


Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2021-2022

Clinical Material in Hospital

Faculty - Physiotherapy

Name of College/Institute- Laxmibai Gorule College of Physiotherapy,
 kakaddati Washim

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.:	Adequate																																																				
b.	The student to patient ratio should be minimum 1:5, the first part being student & Second part patient.	Adequate																																																				
c.	The desirable breakup of beds shall be as follows: Student Patient Ratio (as per M.S.R., it must be 1:5) :	Adequate																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sr.N o.</th> <th>Specialty</th> <th>For 30 & 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <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" style="text-align: center;">Total</td><td>300</td><td>450</td></tr> </tbody> </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	
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																																																			
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10	Burns Unit / ICU	10	05																																																			
11	Emergency	10	10																																																			
Total		300	450																																																			
d.	Student : Bed Ratio (Undergraduate) : 1:5	Adequate																																																				
e.	Average Bed Occupancy in % : 76 %	Adequate																																																				
f.	Whether separate Registration room is available at OPD? a. Number of total patients registered in last Year : 108240 b. Number of New Patients registered on daily average : 658 c. Number of Old patient registered on daily average : 285 d. Average Number of patients attending OPD (current year) : 297 e. Whether records of patient registration are well maintained : Yes	Adequate																																																				
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.	Adequate																																																				
h.	Outdoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.)	Adequate																																																				
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.	Adequate																																																				
	<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. 																																																					

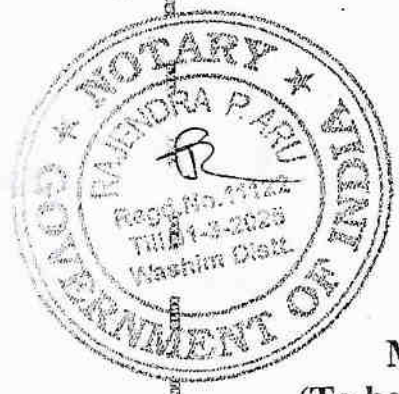

 Dean/ Principal **Stamp & Signature**
Laxmibai Gorule College of
Physiotherapy, Washim
Tq. Dist. Washim 44505 (M.S.)



महाराष्ट्र MAHARASHTRA

2020

WU 527859



MEMORANDUM OF UNDERSTANDING
(To be executed on Rs.100/- Non-judicial stamp paper)

This memorandum of understanding is made on 12 Day September month
2019 Year between
Secura Multispecialty and Superspeciality Hospital, Tirupati Park, Akola High-
Way, Washim, Ta. Dist. Washim Hospital [with full address/affiliating bodies]
which is represented by its Principal/Dean / **Medical Superintendent**/Medical
Director/CEO herein named as party one
and
Laxmibai Gorule College of Physiotherapy, Gut No.143/1, Pusad Road,
Near Saileela Colony, Infront of Petrol Pump, Kakaddati Washim Ta. Dist.

President / Secretary
Jay Sarnka Kalyani Shikshan Va
Bahaudderhiya Sanstha, Washim
Dist. Washim (M.S.) R.No. Man/3250

Attested
Rajendra P. Aru
Notary, Govt of India
Washim Dist. Read. No. 112

1) मुद्राक विक्रेत नोंद वही अ. क्र. व दिनांक - ५३४७ / ०४-०२-२०२०

2) दस्तावा प्रकार - पुस्तक

3) दस्त नोंदणी करणार आहेत काय होय/नाही

4) मिळकतीचे शोधव्यात वर्णन क. वा. शि. पु.

5) मुद्राक विक्रेत घेणाऱ्याचे नांव ज. व. सही पुरुषोत्तम शिवाजी पुर्वी

6) हस्ते असल्यास त्याचे नाव, पत्ता व सही श. व. शि. पु.

7) दुसऱ्या पक्षाचा नाव श. व. शि. पु.

मुद्राक शुल्क रक्कम १००/-

8) प. वा. नाधारक मुद्राक विक्रेत्याची सही व श. व. शि. पु.

9) परधाना क्रमांक तसेच मुद्राक विक्रीचे ठिकाण व पत्ता : श. व. शि. पु.

10) अरणासाठी ज्यानी मुद्राक खरेदी केला त्यांनी त्याच क. मा. साठी श. व. शि. पु.
मुद्राक खरेदी केल्यापारान ६ महिन्यात वापरणे बंधनकारक आहे.

शु. व. निरखी
मुद्राक विक्रेता, वाशिम
प. क्र. ४/९०
फोन नं. ६५०९०००

Shiraj



Washim (with full address and affiliating bodies) represented by its
Principal/Director/Dean herein named as party two

The parties hitherto agree as follows:

1. Party one declares Secura Multispecialty and Superspeciality Hospital, Washim (name of the hospital) is a 109 (number) bedded hospital, with a minimum of 29 beds for General Medicine Department, 10 beds for Surgery Department, 10 beds for Pediatrics Department, 20 beds for Gynecology Department, 05 beds for Psychiatry Department, 05 beds for Skin and VD Department, 30 beds Orthopedics Department.
2. Party one agrees to provide to party two the minimum space necessary of 1200 square feet in the hospital building to establish Physiotherapy Practice department for the conduct of Physiotherapy programs.
3. Party one agrees to provide preceptors required to train the Physiotherapy students.
4. Party one agrees that, it will not enter into similar agreement with any other Physiotherapy institution/s or department/s offering or intend to offer Physiotherapy programs.
5. The prospective students will be allowed to undergo training in the

Shiraj
President / Secretary
Jay Samka Kalyani Shikshan Va
Bahuuddeshiya Sanstha, Washim
Dist. Washim (M.S.) R.No. Mah/6250

following specialty departments

- Medicine
- Surgery
- Pediatrics
- Gynecology and Obstetrics
- Psychiatry
- Skin and VD
- Orthopedics



6. Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.
7. This agreement is to be in effect at least for ten years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect.
8. The officials representing Secura Multispecialty and Superspeciality Hospital, Washim hospital and Laxmibai Gorule College of Physiotherapy Washim, college are signing this MOU to achieve the beneficial objectives of Physiotherapy programs.


Signature

Hospital authority [party one]



Signature

Director, [party two]

LG College of Physiotherapy, Washim




Witness as to Signature of
Executant(s) only, Document(s)
Not Prepared, Revied or Advised
Upon on legality or anv other




President / Secretary

Jay Samka Kalyani Shikshan Va
Bahuuddeshiya Sanstha, Washim
Dist. Washim (M.S.) No. Ma. 50


Before Me
Rajendra P. Aru
Notary, Govt. of India
Washim Dist. Regd. No. 11122

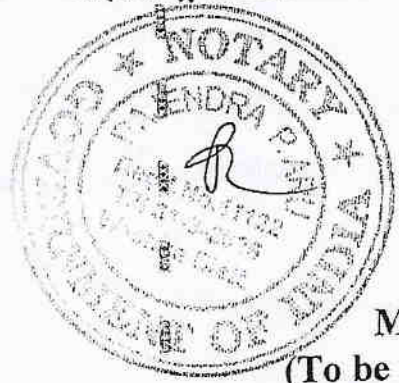
Df. 04.09.2020



महाराष्ट्र MAHARASHTRA

2020

WU 527860



MEMORANDUM OF UNDERSTANDING
(To be executed on Rs.100/- Non-judicial stamp paper)

This memorandum of understanding is made on 09 Day October month 2019
Year between

Ambai Multispecialty Hospital, Jawahar Colony, Pusad Naka Washim, Ta. Dist. Washim Hospital [with full address/affiliating bodies] which is represented by its Principal/Dean / Medical Superintendent/Medical Director/CEO herein named as party one

and

Laxmibai Gorule College of Physiotherapy, Gut. No.143/1, Pusad Road, Near Saileela Colony, Infront of Petrol Pump, Kakaddati Washim Ta. Dist.

President / Secretary
Jay Sanika Kalyani Shikshan Va
Bahuddeshiya Sanshodhan, Washim
Dist. Washim (M.S.) R.No. Mal. 250

Attested
Rajendra P. Aru
Notary, Govt of India
Washim Dist. Regd. No. 11123

- १) दस्तावा प्रकार पुस्तक
- २) दस्त नोंदणी करणार आहेत काय होय/नाही
- ३) मिळकतीचे श्रौतक्यात वर्णन व. वा. २१००
- ४) मुद्रांक विकत घेणाऱ्याचे नांव पु. सि. उर्वर
- ५) हस्त भ्रष्टाचार त्याचे नाव, पत्ता व सही रा. वा. २१००
- ६) दुसऱ्या पक्षाताराचे नाव _____
- मुद्रांक शुल्क १६५ _____
- ७) प. गानाधारक मुद्रांक विक्रेत्याची सही व _____
- परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता : _____

पु. सि. उर्वर

सु. के. निरखी
मुद्रांक विक्रेता, वाशिम
प.क्र.४/९०



ज्या करणाऱ्यांनी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच क मसाली
मुद्रांक खरेदी केल्यापासून ६ महिन्यात कापरणे बंधनकारक आहे.

Washim (with full address and affiliating bodies) represented by its
Principal/Director/Dean herein named as party two

The parties hitherto agree as follows:

1. Party one declares Ambai Multispecialty Hospital, Washim (name of the hospital) is a 105 (number) bedded hospital, with a minimum of 25 beds for General Medicine Department, 10 beds for Surgery Department, 10 beds for Pediatrics Department, 30 beds for Gynecology Department, 05 beds for Psychiatry Department, 05 beds for Skin and VD Department, 25 beds Orthopedics Department.
2. Party one agrees to provide to party two the minimum space necessary of 1200 square feet in the hospital building to establish Physiotherapy Practice department for the conduct of Physiotherapy programs.
3. Party one agrees to provide preceptors required to train the Physiotherapy students.
4. Party one agrees that, it will not enter into similar agreement with any other Physiotherapy institution/s or department/s offering or intend to offer Physiotherapy programs.
5. The prospective students will be allowed to undergo training in the following specialty departments

Suj
President / Secretary
Jay Samka Kalyani Shikshan Va
Bahuuddeshiya Sanstha, Washim
Dist. Washim (M.S.) P.No. Mah. 6250

- Medicine
- Surgery
- Pediatrics
- Gynecology and Obstetrics
- Psychiatry
- Skin and VD
- Orthopedics

6. Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.

7. This agreement is to be in effect at least for ten years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect.

8. The officials representing Ambai Multispecialty Hospital, Washim hospital and Laxmibai Gorule College of Physiotherapy Washim, college are signing this MOU to achieve the beneficial objectives of Physiotherapy programs.

Executant(s)



Signature

Hospital authority [party one]



Signature


Director, [party two]
LG College of Physiotherapy,





Witness as to Signature of
Executant(s) only, Document(s)
Not Prepared, Revised or Advised
Upon on legality or any other.




Before Me
Rajendra P. Aru
Notary, Govt. of India
Washim Dist. Regd. No. 11122
3

President / Secretary

Jay Samika Kalyani Shikshan Va
Bahuddeshiya Sanstha, Washim
Dist. Washim

04.09.2020



महाराष्ट्र MAHARASHTRA

2020

WU 527862

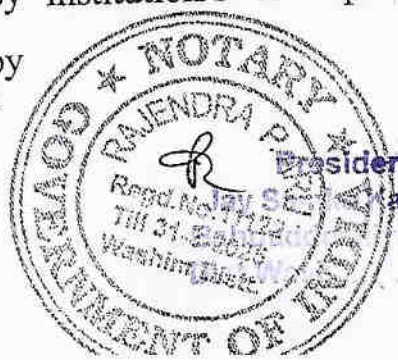
Washim (with full address and affiliating bodies) represented by its कार्यालय वाशिम
Principal/Director/Dean herein named as party two



The parties hitherto agree as follows:

1. Party one declares Warad Hospital, Washim (name of the hospital) is a 50 (number) bedded hospital, with a minimum of 50 beds for Surgery Department.
2. Party one agrees to provide to party two the minimum space necessary of 1200 square feet in the hospital building to establish Physiotherapy Practice department for the conduct of Physiotherapy programs.
3. Party one agrees to provide preceptors required to train the Physiotherapy students.
4. Party one agrees that, it will not enter into similar agreement with any other Physiotherapy institution/s or department/s offering or intend to offer Physiotherapy programs.

[Handwritten signature]



[Handwritten signature]
President / Secretary
Kalyani Shikshan

Attested

[Handwritten signature]
Rajendra P. Aru
Notary, Govt. of India
Washim, Dist. Regd. No. 1122

1) मुद्राक विक्री नोंद वही अ. क्र व दिनांक - 3387/082022-2020

2) दस्तावेज प्रकार - पुणे

3) दस्त नोंदणी करणार आहेत काय होय/नाही

4) मिळकतीचे थोडक्यात वर्णन - का. वाशीम

5) मुद्राक विक्री घेणाऱ्याचे नांव व सही - पु. कि. पुणे

6) हस्त अस्त्यास त्याचे नाव, पत्ता व सही - का. वाशीम

7) दुराच्या पक्षकाराचे नाव -

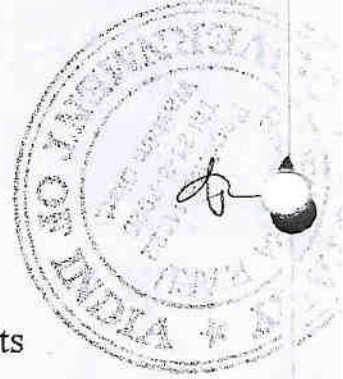
मुद्राक शुल्क रक्कम - 9000

8) फ. आनाधारक मुद्राक विक्रीच्याची सही व

परवाना क्रमांक तसेच मुद्राक विक्रीचे ठिकाण व पत्ता :

ज्या करणाऱ्यासाठी ज्यांनी मुद्राक खरेदी केला त्यांनी त्याच क मारसाठी
मुद्राक खरेदी केल्यापासून 6 महिन्यात वापरणे बंधनकारक आहे

सु. के. निरखी
मुद्राक विक्रीला, वाशिम
प. क्र. 8/80
फोन नं. 840900



Washim (with full address and affiliating bodies) represented by its

Principal/Director/Dean herein named as party two

The parties hitherto agree as follows:

1. Party one declares Warad Hospital, Washim (name of the hospital) is a 50 (number) bedded hospital, with a minimum of 50 beds for Surgery Department.
2. Party one agrees to provide to party two the minimum space necessary of 1200 square feet in the hospital building to establish Physiotherapy Practice department for the conduct of Physiotherapy programs.
3. Party one agrees to provide preceptors required to train the Physiotherapy students.
4. Party one agrees that, it will not enter into similar agreement with any other Physiotherapy institution/s or department/s offering or intend to offer Physiotherapy programs.

The prospective students will be allowed to undergo training in the following specialty departments

- Surgery

5. Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.

6. This agreement is to be in effect at least for ten years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect.

7. The officials representing Warad Hospital, Washim hospital and Laxmibai Gorule College of Physiotherapy Washim, college are signing this MOU to achieve the beneficial objectives of Physiotherapy programs.

Executant(s)


Signature


Hospital authority [party one]


Signature

Director, [party two]
College of LG
College of Physiotherapy,






Before Me
Rajendra P. Aru
Notary, Govt. of India ³
Washim Distt.Regd.No.11122


President / Secretary

Jay Sankha Kalyani Shikshan Va
Bahuuddeshiya Sanstha, Washim
Distt.Washim (M.S.)R.No.Mah/6250

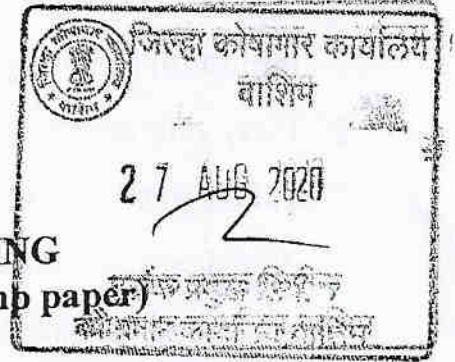
Witness as to Signature of
Executant(s) only, Document(s)
Not Prepared, Revised or Advised
Upon or legality or any other



महाराष्ट्र MAHARASHTRA

2020

WU 527863



MEMORANDUM OF UNDERSTANDING
(To be executed on Rs.100/- Non-judicial stamp paper)

This memorandum of understanding is made on 19 Day September month
2019 Year between

Kanade Bal Rugnalay, Hingoli Road Washim, Ta. Dist. Washim Hospital [with full address/affiliating bodies] which is represented by its Principal/Dean /
Medical Superintendent/Medical Director/CEO herein named as party one

and

Laxmibai Gorule College of Physiotherapy, Gut No. 143/1, Pusad Road, Near Saileela Colony, Infront of Petrol Pump, Kakaddati Washim Ta. Dist. Washim (with full address and affiliating bodies) represented by its
Principal/Director/Dean herein named as party two

President / Secretary
Jay Sanka Kalyani Shikshan Va
Bahuudashiya Sanstha, Washim
Dist. Washim (M.S.) R.No. Mah/ (46)

Attested
Rajendra P. Aru
Notary, Govt of India
Washim Distt. Regd. No. 11123

1) मुद्रांक विक्री नोंद वही अ. क्र. व दिनांक. ५३४९/०४-०९-२०२०

२) दस्ताचा प्रकार पुस्तक

३) दस्त नोंदणी करणार आहेत काय होय/नाही

४) मिळवणीचे थोडक्यात वर्णन कावादीप

५) मुद्रांक विक्रीत घेणाऱ्याचे नांव पु.सि. पुर्वे

६) हस्त भसल्यास त्याचे नाव, पत्ता व सही राव(२)

७) दुसऱ्या पक्षकाराचे नाव 90

८) मुद्रांक शुल्क रक्कम 90

९) प. गानाधारक मुद्रांक विक्रेत्याची सही व

१०) प्रवासा क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता :

११) ज्या करणासाठी ज्यानी मुद्रांक खरेदी केला त्यांनी त्याच र. मासाठी

१२) मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.

Signature

Signature

सु.के.निरखी
मुद्रांक विक्रेता, वाशिम
प.क्र.४/९०
कोड नं. ६५०९००८

The parties hitherto agree as follows:

1. Party one declares Kanade Bal Rugnalay, Hingoli Road Washim, Ta. Dist. Washim (name of the hospital) is a 90 (number) bedded hospital, with a minimum of 90 beds for Pediatrics Department.
2. Party one agrees to provide to party two the minimum space necessary of 1200 square feet in the hospital building to establish Physiotherapy Practice department for the conduct of Physiotherapy programs.
3. Party one agrees to provide preceptors required to train the Physiotherapy students.
4. Party one agrees that, it will not enter into similar agreement with any other Physiotherapy institution/s or department/s offering or intend to offer Physiotherapy programs.
5. The prospective students will be allowed to undergo training in the following specialty departments

- Pediatrics

Signature

President / Secretary
Jay Sanka Kalyani Shikshan Va
Bahuddeshiya Sanstha, Washim
Dist. Washim (M.S.) R.No. Mah/6250



6. Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.
7. This agreement is to be in effect at least for ten years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect.
8. The officials representing Kanade Bal Rugnalay, Washim hospital and Laxmibai Gorule College of Physiotherapy Washim, college are signing this MOU to achieve the beneficial objectives of Physiotherapy programs.



Signature

Hospital authority [party one]

Executant(s)

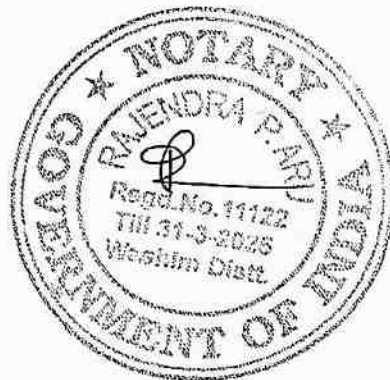
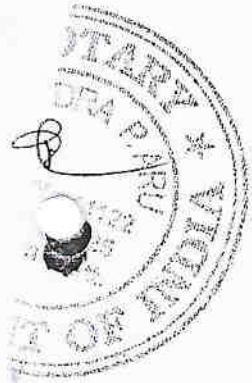


Signature

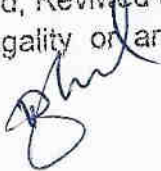
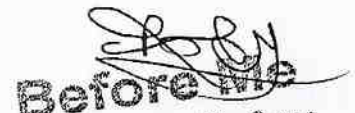
Director, [party two]

College of LG

College of Physiotherapy,




Witness as to Signature of
Executant(s) only, Document(s)
Not Prepared, Revised or Advised
Upon on legality or any other.

Before Me
Rajendra P. Aru
Notary, Govt. of India
Washim Distt. Regd.No.11122



President / Secretary
Jay Sanka Kalyani Shikshan Va
Bahuuddeshiya Sanstha, Washim
Dist. Washim (M.S.) R.No. Mah/6269

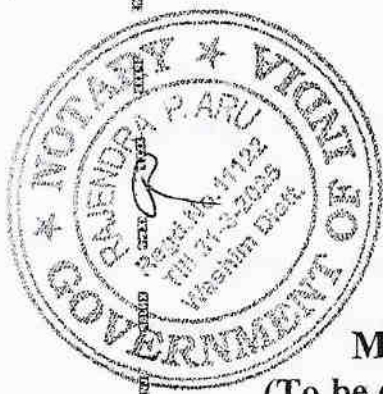
dt. 04.09.2020



महाराष्ट्र MAHARASHTRA

2020

WU 527864





MEMORANDUM OF UNDERSTANDING
(To be executed on Rs.100/- Non-judicial stamp paper)

This memorandum of understanding is made on 10 Day October month 2019
Year between

Ingle Psychiatric Health Center Washim, Ta. Dist. Washim Hospital [with full address/affiliating bodies] which is represented by its Principal/Dean / Medical Superintendent/Medical Director/CEO herein named as party one
and

Laxmibai Gorule College of Physiotherapy, Gut No. 143/1, Pusad Road, Near Saileela Colony, Infront of Petrol Pump, Kakaddati Washim Ta. Dist. Washim (with full address and affiliating bodies) represented by its Principal/Director/Dean herein named as party two


President / Secretary
Jay Sankha Kalyani Shikshan Va
Bahuuddeshiya Sanstha, Washim
Dist. Washim (M.S.) R.No. Mah/6250


Attested
Rajendra P. Aru
Notary, Govt of India
Washim Dist. Road. No. 112

1) मुद्रांक विक्री नोंद वही अ. क्र. व दिनांक ५३४७/०४-०२-२०२०

२) दस्तावा प्रकार पु. नि. पु. व.

३) दस्त नोंदणी करणार अहित काय होय/नाही होय/नाही

४) मिळकतीचे शोडक्यात वर्णन का वाशिम

५) मुद्रांक विक्री घेणाऱ्याचे नांव पु. नि. पु. व. सही

६) हस्त अस्त्यास त्याचे नाव, पत्ता व सही रा. वाशिम

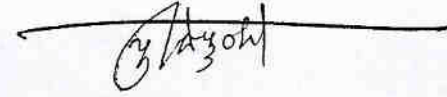
७) दुसऱ्या पक्षकाराचे नाव

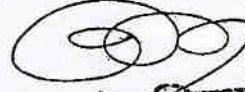
मुद्रांक शुल्क रक्कम १००

८) अस्त्याकारक मुद्रांक विक्रेत्याची सही व

परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता :

त्या अस्त्यासाठी ज्यानी मुद्रांक खरेदी केला त्यांनी त्याच क मासाली
मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.





निरखी

मुद्रांक विक्रेता, वाशिम

प.क्र.४/१०

फोन नं. ६५०९००

The parties hitherto agree as follows:

1. Party one declares Ingle Psychiatric Health Center, Washim (name of the hospital) is a 50 (number) bedded hospital, with a minimum of 50 beds for Psychiatric Department.
2. Party one agrees to provide to party two the minimum space necessary of 1200 square feet in the hospital building to establish Physiotherapy Practice department for the conduct of Physiotherapy programs.
3. Party one agrees to provide preceptors required to train the Physiotherapy students.
4. Party one agrees that, it will not enter into similar agreement with any other Physiotherapy institution/s or department/s offering or intend to offer Physiotherapy programs.



President / Secretary
Jay Sarika Kalyani Shikshan Va
Sanskrit

5. The prospective students will be allowed to undergo training in the following specialty department.

• **Psychiatry**

6. Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS norms and takes the overall responsibility for smooth conduct of the programs.

7. This agreement is to be in effect at least for ten years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect.

8. The officials representing Ingle Psychiatric Health Center Washim, Ta. Dist. Washim hospital and Laxmibai Gorule College of Physiotherapy Washim, college are signing this MOU to achieve the beneficial objectives of Physiotherapy programs.

Executant(s)

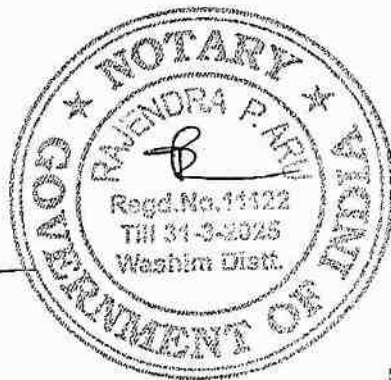
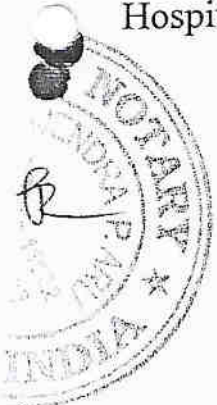
Nugade
Signature

Hospital authority [party one]

[Signature]

Signature

Director, [party two]
College of LG
College of Physiotherapy,



Witness as to Signature of
Executant(s) only. Document(s)
Not Prepared, Reviewed or Advised
Upon on Reality or any other.

[Signature]

[Signature]

[Signature]
Before Me
Rajendra P. Aru
Notary, Govt. of India
Washim Distt.Regd.No.11122

President / Secretary
Jay Sanka Kalyani Shikshan Va
Bahauddoshiya Sanstha, Washim
Distt.Washim. (M.S.)R.No.Mah/250.