

**Maharashtra University of Health Sciences, Nashik**  
**Inspection Committee Report for Academic Year 2022-23**

**Clinical Material in Hospital**

Faculty - Physiotherapy

Name of College/Institute- Laxmibai Gorule College of Physiotherapy, 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: <b>Student Patient Ratio (as per M.S.R., it must be 1:5) :</b> <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th>Sr.N o.</th> <th>Specialty</th> <th>For 30 &amp; 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 &amp; 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;"><b>Total</b></td><td><b>300</b></td><td><b>450</b></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	<b>Total</b>		<b>300</b>	<b>450</b>	Adequate 1:5
Sr.N o.	Specialty	For 30 & 60 Intake	For 100 Intake																																																			
01	General Medicine	60	90																																																			
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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																																																			
<b>Total</b>		<b>300</b>	<b>450</b>																																																			
d.	<b>Student : Bed Ratio (Undergraduate) : 1:5</b>	Adequate																																																				
e.	<b>Average Bed Occupancy in % : 82 %</b>	Adequate																																																				
f.	<i>Whether separate Registration room is available at OPD?</i> a. Number of total patients registered in last Year : <b>104271</b> b. Number of New Patients registered on daily average : <b>289</b> c. Number of Old patient registered on daily average : <b>270</b> d. Average Number of patients attending OPD (current year) : <b>302</b> e. Whether records of patient registration are well maintained: Yes	Adequate																																																				
g.	<b>Indoor Physiotherapy Department Areas as per Clinical Load and Intake:</b> (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.	<b>Outdoor Physiotherapy Department Areas as per Clinical Load and Intake:</b> (as per M.S.R.)	Adequate																																																				
i	<i>Physiotherapy OPD Services (as per M.S.R.) : The hospital shall have functional physiotherapy department providing services on outpatient &amp; in patient department at least since 12 Months prior application &amp; shall maintain required OPD and IPD records for verification.</i>	Adequate																																																				
	<ul style="list-style-type: none"> <li>• As per Central Council Norms/ University Norms, above Infrastructure must be available at college.</li> <li>• If Infrastructure is available, then mark "Adequate" &amp; do not attach any documents.</li> <li>• In case of "Inadequate", it must be mark as "Inadequate" with evidence.</li> </ul>																																																					

*N. Madhobhush*  
Principal

**Dean/ Principal Stamp & Signature**  
Physiotherapy, Washim-444505.





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  
Bahaudderhira Sanstha, Washim  
Dist. Washim (M.S.) R.No. Man/350

**Attested**  
**Rajendra P. Aru**  
Notary, Govt of India  
Washim Dist. Regd. No. 1112

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

2) दस्ताचा प्रकार - पु.के.स.

3) वस्त नोंदणी करणार आहेत काय होय/नाही

4) मिळकतीचे शोधवशात वर्णन क.वा.क्र.पु.

5) मुद्राक विक्रेत घेणाऱ्याचे नांव जन्. व सही पुरुषोत्तम श्री.ता.पु.पु.के.

6) हस्ते असल्यास त्याचे नाव, पत्ता व सही

7) दुसऱ्या पक्षाचा नाव मुद्राक शुल्क रक्कम - १००/-

8) प. गनाधारक मुद्राक विक्रेत्याची सही व परधाना क्रमांक तसेच मुद्राक विक्रीचे ठिकाण व पत्ता :

9) अर्जा भरणाऱ्यासाठी ज्यांनी मुद्राक खरेदी केला त्यांनी त्याच क.मा.साठी मुद्राक खरेदी केल्यापारान ६ महिन्यात वापरणे बंधनकारक आहे.

सु.के.निरखी  
मुद्राक विक्रेता, वाशिम  
प.क्र.४/९०  
फोन नं. ६५०९०००



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

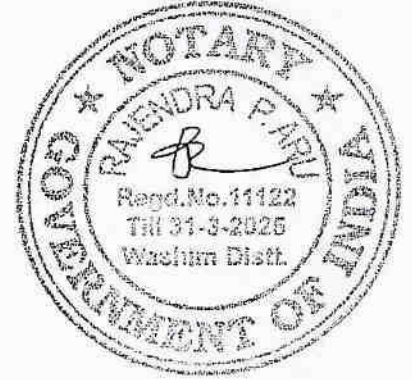
The parties hitherto agree as follows:

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

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, Revived or Advised  
Upon on legality or any other



  
**President / Secretary**

Jay Samka Kalyani Shikshan Va  
Bahuuddeshiya Sanstha, Washim  
Dist. Washim (M.S.) F.No. Ma. 30

  
**Before Me**

**Rajendra P. Aru**

Notary, Govt. of India

Washim Dist. Regd. No. 11122

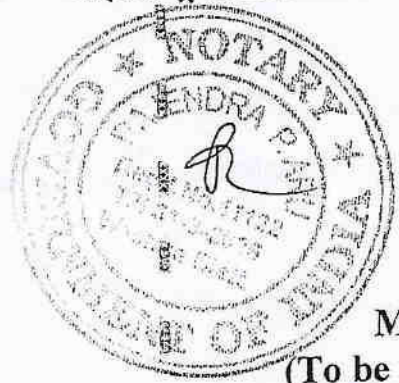
Df. 04.09.2020



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.

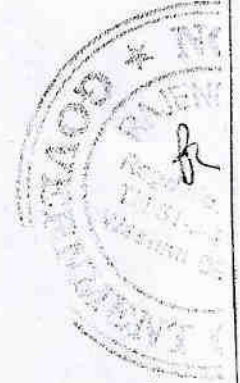
President / Secretary  
Jay Sanika Kalyani Shikshan Va  
Bahuddeshiya Sansha, Washim  
Dist. Washim (M.S.) R.No. Mal. 250

**Attested**  
Rajendra P. Aru  
Notary, Govt of India  
Washim Dist. Regd. No. 11122

- १) दस्तावा प्रकार पुस्तक
- २) दस्त नोंदणी करणार आहेत काय होय/नाही
- ३) मिळकतीचे श्रौतक्यात वर्णन वै वाडीम
- ४) मुद्रांक विकत घेणाऱ्याचे नांव पु. के. निरखी
- ५) हस्त प्रत्यक्ष त्याचे नाव, पत्ता व सही रा. व. व. व.
- ६) दुसऱ्या पक्षाताराचे नाव \_\_\_\_\_
- मुद्रांक शुल्क १६५
- ७) प. ग. नाधारक मुद्रांक विक्रेत्याची सही व \_\_\_\_\_
- परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता : \_\_\_\_\_

पु. के. निरखी

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



ज्या चरणाखाली ज्यानी मुद्रांक खरेदी केला त्यांनी त्याच क मसाली  
 विक्रेता खरेदी केल्यापासून ६ महिन्यात वापरणे 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 Samika Kalyani Shikshan Va  
 Bahuuddeshiya Sanstha, Washim  
 Dist. Washim (M.S.) R.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]



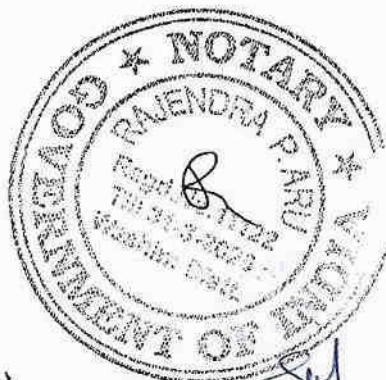
**Signature**


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 Distt. Regd. No. 11122  
3

**President / Secretary**

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

04.09.2020



महाराष्ट्र MAHARASHTRA

2020

WU 527862

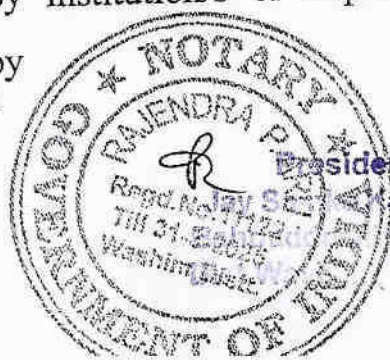
Washim (with full address and affiliating bodies) represented by its कोषागार कार्यालय  
Principal/Director/Dean herein named as party two  
वाशिम



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. Washim No. 1123



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

2) दस्तावा 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 असल्यास त्याचे नाव, पत्ता व सही - का. वाशीम

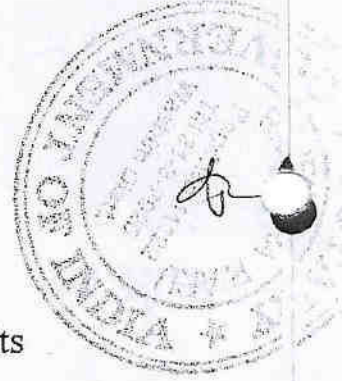
मुद्राक शुल्क रक्कम - 9000

7) फा. 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, वाशीम  
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.

*Singh*

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  
Washim Distt. Regd. No. 11122

President / Secretary

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

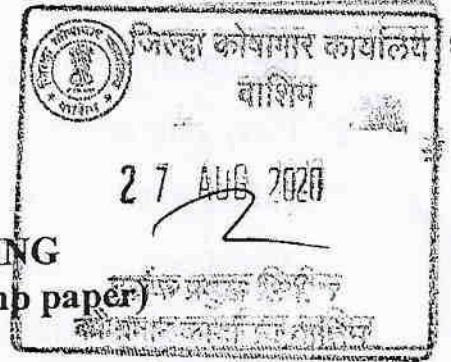
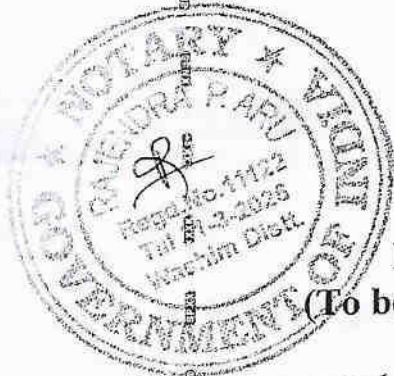
Witness as to Signature of  
Executant(s) only, Document(s)  
Not Prepared, Revised or Advised  
Upon or legality or any other



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/ (45)

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

1) मुद्रांक विक्रम 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 कावाशीम  
 ५) मुद्रांक विकत घेणाऱ्याचे नांव पु.सि. पुर्वे  
 ६) हस्त भसल्यास त्याचे नाव, पत्ता व सही राव(२)  
 ७) दुसऱ्या पक्षकाराचे नाव  
 मुद्रांक शुल्क रक्कम १००  
 ८) पत्ता नावाचारक मुद्रांक विक्रेत्याची सही व  
 चरवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता :

पु.सि. पुर्वे

सु.के.निरखी  
 मुद्रांक विक्रेता, वाशिम  
 प.क्र.४/९०  
 कोड नं. ६५०९००९

ज्या करणाऱ्यासाठी ज्यानी मुद्रांक खरेदी केला त्यांनी त्याच रकमासाठी  
 त्याच खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.

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 Kaiyani 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)**

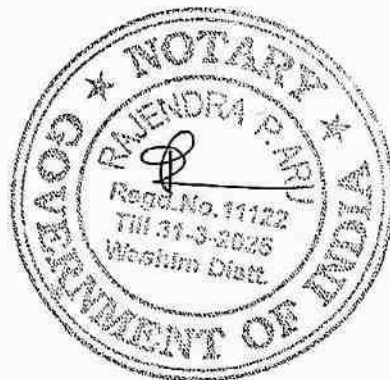
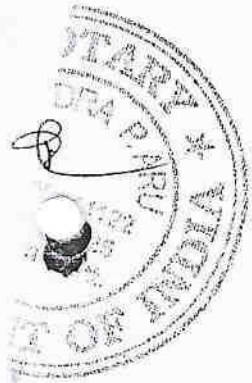


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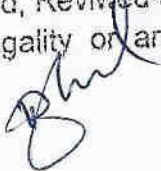
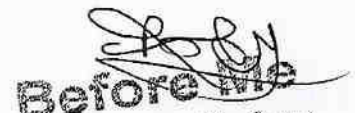
Director, [party two]

College of LG

College of Physiotherapy,




Witness as to Signature of  
Executant(s) only, Document(s)  
Not Prepared, Reviewed or Advised  
Upon on 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  
Bahuuddeshjya Sanstha, Washim  
Dist. Washim (M.S.) R.No. Mah/6269

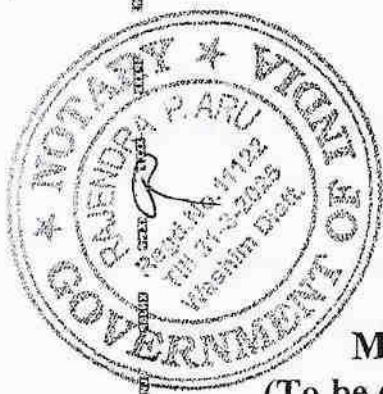
dt. 04.09.2020



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

*[Signature]*  
**President / Secretary**  
Jay Sanki Kalyani Shikshan Va  
Bahuddeshiya Sanstha, Washim  
Dist. Washim (M.S.) R.No. Mah/6250

*[Signature]*  
**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

४) मिळकतीचे शोडक्यात वर्णन

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

६) हस्त अस्त्यास त्याचे नाव, पत्ता व सही

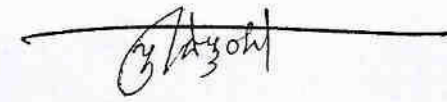
७) दुसऱ्या पक्षकाराचे नाव

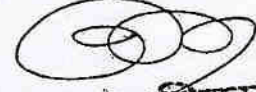
मुद्रांक शुल्क रक्कम - १००

८) धनगारक मुद्रांक विक्रेत्याची सही व

परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता :

त्या प्रकरणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच क मासाली  
मुद्रांक खरेदी केल्याबाबत 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 Sanika Kaiyani 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)**

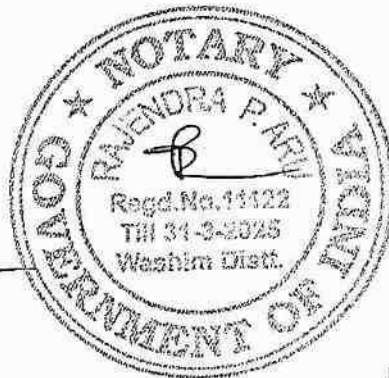
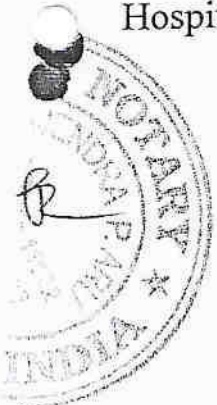
*Mudale*  
**Signature**

Hospital authority [party one]

*Shrotri*

**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**  
**Bahuuddeshiya Sanstha, Washim**  
**Dist.Washim. (M.S.)R.No.Mah/250.**