

ANNEXURE V

(Ambulance Tie-Up)

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2022 - 2023

Clinical Material in Hospital

Faculty PHYSIOTHERAPY

Name of College/Institute HORIZON COLLEGE OF PHYSIOTHERAPY

Sr. No.	Particulars to be verified	Adequate / Inadequate																																																				
a.	There must be a parent Hospital with minimum 300 beds Indoor & Outdoor Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student.: <u>6 Tie-up Hosp.</u>	<u>Adequate</u> <u>All Mou's copy attached.</u>																																																				
b.	The student to patient ratio should be minimum 1:5, the first part being student & second part patient.	<u>Adequate</u>																																																				
c.	The desirable breakup of beds shall be as follows : Student Patient Ratio (as per M.S.R., it must be 1:5) : <table><tr><th>Sr.N o.</th><th>Specialty</th><th>For 30 & 60 Intake</th><th>For 100 Intake</th></tr><tr><td>01</td><td>General Medicine</td><td>60</td><td>90</td></tr><tr><td>02</td><td>General Surgery</td><td>60</td><td>90</td></tr><tr><td>03</td><td>Orthopedics</td><td>60</td><td>90</td></tr><tr><td>04</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr><tr><td>05</td><td>Pediatrics</td><td>30</td><td>60</td></tr><tr><td>06</td><td>Medical ICU</td><td>10</td><td>15</td></tr><tr><td>07</td><td>Surgical ICU</td><td>10</td><td>15</td></tr><tr><td>08</td><td>PICU + NICU</td><td>10</td><td>15</td></tr><tr><td>09</td><td>ICCU + RICU</td><td>10</td><td>10</td></tr><tr><td>10</td><td>Burns Unit / ICU</td><td>10</td><td>05</td></tr><tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr><tr><td colspan="2">Total</td><td>300</td><td>450</td></tr></table>	Sr.N o.	Specialty	For 30 & 60 Intake	For 100 Intake	01	General Medicine	60	90	02	General Surgery	60	90	03	Orthopedics	60	90	04	Obst & Gynac	30	60	05	Pediatrics	30	60	06	Medical ICU	10	15	07	Surgical ICU	10	15	08	PICU + NICU	10	15	09	ICCU + RICU	10	10	10	Burns Unit / ICU	10	05	11	Emergency	10	10	Total		300	450	<u>Adequate</u>
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11	Emergency	10	10																																																			
Total		300	450																																																			
d.	Student : Bed Ratio (Undergraduate) : <u>1:5</u>	<u>Adequate</u>																																																				
e.	Average Bed Occupancy in % : <u>APPROX 85%</u>																																																					
f.	Whether separate Registration room is available at OPD? a. Number of total patients registered in last Year : b. Number of New Patients registered on daily average : c. Number of Old patient registered on daily average : d. Average Number of patients attending OPD (current year) : e. Whether records of patient registration are well maintained:	<u>Available in all 6 Tie-up Hospitals</u> <u>Adequate</u>																																																				
g.	Indoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.) Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per specialty.	<u>In Tie-up Hospitals</u> <u>Adequate</u>																																																				
h.	Outdoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.)	<u>Available in College</u> <u>Adequate</u>																																																				
i.	Physiotherapy OPD Services (as per M.S.R.) : The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.	<u>Available in 6 Tie-up Hospitals</u>																																																				
	<ul style="list-style-type: none">As per Central Council Norms/ University 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.																																																					



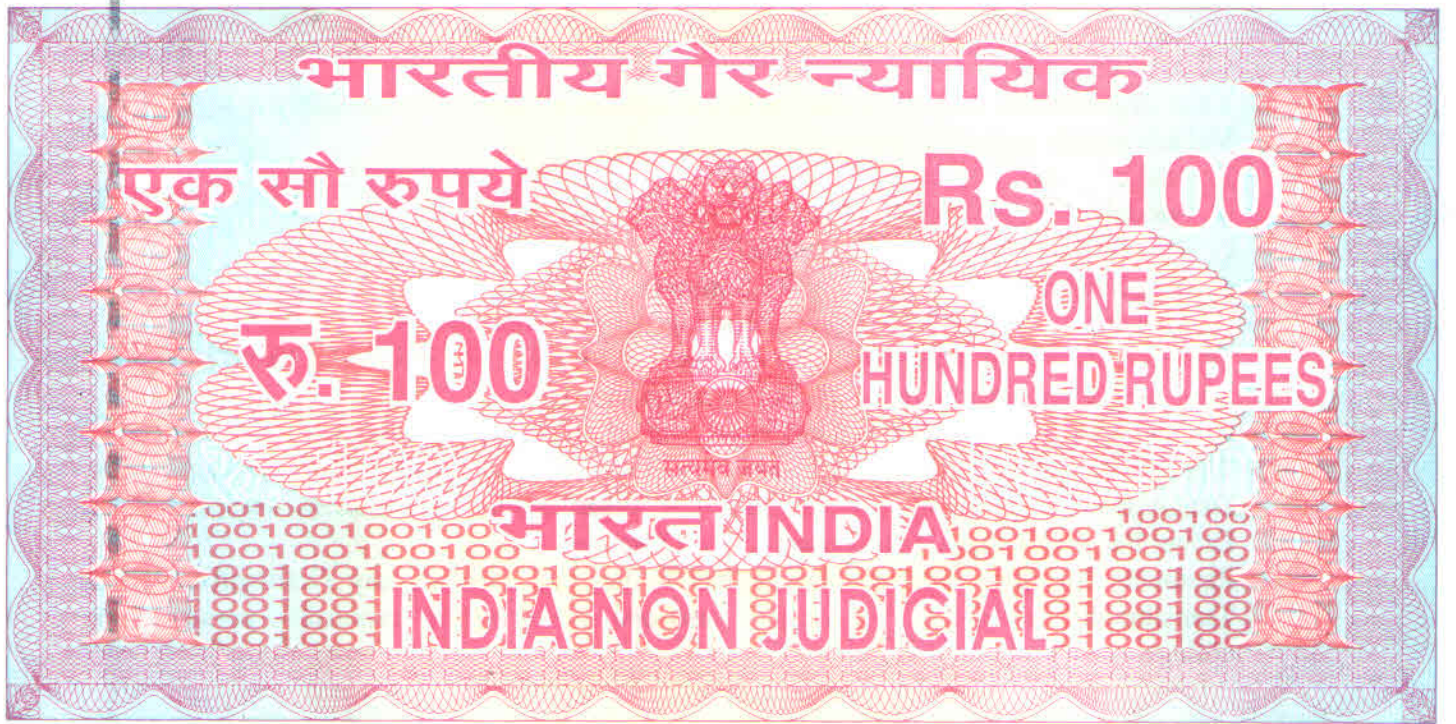
Dean/ Principal Stamp & Signature

Principal

Horizon College of Physiotherapy

Vishnupuri, Nanded.

Page 1 of 1



महाराष्ट्र MAHARASHTRA

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WB 052159

डिपत्र-1

शपथपत्र

कक्ष प्रविज्ञापत्रासाठी (अनुच्छेद क. 4,
प्रतिज्ञापत्र कोषासाठी सादर करावयाचे
प्रतिज्ञापत्रासाठीचे कारण
मुद्रांक विकत घ्यावयाचे आहे व सहा
मुद्रांक विक्री बाबतची नोंद आहे अतः

दी. २०.०१.२०२० पासून सुरु
६०६३ दि. ९ JAN 2020



Stamp Head Cler
Nanded

कक्ष विकत घेण्याची राई

भद्रपुरी प्रांतीय सागर मुद्रांक विक्रेता
जि न्या नॉटेड प.क्र 340102

First Party:

The Secretary,
Royal Swan Charitable Minority Trust
For Principal,
Horizon College of Physiotherapy,
Vishnupuri, Nanded, Maharashtra - 431606.

Second Party:

Bhalke Somnath,
Guru krupa Ambulance &
Emergency Services,
Nanded,
Maharashtra - 431708.

AGREEMENT OF MUTUAL CONCERN

Agreement made between the above two parties towards the following Ambulance Service — Tie-Up, after due Acceptance to Provide the services for the said college, from 20/01/2020 onwards with the below said terms and conditions —

1. Your Organization will be allotted with 1 Ambulance vehicle for anytime use –
Vehicle details as per RC Book –
 - a. Make - Mahindra
 - b. Model - Mahindra Bolero Plus Ambulance
 - c. Regn. No. - MH26BE2704
 - d. Regd. Owner - Bhalke Somnath
 - e. Driver - On Rotation as per Availability
2. Our services will be provided on on-call basis (Mob. No. – 8975306536, 8805719067)
3. This service will available for 24/7 all through the year
4. On availing, these services will be charged based on every individual trip sheet utilized
5. The costing for the services will include – Taxi, All Utilities (Monitor, Oxygen, CPR, Defibrillator, Emergency Medical Services, other hospital accessories used, etc.) and Driver Fee for that used trip (Based on the Distance)
6. Payments for these utilized service has to be paid through any Nationalized Bank Transfers after duly checking the trip sheet and signed by the responsible person of the college

Further, any other additions or deletion or changes in the terms and conditions can be made on mutual consent between our office and the representative of your college.

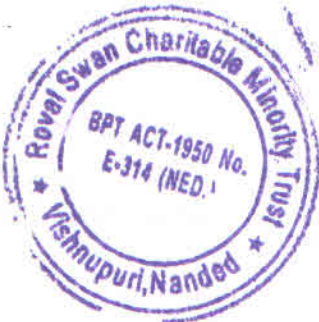
Signature of First Party
with Stamp & Seal

Secretary

Rev.
Rajal Swan Charitable Minority Trust
Vishnupuri, Nanded

Signature of Second Party
with Stamp & Seal

**Gurukrupa Ambulance Services,
Nanded.**





AMBULANCE

M.8805719067

111 245 88

M.8975306536

MH26BE270

Regn. No. MH26BE2704

MH1993110

Regd. Owner BHALKE SOMNATH

STW of GORINATH

Purpose NEW / MPA

Regn. Date 29/08/2018

Colour CHAMPNO WHITE

Fuel DIESEL

Vehicle Class Ambulance - TM

Body Type AMBULANCE

Manufacturer MAHINDRA & MAHINDRA LIMITED

Chassis No. MA1XG2GRKJ2G57377

Engine No. GRJ4G70092

Model No. MAHINDRA, BOLERO PLUS AMBULANCE

Hypothecated To AU SMALL FINANCE BANK LTD

Manufacturing Dt. 07/2018

Seal Capacity 006

Stand. Capacity 00

Tax Paid Up To See Tax Rept

Regd. Validity See F Cent

Address

No. Of Cys 04

Owner Serial 01

Unladen Wt 001800

Cubic Capacity 002523

Wheel Base 002794

R.L.W 002380

SHIVJI JANGA POST SUNEGAON TO LOHA Handed

MH 431708

RTO Nanded

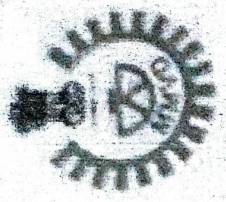
Issuing Authority

ROHAR KAPAS

Signature Of Issuing Authority

1. D GR. UNAD

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE



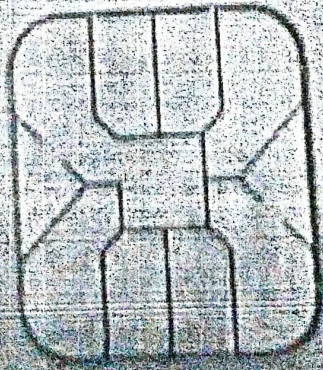
DL No : MH26 20150010936
Valid Till : 14-09-2035 (NT)

DOI : 15-09-2015
20-05-2026 (TR)
21-05-2021

FORM 7
RULE 16 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA

COV	DOI
LMV-TR	21-03-2018
MCWG	15-09-2015



DOB : 10-10-1995 BG : B+

Name : MANOJ P GAYAKWAD
Sd/w of : PIRAJI GAYAKWAD
Add : RJO TIRUPATI NAGAR DHANEGAON
WANDED, DHANEGAON (CT)
WANDED, MH

[Handwritten Signature]

PIN : 431603

Signature & ID Of
Issuing Authority

MH26

[Handwritten Signature]

Signature/Thumb
Impression of Holder

