

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 202—202—

Clinical Material in Hospital

Name of College/Institute: JMF'S A.C.P.M. College of Nursing, Dhule

Faculty: Nursing

HOSPITAL DETAILS

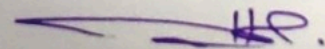
Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) To be made available on web site	01 parent Hospital	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: Copy to be made available on website	yes	Adequate
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual : 1:3		
c.	Average Bed Occupancy in % : (Minimum 75%) 81%	81%	Adequate
d.	Clinical facilities for PG to be verified:-(As per MSR)		
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD(current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)	yes	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 it should be available on college website In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report 			

Here we declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief
Any Other, Please Specify:-

Date:-

Dean/ Principal Stamp & Signature

ATTESTED BY



Principal
A.C.P.M. College of Nursing,
Dhule.



Jawahar Medical Foundation's
**Annasaheb Chudaman Patil Memorial
Medical College & Hospital, Dhule.**

Post Box No. 145
Sakri Road,
Dhule-424001

PhNo.(02562)276317,277298
Fax No.(02562)278027
e-mail – acpmmc@gmail.com

RefNo. ----- /ACPMCN/Dhule

Date- 29/02/2024

Memorandum of Understanding

With reference to your letter of seeking permission for clinical training of JMF'S A.C.P.M. College of Nursing, Dhule. Students at our own parent JMF'S A.C.P.M. Medical College & 720 bedded Multi Superspeciality Hospital, Dhule.

We are happy to provide you the permission for clinical training without any clinical charges for A.Y. 2024-25 as this is our parent organization.

Thanking you in anticipation

DEAN

A.C.P.M. Medical College & Hospital,
Dhule.

DEAN,

A.C.P.M.MEDICAL COLLEGE
DHULE - 424001. [M.S.]

Copy to,

- 1) All departments
- 2) Honble Chairman
- 3) JMF'S A.C.P.M College of Nursing,

ATTESTED BY

Principal

A.C.P.M.College of Nursing,
Dhule



Jawahar Medical Foundation's
**Annasaheb Chudaman Patil Memorial
Medical College & Hospital, Dhule.**

Post Box No. 145
Sakri Road,
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PhNo.(02562)276317,277298
Fax No.(02562)278027
e-mail – acpmmc@gmail.com

RefNo. १३१ /ACPMCN/Dhule

Date- 01 /03/2024

To,
The Principal,
JMF'S A.C.P.M. College of Nursing,
Dhule.

Sub:- Permission regarding clinical posting of Basic B. Sc Nursing (Ist IInd IIInd & IVth & Post Basic B. Sc Nursing (Ist IInd) Year students 50 per batch nursing for Academic Year 2024-25

Ref:- Your letter no 6410/JMF'S/ACPM/CON/Dhule Dated- 29/02/2024.

Respected Sir/Madam,

With reference to your letter permission is hereby granted for training & teaching of Basic B. Sc Nursing (Ist IInd IIInd & IVth & Post Basic B. Sc Nursing (Ist IInd) Year students 50 per batch for all departments in A.C.P.M. Medical College & Multi Superspeciality Hospital, Dhule for the academic year 2024-25 as per your schedule.

DEAN

A.C.P.M. Medical College & Hospital,

Dhule.

DEAN,

A.C.P.M.MEDICAL COLLEGE

DHULE - 424001. [M.S.]

Copy to,

- 1) All departments
- 2) Chairman
- 3) Community Health Centre (Rural & Urban centre)
- 4) Psychiatric department

ATTESTED BY

Principal

A.C.P.M.College of Nursing

Dhule



OFFICE OF DISTRICT HEALTH OFFICER
ZILLA PARISHAD, DHULE



सन १९४९ च्या दि बॉम्ब नर्सिंग होम्स रजिस्ट्रेशन अॅक्टच्या कलम ५ अन्वये
दिलेले रजिस्ट्रेशन सर्टिफिकेट

Certificate of Registration under Section 5 of the Bombay Nursing Homes
Registration Act, 1949
(नियम ५ अन्वये) (Under Rule 5)

क्रमांक No. 104

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट, १९४९ अन्वये श्री/श्रीमती _____

यांचे _____

येथील नर्सिंग होम / मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम व मॅटर्निटी होम चालविण्या
परवानगी देण्यात येत आहे.

This is to certify that Shri / Shrimati **CHAIRMAN, JAWAHAR
MEDICAL FOUNDATION, DHULE** has been registered under Bombay Nursing
Homes Registration Act, 1949 in respect of **JMF'S A.C.P.M. MEDICAL
COLLEGE & HOSPITAL, DHULE** situated at **MORANE, TAL., DIST. DHULE**
and has been authorised to carry on the said Nursing Home.

रजिस्ट्रेशन क्रमांक :

Registration No. : **DZPHD 002**

प्रसूतीसाठी :

Maternity : **60 Bed**

रजिस्ट्रेशन दिनांक :

Date of Registration : **01/04/2006**

इतर रुग्णांसाठी :

Other Nursing Patients : **665 Bed**

नूतनीकरण दिनांक :

Date of Renewal : **18/04/2023**

Total Beds : **725 Bed** **ATTESTED BY**

ठिकाण :

Place : **DHULE**

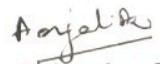
नूतनीकरण सर्टिफिकेट दिव्यांचा दिनांक :

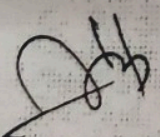
Date of Issue of Renewal Certificate : **18/04/2023**

सदरचे सर्टिफिकेट दिनांक ३१ मार्च २०२६ पर्यंत कार्यवाहीत राहील.

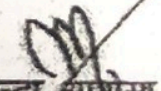
This is Certificate shall be valid up to **31st MARCH 2026**


Principal
A.C.P.M. College of Nursing
ATTESTED BY


Principal
A.C.P.M. College of Nursing
Dhule:


PRINCIPAL,
JMF's, A.C.P.M. COLLEGE
OF NURSING, DHULE.




जिल्हा आरोग्य अधिकारी
District Health Officer
जिल्हा परिषद धुळे
Zilla Parishad Dhule



OFFICE OF DISTRICT HEALTH OFFICER
ZILLA PARISHAD, DHULE



सन १९४९ च्या दि बॉम्ब नर्सिंग होम्स रजिस्ट्रेशन अॅक्टच्या कलम ५ अन्वये
दिलेले रजिस्ट्रेशन सर्टिफिकेट

Certificate of Registration under Section 5 of the Bombay Nursing Homes
Registration Act, 1949

(नियम ५ अन्वये) (Under Rule 5)

क्रमांक No. 119

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट, १९४९ अन्वये श्री./श्रीमती _____

यांचे _____

येथील नर्सिंग होम / मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम व मॅटर्निटी होम चालविण्यास
परवानगी देण्यात येत आहे.

This is to certify that Shri / Shrimati **CHAIRMAN, JAWAHAR
MEDICAL FOUNDATION, DHULE** has been registered under Bombay Nursing
Homes Registration Act, 1949 in respect of **JMF'S MULTISPECILITY
HOSPITAL, DHULE** situated at **MORANE, SAKRI ROAD, TAL., DIST. DHULE**
and has been authorised to carry on the said Nursing Home.

रजिस्ट्रेशन क्रमांक :

Registration No. : **DZPHD 121**

रजिस्ट्रेशन दिनांक :

Date of Registration : **17/10/2022**

प्रसुतीसाठी :

Maternity : **05 Bed**

इतर रुग्णासाठी :

Other Nursing Patients : **95 Bed**

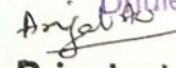
Total Beds : **100 Bed** **ATTESTED BY**

ठिकाण :

Place : **DHULE**


Principal

ATTESTED BY
Principal

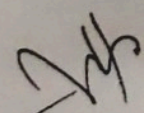

Principal

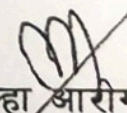
Principal
A.C.P.M. College of Nursing,
Dhule.

सदरचे सर्टिफिकेट दिनांक ३१ मार्च २०२५ पर्यंत कार्यवाहीत राहील.

This is Certificate shall be valid up to **31st MARCH 2025**




PRINCIPAL,
JMF's, A.C.P.M. COLLEGE
OF NURSING, DHULE.


जिल्हा आरोग्य अधिकारी
District Health Officer
जिल्हा परिषद धुळे
Zilla Parishad Dhule