institute & the Management will be liable for disallowance of Concern expenditure to the extent of 50% or any such amount deemed fit & proper by the Nursing Diploma Course Shikshan Shulka Samiti if the statements or any averment made in the proposal turn out to be false, misleading or in gross suppression of true & correct fact as well as non-compliance & submission of documents by the college/institute.

14. Our Institute undertakes to refund the excess fees to the students if the ad-hoc fee/interim fee is found to be more than the fees approved by the Nursing Diploma Course Shikshan Shulka Samiti.

15. Our College/Institute undertakes to refund the excess amount of scholarship to the concerned department of the State Government if the ad-hoc fee recovered as scholarship(s) is found to be more than the fees approved by the Nursing Diploma Course Shikshan Shulka Samiti.

Place : TALOJA (NAVI MUMBAI)



Signature

Name, Designation

Seal of the Person duly authorized In terms of section 2(I) of the

Maharashtra Unaided Private Professional Educational Institutions (Regulation of Admissions & Fees) Act,

अध्यक्ष 2015 सचिव
नवजागृती विकास संस्था
ता.जि.औरंगाबाद

Date :



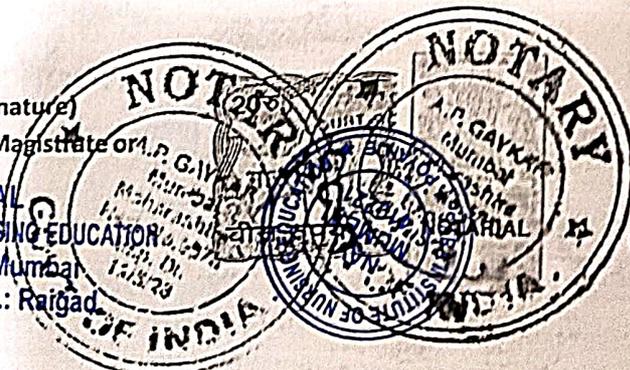
Verified & solemnly affirmed before me on _____ at _____

(Seal & Signature)

Executive Magistrate or

Notary

PRINCIPAL
SARA INSTITUTE OF NURSING EDUCATION
Poyanje, Navi Mumbai
Tal.: Panvel, Dist.: Raigad.



ATTESTED BY ME

MR. ASHOK P. GAYKAR
B. Com., LL.B., G.D.C. & A.
NOTARY GOVT. OF INDIA
Reg No. 6973.

30 SEP 2025