



**SHRI VASANTRAO BANDUJI PATIL TRUST'S
VASANTDADA PATIL AYURVEDIC
MEDICAL COLLEGE &
INSTITUTE OF YOGA, SANGLI**

ANNEXURE - III

- **Trust Registration Certificate**
- **Trust Deed**
- **Other Details**

Maharashtra University of Health Sciences, Nashik

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

Faculty- UG Aurved

Name of College/Institute- Vasantdada Patil Ayurvedic Medical College & Institute of Yoga, Sangli

Name of Trust / Society		Shri Vasanttrao Banduji Patil Trust, Sangli
Registration Certificate		Trust / Society Society :- E- 297- Sangli Date- 25/02/1971 Hospital (Bombay Nursing Act) :- Manapa/arovi/san/6/ 1047/2020 Date – 25/02/2020.
Name of the College / Institute (As per First Affiliation letter)	:	Vasantdada Patil Ayurvedic Medical College & Institute of Yoga, Sangli
Address	:	In Front Of Income Tax Office, Sangli-Miraj Road, South Shivajinagar, Sangli 416 416.
Email ID	:	vbptrust@gmail.com
Telephone / Mobile No.(s)	:	0233-2323746
Website	:	www.vdpacollegesangli.org
College Code	:	122111



Dean/ Principal Stamp & Signature

hulk

I/c. PRINCIPAL
Vasantdada Patil Ayurvedic
Medical College, Sangli.



E. 297. 2094
No 08312.

नोंदणीचे प्रमाणपत्र

याद्वारे प्रमाणपत्र देण्यात येते की खाली वर्णन केलेली सार्वजनिक विश्वस्त व्यवस्था ही आज, मुंबई सार्वजनिक विश्वस्त व्यवस्था अधिनियम, १९५० (सन १९५० चा मुंबई अधिनियम क्रमांक २९) यान्वये.....

येथील सार्वजनिक विश्वस्त व्यवस्था नोंदणी कार्यालयात योग्य रीतीने नोंदण्यात आली आहे.

सार्वजनिक विश्वस्त व्यवस्थेचे नाव.....

श्री वसंतराव बंधुजी पाटील ट्रस्ट, सांगली

सार्वजनिक विश्वस्त व्यवस्थांच्या नोंदणी पुस्तकातील क्रमांक.....

२-२८७-सांगली

यास प्रमाणपत्र दिले.

आज दिनांक.....

१९६७. रोजी माझ्या सहीनिशी दिले.

शिक्का

सही.....

श्री वसंतराव बंधुजी पाटील

हुद्दा.....

हायक समोदाय आरुक्त,
कोंढापूर विभाग, कोरवापूर

President,
Shri Vasant Rao Banduji Patil Trust
Sangli

SANGLI MIRAJ & KUPWAD CITY MUNICIPAL CORPORATION

FORM 'C'

(See Rule 5)

Certificate of Registration under section 5 of the Bombay Nursing Homes
Registration Act 1949

No. 451

This is to Certify that Shri / Smt **The Principal**
has been registered under the Bombay Nursing Homes Registration Act. 1949 in
respect of

..... "**Vasantdada Patil Ayurvedic Medical College & Institute of Yoga**....."
(Here insert the name of the Nursing Home.)

Situated at **Sangli** and has been authorised to carry on the said
nursing home.

No. of Bed's for Other Patient - 50 Bed's

No. of Bed's for Manternity Patient - 10 Bed's

Registration No. 451

Date of Registration 1/9/2022

Place Opp. Income Tax Office, South Shivajinagar, Sangli

Date of issue of certificate 1/9/2022

This certificate of registration shall be valid upto 31st March 2025

MEDICAL OFFICER OF HEALTH, SANGLI MIRAJ & KUPWAD CITY MUNICIPAL
CORPORATION (Here insert the name of Local Supervising Authority.)



Signature of the registering authority.

Medical Health Officer
Public Health
Sangli Miraj & Kupwad City
Corporation.

Incineration

सुर्या सेंट्रल टिट्रमेंट फॅसिलिटी फॉर बायोमेडिकल वेस्ट

जैव वैद्यकीय कचरा (व्यवस्थापन व हाताळणी) नियम १९९८ व सुधारीत नियम २०१६, २०१८,
MPCB Authorization No.: Format 1.0/PSO/UAN No.0000095183/CR 2112001727

Certificate No.:IPD/ **784** /22-23

प्रमाणपत्र

- १) वैद्यकीय व्यावसायिकाचे नांव- वसंतदादा पाटील
आयुर्वेदिक मेडीकल कॉलेज
- २) हॉस्पिटलचे नांव _____
- ३) पत्ता- आयकर भवनसमोर नेमिनाबनगर
सांगली, ता. मिरज जि. सांगली
- २) हॉस्पिटलमधील बेडसची एकूण संख्या - 60 (साठ)

उपरोक्त संस्थेत उत्पन्न होणारा जैव वैद्यकीय कचरा, भस्मीकरण (Incineration) व इतर प्रक्रिया करण्यासाठी प्रकल्पस्थळी नेला जातो

महत्वाची टीप - हे प्रमाणपत्र फक्त Bedded HCFs साठी व

एकूण बेडसंख्या 60 (साठ) साठी वैध राहिल.

प्रमाणपत्राची वैधता मुदत

दि. 01/10/2022 ते 31/03/2023 पर्यंत हे प्रमाणपत्र वैध राहिल.

जैविक कचरा उपरोक्त संस्थेस दिला नाही किंवा देणेचा बंद केला, तसेच शुल्क दिले नाही तर या प्रमाणपत्राची वैधता रद्द केली जाईल व तात्काळ संबंधित प्रशासनाला माहिती कळविली जाईल.

प्रमाणपत्र दिल्याची तारीख-
12/12/2022



Tejshree Rajeev
Kon

ऑ.: द्वारा कोरे लॉन्स, सहयोगनगर, स्फूर्ती चौक जवळ, सांगली
सांगली.फोन: (०२३३) २३०२५६९, २३०५९७५

प्रकल्प अधिकारी

फॅ.: डी-६०, एम.आय.डी.सी.मिरज, जि.सांगली.

सुर्या सेंट्रल टिट्रमेंट फॅसिलिटी
जैव वैद्यकीय कचरा निर्मूलन प्रकल्प



SHRI ESHWAR AGENCY®

Aapka Bharossa Hi Hamari Pehchan Hai

Sales & Service

1675, Ganratna Heights, Opp. Shintre Hospital,

Dr. Ambedkar Road, Sangli. 416 416

Ph : 0233-2374011/12 Cell : 9011469911

E-Mail : shreeeshwar@gmail.com

Web : www.eshwaragency.com

DELIVERY CHALLAN cum Custody Challan

Date : 04-06-2022

M D Y

(3)

Dear Sir,

We have park our cylinder / Handover

Mr./Hospital Name : DR.V.P.A.M.C. SANGLI

Cylinder type and Quantity : OXYGEN JUMBO QTY- 4

At Your hospital premises without deposit with following terms and Condition.

- 1) Customer has to take care of cylinders in hospital premises with proper check.
- 2) If cylinder refeeling cycle is not operated during period 2 month It is suppose to be lost and Customer/ hospital authority has to pay cost of cylinder or return it back to us.
- 3) Cost of cylinder as per market rate
- 4) Shri Eshwar Agency person shall be at liberty to enter in the premises

Where hospital has kept the gas cylinder to verify and check the stock of Gas cylinders.

You are further requested to please confirm the same& send the duplicate copy of this

Letter duly signed by you at on early date & oblige.

Thanks,

Signature of Hospital Authority and stamp.

Regards,

Shri Eshwar Agency



निवासी वैद्यकीय अधिकारी,
वसंतदादा पाटील आयुर्वेदिक मेडिकल
कॉलेज आणि हॉस्पिटल, सांगली

SELF DECLARATION FOR REGISTERED PHARMACIST

Annexure B

To,
Licensing Authority,
Food & Drugs Administration
SANGLI Circle



I undersigned Mr./Ms./Mrs. **VANDANA DIGAMBAR ROKADE**, date of joining **11/01/2020**, living at **AT POST LAXMI DAHIWADI**,
Mob. No. **9764352275** holding Degree / Diploma of Pharmacy / Experience, I am Registered Pharmacist having
Registration No. **108953** Registration date _____ valid upto **31/12/2040** & I above named Pharmacist do
hereby state on oath as under -

- 1) I am not working anywhere as Registered Pharmacist at present.
- 2) Prior to this I was working at _____ situated at _____
and I have left this job from date _____
- 3) Now I will work as Registered Pharmacist from date **11/01/2020** at M/s. **VASANTDADA PATIL
AYURVEDIC MEDICALCOLLEGE MEDICAL STORE - C.S. No. 347/3/4, Gala No. 7, Ground Floor,Sangli
Miraj Road,C/o Vasantdada Patil Ayurvedic Medical College,,South Shivaji Nagar Sangli-416416** Proprietor /
Partnership / Pvt. Ltd. / Ltd. firm. My working hours are from _____ to _____. Currently I am not
pursuing any further education & not doing job at any other place.
- 4) I will strictly follow the Drugs & Cosmetic Act, 1940 & Rules there under & I will take care of not to break any
other rules & regulations related to drugs or medicines.
- 5) I will inform to the owner of the company & FDA Office / D.C.D / D.C.A immediately, at the time my
resignation.
- 6) If any above stated information found to be false or misleading then you can inform to the MH state Pharmacy
Council regarding cancellation of my Pharmacy Registration & I agree for the same.

i further affirm and declare that the information given above and in the enclosed documents is true and correct to the
best of my knowledge and belief and nothing material has been concealed of facts and giving false information is
punishable offence and incase im guilty of giving false information or concealment of facts herein, i will be liable to
punished with imprisonment and / or fine as per the relevant provisional of law. I also undertake that the benefits
availed by me by furnishing such false information or concealment of the facts shall be liable to be summarily
withdrawn.

Date: 25/01/2020

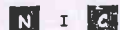
Place: SANGLI Circle

Authorised Signatory of the FIRM

**VASANTDADA PATIL AYURVEDIC
MEDICALCOLLEGE MEDICAL STORE - C.S.
No. 347/3/4, Gala No. 7, Ground Floor,Sangli
Miraj Road,C/o Vasantdada Patil Ayurvedic
Medical College,,South Shivaji Nagar Sangli-
416416**

Signature
(As signed on Registration Certificate)
VANDANA DIGAMBAR ROKADE(108953)

Print Date: 25/01/2020



**VASANTDADA PATIL AYURVEDIC MEDICAL COLLEGE
& INSTITUTE OF YOGA, SANGLI.**

South Shivaji Nagar, Sangli-Miraj Road, Sangli.416416 (MAHARASHTRA)

Phone No.(0233) 2323746; Fax No. (0233) 2381646; Email-vdpacollege@gmail.com

Ref.No.: 08/2019-20

Date : 8 APR 2019

Memorandum of Understanding for Ambulance Facility

This memorandum of understanding stands between-

1. Shri.Pravin D.Patil, Age-47 yrs/Male, Pravin Patil Ambulance Services, Sangli on behalf of Party No.1
 2. Dr.Pravin A.Pete, Age-47 yrs/Male, Principal/Dean, Vasantdada Patil Ayurvedic Medical College & Institute of Yoga, Sangli on behalf of Party No.2
- This understanding between Party no.1 & Party no.2 is regarding use of ambulance run by Party no.1 for patients use from Vasantdada Patil Ayurvedic Medical College & Institute of Yoga, Sangli.

The Terms & Conditions agreed are as follows:

1. Vasantdada Patil Ayurvedic Medical College & Institute of Yoga, Sangli will give priority to the said ambulance for an emergency referrals/shifting of patients. However if this ambulance is unavailable another ambulance can be called.
2. The Party No.1 agrees to give a discount of 15% over the total standard bill of the transportation charges. The discount is to be given to the beneficiary directly.
3. Both parties agree to mutually respect the said conditions & agree to make any changes in the same with mutual consent.
4. Quality Assurance for the services rendered needs to be maintained by Party no.1 as seeked by Party no.2 for their various requirement of accreditation or empanelment.
5. The MoU stands true for a period of 5 yrs from the date of agreement of the terms & conditions, however if any of the party wishes to discharge from this MoU, has to give a notice of 45 days & clear all the arrears before it.

Both parties agree to mutually respect the said conditions & agree to make any changes in the same with mutual consent.

Date:

Place: Sangli.

For Pravin Ambulance Services, Sangli

For Vasantdada Patil Ayurvedic Med. College & Inst. of Yoga, Sangli.

Party No.1- Shri.Pravin D.Patil
Prop. Pravin Ambulance Services
Sangli.
Mob. 9822555595

8 APR 2019

Party No.2- Dr.Pravin A.Pete

I/c. PRINCIPAL
Vasantdada Patil Ayurvedic
Medical College, Sangli.



TRUE COPY

Vasantdada Patil Ayurvedic