Sakhar Kamgar Hospital Trust, Shrirampur
SEVA NURSING COLLEGE
(RECOGNISED BY MAHARASHTRA NURSING COUNCIL,MUMBAI
STATE GOVT. OF MAHARASHTRA & INDIAN NURSING COUNCIL,NEW DELHI)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
Estd.29/10/1965
REG.No.E-120/Ahmednagar
SHRIRAMPUR, DIST:- AHMEDNAGAR, PIN:- 413709
(02422) 221104, 222634, 223109
Fax: (02422) 223890
Email: sevanursingcollege@gmail.com
MUHS Code : 153121
sakharkamgar@gmail.com
INC Code : 1903162

Annexure – V

Maharashtra University of Health Sciences, Nashik
Clinical Material in Hospital

Faculty: Nursing

Name of College: Sakhar Kamgar Hospital Trusts Seva Nursing College, Shrirampur,,Ahmednagar.

HOSPITAL DETAILS

Sr. No.	Particulars to be verified	Bed capacity	Adequate /Inadequate
1	Memorandum of Understanding of Parent hospital – Sakhar Kamgar Hospital Trusts Seva Nursing College, Shrirampur	SKH: 150	Adequate
	Memorandum of Understanding of Affiliated hospital – Shri Saibaba&Sainath Hospital, Shirdi.	Saibaba Hospital:250 Sainth Hospital:300	Adequate
	Memorandum of Understanding of Affiliated hospital – Psychiatric Hospital: Shanti Nursing Home	Shanti Nursing Home:80	Adequate
b	Whether Hospital is registered under any act under local authority such as Corporation, Municipality, Gram-Panchayat, etc.	Yes	
c	Student bed ratio UG to be verified (as per Minimum Standard Requirement)	1:3	
d	Average Bed Occupancy in Percentage: (minimum 75%)	78 %	
	Clinical facilities for UG to be verified:(As per MSR):		
	i) Whether OPD is functioning to be verified	Yes	
	ii) Total No. of OPD (on the day of inspection)	600	
	iii)Average No. of patients attending OPD(current year)	4000	
	iv)Average No. of Delivery (current year)	400	
	v) Average No. of abnormal delivery (current year)	210 L.S.C.S.	
	As per Indian Nursing Council/MUHS norms, above infrastructure must be available at college. If infrastructure is available, then mark “adequate” & do not attach any documents. In case of “inadequate”, it must be mark as “inadequate” with evidence.		

E mail:-
sakharkamgar@gmail.com

(02422)222634, 223109
Fax (02422) 223890

SAKHAR KAMGAR HOSPITAL TRUST

SHRIRAMPUR, DIST-AHMEDNAGAR, PIN 413709

Estd. 29/10/1965
REG.No. E-120/Ahmednagar

CERTIFICATE BY CMHO

Certified that , SAKHAR KAMGAR HOSPITAL TRUST, SHRIRAMPUR, REG.NO.E-120/Ahmednagar, is the owner of the Hospital run by the Trust,

Name of the Hospital- SAKHAR KAMGAR HOSPITAL,SHRIRAMPUR
(also known as Gangadhar Ogale Hospital,)

Address: Market Yard Road, Ward No.6, Shrirampur,
Dist: Ahmednagar, Pin : 413709
Phone Nos: 02422222634, 02422223109
Fax : 02422223890
E Mail- sakharkamgar@gmail.com
No.of Beds:- 150 beds
Reg.No.under Bombay NursingHome Act- 156

SAKHAR KAMGAR HOSPITAL TRUST
Reg. No. E/120 Ahmednagar
SHRIRAMPUR

Chief Medical Officer
Gangadhar Ogale Hospital
Shrirampur,Dist.A'nagar

Spl.— e. e. (BP1) 2e.

Certificate of Registration

~~No. 14062~~

It is hereby certified that the Public Trust described below has this day been duly registered under the Bombay Public Trusts Act, 1950 (Bom. XXIX of 1950), at the Public Trusts Registration Office, Public Trusts Registration ~~office, Poona Region, Poona~~.

Name of Public Trust The Sakhar Kamgar Hospital Trust Shirampur, Dist. Ahmednagar.

Number in the Register of Public Trusts E-120 Ahmednagar.

Certificate issued to Shri Gangadhar Tanardan Ogale

Given under my hand, this 4th day of April 1963

Signature

Designation Assistant Charity Commissioner, Poona Region, Poona.

CHARITY COMMISSIONER

Sakhar Kamgar Hospital Trust, Shrirampur

SEVA NURSING COLLEGE

SHRIRAMPUR, DIST:- AHMEDNAGAR, PIN:- 413709

(02422) 221104, 222634, 223109 • Email: sevanursingcollege@gmail.com
Fax: (02422) 223890 sakharkamgar@gmail.com

Estd.29/10/1965
REG.No.E-120/Ahmednagar • MUHS Code : 153121 • INC Code : 1903162

Classification Of Bed	PARENT HOSPITAL	AFFILIATED HOSPITALS				Total
	SAKHAR KAMGAR HOSPITAL	SHRI SAINATH HOSPITAL	SHRI SAIBABA HOSPITAL	SANTI NURSING HOME	UNDE HOSPITAL	
MEDICAL	25	54	77			156
SURGICAL	25	90	128			243
INTENSIVE CARE UNIT	11	08	29			48
GYNAECOLOGY	10	-	-			10
PAEDIATRIC	10	24	-			34
ENT	-	20	-			20
ORTHOPEDICS	15	50	-			65
OPTHALMIC	-	26	-			26
MATERNITY	52	32	-			84
PSYCHIATRIC	10	-	-	80	25	115
COMMUNICABLE DISEASE	-	-	-			-
SKIN DISEASE	-	-	-			-
OTHERS	02	05	13			20

SEVA NURSING COLLEGE • Reg.No. E-120 AHMEDNAGAR • SAKHAR KAMGAR HOSPITAL •

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist.Ahmednagar

E mail:-
sakharkamgar@gmail.com
Fax (02422)222634, 223109
(02422) 223690

SAKHAR KAMGAR HOSPITAL TRUST

SHRIRAMPUR, DIST-AHMEDNAGAR, PIN 413709

Estd. 29/10/1965
REG.No. E-120/Ahmednagar

SAKHAR KAMGAR HOSPITAL PATIENT CENSUS

JAN - 2021 To JAN 2022

OPD

DEPARTMENT	PATIENT NO.
MEDICINE	10500
SURGICAL	2000
ORTHOPEDICS	1900
OBGY	2300
PEDIATRIC	2100
PSYCHIATRICS	250
GENERAL	11000
EMRGENCY	6000
TOTAL	36050

IPD

DEPARTMENT	BED	OCCUPANCY
MEDICINE	30	12000
SURGICAL	30	7000
ICU	11	5100
OBGY	20	6100
PEDIATRIC	10	2700
ORTHOPEDICS	10	4000
MATERNITY	32	250
PSYCHIATRICS	5	1500
OTHERS	2	500
TOTAL	150	39150

DELEVIERY PATIENT

NORMAL	ABNORMAL
124	107

LAB INVISTIGATION

DEPT.	NO.
LAB	19000
X- RAY	3551
ECG	5200
TMT	15
2 D ECHO	600
TOTAL	28366

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's

Medical Officer
Gangadhar Ogale Hospital
Shrirampur, Dist.A'nagar

श्री साईनाथ रुग्णालय, शिरडी

माहे एप्रिल २०२१ ते जानेवारी २०२२ अखेरील रुग्ण संख्या

सन २०२१-२२	ओपीडी	आयपीडी	ऑपरेशन
एप्रिल २०२१	८८०६	२८४	३५८
मे २०२१	५६९२	१४३	१७६
जुन २०२१	११०५९	५१८	४९८
जुलै२०२१	१७४२८	७९५	८५६
ऑगस्ट२०२१	२०१०६	८९२	७८७
सप्टेबर२०२१	२२५१९	९१०	९३५
ऑक्टोबर२०२१	२०५६५	७७५	७८६
नोव्हेबर २०२१	१९९०३	७७७	६६४
डिसेंबर २०२१	२१२३६	८४६	६७३
जानेवारी २०२२	२३४४४१	८६४	८६०
एकुण	१७०७५५	६८०४	६५९३

वैद्यकिय अधिक्षिका
श्री साईनाथ रूग्णालय, शिर्डी

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist.Ahmednagar

Shri Saibaba Hospital,Shirdi Statement of Procedure & Operation as on Date of 11/02/2022. (Medical Record Department)

OT	CVTS OT-01		CVTS OT-02	
Surgery	Dr Mistari	Dr Thakare	Dr Mistari	Dr Thakare
CABG	0	0	1	0
MVR	1	0	0	0
DVR	0	0	0	0
ICR-ASD	0	0	0	0
LA Myxoma	0	0	0	0
Embolectomy	0	0	0	0
Total	1		1	

Surgery Name	Dr Deore Sandeep	Dr Sharma	Total
CAG / Redial CAG	1	1	2
PTCA / PTRA / POBA	8	0	8
BMV / BPV / BAV	0	0	0
PAG	0	1	1
TPM	1	0	1
Pericardial Synthesis	0	0	0
Abd/Rechek/Cancel/Fail	0	0	0
Total	10	2	12

MRJD	
CVTS	2
CATH-LAB	10

Dailysis	7
2D Echo	54

Radiology	Patient	No of Film
MRI	44	146
CT-Scan	49	72
X-Ray	48	48
USG	0	0
Total	141	266

CCL Report	Patient	Tests
Haematology+Serology	161	276
BI Gas		52
Bio Chemistry		384
Harmone		0
Histopath Blocks	1	10
Histopath Slides		12
Cytology	0	0
Micro	0	0
Total	162	734

Death					
	CRU-1	0	Casualty	0	Total
	ICCU	0	SICU	0	0
	GICU	0	Medicine	0	

Other Surgery as on Date of 10/02/2022. (Medical Record Department)

OT	Sr No	OPD No	IPD NO	Patient Name	Dept	Operaton Name	Dr Name	Anaesthetists	Catagary
Neuro OT	1	1086199	186993	Shakuntal Sanjay Kharat	Neuro	EVD	Dr Mukund Chaudhari	Dr Surwase	MRJD
	2	1088228	189063	Vasim Harun Shaikh	Neuro	Debridement Suturing	Dr Mukund Chaudhari	Dr Surwase	Supra Major
	3	1088173	189059	Ambadas Balaji Gawai	Neuro	LT Decompressive Craniotomy	Dr Mukund Chaudhari	Dr Surwase	MRJD
Ortho OT	4	1087857	188998	Ganesh Rajendra Agre	Ortho	Tibia Plating Disral	Dr Khurana	Dr Surwase	SMP
	5	1087857	188998	Ganesh Rajendra Agre	Ortho	K.Wiyer Fixation	Dr Khurana	Dr Surwase	SMP
	6	1087969	189028	Sanket Vishnupant Sawant	Ortho	(LT) Fibula Plating	Dr Khurana	Dr Surwase	SMP
Gen OT	7	1087717	189006	Rohit Balasaheb Katkar	Dental	ORIF	Dr Khande	Dr Joshi	SMP & SM
22	8	10380		Appasaheb Dhanwate	Surg	Colonoscopy	Dr Bachhav		Minor

Principal
Seva Nursing College
Kamgar Hospital Trust's
Ahmednagar

Shri Saibaba Hospital,Shirdi Statement of Procedure & Operation as on Date of 11/02/2022. (Medical Record Department)

OT	CVTS OT-01		CVTS OT-02	
Surgery	Dr Mistari	Dr Thakare	Dr Mistari	Dr Thakare
CABG	0	0	1	0
MVR	1	0	0	0
DVR	0	0	0	0
ICR-ASD	0	0	0	0
LA Myxoma	0	0	0	0
Embolectomy	0	0	0	0
Total	1		1	

Surgery Name	Dr Deore Sandeep	Dr Sharma	Total
CAG / Redial CAG	1	1	2
PTCA / PTRA / POBA	8	0	8
BMV / BPV / BAV	0	0	0
PAG	0	1	1
TPM	1	0	1
Pericardial Synthesis	0	0	0
Abd/Rechek/Cancel/Fail	0	0	0
Total	10	2	12

MRJD	
CVTS	2
CATH-LAB	10

Dailysis	7
2D Echo	54

Radiology	Patient	No of Film
MRI	44	146
CT-Scan	49	72
X-Ray	48	48
USG	0	0
Total	141	266

CCL Report	Patient	Tests
Haematology+Serology	161	276
BI Gas		52
Bio Chemistry		384
Harmone		0
Histopath Blocks	1	10
Histopath Slides		12
Cytology	0	0
Micro	0	0
Total	162	734

Death					
	CRU-1	0	Casualty	0	Total
	ICCU	0	SICU	0	0
	GICU	0	Medicine	0	

Other Surgery as on Date of 10/02/2022. (Medical Record Department)

OT	Sr No	OPD No	IPD NO	Patient Name	Dept	Operaton Name	Dr Name	Anaesthetists	Catagary
Neuro OT	1	1086199	186993	Shakuntal Sanjay Kharat	Neuro	EVD	Dr Mukund Chaudhari	Dr Surwase	MRJD
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Gen OT	7	1087717	189006	Rohit Balasaheb Katkar	Dental	ORIF	Dr Khande	Dr Joshi	SMP & SM
22	8	10380		Appasaheb Dhanwate	Surg	Colonoscopy	Dr Bachhav		Minor

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shirdi, Dist.Ahmednagar

Shri Saibaba Hospital,Shirdi. (Medical Record Department)

OPD Report On Date of 11/02/2022.

SN	Dept	Doctor Name	New	Old	SSS-N	SSS-O	Co-N	Co-o	Total	Total
1	Medicine	Dr Dhakane	28	1	1	3	0	0	33	33
2	Cardiac	Dr Deore	64	13	0	0	0	0	77	77
		Dr Sharma	0	0	0	0	0	0	0	
3	CVTS	Dr Mistari	29	3	0	2	0	0	34	34
4	Neuro	Dr Umbarkar	18	1	4	4	0	3	30	50
		Dr Mukund	18	2	0	0	0	0	20	
5	G.Surg	Dr Bachhav	12	1	2	1	0	1	17	18
		Dr Ganesh	0	0	0	1	0	0	1	
6	Ortho	Dr Khurana	0	0	1	0	0	2	3	26
		Dr Bidgar	20	1	1	0	1	0	23	
7	Casualty	Dr Cmo	46	0	6	25	8	12	97	97
8	Dental	Dr Shelke	4	0	2	1	0	2	9	21
		Dr Khande	7	0	0	0	0	1	8	
		Dr S.Unde	0	1	0	2	0	1	4	
9	Urologist	Dr Torkadi	3	1	0	0	0	0	4	6
		Dr Gangwal	0	2	0	0	0	0	2	
10	Dietician	Dr J.Patil	0	0	0	0	0	0	0	0
11	Psychiatry	Dr Khairnar	6	0	0	1	0	0	7	7
12	Nephrologist	Dr Waghulde	0	0	0	0	0	0	0	0
*	Total		255	26	17	40	9	22	369	369

IPD Report On Date of 11/02/2022. (Medical Record Department)

Department Wise Occupancy

*	Dept	Pre Total	Admit	Disch	Death	Tr in	Tr Out	SSS	Paid	Dama	MLC	ABS	*	Today Total
1	Medicine	25	5	6	0	2	2	2	21	1	0	0	0	23
2	Cardiac	51	9	10	0	22	22	1	49	0	0	0	0	50
3	CVTS	30	1	1	0	2	2	0	30	0	0	0	0	30
4	Neuro	27	4	2	0	1	1	2	27	0	0	0	0	29
5	G.Surg	2	0	0	0	0	0	0	2	0	0	0	0	2
6	Ortho	7	1	0	0	0	0	1	7	0	1	0	0	8
7	Uro	4	1	0	0	0	0	1	4	0	0	0	0	5
8	Dental	2	0	1	0	0	0	0	1	0	1	0	0	1
*	Total	148	21	20	0	27	27	7	141	1	2	0	0	148

Wardwise Occupancy

*	Bed	11	11	22	40	10	34	28	37	37	8	5	7	250
*	Dept	ICCU	GICU	CRU-1	Cardiac	CRU-2	CVTS	FSW	MSW	Medi	SPR	Delux	SICU	Today Total
1	Medicine	11	1	0	0	0	0	0	0	11	0	0	0	23
2	Cardiac	0	2	15	30	0	0	0	0	1	1	1	0	50
3	CVTS	0	0	5	0	7	18	0	0	0	0	0	0	30
4	Neuro	0	5	0	0	0	0	6	11	0	0	0	7	29
5	G.Surg	0	1	0	0	0	0	0	1	0	0	0	0	2
6	Ortho	0	1	0	0	0	0	0	6	0	0	1	0	8
7	Uro	0	0	0	0	0	0	1	3	1	0	0	0	5
8	Dental	0	0	0	0	0	0	0	1	0	0	0	0	1
*	Total	11	10	20	30	7	18	7	22	13	1	2	7	148

Medical Record Department

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist.Ahmednagar

SHRI SAIBABA HOSPITAL,SHIRDI Apr-20 To Mar-21 (MRD) dt-12-02-2022

Total OPD		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
OPD	Medicine	207	314	300	424	618	747	760	662	857	1013	991	1315	**8208**
	Cardiac	434	731	953	983	1200	1519	1369	1529	1884	2061	1925	1523	**16111**
	CVTS	44	132	321	256	230	396	355	527	760	842	890	794	**5547**
	Neuro	421	649	759	641	665	889	925	803	1417	1572	1662	1531	**11934**
	G Surg	0	100	147	109	136	147	108	144	273	399	436	297	**2296**
	Ortho	114	334	456	417	368	555	581	528	764	917	924	781	**6739**
	Casualty	2563	3133	2965	2815	3094	3917	3354	3306	3138	3442	3151	4351	**39229**
	Dental	46	113	159	161	192	180	204	196	306	484	391	307	**2739**
	Urologist	0	0	0	0	0	0	0	82	135	154	142	151	**664**
	Nephrologist	4	4	9	7	6	13	16	21	28	26	30	36	**200**
	Dietician	0	2	3	3	6	1	3	4	7	10	8	14	**61**
	Plastic Surg	23	36	73	57	60	84	59	51	109	166	139	52	**909**
	Chest Phy	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Psychiatry	27	33	36	50	53	57	45	40	53	70	83	104	**651**
Total OPD		**3883**	**5581**	**6181**	**5923**	**6628**	**8505**	**7779**	**7893**	**9731**	**11156**	**10772**	**11256**	**95288**

Investigation		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Radiology	MRI	338	453	566	600	755	779	807	878	1045	1067	1233	1042	**9563**
	CT Scan	273	498	607	958	1576	1872	1623	1449	1859	1977	1999	3002	**17693**
	X Ray	718	973	1104	1152	1059	1070	842	1016	1363	1453	1538	1252	**13540**
	USG Sonography	0	6	0	0	0	0	0	0	0	0	0	0	**6**
Lab Report	Total Lab Patient	1633	1844	2602	2403	2707	3122	2610	3148	4648	5899	5934	5238	**41788**
Cath-Lab	2 Decho	233	380	514	546	634	797	736	857	1200	1424	1286	1064	**9671**
	T M T	15	31	54	47	76	100	82	63	65	113	96	108	**850**
	TEE	0	0	0	0	0	0	0	0	12	5	1	1	**19**
Other	Dialysis	212	170	207	216	173	129	199	205	219	229	177	178	**2314**
	Diabetes Clinic	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	ECG	440	553	513	668	622	704	666	780	1411	1481	1278	1133	**10249**

Total Surgery

OT Name	Surgery Name	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
CVTS	CABG	0	1	4	0	3	0	1	4	25	34	38	45	**155**
	ICR / VSD / ASD	0	0	0	0	0	0	0	2	4	4	8	2	**20**
	AVR / MVR / DVR	0	0	2	0	0	0	0	5	20	55	53	34	**169**
	PDA / TOF / AVF	0	0	0	0	0	0	0	0	0	1	1	1	**3**
	Other / Reopen	0	0	0	0	1	0	0	2	2	3	9	1	**18**
	Abandend	0	0	0	0	0	0	0	0	0	0	7	0	**7**
Cath-Lab	Angiography	65	95	145	137	172	197	205	163	254	278	276	189	**2176**
	Angioplasty	30	45	72	86	86	120	122	87	147	127	110	97	**1129**
	BMV / BAV / BPV	0	0	0	2	0	0	0	6	25	26	1	12	**72**
	ASD/ VSD / PDA	0	0	0	0	0	0	0	0	2	4	0	1	**7**
	PPI / IVC Filter	2	2	3	5	4	2	1	8	8	4	6	3	**48**
	Other / TPM	1	2	7	0	1	3	1	4	4	4	10	1	**38**
	Abandend	0	0	0	6	2	4	3	4	3	4	5	2	**33**
Other	Ortho	3	29	25	20	11	18	19	27	31	36	44	38	**301**
	Neuro	32	42	35	24	13	9	16	16	32	55	54	57	**385**
	G Surg	0	13	11	8	5	68	35	10	17	37	41	24	**269**
	Urology	0	0	0	0	0	0	0	9	9	18	16	12	**64**
Gen OT	Plastic Surg	0	1	3	3	4	7	3	1	10	18	13	8	**71**
	Nephrologist	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Dental	4	3	4	1	4	1	6	4	12	14	13	5	**71**
Total Surgery		**137**	**233**	**311**	**292**	**306**	**429**	**412**	**352**	**605**	**722**	**705**	**532**	**5036**

Total Admission Patient		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Admission	Medicine	145	147	149	144	179	180	172	184	179	165	185	223	**2052**
	Cardiac	95	170	232	220	267	295	278	257	393	392	331	268	**3198**
	CVTS	1	2	8	3	6	5	3	21	76	121	113	102	**461**
	Neuro	67	88	102	72	63	65	87	57	114	116	117	122	**1070**
	G Surg	2	10	14	4	13	42	6	15	36	40	42	28	**252**
	Ortho	3	31	31	22	18	20	28	28	40	58	52	39	**370**
	Dental	4	2	4	4	5	1	5	5	11	10	12	8	**71**
	Urology	0	0	0	0	0	0	0	7	12	16	12	10	**57**
	Total	317	450	540	469	551	608	579	574	861	918	864	800	**7531**

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist.Ahmednagar

Society for Psychiatric Update and Research

(Trust Reg. No. F. 7725 / AU Dt. 26-11-2002)

Shanti Nursing Home, Kanchanwadi, Paithan Road, Aurangabad - 431 005.

☎: 0240 - 2379330, 2379331, 2379332, Fax : 0240 - 2379333.

E-mail : snh_abad@rediffmail.com, shantinhome@sify.com

Date: 19/07/2022

Sir/Madam,

As per your letter dated your requirement please find attached the necessary information.

1.	No. of sanctioned beds	–	80
2.	Occupancy of the year	–	Average occupancy 70 per month
3.	Registration certificate with renewal	–	We have applied for renwal of the registration (copy of application attached)
4.	Pollution control certificate with renewal	–	We have applied for combined consent online we do not have printed copy of the same
5.	Bio medical waste management certificate with renewal	–	We have applied for combined consent online we do not have printed copy of the same
6.	Bed Distribution	-	We do not have any system for bed distribution. Patients are admitted as per the availability.

Thanking you.

Yours truly

Mrs. Sai Chapalgaonkar
(Administrator)

Society for Psychiatric Update and Research

(Trust Reg. No. F. 7725 / AU Dt. 26-11-2002)

Shanti Nursing Home, Kanchanwadi, Paithan Road, Aurangabad - 431 005.

☎: 0240 - 2379330, 2379331, 2379332, Fax : 0240 - 2379333.

E-mail : snh_abad@rediffmail.com, shantinhome@sify.com

Date: 19/07/2022

Staff Pattern:

a) Number of Doctors (other M.O.)	Psychiatrists	: 06	Male: 04	Female: 02
	M.O.	: 06	Male: 03	Female: 03
	Visiting Drs.	: 12		
b) Number of Nurses	Psychiatric	: 00		
	General	: 10	Male: 07,	Female: 03
c) Number of Attendees	Full Time	: 19	Male: 15	Female: 04

d) Others:

Department	Male	Female	Total
1. Administration and Accounts:	01	03	04
2. Occupational Therapist	00	01	01
3. Clinical Psychologist	02	06	08
4. Behaviour Therapists	00	03	03
5. Psychiatric Social Worker	00	01	01
6. ECG/EEG Technician	01	00	03
7. Lab Technician	02	00	02
8. Supervisor	01	00	01
9. Maintenance Supervisor	02	00	02
10. Sweepers	02	07	09

Yours truly

Mrs. Sai Chapalgaonkar
(Administrator)

Society for Psychiatric Update and Research

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E-mail : snh_abad@rediffmail.com, shantinhome@sify.com

Date: 19/07/2022

2022

Month	NEW	OLD	TOTAL	IPD	EEG	ECG	OPD ECT	IPD ECT
January	353	3093	3446	145	8	232	279	459
February	319	2624	2943	128	12	176	236	429
March	357	2577	2934	144	14	213	226	509
April	323	2295	2618	137	16	242	237	483
May	365	2820	3185	147	17	225	228	511
June	310	2738	3048	109	11	161	250	383
July	335	2554	2889	145	19	236	228	478
August	382	2805	3187	137	12	250	260	449
September	395	2683	3078	145	15	237	248	486
October	343	2788	3131	122	20	215	266	444
November	370	2895	3265	143	7	258	264	403
December	359	2806	3165	142	23	292	252	388
Total	**4211**	**32678**	**36889**	**1644**	**174**	**2737**	**2974**	**5422**

Yours truly

Mrs. Sai Chapalgaonkar
(Administrator)

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Consent/ Authorisation

Sir,
I/We hereby apply for*

1. Consent to Establish/Operate/Renewal of consent under section 25 and 26 of the Water (Prevention & Control of Pollution) Act, 1974 as amended.

2. Consent to Establish/Operate/Renewal of consent under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended.

3. Authorization/renewal of authorization under Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016 in connection with my/our/existing/proposed/altered/ additional manufacturing/processing activity from the premises as per the details given below.

Consent Information

UAN No:
MPCB-CONSENT-0000130769

Application submitted on:
27-01-2022

Industry Information

Consent To:
Renewal (Normal)

IIN No.:

Submit to:
SRO - Ahmednagar

Type of institution:
Health Care Establishment

Industry Type:
R30 Health-care Establishment (as defined in BMW Rules)

Category:
Red

Scale:
S.S.I

Location of industry/activity/etc:

EC Reqd.
No

Whether construction-buildup area is more than 20,000 sq.mtr.(Existing Expansion Unit)
No

General Information

1. Name, designation, office address with Telephone/Fax numbers, e-mail of the Applicant Occupier/Industry/Institution / Local Body.

Name
Dhyandevo Bhagwant Aher

Address
Shrirampur

Designation
Managing Trutee

Taluka
Shrirampur

Area
Shrirampur

District
Ahmednagar

Telephone
9822419676

Fax
(02422) 223890

Email

Pan Number

sakharkamgar@gmail.com AABTS8398E

2. (a) Name and location of the industrial unit/premises for which the application is made (Give revenue Survey Number/Plot number name of Taluka and District, also telephone and fax number)

Industry name
Sakhar Kamgar Hospital

Location of Unit
Ward No- 6, Newasa Road, Shrirampur

Survey number/Plot Number
Gat No- 31/1 to 12

Taluka
Shrirampur

District
Ahmednagar

(b) Details of the planning permission obtained from the local body/Town and Country Planning authority/Metropolitan Development authority/ designated Authority.

Planning permission
Nagar Parishad Shrirampur

Planning Authority
Chief Officer

Name of the local body under whose jurisdiction the unit is located and Name of the licence issuing authority

Name of Local Body
District Hospital Ahmednagar

Name of the licence issuing authority
Health officer

3. Names,addresses with Telephone and Fax Number of Managing Director / Managing Partner and officer responsible for matters connected with pollution control and/or Hazardous waste disposal.

Name of Managing Director
Aher Dnyandeo Bhagvant

Telephone number
02422222634

Fax number
02422223890

Officer responsible for day to day business
Aher Dnyandeo Bhagvant

4. (a.) Are you registered Industrial unit ?

Yes

Registration number
Registration : (1) E-120/Ahmednagar -- Registered as Charitable Trust, (2) Reg,No.156--Registered un

Date of registration
Mar 31, 2008

5. Gross capital investment of the unit without depreciation till the date of application (Cost of building, land, plant and machinery). (To be supported by an affidavit/undertaking on Rs.20/- stamp paper, annual report or certificate from a Chartered Accountant for proposed unit(s), give estimated figure)

Gross capital (in Lakh)	**** Verified***	**** Terms***	**** Consent Fee***
358.67	CA Certificate	5	75000.00

6. If the site is located near sea-shore/river bank/other water bodies/Highway, Indicate the crow fly distance and the name of the water body, if any.

Distance From	***Distance(Km)***	**** Name***
SH/NH	0.50	Newasa – Shevgaon
River	5.00	Pravara
Human Habitation	0.00	--NA--
Religious Place	0.00	--NA--
Historical Place	0.00	--NA--
Creek/Sea	0.00	--NA--

6b. Enter Latitude and Longitude details of site

Latitude
0.00

Longitude
0.00

7. Does the location satisfy the Requirements Under relevant Central/State Govt. Notification such as Coastal Regulation Zone. Notification on Ecologically Fragile Area, Industrial Location policy, etc. If so, give details.

Location	Approved Industry Area	Sensitive Area	If Yes, Name Of Area	Industry Location with Reference to CRZ
NO	No	No	NO	

8. If the site is situated in notified industrial estate,

		Details
(a) Whether effluent collection, treatment and disposal system has been provided by the authority.	No	0.0
(b) Will the applicant utilize the system, if provided.	No	NA
(c) If not provided, details of proposed arrangement.	NA	

9.

(a) Total plot area (in squear meter)	(b) Built up area and (in squear meter)	(c) Area available for the use of treated sewage/ trade effluent for gardening/irrigation. (in squear meter)
10500.0	840.30	9659.7

10. Month and year of commissioning of the Unit.

1965-10-19

11. Number of workers and office staff

Workers	staff	Hrs. of shift	Weekly off
45	6	8	Sunday

12.

(a) Do you have a residential colony Within the premises in respect of Which the present application is Made ?	No	NO

(b) If yes, please state population staying

Number of person staying	Water consumption	Sewage generation	Whether is STP provided?
	0.0	0.0	No

(c) Indicate its location and distance with reference to plant site.

Number of person staying	Water consumption
NA	0.0

13. List of products and by-products Manufactured in tonnes/month, Kl/month or numbers/month with their types i.e.Dyes, drugs etc. (Give figures corresponding to maximum installed production capacity

Products Name and Quantity

Product Name	UOM	Product Name	Existing	Consented	Proposed Revision	Total	Remarks
OTHERS	No.	Hospital Activity	150	150	0	150	NO

Products Name and Quantity

Product Name	UOM	Quantity	Remarks

NA	--NA--	0.0	NO

14. List of raw materials and process chemicals with annual consumption corresponding to above stated production figures, in tonnes/month or kl/month or numbers/month.

Name of Raw Material	UOM	Quantity	Hazardous Waste	Hazardous Chemicals	Remarks
Human Petient	No.	150	No	No	NO

15. Description of process of manufacture for each of the products showing input, output, quality and quantity of solid, liquid and gaseous wastes, if any from each unit process.

Separate Sheet Attached

Part B : Waste Water aspects

16. Water consumption for different uses (m3/day)

Purpose	Consumption	Effluent Generation	Treatment	Remarks	Disposal	Remarks
Domestic Pourpose	20.0	16.0	STP	Adequate	On Land for Gardening	NO
Water gets Polluted & Pollutants are Biodegradable	5.0	4.0	Primary	Adequate	Shared ETP	NO
Water gets Polluted,Pollutants are not Biodegradable & Toxic	0.0	0.0	--NA--	NO	--NA--	NO
Industrial Cooling,spraying in mine pits or boiler feed	0.0	0	--NA--	NO	--NA--	NO
Others	0.0					

17. Source of water supply, Name of authority granting permission if applicable and quantity permitted.

Source of water supply	Name of authority granting permission	Qauntity permitted
Nagar Parishad Shrirampur	NO	0.0

18. Quantity of waste water (effluent) generated (m3/day)

Domastic	Boiler Blowdown	Industrial	Cooling water blowdown
16.0	0.0	0.0	0.0
Process	**DM Plants/Softening**	**Washing**	**Tail race discharge from**
0.8	0.6	1.6	0.0

* 19. Water budget calculations accounting for difference between water consumption and effluent generated.

Separate Sheet attached

20. Present treatment of sewage/canteen effluent (Give sizes/capacities of treatment units).

Capacity of STP (m3/day)

25.0

Treatment unit	Size (mxm)	Retention time (hr)

Grit Chamber	1.5	1.5
Equalization Tank	15.0	16.0
Aeration Tank	20.0	20.0
Settling Tank	6.0	6.0
Holding Tank	2.0	2.0
Sand Filter	2.0	2.0
Carbon Filter	2.0	2.0
Storage Tank	2.0	2.0
SDB X 2 Nos.	1.5	1.5

21. Present treatment of trade effluent (Give sizes/capacities of treatment units) (A schematic diagram of the treatment scheme with inlet/outlet characteristics of each unit operation/process is to be provided. Include details of residue Management system (ETP sludges)

Capacity of ETP (m3/day)

0.0

Treatment unit	***Size (mxm)***	***Retention time (hr)***
NO	0.0	0.0

22.

(i) Are sewage and trade effluents mixed together? Yes

If yes, state at which stage-Whether before, intermittently or after treatment. NO

23. Capacity of treated effluent sump, Guard Pond if any.

Capacity of treated effluent sump (m3)	0.0	
Effluent sump/Guard pond details	No	NO
If yes, state at which stage-Whether before, intermittently or after treatment.	No	NO

24. Mode of disposal of treated effluent With respective quantity, m3/day

(i) into stream/river (name of river)	NO	***(ii) into creek/estuary (name of Creek/estuary)***	NO
(iii) into sea	NO	***(iv) into drain/sewer (owner of sewer)***	NO
(v) On land for irrigation on owned land/ase land. Specify cropped area.	Yes	***(vi) Connected to CETP***	NO
(vii) Quantity of treated effluent reused/ recycled, m3/day Provide a location map of disposal arrangement indicating the outler(s) for sampling. Treated effluent reused / recycled (m3/day)	0.0		

25. (a) Quality of untreated/treated effluents (Specify pH and concentration of SS, BOD,COD and specific pollutants relevant to the industry. TDS to be reported for disposal on land or into stream/river.

Untreated Effluent

pH	NO
SS (mg/l)	NO

BOD (mg/l)	NO
COD (mg/l)	NO
TDS (mg/l)	NO

Specific pollutant if any	***Name***	***Value***
1	NO	0.0

Treated Effluent

pH	NO
SS (mg/l)	NO
BOD (mg/l)	NO
COD (mg/l)	NO
TDS (mg/l)	NO

Specific pollutant if any	***Name***	***Value***
1	NO	0.0

(b) Enclose a copy of the latest report of analysis from the laboratory approved by State Board/ Committee/Central Board/Central Government in the Ministry of Environment expected characteristics of the untreated/treated effluent

NO

---

26. Fuel consumption

Fuel Type	***UOM***	***Fuel Consumption TPD/LKD***	***Calorific value***
Diesel	Ltr/Hr	7.0	3600
Ash content	***Sulphur content***	***Quantity***	***Other (specify)***
0.0	0.0	1	NO

---

27. (a) Details of stack (process & fuel stacks: D. G.)

(a) Stack number(s)	***(b) Stack attached to***	***(c) Capacity***	***(d) Fuel Type***
1	D G Set	65	Diesel
(e) Fuel quantiy (Kg/hr.)	***(f) Material of construction***	***(g) Shape (round/rectangular)***	***(h) Height, m (above ground level)***
7	MS	Round	3.0
(i) Diameter/Size, in meters	***(j) Gas quantity, Nm3/hr.***	***(k) Gas temperature °C***	***(l) Exit gas velocity, m/sec.***
0.05	0.0	NO	0.0
(m) Control equipment preceding the stack	***(n) Nature of pollutants likely to present in stack gases such as Cl2, Nox, Sox TPM etc.***	***(o) Emissions control system provided***	***(p) In case of D.G. Set power generation capacity in KVA***
Yes	NO	Acaustic Canopy	65

---

27. (B) Whether any release of odoriferous compounds such as Mercaptans, Phorate etc. Are coming out from any storages or process house.

NO

---

28. Do you have adequate facility for collection of samples of emissions in the form of port holes, platform, ladder\etc. As per Central Board Publication "Emission regulations Part-III" (December, 1985)

Poart hole	Yes	***Details***	Adequate
Platform	No	***Details***	NO
Ladder	No	***Details***	NO

29. Quality of treated flue gas emissions and process emissions. Quantity of treated flue gas emissions and process emissions.

Sr. No.	Stack attached to	Parameter	Concentration mg/Nm3	flow (Nm3/hr)
1	D G Set	SPM, SOX, NOX	0.0	0.0

(Specify concentration of criteria pollutants and industry/process-specific pollutants stack-wise. Enclose a copy of the latest report of analysis from the laboratory approved by State Board/Central Board/ Central Government in the Ministry of Environment & Forests. For proposed unit furnish expected characteristics of the emissions..

NO

Part - D: Hazardous Waste aspect

30. Information about Hazardous Waste Management as defined in Hazardous Waste (Management & Handling) Rules, 1989 as amended in Jan.,2000. Type/Category of Waste as per

Waste (Annually) Schedule I

Cat No	Type	Qty	UOM
NA		0	--NA--

Max	Method of collection	Method of reception	Method of storage
	NA	NA	NA

Method of transport	Method of treatment	Method of disposal
NA	NA	NA

Waste (Annually) Schedule II

31. Details about use of hazardous waste

Name of hazardous waste/Spent chemical	Quantity used/month	Party from whom purchased	Party to whom sold
NA	0.0	NA	NA

32.

a. Details about technical capability and equipments available with the applicant to handle the Hazardous Waste

NA

b. Characteristics of hazardous waste(s) Specify concentration of relevant pollutants. Enclose a copy of the latest report of analysis from the laboratory approved by State Board/Central Board/Central Govt. in the ministry of Environment & Forests. For proposed units furnish expected characteristics

NA

33.

Copy of format of manifest/record Keeping practiced by the applicant.

NA

34.

Details of self-monitoring (source and environment system)

NA

35.

Are you using any imported hazardous waste. If yes, give details.

NA

36.

Copy of actual user Registration/certificate obtained from State Pollution Control Board/Ministry of Environment & Forests, Government of India, for use of hazardous waste.

NA

37.

Present treatment of hazardous waste, if any (give type and capacity of treatment units)

NA

38. Quantity of hazardous waste disposal

(i) Within factory

0.0

(ii) Outside the factory (specify location and enclose copies of agreement.)

0.0

(iii) Through sale (enclosed documentary proof and copies of agreement.)

0.0

(iv) Outside state/Union Territory, if yes particulars of (1 & 3) above.

0.0

(v) Other (Specify)

0.0

Part - E: Additional information

39.

a. Do you have any proposals to upgrade the present system for treatment and disposal of effluent/emissions and/or hazardous waste.

NO

b. If yes, give the details with time- schedule for the implementation and approximate expenditure to be incurred on it.

NO

40.

Capital and recurring (O & M) expenditure on various aspect of environment protection such as effluent, emission, hazardous waste, solid waste, tree- plantation, monitoring, data acquisition etc. (give figures separately for items implemented/to be implemented).

2 lLakh/ Year for STP operation maintenance and Tree Plantation

41.

To which of the pollution control equipment, separate meters for recording consumption of electric energy are installed ?

NO

42.

Which of the pollution control items are connected to D.G. Set (captive power source) to ensure their running in the event of normal power failure

Acaustic Canopy

43. Nature, quantity and method of disposal of non- hazardous solid waste generated separately from the process of manufacture and waste treatment. (Give details of area/capacity available in applicant's land)

Type	Quantity	UOM	Treatment	Disposal	Other Details
STP Sludge	15	Kg/M	Bio composting	Mannure for Garden	NO

44. Hazardous Chemicals – Give details of Chemicals and quantities handled and Stored.

(i) Is the unit a Majot Accident Hazard unit as per Mfg.Storage Import Hazardous Chemicals Rules ?

NA

(ii) Is the unit an isolated storage as defined under the MSIHC Rules ?

NA

(iii) Indicate status of compliance of Rules 5,7,10,11,12,13 and 18 of the MSIHC Rules.

NA

(iv) Has approval of site been obtained from the concerned authority?

NA

(v) Has the unit prepared an off-site Emergency Plan? Is it updated ?

NA

(vi) Has information on imports of Chemicals been provided to the concerned authority?

NA

(vii) Does the unit possess a policy under the PLI Act?

NA

45. Brief details of tree plantation/green belt development within applicant's premises (in hectors)

Open Space Availability	Plantation Done On	Number of Trees Planted
5440.0 Square meter	1920.0 Square meter(35 %)	100

46.

Information of schemes for waste Minimization, resource recovery and recycling - implemented and to be implemented, separately.

NO

47.

(a) The applicant shall indicate whether Industry comes under Public Hearing, if so, the relevant documents such as EIA, EMP, Risk Analysis etc. shall be submitted, if so, the relevant documents enclosed shall be indicated accordingly.

NO

(b) Any other additional information that the applicants desires to give

NO

(c) Whether Environmental Statement submitted ? If submitted, give date of submission.

NO

48.

I/We further declare that the information furnished above is correct to the best of my/our knowledge.

49.

I/We hereby submit that in case of any change from what is stated in this application in respect of raw materials, products, process of manufacture and treatment and/or disposal of effluent, emission, hazardous wastes etc. In quality and quantity; a fresh application for Consent/Authorization shall be made and until the grant of fresh Consent/Authorization no change shall be made.

50.

I/We undertake to furnish any other information within one month of its being called by the Board

Yours faithfully

Signature :
Name : Aher D B
Designation : MD

Additional Information

Air Pollution

Sr No.	*Air Pollution Source*	*Pollutants*	*APCS Provided*	*Remark*
1	D G Set	SPM, NOX,SOX	Yes	Adequate

Separate EM Provided	No	***Other Emission Sources***	NO
Measures Proposed	NO	***Foul Smell Coming Out***	No
Air Sampling Facility Details	Adequate		

D.G. Set Details

Description	*Capacity(KVA)*	*Remarks*
Cumines	65	NO

Hazardous Waste Generation

Hazardous Waste	*Quantity*	*UOM*	*Treatment*	*Disposal*	*Other Details*

CHWTSDF Details

Member of CHWTSDF	*CHWTSDF Name*	*Remarks*

Cess Details

Cess Applicable	*Cess Paid*	*If Yes, UpTo*
No	No	Jan 1 1900 12:00:00:000AM

Legal Actions

Legal Action Taken	*Legal Record Of Company*	*Legal Action Details*	*Remarks*
No			