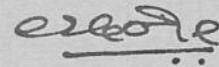


Vidya Vaibhav Shikshan Mandal's
Dapoli Homoeopathic Medical College & Hospital
At. Apti, Post. Talsure. Tal. Dapoli, Dist. Ratnagiri

Part II – Hospital Details



(Dr. Mrs. C. S. Goriwale)
Senate Member MUHS, Nashik

PRINCIPAL
Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri.



VIDYA VAIBHAV SHIKSHAN MANDAL'S
DAPOLI HOMOEOPATHIC MEDICAL COLLEGE

At. Aпти, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri, 415 712. (Maharashtra State)

PHONE

Cell : 9209393763, 9960193763
Email = dhmcdapoli@gmail.com
dhmcdapoli@rediffmail.com

RECOGNITION

- ◆ Dept. of AYUSH Govt. of India, New Delhi.
- ◆ National Commission for Homoeopathy, New Delhi.
- ◆ MEDD Govt. of Maharashtra, Mumbai.

AFFILIATION

- ◆ Maharashtra University of Health Sciences, Nashik.

Ref. No. :

Date : 31 JAN 2026

SR. NO.	A – HOSPITAL DETAILS INFRASTRUCTURE	
1.	Name of Hospital: Dapoli Homoeopathic Medical College & Hospital	
2.	Registration Details with Renewal	Available Renewed upto 31/03/2028
3.	Bed Strength – Ward Distribution – As per MES - 2024	50 beds
4.	Hospital Administration as per Schedule (IA) <ul style="list-style-type: none">• Administration Block• OPD/IPD Details• Operation Theatre Unit• Yoga/Physiotherapy Rehabilitation Unit• Central Clinical Laboratory• Radiology and Sonography Section• Hospital Kitchen• Hospital Stores• Clinical Teaching room• Skill laboratory• Peripheral OPDS	75 sq. mt. 530 sq.mt. 80 sq. mt. 25 sq. mt. 25 sq. mt. 25 sq. mt. 10 sq. mt. 30 sq. mt. 100 sq.mt. 25 sq.mt. 04
5.	Ambulance Facility (Own/MOU)	Own. Attached
6.	Dispensing Unit in OPD & IPD Dispensary	List Attached
7.	Hospital Equipment as per MES – 2024 in OPD/IPD	List Attached
8.	MOU with Super Specialty Hospital for Clinical Training of Student and its Functioning	Attached
9.	First Aid KIT in OPD/IPD	Available
10.	BMW Certificate valid upto 31/10/2026	Attached
11.	MPCB Certificate valid upto 31/10/2026	Attached
12.	Fire NOC	Attached
13.	Emergency Unit	Attached
14.	Alcohol Licence/Spirit Licence	Attached

(Dr. Mrs. C. S. Goriwale)
Senate Member MUHS Nashik

PRINCIPAL

Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri.

**Certificate of Registratration under Section 5 of the Bombay Nursing homes
Registratration Act 1949
(नियम ५ अन्वये) (Under Rule 5)**

क्रमांक -

No. : 2340 / 2025

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट, १९४९ अन्वये डॉ. चेतना सुनिल गोरीवले, प्रिन्सिपल, दापोली होमिओपॅथीक मेडीकल कॉलेज हॉस्पिटल, मु.आपटी पो.टाळसुरे,दापोली, जि.रत्नागिरी येथील नर्सिंग होम रजिस्टर केले असून सदरचे नर्सिंग होम / मॅटर्निटी होम चालविण्यास परवाना देण्यांत येत आहे.

This is to certify that Smt. **Dr. CHETANA SUNIL GORIWALE, PRINCIPAL, DAPOLI HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL.** Has been registered under the Bombay Nursing Homes Registratration Act 1949 in respect of **DAPOLI HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL** Situated at, **AT. APATI, POST. TALSURE, TAL. DAPOLI, DIST. RATNAGIRI** and has been authorised to carry on the said Nursing Home.

रजिस्ट्रेशन क्रमांक	प्रसुतीसाठी	खाटा
Registratration No. : 59	Maternity	05 BEDS
रजिस्ट्रेशन दिनांक :	इतर रुग्णांसाठी	खाटा
Date of Registratration - 27 /03/2025	Other Nursing Patients	45 BEDS

ठिकाण Place - **DAPOLI HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL,
AT. APATI , POST TALSURE, TAL. DAPOLI, DIST- RATNAGIRI.**

सर्टीफिकेट दिल्याचा दिनांक - २७/०३/२०२५

Date of Issue of Certificate - **27 /03/2025**

सदरचे सर्टीफिकेट दिनांक ३१ मार्च २०२८. पर्यंत कार्यवाहीत राहिल.

This Certificate Shall be Valid upto **31 March, 2028.**

**DATE - 27 /03/2028
PLACE - RATNAGIRI.**



APPX
Dr. A. A. Athalye
DISTRICT HEALTH OFFICER
ZILLHA PARISHAD RATNAGIRI.
District Health Officer
Zilla Parishad, Ratnagiri

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



VIDYA VAIBHAV SHIKSHAN MANDAL'S
DAPOLI HOMOEOPATHIC MEDICAL COLLEGE

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- ◆ MEDD Govt. of Maharashtra, Mumbai.

AFFILIATION

- ◆ Maharashtra University of Health Sciences, Nashik.

Ref. No. :

Date : 31.01.2026

DISTRIBUTION OF BEDS		
TOTAL SANCTIONED NO. OF BEDS = 50		
Sr. No.	Department	No. of Beds
1.	General Medicine (50%) (Acute 10% and Chronic 40%)	25 (5+20)
2.	Surgery (20%)	10
3.	Obstetrics / Gynaecology (20%)	10
4.	Paediatrics	5
	Total	50

(Dr. Mrs. C. S. Goriwale)

Senate Member MUHS, Nashik

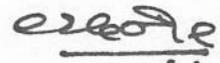
PRINCIPAL

Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri

Vidya Vaibhav Shikshan Mandal's
Dapoli Homoeopathic Medical College & Hospital
 At. Aпти, Po. Talsure, Ta. Dapoli, Dist. Ratnagiri

DEPT - INFRASTRUCTURE OF HOSPITAL

Sr. No.	Particulars	Required Built Up Area (sq. mt.)	Existing Built Up Area (sq. mt.)	New Bldg Built Up Area (sq. mt.)	Remark
1	Administrative Block	100	75	243	
a.	i. Room for Superintendent ii. Room for Public Relation Officer iii. Room for Dy. Medical Superintendent iv. Room for Staff Nurse				
b.	Reception & Registration				
2	Out-patient Department	220	130	349	
a.	i. General Medicine ii. Gynecology & Obstetrics iii. Surgery iv. Pediatrics & Child Health				
b.	i. Dressing Room ii. Pharmacy Store iii. Waiting area for patient				
3	Clinical Teaching Room - 4	120	100	161	
4	Skill Laboratory	100	25	143	
5	In-patient Department	450	400	1206	
	i. General Medicine (Male & Female Ward) ii. Pediatrics iii. Surgery (male & Female Ward) iv. Obstetrics & Gynecology v. Toilets & Bathroom vi. Doctors Duty Room vii. Nursing Station or Duty Room viii. Pharmacy ix. Record Room				
6	Operation Theatre Unit	100	80	438	
	i. Operation Theatre ii. Preparation Room iii. Post-operative Recovery Room iv. Space for Sterilized Linen v. Labor Room vi. Room for Surgeon/Obstetrician/Assistants vii. Nursing Staff Room				
7	Rehabilitation Unit	100	25	129	
	i. Physiotherapy ii. Yoga Clinic and Hall iii. Dietician				
8	Central Clinical Laboratory	30	25	55	
	i. Pathology & Microbiology ii. Bio-chemistry				
9	Radiology & Sonography Section	40	25	55	
	i. X-ray Room ii. Dark Room iii. Provision for Storing Films & Chemicals				



Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

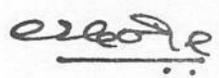
Vidya Vaibhav Shikshan Mandal's
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At. Apti, Po. Talsure, Ta. Dapoli, Dist. Ratnagiri

DEPT - INFRASTRUCTURE OF HOSPITAL

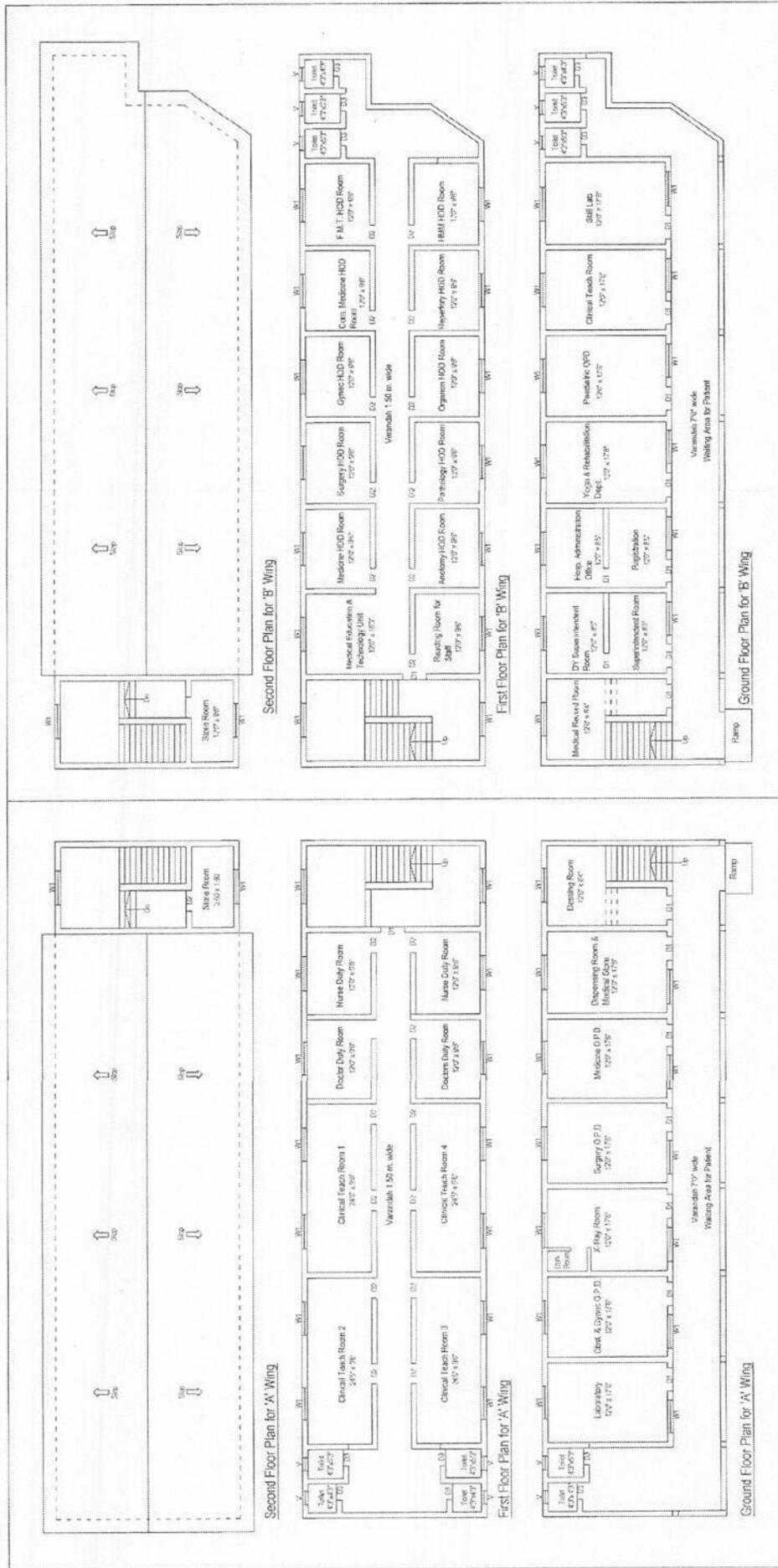
Sr. No.	Particulars	Required Built Up Area (sq. mt.)	Existing Built Up Area (sq. mt.)	New Bldg Built Up Area (sq. mt.)	Remark
10	Pharmacy	25	25	35	
11	Emergency Unit	25	25	37	
12	Hospital Kitchen	30	10	45	
13	Stores	30	30	72	
	TOTAL AREA	1370	975	2968	

* According to the New MES 2024 of the NCH, New Delhi, the construction of the New Hospital building is in progress.

Date : 31/01/2026


(Dr. Mrs. C. S. Goriwale)
Senate Member, MUHS, Nashik

PRINCIPAL
Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri.



Project
Actual Measure Drawing of Dapoli Homeopathic Medical College & Hospital Building at Village - Aptl. tal - Dapoli, dist - Ratnagiri

Signature
[Signature]
Dr. Chandrakant J. Mokul
Chairman
Vidya Vaidya Shikshan Mandal
Bhandrup, Mumbai

Owner
Sikshana Mandal, Mumbai
Estd 1982

Signature
[Signature]
Ar. Prayasharan Kulkarni
Member, Institute of Architects
Reg. No. 22 (A) 211

Architect

[Handwritten Signature]

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

Ambulance

Regn. No. MH08W6700

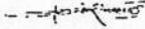
MH16183447

Regd. Owner THE PRINCIPAL DAPOLI HOMOEOPATHIC
S/D/W of MEDICAL COLLEGE
Purpose HPT
Regn. Date 06/04/2017
Colour S WHITE
Fuel DIESEL
Vehicle Class Ambulance - TR
Body Type AMBULANCE
Manufacturer FORCE MOTORS LIMITED, A PUNE
Chassis No. MC1E4CCASHP044908
Engine No. D63037153
Model No. FORCE TRAVELLER 71
Hypothecated To
Manufacturing Dt. 03/2017
Seat Capacity 010
Stand. Capacity 00
Tax Paid Up To See Tax Rcpt
Regd. Validity See F Cert
Address A/P APTI TALSURE TAL DAPOLI Ratnagiri MH
415712



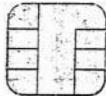
Unladen Wt 002116
Cubic Capacit 002096
Wheel Base 800060
R.L.W 003610

DY RTO RATNAGIRI
Issuing Authority


Signature Of Issuing Authority

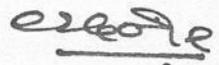


MAHARASHTRA STATE GOVERNMENT
CERTIFICATE OF REGISTRATION



Form 23A

50



Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

Vidya Vaibhav Shikshan Mandal's
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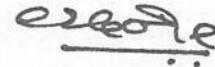
DEPT - HOSPITAL O. P. D.

Sr. No.	Particulars	Required	Available	Remark
I.	<u>FURNITURE/FIXTURE/EQUIPMENTS</u>			
1	Room with well-lighted and ventilated and equipped with a chair and a table for a doctor	1/C.R.	4	
2	X-ray viewer	1/C.R.	1	
3	Two chairs for patients and attendents	1 set/C.R.	8	
4	An Examination Table of 6 ft x 2.5 ft with privacy screen	1/C.R.	4	
5	Blood Pressure Apparatus	1/C.R.	4	
6	Stethoscope	1/C.R.	4	
7	Torch	1/C.R.	4	
8	Thermometer	1/C.R.	4	
9	Weighing Machine	1/C.R.	4	
10	Essential Diagnostic Tools required for Examination of Patients as per the scope of services offered by the hospital	A.R.	Available	
11	Light Source which gives light colour and Temperature similar to solar light. Light intensity of atleast 500 lux at the point of examination	A.R.	Available	
12	Computers	1/C.R.	0	
13	Telephone Equipment	A.R.	0	
14	Airconditioning	A.R.	0	
15	Adequate lockable storage space	A.R.	Available	
16	Foot Stools	1/C.R.	4	

*C. R. - Consultation Room

*A. R. - As per Requirement

Date : 31/01/2026



(Dr. Mrs. C. S. Goriwale)

Senate Member, MUHS, Nashik

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Dapoli Homoeopathic Medical College & Hospital

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DEPT - HOSPITAL I. P. D. (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
I.	<u>FURNITURE/FIXTURE/EQUIPMENTS :</u>			
1	Iron Beds (Simple, Surgical & Paediatric)	50	50	
2	Adequate Wall or Steel Cupboards	8	0	
3	Arm Board Adult	24	0	
4	Backrest	8	8	
5	Bain marie Trolley S/S	1/Floor	0	
6	Bed Side Cabinets	1 per 5 Patients	32	
7	Bed Side Screen	1/Ward	2	
8	Bucket Plastic	24	12	
9	Ceiling Fans	A. R.	18	
10	Clock	1/ward	2	
11	Containers for Kitchen	A. R.	Available	
12	Doctor's Chair for OP and ward	A. R.	2	
13	Doctor's or Office Table	10	1	
14	Dressing Trolley	8	2	
15	Dustbins	12	12	
16	Duty Table for Nurses	20	2	
17	Emergency Resuscitation Kit	1/Floor	2	
18	Enema Set	4	2	
19	Fire Extinguisher	A. R.	2	
20	Foot Stools	25	2	
21	Fridge	1/Ward	0	
22	Heavy Duty Torchlight	1/Ward	2	
23	Hospital Cots	300	0	
24	Hospital Cots Paediatric	30	0	
25	Hot Water Bags	2/ward	6	
26	Ice Bags	2/ward	6	
27	Hot Water Geyser	2/ward	0	
28	I. V. Stands	50	10	
29	Intercom System	2/ward	0	
30	Kitchen Utensils	A. R.	Available	
31	Massage Table of 7 ft x 2.5 ft (wood or fiber) (if service is provided)	1 / P.R.	0	
32	Medicine Trolley	1/Ward	2	
33	Office Chairs	20	20	
34	Office Tables	10	10	
35	Patient Beds with Side Rails	10	2	
36	Patient Call Bell System	1/Bed	0	
37	Patient Locker	1/Bed	0	
38	Patient Examination Table	1/Ward	2	

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DEPT - HOSPITAL I. P. D. (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
39	Patient Side Table	1/Bed	32	
40	Paediatric Cots with Railings	A. R.	6	
41	Steel or Wooden Cupboards	20	2	
42	Steel Rack	20	0	
43	Stool	15	15	
44	Stools Revolving	2/ward	4	
45	Stretcher or Patients Trolley	1/Ward	2	
46	Urinal (Male and Female)	50	20	
47	Waiting Chairs or Benches for Patients Relatives	25	10	
48	Weighing Machine	1/Ward	2	
49	Wheel Chair	2	2	
50	X-Ray Viewer	1/Ward	0	

II. <u>EQUIPMENTS/INSTRUMENTS :</u>				
1	Ambu Bags	6	1	
2	Arm Board Adult	24	1	
3	Autoclave Drums	9	9	
4	Back Rest	8	2	
5	Bain Marrie Trolley S/S	4	0	
6	Bed Pans	10	10	
7	Biomedical Waste Colour Coated Bins	1 set/Floor	2	
8	Cheatele Forceps Assorted Sizes	16	16	
9	Containers for Kitchen	A. R.	Available	
10	Dressing Trolley	1/Ward	2	
11	Dustbons	A. R.	Available	
12	Emergency Resuscitation Kit	1/Floor	Available	
13	Enema Set	A. R.	Available	
14	Fridge	A. R.	Available	
15	Heavy Duty Torch Lights	1/Ward	2	
16	Hot Water Bags	2/Ward	6	
17	I. V. Stands	10	10	
18	Infra Red Lamp	10	2	
19	Instrument Tray	1/Ward	2	
20	Instrument Trolley	1/Ward	2	
21	Intercom System	A. R.	0	
22	Kidney Trays	10	10	
23	Medicine Trolley	1/Ward	2	
24	Needle Cutter	3/Ward	6	
25	Non Mercury Thermometer	1/Ward	2	
26	O2 Cylinder with Spanner	1/Ward	2	

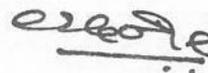
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DEPT - HOSPITAL I. P. D. (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
27	Patient Examination Table	1/Ward	2	
28	Sphygnomanometers	1/Ward	2	

Date : 31/01/2026



(Dr. Mrs. C. S. Goriwale)

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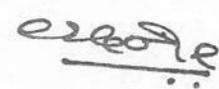
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DEPT - CLINICAL LABORATORY (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
I.	<u>EQUIPMENTS :</u>			
1	Alarm Clock	1/Ward	1	
2	Automatic Cell Counter	Optional	Optional	
3	Auto Analyser/Semi Auto Analyser	Optional	1	
4	Autoclave	1	0	
5	Binocular Microscope	1	2	
6	Biochemistry Analyser	1	0	
7	Chemical Balances	1	0	
8	Counting Chamber	1	2	
9	Electric Colorimeter	1	1	
10	Centrifuse Machine	1	1	
11	Electrolyte Analyser	1	0	
12	ESR Stand with Tubes	1	3	
13	Flame Photometer	1	0	
14	Glucometer	1/Ward	2	
15	Hematology Analyser or Cell Counter	1	0	
16	Haemoglobinometer	1	2	
17	HbA1c Machine	1	0	
18	Hot Air Oven	A. R.	1	
19	Hot Plates	A. R.	0	
20	Lab Incubator	A. R.	1	
21	Laboratory Autoclaves	A. R.	0	
22	Micro Pipette of Different Volumes	A. R.	3	
23	pH Meter	A. R.	0	
24	Regrigerator	1	1	
25	Rotor or Shaker	1	0	
26	Simple Balance	1	0	
27	Spirit Lamp	1	1	
28	TCDC Count Apparatus	A. R.	0	
29	Test Tube Holders	A. R.	23	
30	Test Tube Rack	A. R.	5	
31	Test Tube Stands	A. R.	11	
32	Timer Stopwatch	A. R.	0	
33	Urine Analyser	1	0	
34	Waterbath	A. R.	3	

Date : 31/01/2026


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DEPT - OPERATION THEATRE (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
I.	<u>EQUIPMENTS :</u>			
1	Anterior Vaginal Wall Retractor	A. R.	3	
2	Artery Forcep	A. R.	17	
3	Autoclave HP Vertical (2 bin)	1	2	
4	Autoclave Equipment for Sterilization/Sterilizer	A. R.	1	
5	Bladder Sound (Urethral Dilators) of different sizes	1	2	
6	Cusco's Speculum	A. R.	6	
7	Diathermy Machine (Electric Cautery)	A. R.	1	
8	Disp. Syringes (5-10 cc)	A. R.	Available	
9	Enema Pot	1	1	
10	Focus Lamp Ordinary	1	1	
11	Foley's Catheter	A. R.	Available	
12	Formaline Dispenser	1	1	
13	General Surgical Instruments set - Piles, Fistula, Fisure	1	Available	
14	Instrument Trays of Various Sizes	A. R.	6	
15	Instrument Trolleys	A. R.	5	
16	IV Stand	A. R.	4	
17	Kidney Tray	A. R.	4	
18	Knife and Scissor	A. R.	21	
19	L.P. Tray	A. R.	1	
20	Magill's Forcep (Two Sizes)	A. R.	1	
21	Metallic or Disp Insemination Cannula	A. R.	1	
22	Operation Table Hydraulic Minor with Stand	1	1	
23	OT Spot Light (Shadowless) (Celing Fitted Stand Mounted)	1	1	
24	Oxygen Cylinder	1	2	
25	Oxygen Mask with Circuit	1	1	
26	Plastic Apron, Gloves and Mask	A. R.	Available	
27	Shadowless Lamp Ceiling Type Major or Minor	1	1	
28	Shadowless Lamp Stand Model	1	1	
29	Sims Speculum in Small, Medium and Large Size	A. R.	15	
30	Sphygnomanometer	1	2	
31	Sterile Cotton	A. R.	Available	
32	Sterile Gloves	A. R.	Available	
33	Sterilizer Small (Instruments)	A. R.	2	
34	Sterilizer Big (Instruments)	A. R.	2	
35	Sterilizer Medium (Instrument)	1	2	
36	Stethoscope	1	2	
37	Suction Apparatus - Electrical	1	1	
38	Suturing Set	1	2	
39	Swab Holders	1	3	
40	Thermometer	1	3	
41	Tongue Depressors	1	8	

Dr. Mrs. Chetana S. Goriwale
Principal
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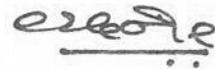
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DEPT - OPERATION THEATRE (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
42	Toothed Forceps	1	5	
43	Two Long (8inch) and Two Short (6 inch) Artery Forcep	1	26	
44	Two Uterine Sound	1	2	
45	Urethral Dilators Set	1	1	
46	Vaginal Examination Set	1	1	
47	Vulsellum	1	2	

II. EQUIPMENTS FOR ANAESTHESIA :				
1	Airway Female and Male	A. R.	Available	
2	Anaesthesia Trolley/ Boyle's Apparatus	1	1	
3	Anesthetic Laryngoscope Magill's with Four Blades	2	1	
4	CO2 Cylinder for Laparoscope	1	0	
5	Connector Set of Six for ETT	1	0	
6	Defibrillator or Automated External Defibrillator	1	0	
7	Endotracheal Tube Set	1	1	
8	Magill's Forcep (2 sizes)	1	2	
9	Mouthprop	1	1	
10	Multi-parameter Monitor	1	0	
11	N2O Cylinder for Boyles	1	0	
12	O2 Cylinder for Boyles	1	1	
13	Tongue Depressor	A. R.	6	
14	Tubes connecting for ETT	A. R.	Available	

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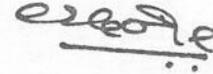
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DEPT - IMAGING (X-RAY) (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
I.	<u>EQUIPMENTS :</u>			
1	300 M.A. X-ray Machine/ Digital X-Ray Machine	1	1	
2	Ultra Sonogram (In Hospital or MOU)	1	MOU	
3	Echocardiogram	1	1	
4	X-ray Developing Tank	1	3	
5	Safe Light X-ray Darkroom	1	1	
6	Cassettes X-Ray	1	3	
7	Lead Apron	1	1	
8	Intensifying Screen X-Ray	1	1	
9	Thyroid Shield	1	1	
10	TLD Batches	1	0	
11	Gonadal Guard	1	0	
12	X-ray Lobby Single	1	1	

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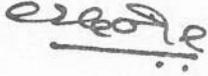
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DEPT - SUPERITENDENT OFFICE

Sr. No.	Name of Equipment	Required	Available	Remark
I.	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Office Table		2	
2	Office Chair		2	
3	Cution Chair		8	
4	Cupboard Small		1	
5	Wall Clock		1	
6	Photographs		6	
7	Ceiling Fan		2	
8	Tubelights		2	
9	Inverter with Battery		1	
10	Telephone		1	
11	Pl. Dust Bin		2	

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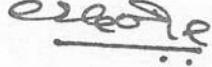
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DEPT - RECEPTION & REGISTRATION OFFICE

Sr. No.	Name of Equipment	Required	Available	Remark
I.	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Office Table		1	
2	Office Chair		1	
3	Iron Chair		3	
4	Cupboard Big		1	
5	Computer Trolley		1	
6	Computer Desktop with Printer		1	
7	Ceiling Fan		1	
8	Tubelight		1	
9	Inverter with Battery		1	
10	Telephone		1	
11	Pl. Dust Bin		1	

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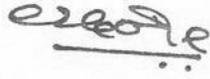
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DEPT - DISPENCING ROOM

Sr. No.	Name of Equipment	Required	Available	Amount
<u>I.</u>	<u>MEDICINE :</u>	<u>A. R.</u>		
1	Various Homoeopathic Medicine		Available	
2	Globules of each size		Available	
3	Sugar of Milk		Available	
4	Pl. Dram Bottles of various size.		Available	
<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Office Table		1	
2	Office Chair		1	
3	Iron Chair		3	
4	Medicine Counter		2	
5	Ceiling Fan		2	
6	Tubelight		2	
7	Pl. Dust Bin		1	

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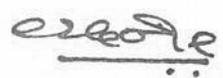
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DEPT - MEDICINE O.P.D.

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Examination Table		1	
2	Single Step Stool		1	
3	Instrument Trolley		1	
4	Bedside Table		1	
5	X-Ray Viewing Box		1	
6	Weighing Machine		1	
7	Sphygmanometer		1	
8	Stethoscope		1	
9	Tongue Depressor		1	
10	Thermometer		1	
11	Hammer		1	
12	S/S Cheatle Forcep		1	
13	S/S Dressing Drum Small		1	
14	S/S Rectangular Tray		1	
15	Pl. Multipurpose Tray		1	
16	S/S Kidney Tray		1	
17	Other Material		Available	

<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Iron Chair		3	
4	Pl. Curtains		3	
5	Mirror		1	
6	Ceiling Fan		1	
7	Tubelight		1	
8	Pl. Dust Bin		2	

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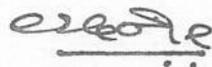
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DEPT - PAEDIATRIC O.P.D.

Sr. No.	Name of Equipment	Required	Available	Remark
I.	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Examination Table		1	
2	Single Step Stool		1	
3	Instrument Trolley		1	
4	Weighing Machine		1	
5	Sphygmanometer		1	
6	Stethoscope		1	
7	Tongue Depressor		1	
8	Thermometer		1	
9	S/S Cheatle Forcep		1	
10	S/S Plain Forcep		1	
11	S/S Scissor		1	
12	S/S Dressing Drum Small		1	
13	S/S Rectangular Tray		1	
14	S/S Kidney Tray		1	

II.	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Iron Chair		3	
4	Pl. Curtains		3	
5	Mirror		1	
6	Ceiling Fan		1	
7	Tubelight		1	
8	Pl. Dust Bin		2	

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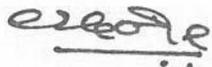
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DEPT - SURGERY O.P.D.

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Examination Table		1	
2	Single Step Stool		1	
3	Instrument Trolley		1	
4	Weighing Machine		1	
5	Sphygmanometer		1	
6	Stethoscope		1	
7	Tongue Depressor		1	
8	Thermometer		1	
9	S/S Cheatle Forcep		1	
10	S/S Plain Forcep		1	
11	S/S Scissor		1	
12	S/S Dressing Drum Small		1	
13	S/S Rectangular Tray		1	
14	S/S Kidney Tray		1	

<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Iron Chair		3	
4	Pl. Curtains		3	
5	Mirror		1	
6	Ceiling Fan		1	
7	Tubelight		1	
8	Pl. Dust Bin		2	

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DEPT - GYANECOLOGY & OBSTETRIC O.P.D.

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Examination Table		1	
2	Single Step Stool		1	
3	Instrument Trolley		1	
4	Bowl Trolley		1	
5	Weighing Machine		1	
6	Sphygnomanometer		1	
7	Stethoscope		1	
8	Tongue Depressor		1	
9	Thermometer		1	
10	S/S Cheatle Forcep		1	
11	S/S Plain Forcep		1	
12	S/S Scissor		1	
13	S/S Dressing Drum Small		1	
14	S/S Rectangular Tray		1	
15	S/S Kidney Tray		1	
16	Examining Instruments, Material Medicines		Available	

<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Iron Chair		3	
4	Pl. Curtains		3	
5	Mirror		1	
6	Ceiling Fan		1	
7	Tubelight		1	
8	Pl. Dust Bin		2	

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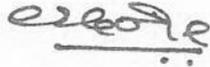
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DEPT - DRESSING ROOM

Sr. No.	Name of Equipment	Required	Available	Remark
I.	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Examination Table		1	
2	Single Step Stool		1	
3	Instrument Trolley		1	
4	S/S Cheatle Forcep		1	
5	S/S Plain Forcep		1	
6	S/S Scissor		1	
7	S/S Dressing Drum Small		1	
8	S/S Rectangular Tray		1	
9	S/S Kidney Tray		1	
10	Dressing Instruments, Material & Medicines		Available	

II.	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Iron Chair		3	
4	Pl. Curtains		3	
5	Mirror		1	
6	Ceiling Fan		1	
7	Tubelight		1	
8	Pl. Dust Bin		2	

Date : 31/01/2026


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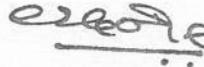
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DEPT - REHABILITATION UNIT

Sr. No.	Name of Equipment	Required	Available	Remark
I.	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Physio Temp SWD 500 wats		1	
2	Cervical Collar Various Size		14	
3	CPM Unit		1	
4	Electric Grip		1	
5	Electric Massager		1	
6	Exercise Cycle		1	
7	Muscle Stimulator Table Model		1	
8	Philips U. V. Lamp		2	
9	Strider Wheel		1	
10	Traction Set - Cervical		1	
11	Traction Set - Lumber		1	
12	Traction Table		1	
13	Ultrasonic Therapy Unit		1	
14	Wax Bath		1	

III.	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Iron Chair		3	
4	Cupboard		1	
5	Iron Bed		1	
6	Ceiling Fan		2	
7	Tubelight		2	
8	Pl. Dust Bin		1	

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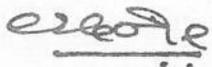
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DEPT - LABOUR ROOM

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Obst. Labour Table		1	
2	Single Step Stool		1	
3	I. V. Stand		1	
4	Instrument Trolley		2	
5	Revolving Stool		1	
6	Sterilizer		1	
7	Baby Weighting Machine		1	
8	S/S Artery Forcep		1	
9	S/S Bowl		1	
10	S/S Ephiotomy Scissor		1	
11	S/S Pelvimeter		1	
12	S/S Rectangular Tray		2	
13	S/S Straight Scissor		1	
14	Foetoscope		1	
15	Wrigley's Outlet Forcep		1	
16	Suction Pump		1	
17	Bed Pan		1	
18	Enema Can		1	
19	Plastic Apron		1	
20	Other Essential Material		Available	

<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Ceiling Fan		1	
2	Tubelight		2	
3	Pl. Dust Bin		2	

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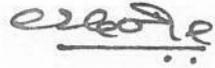
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DEPT - I. C. U. UNIT

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	BPL Monitor		2	
2	BPL 108 ECG Machine		2	
3	ECG Lubricating Jelly		3	
4	ECG Rolls		3	
5	Oxygen Cylinder Set		1	
6	I. V. Stand		1	

<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Iron Bed with Mattress Set		1	
4	Ceiling Fan		1	
5	Tubelight		1	
6	Pl. Dust Bin		1	

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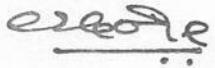
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DEPT - I. P. D. MALE WARD
(INCL. DOCTOR'S & NURSE DUTY ROOM)

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Fowler Bed		1	
2	Iron Bed with Backrest		15	
3	Iron Bed Simple		9	
4	Bedside Locker		16	
5	S/S Bedside Stool		16	
6	S/S I. V. Stand		5	
7	Bedside Screen 3 Fold		1	
8	Chair Trolley with Wheels		1	
9	Instrument Trolley with Bowl & Bucket		1	
10	Revolving Stool		1	
11	Stretcher on Trolley		1	
12	Mattress with Bedcovers		25	
13	Pillow with Pillow Covers		25	
14	Bedsheet		25	
15	Woolen Blankets		2	
16	Hot Water Bag		1	
17	Ice Bag		1	
18	Pl. Bedpans		4	
19	S/S Bedpan		1	
20	S/S Kidney Tray Big		2	
21	S/S Sputum Cup		2	
22	Pl. Urine Pots		5	

<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Nurse's Table		1	
4	Nurse's Chair		1	
5	Cupboard Medium		1	
6	Ceiling Fan		9	
7	Tubelight		10	
8	Pl. Dust Bin		2	

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DEPT - I. P. D. FEMALE WARD
(INCL. DOCTOR'S & NURSE DUTY ROOM)

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Fowler Bed		1	
2	Iron Bed with Backrest		15	
3	Iron Bed Simple		9	
4	Bedside Locker		16	
5	S/S Bedside Stool		16	
6	Crib Attachement		8	
7	S/S I. V. Stand		5	
8	Bedside Screen 3 Fold		1	
9	Chair Trolley with Wheels		1	
10	Instrument Trolley with Bowl & Bucket		1	
11	Revolving Stool		1	
12	Stretcher on Trolley		1	
13	Mattress with Bedcovers		25	
14	Pillow with Pillow Covers		25	
15	Bedsheet		25	
16	Woolen Blankets		2	
17	Hot Water Bag		1	
18	Ice Bag		1	
19	S/S Bedpan		5	
20	S/S Kidney Tray Big		2	
21	S/S Sputum Cup		2	
22	S/S Urine Pots		5	

<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Nurse's Table		1	
4	Nurse's Chair		1	
5	Cupboard Medium		1	
6	Ceiling Fan		9	
7	Tubelight		10	
8	Pl. Dust Bin			

Date : 31/01/2026

(Dr. Mrs. C. S. Goriwale)

Senate Member, MUHS, Nashik

PRINCIPAL

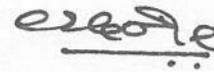
Dapoli Homoeopathic Medical College
 At Apti, Po. Talsure, Ta. Dapoli, Dist. Ratnagiri.

Vidya Vaibhav Shikshan Mandal's
Dapoli Homoeopathic Medical College & Hospital
At. Apti, Po. Talsure, Ta. Dapoli, Dist. Ratnagiri

DEPT - SKILL LABORATORY

Sr. No.	Name of Equipment	Required	Available	Remark
<u>I.</u>	<u>TRAINER SIMULATOR OR MODELS OR DUMMY</u>	<u>A. R.</u>	<u>In Process</u>	
1	First Aid. Bandaging, Splinting		Available	
2	Basic Life Support, Cardio Pulmonary Resuscitation		0	
3	Various Types of Injection - Subcutaneous, Intra-muscular, Intra-venous		Available	
4	Urine Catheter Insertion		Available	
5	Skin & Fascia Suturing		Available	
6	Breast Examination Model		1	
7	Gynecological Examination Model including Intra Uterine Contraceptive Device Training		1	
<u>II.</u>	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		1	
2	Doctor's Chair		1	
3	Ceiling Fan		1	
4	Tubelight		1	
5	Pl. Dust Bin		1	

Date : 31/01/2026



(Dr. Mrs. C. S. Goriwale)

Senate Member, MUHS, Nashik

PRINCIPAL

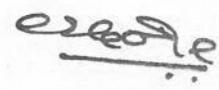
Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri.

Vidya Vaibhav Shikshan Mandal's
Dapoli Homoeopathic Medical College & Hospital
At. Apti, Po. Talsure, Ta. Dapoli, Dist. Ratnagiri

DEPT - CLINICAL TEACHING ROOM

Sr. No.	Name of Equipment	Required	Available	Remark
I.	<u>EQUIPMENT :</u>	<u>A. R.</u>		
1	Iron Bed Simple		4	
2	Mattress with Bedcovers		4	
3	Pillow with Pillow Covers		4	
4	Bedsheet		4	
II.	<u>FURNITURE :</u>	<u>A. R.</u>		
1	Doctor's Table		4	
2	Doctor's Chair		8	
3	Ceiling Fan		4	
4	Tubelight		8	
5	Pl. Dust Bin		2	

Date : 31/01/2026


(Dr. Mrs. C. S. Goriwale)

Senate Member, MUHS, Nashik

PRINCIPAL

Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri.

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

₹. 100

ONE HUNDRED



सत्यमेव जयते

भारत INDIA

INDIAN NON JUDICIAL



महाराष्ट्र MAHARASHTRA

2020

17 JUL 2022 XL 952563

फक्त - ऑफ डेव्हिट	014513
१ मुद्रांक विक्री नोंदवही अनु . क्रमांक/दिनांक	अनु क्रमांक दिनांक
२ मुद्रांक विकत घेणाराचे नाव , रहिवासाचा पत्ता व सही	चेतना सुनिल गोविंदसे. जाळगांव > २२०१९
३ नाधारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण / पत्ता	<u>सुककेश</u> परवाना क्र ४/९१ ठिकाण घर नं. २१/३(२) पोष्टगल्ली दापोली ता दापोली जि. रत्नागिरी
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासुन ६ महिन्यात वापरणे बंधनकारक आहे	



उप कोषीगार
अधिकारी
दापोली

MEMORANDUM OF UNDERSTANDING

(Date : 01/07/2022)

२२०१९
Principal
Dapoli Homeopathic Medical
College & Hospital
Tal. Dapoli, Dist. Ratnagiri.

२२०१९
Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



1st Party : Dr. Mrs. Chetana Sunil Goriwale

Principal, Dapoli Homoeopathic Medical College & Hospital,
Dapoli

2nd Party : Dr. Chandrakant Jagannath Mokal

Chairman, Rajiv Gandhi Super Speciality Hospital, Dapoli.

This Memorandum of Understanding is made between 1st Party & 2nd Party on date 01/07/2022 regarding fulfilment of requirement published in Gazette Verification No 67 dated 08/03/2013 about Homoeopathic Central Council Act, 1973 (Minimum Standards of Education) Requirement of Homoeopathic College & Hospital.

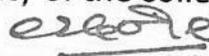
As per subject Sub Regulation 2 of 3 for exposure of Students in the Clinical field and to understand the depth of Operative Surgery & Operative Gynaecology & Obstetrics as well as management of critical illness, the College shall have the Memorandum of Understanding with reputed nearby Located Super Speciality Hospital of Modern Medicine with all required facilities of Operation Theatre, Labour Room, Intensive Care Unit and Other Required facilities for the Management of Critical Patients.

Considering above regulation Dr. Chandrakant Jagannath Mokal, Chairman Rajiv Gandhi Super Speciality Hospital, Dapoli has given consent & permission for clinical exposure to the students of Dapoli Homoeopathic Medical College & Hospital, Dapoli under the strict supervision of concern teaching facility of the college.



Principal

Dapoli Homeopathic Medical
College & Hospital
Tal. Dapoli, Dist. Ratnagiri



Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.





The Memorandum of Understanding is done by mutual understanding of both parties.

This Memorandum of Understanding will be in force from 01st July 2022 to 30th Jun 2032.

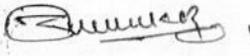

Principal
Dapoli Homeopathic Medical
College & Hospital
Tal. Dapoli, Dist. Ratnagiri.

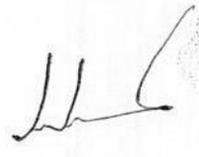


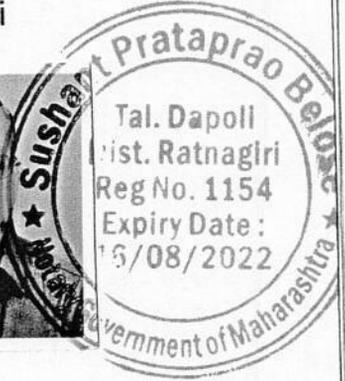
Witness :


Sunil B. Goriwale
Talgaon, Dapoli

Dr. Mrs. Chetana Sunil Goriwale
Principal
Dapoli Homoeopathic Medical College
& Hospital, Dapoli


Atankar Merchande
Sondeghar, Dapoli





Dr. Chandrakant Jagannath Mokal
Chairman
Rajiv Gandhi Super Speciality Hospital,
Dapoli



BEFORE ME


SUSHANT P. BELOSE
Bs.L.L.B.
Reg.No. 1154
NOTARY & ADVOCATE
Shop No. 4, Susheela Apt.
Dapoli, Dist.Ratnagiri.

Solemnly affirmed before me
by Mr./Mrs. Dr. Chandrakant J Mokal.
who is identified to me by
Mr./Mrs. Sunil B. Goriwale.
to whom I know Personally

Noted and Registered
at Sr.No. 527/2022

11/07/2022

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

सन 1949 च्या दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्टच्या कलम 5 अन्वये दिलेले रजिस्ट्रेशन सर्टिफिकेट
Certificate of Registratrion under Section 5 of the Bombay Nursing homes
Registration Act 1949
(नियम 5 अन्वये)
(Under Rule 5)

क्रमांक :

No. : 170 /2020

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अॅक्ट, 1949 अन्वये श्री./श्रीम.-----

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/Smt DR. YOGESH C. MOKAL & SHEETAL
YOGESH MOKAL has been registered under the Bombay Nursing Homes
Registration Act, 1949 in respect of RAJIV GANDHI SUPER SPECIALITY
HOSPITAL DAPOLI situated at DAPOLI and has been authorised to carry
on the said Nursing Home as per 1 to 11 rules & regulations enclosed.

रजिस्ट्रेशन क्रमांक :	प्रसूतीसाठी		खाटा
Registration No.: 170	Maternity	02	Cots
रजिस्ट्रेशन दिनांक	इतर रुग्णांसाठी		खाटा
Date Of registration 26-05-2020	Other Nursing Patients	08	Cots

ठिकाण Place : Family Mal,
Tal.Dapoli.Dist.Ratnagiri

सर्टिफिकेट दिल्याचा दिनांक:

Date of Issue of Certificate: 26-05-2020

सदरचे सर्टिफिकेट दिनांक 31 मार्च ----- पर्यंत कार्यवाहीत राहिल.

This Certificate shall be valid upto 31 March 2023

Date • 26-05-2020
Ratnagiri

CIVIL SURGEON, RATNAGIRI

Dr.Mrs.Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal.Dapoli,Dist.Ratnagiri.

भारत सरकार
Government of India



चेतना सुनिल गोरिवले
Chetana Sunil Goriwale

जन्म तिथि / DOB: 12/05/1973
लिंग / Gender: महिला / Female

9742 2813 0718



आधार - आम आदमी का अधिकार

भारत सरकार
Union Education Authority of India

पता: हर्ष, महालक्ष्मी रोड
चैतन्य नगर, जालगाव, दापोली, रातनागरी
राजगिरी, महाराष्ट्र, 415712

Address: Harsh, Mahalaxmi
Road, Chaitanya Nagar,
Jalgaon, Dapoli, Ratnagiri,
Dapoli, Maharashtra, 415712

9742 2813 0718


1947
1800 300 1947


help@uidai.gov.in


www.uidai.gov.in

Ratnagiri
Dapoli
15
e:
2
1800 300 1947

Chetana S. Goriwale

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

भारत सरकार
Government of India

अधार

Download Date: 30/11/2019



चंद्रकांत जगन्नाथ मोकल
Chandrakant Jagannath Mokel
जन्म तिथि/DOB: 07/10/1940
पुरुष/ MALE

Issue Date: 22/01/2018

8850 0486 5475
VID : 9172 4180 6628 3669

मेरा आधार, मेरी पहचान

Handwritten signature

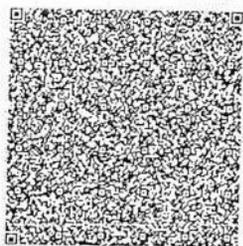


भारतीय विश्व पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता:
चंद्रमा, खोत वाडी, टाळसुरे, रत्नागिरी,
महाराष्ट्र - 415712

Address:
Chandrama, Khot wadi, Talsure,
Ratnagiri,
Maharashtra - 415712



8850 0486 5475
VID : 9172 4180 6628 3669

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Handwritten signature

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

भारत सरकार
Government of India

सुनिल बालराम गोरिवले
Sunil Baram Goriwale

जन्म तिथि / DOB: 22/11/1965
पुरुष / Male

4314 8205 4125

आधार - आम आदमी का अधिकार

राष्ट्रीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: हर्ष, चैतन्य नगर
महालक्ष्मी मार्ग, जालगाव, दापोली
दापोली, रत्नगिरी, महाराष्ट्र, 415712

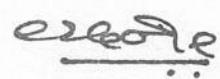
Address: Harsh, chaitanya
Nagar, Mahalaxmi Road,
Jalgaon, Dapoli, Ratnagiri,
Dapoli, Maharashtra, 415712

4314 8205 4125

1947
1800 300 1947

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www.uidai.gov.in


Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



भारत सरकार
Government of India



Issue Date: 22/08/2012



अलंकार विनायक मर्चंडे
ALANKAR VINAYAK MARCHANDE
जन्म तारीख/DOB: 03/01/1994
पुरुष/ MALE

2099 7510 6135

VID : 9106 6204 3917 7752

माझी आधार, माझी ओळख



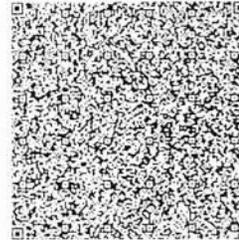
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
बौध वाडी, दपोली, सोडेघर, रत्नागिरी,
महाराष्ट्र - 415716

Address:
boudh wadi, dapoli, Sondeggar, Ratnagiri,
Maharashtra - 415716

Download Date: 02/07/2022



2099 7510 6135

VID : 9106 6204 3917 7752



1947



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Dr. Mrs. Chetana S. Goriwale

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



महाराष्ट्र MAHARASHTRA

FU 553644

3 JUN 2013



सुनंदा कान्हा

सुनंदा अनंतराय कदम

स्टॅम्प वेंडर, दापोली

परवाना नं. १/९९

७ न कोषागार अधिकारी किंमत १००८ रु. न.पैसे तारीख

21 JUN 2013

दापोली अ.नं. ७५३४ ठिकाण कॅम्प - दापोली

नाव :- चेतना सुनिल गोरिवले दापोली

सही :- चेतना

MEMORANDUM OF UNDERSTANDING

(Date – 21/06/2013)

Ist Party - Dr. Mrs. Chetana Sunil Goriwale
Principal, Dapoli Homoeopathic Medical College &
Hospital, Dapoli.

IInd Party - Dr. Naresh Patwardhan, M. D.,
Patwardhan Hospital, Dapoli

चेतना

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

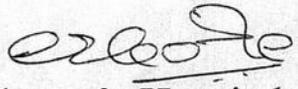
This Memorandum of Understanding is made between Ist party & IInd party on date 21/06/2013 regarding fulfilment of requirement published in Gazette Verification No. 67 dated 08/03/2013 about Homoeopathic Central Council Act, 1973 (Minimum standards of education) - Requirement of Homoeopathic College & Hospital .

As per subject sub regulation 2 of 3 for exposure of a students, in the clinical field and to understand the depth of Operative Surgery & Operative Gynaecology & Obstetrics as well as management of critical illness, the College shall have the Memorandum of Understanding with reputed nearby located Super Speciality Hospital (of Modern medicine) with all required facilities of Operation Theatre, Labour Room, Intensive Care Unit and other required facilities for the management of critical patients.

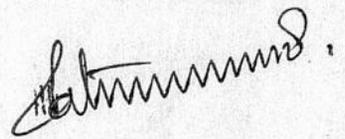
Considering above regulations Dr. Naresh Patwardhan, M. D., Patwardhan Hospital, Dapoli has given consent & permission for clinical exposure to the students of Dapoli Homoeopathic Medical College & Hospital, Dapoli, under the strict supervision of concern teaching faculty of the college.

The Memorandum of Understanding is done by mutual understanding of both parties.

Ist Party - Dr. Mrs. Chetana Sunil Goriwale
Principal, Dapoli Homoeopathic Medical College & Hospital,
Dapoli.


Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

IInd Party - Dr. Naresh Patwardhan, M. D.,
Patwardhan Hospital, Dapoli

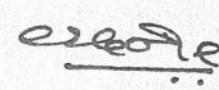


Patwardhan Hospital
Dapoli-Hemai Road, Ghatghurna
Reg. No. 67
Ph. (02358) 282633, 9209410191

Dr. Naresh K. Patwardhan
M.D. (Medicine)
Reg. No. 53155

Witness - 

(श्री. सुनिळ बा. गोरीवले)
ता. दापोली, जि. रत्नागिरी.


Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



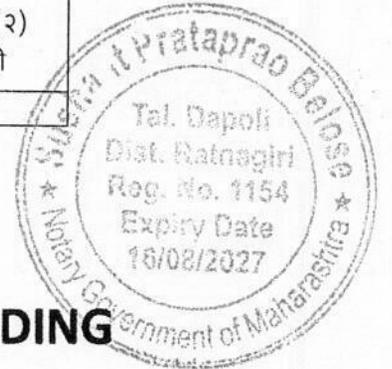
महाराष्ट्र MAHARASHTRA

2024 26 JUL 2024 05AB 833489

फक्त ऑफिडेन्सीट	018409	126 AUG 2024
मुद्रांक विक्री नोंद वही अनु-क्रमांक / दिनांक	अनु-क्रमांक	दिनांक
मुद्रांक विकत घेणा-याचे नाव पत्ता व सही	चेतना सुनिल गोरीवाल, दापोली दापोली	
परवानाधारक मुद्रांक विक्रेत्यांची सही, परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण / पत्ता-	सुनंदा अनंतराव कदम परवाना नं. क्र. ४/९९ ठिकाण घर नं.२९/३(२) पोस्टगल्ली दापोली ता. दापोली जि.रत्नागिरी	
ज्या कारणासाठी ज्यानी मुद्रांक खरेदी केला त्यानी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.		



उप कोषागार
अधिकारी
दापोली

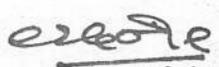


MEMORANDUM OF UNDERSTANDING

(Date : 01/10/2024)


Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.




Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

1st Party : Dr. Mrs. Chetana Sunil Goriwale
Principal, Dapoli Homoeopathic Medical College & Hospital,
Dapoli

2nd Party : Dr. Mr. Anil Pandurang Hon
Dapoli Sonography Centre, Dapoli

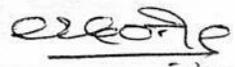
This Memorandum of Understanding is made between 1st Party & 2nd Party on date 01/10/2024 regarding Fulfilment of requirement published in The Second Schedule of Minimum Essential Standards for Homoeopathic Colleges and Attached Hospital, Regulation 2024 dated 11th Mar 2024 of National Commission for Homoeopathy, New Delhi.

As per the second schedule 8.A.ii. for the purpose of exposure of the students, in the clinical field and to understand the depth of all Radiological (including Computed Tomography Scan, Magnetic Resonance Imaging, Ultrasonography) the college shall have the Memorandum of Understanding with reputed nearby located Radiological Investigating Facilities Centre.

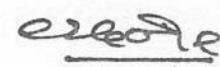
Considering the above regulation Dr. Mr. Anil Pandurang Hon, Dapoli Sonography Centre, Dapoli, has given consent to conduct ultrasonography and radiological requirements along with reporting of the patients admitted in the attached Homoeopathic Hospital of Dapoli Homoeopathic Medical College & Hospital and also give consent & permission for clinical exposure to the students of Dapoli Homoeopathic Medical College & Hospital. Dapoli, to attend in my sonography centre for clinical exposure under the strict supervision of concern teaching faculty of my college.

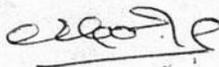
The Memorandum of Understanding is done by mutual understanding of both parties.

This Memorandum of Understanding will be in force from 01st October 2024 to 30th Sep 2034


Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.




Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.


Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



Date : 01/10/2024

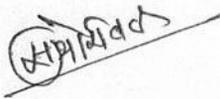
1st Party – Dr. Mrs. C. S. Goriwale
Principal, Dapoli Homoeopathic Medical
College, Dapoli

Place : Dapoli

2nd Party – Dr. Anil Pandurang Hon
Dapoli Sonography Centre, Dapoli



Witness :



Mr. Sunil B. Goriwale

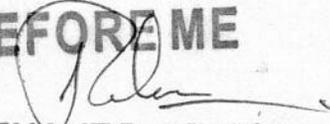
Jalgaon, Dapoli

Pulekar

Mrs. Asmita Nilesh Pulekar
44, Pulekar wadi, Gavhe.



BEFORE ME


SUSHANT P. BELOSE
BSL. LL.B.

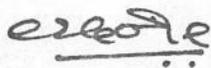
Reg. No. 1154
NOTARY & ADVOCATE
Off. No. 5/6, 1st Floor, Phatak Capital
Dapoli, Tal. Dapoli, Dist. Ratnagiri

Solemnly affirmed before me
by Mr./Mrs. Chetana Sunil Goriwale
who is identified to me by
Mr./Mrs. Asmita Nilesh Pulekar
to whom I know Personally

Noted and Registered

at Sr.No. 608/2024

01/10/2024


Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

GOVERNMENT OF MAHARASHTRA



Public Health Department

(PRE NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) AMENDMENT RULES, 2003
[Form B Rule 6(2) 6(5) and 8(2)]

CERTIFICATE OF REGISTRATION

(To be issued in duplicate)

1. In exercise of the powers conferred under Sec. 19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Missuse) Act, 1994 (57 of 1994), the Appropriate Authority Civil Surgeon Ratnagiri hereby grants registration to the Genetic Counselling Centre* / Genetic Laboratory* / Genetic Clinic* / Ultrasound Clinic* / Imaging Centre* named below for purpose of Carrying out Gemetic Counelling / Pre-natal Diagnostic procedures* / Pre natal Diagnostic Tests / Ultrasonography under the aforesaid Act for a period of five years ending on 31 Dec. 2027

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years.

A. Name and address of the Genetic Counselling Centre* / Genetic Laboratory* / Genetic clinic* / Ultrasound clinic* / Imaging Centre*.

Dapoli Sonography centre, shop No. 6,7 Namravilas Apartment, Near National School, Tal. Dapoli

B. Pre-natal diagnostic procedures approved for (Genetic Clinic) Dist. Ratnagiri

Dr. Anil P. Hon (D.M.A.E.)

Non-Invasive ① Toshiba Nemio 20 SSA 550 Sr.No. P5614345

(i) Ultrasound probe: ① 99005X6944 ② TDA0924155

Invasive

- (ii) Amniocentesis
- (iii) Chorionic villi biopsy
- (iv) Foetoscopy
- (v) Foetal skin or organ biopsy ⑤ A0544814
- (vi) Cordocentesis
- (vii) Any other (specify)

C. Pre-natal diagnostic tests approved (for Genetic Laboratory)

- (i) Chromosomal studies
- (ii) Biochemical studies
- (iii) Molecular studies ② Samsung H570A sr. No. SIXYM3HR40006Y

D. any other purpose (Please specify) probe: ① KOSEM3GR300

Model and make of Equipments being used. (any changes is to be intimated to the Appropriate Authority under rule 13)

Registration No. allotted GHR-68 ② KORZM3GR400024M ③ KOTQM3GR400052Y ④ KOSYM3GR5000985

Period of Validity of earlier Certificate of Registration. (For renewed Certificate of Registration only)

from 01 Jan. 2022 to 31 Dec. 2027

Date: 01/12/2022

SEAL

Signature Name and designation of the Appropriate Authority

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



भारत सरकार
Government of India



चेतना सुनिल गोरीवले
Chetana Sunil Goriwale

जन्म तिथि / DOB: 12/05/1973
महिला / Female



9742 2813 0718

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: हर्ष, महालक्ष्मी रोड
चैतन्य नगर, जालगाव, दापोली, दापोली
रत्नगिरी, महाराष्ट्र, 415712

Address: Harsh, Mahalaxmi
Road, Chaitanya Nagar,
Jalgaon, Dapoli, Ratnagiri,
Dapoli, Maharashtra, 415712

9742 2813 0718

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Chetana S. Goriwale

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



भारत सरकार
Government of India



डॉ. अनिल पांडुरंग होन
Dr. Anil Pandurang Hon
जन्म तिथि / DOB : 01/05/1976
पुरुष / Male



5416 7765 7994

आधार - आम आदमी का अधिकार



[Handwritten signature]



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

पता: 1947, ब्रम्हण वाडी,
महालक्ष्मी शर्म, जालगाव, दापोली,
रत्नागिरी, दापोली, महाराष्ट्र. 415712
Address: 1947, bramhan wadi, mahalaxmi
road, jalgoan, Dapoli, Ratnagiri, Dapoli,
Maharashtra, 415712

5416 7765 7994

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

[Handwritten signature]

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



भारत सरकार
GOVERNMENT OF INDIA



सुनिल बाळाराम गोरीवले
Sunil Balaram Goriwale
जन्म तिथि/ DOB: 22/11/1965
पुरुष / MALE



4314 8205 4125

आधार-आम आदमी का अधिकार



(Handwritten signature)



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

हर्ष, चैतन्य नगर, महालक्ष्मी
मार्ग, जालगाव, दापोली,
रत्नगिरी,
महाराष्ट्र - 415712

Address:

Harsh, chaitanya Nagar, Mahalaxmi
Road, Jalgaon, Dapoli, Ratnagiri,
Maharashtra - 415712

4314 8205 4125

Aadhaar-Aam Admi ka Adhikar

(Handwritten signature)

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



(Handwritten signature) सत्यप्रत

श्री. विरसेन भयेकर
नगरसेवक
विशेष कार्यकारी अधिकारी
नगरपंचायत दापोली

भारत सरकार
Government of India

Asmita Nilesh Pulekar
Date of Birth/DOB: 25/01/1990
Female/ FEMALE



5970 8048 7452
VID : 9166 6140 4908 4493

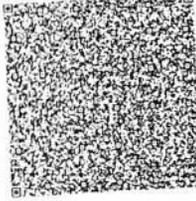
मेरा आधार, मेरी पहचान



Ahulekar.

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:
44, Pulekar Wadi, Gavhe, Dapoli,
Ratnagiri,
Maharashtra - 415712



QR Code with Photograph

5970 8048 7452
VID : 9166 6140 4908 4493

चकोरे

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



Maharashtra Pollution Control Board
महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Maharashtra Bio Hygienic Management
Common Bio-Medical Waste Treatment, Storage & Disposal Facility
Lote Parshuram MIDC , Tal. Khed , Dist. Ratnagiri, Maharashtra -415722
Phone No: 8698932676 Email Id:mbhmlote@gmail.com



Unique Registration No.: DAPOL415712MHBH01046



Offline QR code



Online QR code

Registration Certificate

Outward No.: MBHM/25-26/000932

Date: 22-Nov-2025

This is to certify that **DAPOLI HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL , Aapti,Talsure. Talsure Tal.DAPOLI, Dist.RATNAGIRI-415712** is registered with Maharashtra Bio Hygienic Management, Common Bio-Medical Waste Treatment, Storage & Disposal Facility ,Lote Parshuram MIDC , Tal. Khed , Dist. Ratnagiri, Maharashtra - for Management of Bio Medical Waste in accordance with, the provision of Bio Medical Waste Management Rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

1. Authorized Person of HCE
(Name and Designation)

Chetana Sunil Goriwale
D.H.M.S (MD)

2. Bombay Nursing Home Act Registration Details

- BNH Registration Number
- BNH Issue Date
- Total Number of Beds
- BNH Validity(Form 'C')

59
27-Mar-2025
50
31-Mar-2028

3. Common Treatment Facility Registration Details

- Date of Registration
- No. of Beds Registered
- Registration Validity

01-Apr-2017
50
01-Oct-2025 To 30-Sep-2026

4. Renewal of CTF Membership(if applicable)

- Renewal Date
- No. of Beds Registered

30-Sep-2026
50

5. MPCB Consent (Establish/ 1st Operate/Renewal) Details

- Consent/ CCA Number
- Issue Date
- Validity up to

0000151704/CO/2212002138
28-Dec-2022
31-Oct-2026

For Authorised Signature

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



Maharashtra Bio Hygienic Management

Note : HCE shall display copy of Registration Certificate at front Desk and Temporary BMW storage area.

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 02355 -261570
Fax: 02355-261570/ 279071
Website: <http://mpcb.gov.in>
Email: srochiplun@mpcb.gov.in



Parkar Complex , 224, 2nd
floor, Behind Chiplun
Nagar Parishad Office,
Taluka-Chiplun, Dist.
Ratnagiri -415605

ORANGE/S.S.I
No:- Format1.0/SRO/UAN
No.0000151704/CO/2212002138

Date: 28/12/2022

To,
Dapoli Homeopathic Medical College and Hospital,
At-Jalgaon, Tal Dapoli, Dist Ratnagiri.



Sub: First Consent to Operate

Ref: Your application for Combine Consent and Bio-Medical Authorization dated 03/11/2022

Combined Consent to Operate and BMW Authorization.

For: Under Section 26 of the Water (Prevention & Control of Pollution) Act, 1974 & under Section 21 of the Air (Prevention & Control of Pollution) Act, 1981 and Authorization under Rule 6 of the Hazardous & Other Wastes (Management & Transboundary Movement) Rules 2016 and Bio-Medical Waste Management Rules, 2016 and amendment thereof is considered and the consent is hereby granted subject to the following terms and conditions and as detailed in the schedule I, II, III & IV annexed to this order:

1. The Combined Consent to Operate and BMW authorization is granted upto: 31.10.2026
2. The capital investment of the project is Rs.0.25 Crs. (As per C.A Certificate submitted by industry).
3. The Consent is valid for the Activity of

Sr No	Activity	Quantity	UOM
1)	Hospital		
a)	Beds	25	Nos
b)	Total Plot Area	50000.00	Sq.Mtrs
c)	Total Built up Area	11550.00	Sq.Mtrs

4. Conditions under Water (P&CP) Act, 1974 for discharge of effluent:

Sr No	Description	Permitted (in CMD)	Standards to Acheive	Disposal
1.	Trade effluent	0	As per Schedule -I	--
2.	Domestic effluent	1	As per Schedule - I	Into Municipal Sewer line

5. Conditions under the Air (P& CP) Act, 1981 for air emissions:

Sr.No	Description of stack / source	Number of Stack	Standards to be achieved
1	NA	0	As per Schedule -II

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homeopathic Medical College
Tal Dapoli, Dist. Ratnagiri.

6. Conditions under Hazardous & Other Wastes (M & T M) Rules 2008 for treatment and disposal of hazardous waste:

Sr No	Type of Waste	HW Category	Quantity	UoM	Treatment	Disposal
1		NA	0	--NA--	NA	NA

7. **Conditions about Non Hazardous Wastes:**

Sr No	Type of Waste	Quantity	UoM	Treatment	Disposal
1	NA	0	--NA--	NA	NA

8. **Treatment and Disposal of Biomedical Waste generated to CBMWTSDF:**

Sr.No	Category	Type of Waste	Quantity not to exceed (Kg/M)	Segregation Color coding	Treatment & Disposal
1	Yellow	a) Human Anatomical waste	1.00	Yellow colored non-chlorinated plastic bags or containers	-
		b) Animal Anatomical Waste	1.00		
		c) Soiled Waste	100.00		
		d) Expired or Discarded Medicines	5.00		
		e) Chemical Waste	1.00		
		f) Chemical Liquid Waste	1.00		
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	1.00		
		h) Microbiology Biotechnology and other clinical laboratory waste	1.00		
2	Red	Contaminated waste (Recyclable)	5.00	Red colored non chlorinated plastic bags or containers	-
3	White (Translucent)	Waste sharps including Metals	1.00	Puncture proof, Leak proof, tamper proof container	-
4	Blue	a) Glassware	5.00	Puncture proof & leak proof boxes or containers with blue colored marking.	-
		b) Metallic body implants	1.00		

9. PP shall comply the following guidelines published by the CPCB on February-2019 regarding handling of BMW for utilization



Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

1. HCE shall preferably handover Bio-medical wastes such as pleural fluid, ascetic fluid, HBsAG positive blood, placenta etc. to the Pharmaceutical industry / Biotechnology firms for production of drugs, reagent chemicals, markers etc. if any such as Pharmaceutical industry / Biotechnology firm approaches them for the same. If there are any difficulties in the matter, the same may be communicated to such firm and copied to the board also.
 2. HCE shall strictly follow the procedure for packaging & transportation of Bio-medical Wastes such as pleural fluid, ascetic fluid, HBsAG positive blood, placenta etc. to the Pharmaceutical industry / Biotechnology firms as per the guidelines of CPCB published in Feb-2019 for "Handling of BMW for utilization".
 3. HCEs shall submit the report to the Board office about type, quantity and frequency of handling over such BMW on yearly basis.
 4. Industry to enter into legal agreement with HCE's and inform the MPC Board and competent authority of State Public Health Department about such collection of BMW along with quantity and type of waste collected.
 5. In case of any technical difficulty towards handing over the required BMW, you shall inform to the Board accordingly.
 6. HCEs shall properly dispose and handover the waste to authorised user / facilities having valid consent to operate from MPCB.
10. This consent is issued subject to conditions mentioned below:
- a. The "authorized Person" shall comply with provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
 - b. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this Authorization.
 - c. You shall submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs generated in the Cancer centers, research and health care in the format prescribed by CPCB which is available on www.cpcb.nic.in alongwith Annual Report to MPCB with a copy to CPCB before 31st January every year.
 - d. You shall manage the Mercury Waste in the HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per CPCB guidelines published on CPCB website www.cpcb.nic.in dated: 07.09.2010 as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities"?
 - e. You shall ensure phase out of chlorinated plastic bags, gloves and blood bags by HCEs within two years.
 - f. You shall establish Bar code system within one year.
 - g. You shall ensure that the liquid waste is treated and disposed by all the occupier or operator of a CBWTF in accordance with the Water Act, 1974;
 - h. You shall maintain day to day basis and display the monthly record Including Annual report on its website within two years from the date of Notification.
 - i. You shall submit separate Bank Guarantees towards compliance of condition mentioned at Annexure - IV to Regional Office, within 30 days.
 - j. You shall submit compliance of Bank Guarantee conditions every six months to Regional Officer, for verification purpose.
 - k. You shall submit application for renewal of Combined Consent and Biomedical Waste authorization before 120 days along with appropriate fees.
11. This Board reserves the right to review, amend, suspend, revoke etc. this consent and the same shall be binding on the industry.
12. This consent should not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies.



[Handwritten Signature]



Signed by: Shri. Sagar Aul
 Sub Regional Officer
 For and on behalf of,
Maharashtra Pollution Control Board
 srochiplun@mpcb.gov.in
 2022-12-28 11:17:42 IST

[Handwritten Signature]

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

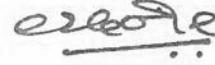
Received Consent fee of -

Sr.No	Amount(Rs.)	Transaction/DR.No.	Date	Transaction Type
1	4500.00	TXN2211000366	03/11/2022	Online Payment

0

Copy to:

1. Regional Officer, MPCB, Kolhapur for information.
2. Cheif Accounts Officer, MPCB,Sion, Mumbai



Dr.Mrs.Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal.Dapoli,Dist.Ratnagiri.

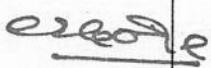
SCHEDULE-I

Terms & conditions for compliance of Water Pollution Control:

1. A] Generation - Nil
B] Treatment - NA
C] Disposal - NA
2. A] As per your application, you have provided Septic Tank followed by Soak pit for the treatment of 1 CMD of sewage.
B] The treated sewage shall be recycled for secondary purposes to the maximum extent and remaining shall be discharged on land for gardening within premise and remaining shall be disposed in sewerage system provided by local body. In no case, sewage shall find its way for gardening / outside hospital premises.
3. The Board reserves its rights to review plans, specifications or other data relating to plant setup for the treatment of waterworks for the purification there of & the system for the disposal of sewage or trade effluent or in connection with the grant of any consent conditions. The Applicant shall obtain prior consent of the Board to take steps to establish the unit or establish any treatment and disposal system or an extension or addition thereto.
4. The industry shall ensure replacement of pollution control system or its parts after expiry of its expected life as defined by manufacturer so as to ensure the compliance of standards and safety of the operation thereof.
5. The Applicant shall comply with the provisions of the Water (Prevention & Control of Pollution) Act, 1974 and as amended, by installing water meters and other provisions as contained in the said act:

Sr. No.	Purpose for water consumed	Water consumption quantity (CMD)
1.	Industrial Cooling, spraying in mine pits or boiler feed	0.00
2.	Domestic purpose	1.00
3.	Processing whereby water gets polluted & pollutants are easily biodegradable	0.00
4.	Processing whereby water gets polluted & pollutants are not easily biodegradable and are toxic	0.00
5.	Gardening	0

6. The Applicant shall provide Specific Water Pollution control system as per the conditions of EP Act, 1986 and rule made there under from time to time/ Environmental Clearance/ CREP guidelines.


Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

SCHEDULE-II

Terms & conditions for compliance of Air Pollution Control:

1. As per your application, you have provided the Air pollution control (APC) system and erected following stack (s) to observe the following fuel pattern:

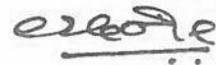
Stack No.	Stack Attached To	APC System	Height in Mtrs.	Type of Fuel	Quantity & UoM	S%	SO ₂
0	0	0	0	0	0 --NA--	0.00	0.00

2. The applicant shall provide stack height of mtrs operate and maintain above mentioned air pollution control system, so as to achieve the level of pollutants to the following standards:

Total Particulate matter	Not to exceed	150 mg/Nm ³
--------------------------	---------------	------------------------

3. The Applicant shall obtain necessary prior permission for providing additional control equipment with necessary specifications and operation thereof or alteration or replacement/alteration well before its life come to an end or erection of new pollution control equipment.
4. The Board reserves its rights to vary all or any of the condition in the consent, if due to any technological improvement or otherwise such variation (including the change of any control equipment, other in whole or in part is necessary).
5. Conditions for D.G. Set

- a) Noise from the D.G. Set should be controlled by providing an acoustic enclosure or by treating the room acoustically.
- b) Industry should provide acoustic enclosure for control of noise. The acoustic enclosure/ acoustic treatment of the room should be designed for minimum 25 dB (A) insertion loss or for meeting the ambient noise standards, whichever is on higher side. A suitable exhaust muffler with insertion loss of 25 dB (A) shall also be provided. The measurement of insertion loss will be done at different points at 0.5 meters from acoustic enclosure/room and then average.
- c) Industry should make efforts to bring down noise level due to DG set, outside industrial premises, within ambient noise requirements by proper siting and control measures.
- d) Installation of DG Set must be strictly in compliance with recommendations of DG Set manufacturer.
- e) A proper routine and preventive maintenance procedure for DG set should be set and followed in consultation with the DG manufacturer which would help to prevent noise levels of DG set from deteriorating with use.
- f) D.G. Set shall be operated only in case of power failure.
- g) The applicant should not cause any nuisance in the surrounding area due to operation of D.G. Set.
- h) The applicant shall comply with the notification of MoEF dated 17.05.2002 regarding noise limit for generator sets run with diesel.



Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

SCHEDULE-III
Details of Bank Guarantees:

Sr. No.	Consent(C2E/C20/C2R)	Amt of BG Imposed	Submission Period	Purpose of BG	Compliance Period	Validity Date
NA						

** The above Bank Guarantee(s) shall be submitted by the applicant in favour of Regional Officer at the respective Regional Office within 15 days of the date of issue of Consent.
Existing BG obtained for above purpose if any may be extended for period of validity as above.

Statement of conditions to be complied and Bank Guarantee imposed to ensure timely compliance to be observed by:

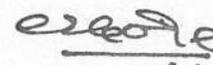
Sr.No	Activity / Condition to be Complied	Compliance Timeline(Months)	Bank Guarantee Amount
1A	Operation and Maintenance		
1	To Segregate and Handle BMW as per Rule	Continuous	
2	Towards Operation and Maintenance of STP/ETP to achieve prescribed discharge standards	Continuous	
1B	Records		
1	To Maintain records of BMW and submission of Annual Report in Form -II before 31st January	Continuous	
2	To maintain records of BMW material delivered to CBMWTSDF	Continuous	
2	Performance		
1	To provide BMW separate storage facility as per guidelines of CPCB	Continuous	

BG Forfeiture History

Srno.	Consent (C2E/C20/C2R)	Amount of BG imposed	Submission Period	Purpose of BG	Amount of BG Forfeiture	Reason of BG Forfeiture
NA						

BG Return details

Srno.	Consent (C2E/C20/C2R)	BG imposed	Purpose of BG	Amount of BG Returned
NA				



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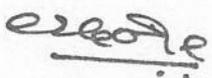
SCHEDULE-IV

General Conditions:

1. You shall provide facility for collection of environmental samples and samples of trade and sewage effluents, air emissions and hazardous waste to the Board staff at the terminal or designated points and shall pay to the Board for the services rendered in this behalf.
2. You should monitor effluent quality, stack emissions, noise and ambient air quality quarterly
3. You shall provide ports in the chimney/(s) and facilities such as ladder, platform etc. for monitoring the air emissions and the same shall be open for inspection to/and for use of the Board's Staff. The chimney(s) vents attached to various sources of emission shall be designated by numbers such as S-1, S-2, etc. and these shall be painted/ displayed to facilitate identification.
4. Whenever due to any accident or other unforeseen act or even, such emissions occur or is apprehended to occur in excess of standards laid down, such information shall be forthwith Reported to Board, concerned Police Station, office of Directorate of Health Services, Department of Explosives, Inspectorate of Factories and Local Body. In case of failure of pollution control equipments, the production process connected to it shall be stopped.
5. You shall provide an alternate electric power source sufficient to operate all pollution control facilities installed to maintain compliance with the terms and conditions of the consent. In the absence, the applicant shall stop, reduce or otherwise, control production to abide by terms and conditions of this consent.
6. You shall submit, the Environmental Statement Report for the financial year ending 31st March in the prescribed Form-V as per the provisions of rule 14 of the Environment (Protection) (Second Amendment) Rules, 1992 to Regional Office, , the 30th day of September every year.
7. You shall recycle/reprocess/reuse/recover Hazardous Waste as per the provision contain in the HW (MH&TM) Rules 2008, which can be recycled /processed /reused /recovered and only waste which has to be incinerated shall go to incineration and waste which can be used for land filling and cannot be recycled/reprocessed etc should go for that purpose, in order to reduce load on incineration and landfill site/environment.
8. You shall comply with the Hazardous Waste (M, H & TM) Rules, 2008 and submit the Annual Returns to RO- as per Rule 5(6) & 22(2) of Hazardous Waste (M, H & TM) Rules, 2008 for the preceding year April to March in Form-IV by 30th June of every year.
9. An inspection book shall be opened and made available to the Board's officers during their visit to the HCE.
10. You shall strictly comply with the Water (P&CP) Act, 1974, Air (P&CP) Act, 1981 and Environmental Protection Act, 1986 and industry specific standard under EP Rules 1986 which are available on MPCB website (www.mpcb.gov.in).
11. You shall constitute an Environmental cell with qualified staff/personnel/agency to see the day to day compliance of consent & authorization condition towards Environment Protection.
12. Separate drainage system shall be provided for collection of trade and sewage effluents. Terminal manholes shall be provided at the end of the collection system with arrangement for measuring the flow. No effluent shall be admitted in the pipes/sewers downstream of the terminal manholes. No effluent shall find its way other than in designed and provided collection system.
13. Neither storm water nor discharge from other premises shall be allowed to mix with the effluents from the HCE.

14. You shall install a separate meter showing the consumption of energy for operation of domestic and industrial effluent treatment plants and air pollution control system. A register showing consumption of chemicals used for treatment shall be maintained.
15. You should not cause any nuisance in surrounding area.
16. You shall take adequate measures for control of noise levels from its own sources within the premises so as to maintain ambient air quality standard in respect of noise to less than 75 dB (A) during day time and 70 dB (A) during night time. Day time is reckoned in between 6 a.m. and 10 p.m. and night time is reckoned between 10 p.m. and 6 a.m.
17. You shall maintain good housekeeping.
18. You shall bring minimum 33% of the available open land under green coverage/ plantation. The applicant shall submit a yearly statement to Regional Office by 30th September every year on available open plot area, number of trees surviving as on 31st March of the year and number of trees planted by September end.
19. The non-hazardous solid waste arising in the factory premises, sweepings, etc. be disposed of scientifically so as not to cause any nuisance / pollution. The applicant shall take necessary permissions from civic authorities for disposal of solid waste.
20. You shall not change or alter the quantity, quality, the rate of discharge, temperature or the mode of the effluent/emissions or hazardous wastes or control equipments provided for without previous written permission of the Board. You will not carry out any activity, for which this consent has not been granted/without prior consent of the Board.
21. You shall submit Six Monthly statement in respect of obligation towards consent and pollution control compliance's duly supported with documentary evidences (format can downloaded from MPCB official site).
22. You shall submit official e-mail address and any change will be duly informed to the MPCB, forthwith.
23. You shall achieve the National Ambient Air Quality standards prescribed vide Government of India, Notification dtd. 16.11.2009 as amended
24. You shall observe provisions of E-waste (Management and Handling) Rules 2011 and Battery Waste (Management and Handling) Rules 2001, as amended.

This certificate is digitally & electronically signed.


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Principal
Dapoli Homeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



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ANNEXURE-1

FIRE SAFETY CHECK LIST FOR BUILDINGS

SR. NO.	PARTICULARS	DESCRIPTION
1	NAME OF BUILDING	Dapoli Homeopathy Medical College-Hospital
2	USE OF BUILDING	Hospital
3	ADDRESS	At Aapti, Post-Talsure, Tal:Dapoli Dist : Ratnagiri
4	TELEPHONE NO.	7066893763
5	E-MAIL ID	dhmedapoli@rediffmail.com
6	WEBSITE ADDRESS	www.dhmedapoli.com
7	NAME OF BUILDING IN-CHARGE AND TEL NO.	Dr. Mrs Chetana Sunil Goriwale (Mob 9060193763)
8	NAME OF ADMINISTRATIVE HEAD AND TEL NO.	Mr.Hemendra S Baikar
9	BUILDING INCHARGE NAME & TEL. NO.	Dr. Mrs Chetana Sunil Goriwale (Mob 9060193763)
10	BUILDING OWNER/OCCUPIERS NAME & ADDRESS	Dapoli Homeopathy Medical College & Hospital At Aapti, PO-Talsure, Tal:Dapoli, Dist : Ratnagiri
11	BUILDING TYPE GOVT/SEMI GOVT/PRIVATE/ MUNICIPAL/TRUSTEE/CHARITY.	Trust
12	BUILDING SPECIALITY IN ANY	Homeopathy Medical College & Hospital
13	BUILDING OCCUPANCY TOTAL NOS.	1
14	BUILDING STRUCTURAL DETAILS	
a)	BUILDING HEIGHT	7.31 meter
b)	NO. OF FLOORS	ground+1
c)	TOTAL BUILT UP AREA	
d)	APPROACH ROAD	09 Meter
e)	BUIDING OPEN SPACES	
i)	EAST	5meter
ii)	WEST	Open Ground
iii)	SOUTH	15meter
iv)	NORTH	3meter
f)	NO. OF EXITS (GATE/DOORS/TERRACE ECT.)	02 Nos
g)	EXIT WIDTH	1meter
h)	NO. OF STAIRCASE	1 Nos
l)	STAIRCASE WIDTH	03 Feet
J)	NATURE OF FLOORING ON EXIT ROUTES	Marble
k)	PARTITIONS IF ANY	No
l)	MATERIAL USED FOR PARTITION	No
m)	BASEMENT IF ANY	No
n)	NO. OF BASEMENT	No
o)	AREA OF BASEMENT	No
15	BASEMENT UTILITY	No
16	MATERIAL STORED IF ANY IN BASEMENT	No


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17	TOTAL NO. OF ROOMS/ FLOORS FOR HOSPITAL	10 Rooms for hospital, building- ground floor + one
18	TOTAL NO.OF ROOMS IN BUILDING	17 Rooms for hospital
19	NO OF TOILETS PER FLOOR/HOSPITAL	09 Nos
20	EXTERIOR FACADING/CLADDING OF BUILDING GLASS	Chira RCC Plaster
21	OVER HEAD WATER TANK CAPACITY	10000ltrs Syntex tank
22	UNDERGROUND WATER TANK CAPACITY	Not Available
23	BUILDING INTERIOR NATURE	Chira & Plaster
24	No OF LIFTS WITH CAPACITY	No
a)	PASSANGER LIFTS	No
b)	FIRE LIFTS	No
c)	STRETCHER LIFTS IF ANY	No
d)	ANY OTHER LIFTS	No
25	ELECTRICAL WIRING/ INSTALLATION AUDIT/ ELECTRICAL INSPECTORS.	No
26	ANNUAL TEST REPORT COPY	No
27	INTERIOR LOCATION	No
28	CANTEEN /PANTRY/KITCHEN LOCATION & AREA	No
29	FUEL USED NO OF CYLINDER LOCATION.	No. 0
30	ANY OTHER ASSEMBLY AREAS/ LOCATION	Front Side Open Space
31	STORE ROOM LOCATION	Center of Ward
32	STORE ROOM AREA STORE TYPE	50 Sq.Feet Consuable & Linel
33	TRANSFORMER/GENERATOR LOCATION WITH CAPACITY & TYPE.	No.
34	AIR-CONDITIONING TYPE WINDOW/SPILT/CENTRAL AC ETC.	Window AC in OT 01 Ton
35	BUILDING UTILITIES	College & Hospital
36	NO. OF CINEMA THEATRES/HALLS/OPERATION THEATRES.	No
37	TOTAL NO OF SEATING ARRANGEMENTS/ BEDS	50 Beds
38	NO OF MAX OCCUPANCIES IN BUILDING/ HOSPITAL	25 Nos.
39	NO OF VISITORS(FLOATING POPULATION)	25/day
40	MACHINEARY IF ANY	General OT Machinery
a)	NAME	
b)	QTY	01 No.
c)	STORAGE	OT
d)	PLACE ETC	-
41	TYPE/DETAILS OF MATERIAL STORED IN STORE ROOM (ACID/ALKALIS/TOXIC/INFLAMMABLE ETC.)	Consuable & Linel
42	LPG/CNG ETC GAS STORAGE DETAILS (GAS NAME QTY ETC)	No

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43	GAS UTILITY	No
44	TOTAL NO OF EMPLOYEES	16
45	NO OF TOTAL STAFF SHIFT WISE	3 Shifts 04 each per Shift
46	NO. OF SECURITY STAFF SHIFTWISE	No
47	PERMISSIONS & APPROVALS	For College MUSH & NCH
48	WHETHER BUILDING PLANS SANCTIONED BY COMPENTENT AUTHORITY/GOVT.(COPY OF SANCTIONED PLAN)	No
49	WHETHER FINAL NOC OBTAINED IF YES SUBMIT COPY	No
50	BUIDLING COMPLETION CERTIFICATE OBTAINED (YES/NO) IF YES, SUBMIT COPY.	No
51	FIRE FIGHTING INSTALLATION DETAILS	
52	ACTIVE FIRE PROTECTION	
a)	WHETHER FIXED FIRE FIGHTING SYSTEM (RISER-DOWN COMER)INSTALLED YES/NO.	No
b)	FIRE SMOKE DETECTORS/SPRINKLERS/MANNUAL CALL POINTS/PA SYSTEM INSTALLED	No
c)	SPECIAL PUBLIC ADDRESS SYSTEM INSTALLED IF ANY	No
d)	IF YES, IS IT IN OPERATING/ WORKING CONDITION	No
e)	FIRE FIGHTING PUMP DETAILS (ELECTRIC/DIESE, OUTPUT, HP, HEAD, ETC)	No
i)	MAIN PUMP	No
ii)	JOCKEY PUMP	No
iii)	SPRINKLER PUMP	No
iv)	STAND BY PUMP	No
v)	DIESEL PUMP	No
f)	EMERGENCY BACKUP ARRANGEMENT	No
g)	WHETHER FIRE SYSTEM & EMERGENCY LIGHTING ATTACHED TO EMERGENCY BACKUP	No
h)	FIRE FIGHTING WATER TANK CAPACITY	No
i)	IF YES, DATE OF LAST TESTING	No
J)	NO. OF LOCATION OF FIRE EXTINGUISHERS	05 Nos
	TYPE OF EXTINGUISHERS	ABC 4 KG
	LAST INSPECTED	7/6/2024
53	WHETHER AUTOMATIC FIRE DAMPERS PROVIDED IN CENTRAL AC DUCTS.	
a)	CONNECTED TO DETECTION SYSTEM	No
b)	LAST INSPECTED / MAINTENANCE CARRED OUT	No
54	OTHER INFORMATION	
a)	FIRE LIFT, IF ANY	No
b)	ELECTRICAL MCB/ACB/ELCB PROVIDED	No
c)	FIRE STOP/ RESISTING DOORS PROVIDED	No

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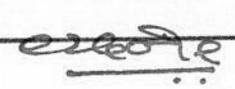
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d)	IF YES, RATING OF DOORS HRS	No
e)	WHETHER FIRE PLANS INSTALLED IN EACH WARD	No
f)	WHETHER FIRE EMERGENCY INSTRUCTION BOARD INSTALLED ON EVERY FLOOR	No No
g)	VERTICAL SHAFTS SEALED	No
h)	FIRE STAFF PROVIDED IF YES, NOS.	No
i)	NO. OF STAFF TRAINED FOR BASIC FIRE FIGHTING	16 Nos.
j)	SECURITY STAFF TRAINED	-
55	FIRE PREVENTION & AWARENESS MEASURES	
a)	FIRE MOCK DRILL CONDUCTED IF ANY YES/NO	No
b)	IF YES, DATE OF RECENT DRILL-SUBMIT REPORT	
c)	WHETHER EVACUATION DRILL CONDUCTED, YES/NO	No
d)	IF YES, INDICATE PERIODICITY.	No
e)	IF YES, DATE OF RECENT DRILL-SUBMIT REPORT	No
f)	ON SITE EMERGENCY PLAN-ATTACH COPY	No
g)	RESPONSIBLE PERSON IN CASE OF EMERGENCY	
i)	NAME,	
ii)	ADDRESS	Dr. Mrs. Chetana Sunil Goriwale (Mob 9060193763) At Post Jalgaon, Tal : Dapoli, Dist : Ratnagiri.
iii)	MOB NO.	9960193763
iv)	IS THE FIRE OFFICER EMPLOYED	No
h)	DETAILS ABOUT FIRE OFFICER	No
i)	NAME,	No
ii)	ADDRESS	No
iii)	MOB NO.	No
iv)	QUALIFICATION & EXPERIENCE	No
i)	SAFETY OFFICER/SECURITY OFFICER	No
i)	NAME,	No
ii)	ADDRESS	No
iii)	MOB NO.	No
iv)	QUALIFICATION & EXPERIENCE	No
56	REFUGE AREA, IF ANY LOCATION AREA ETC.	No
57	ASSEMBLY POINT IDENTIFIED ON GROUND LOCATION	In Front of Hospital
58	LIST OF OTHER STAFF TRAINED FOR HANDLING FIRE RELATED EMERGENCIES	16 Nos.
59	WHETHER ADEQUATE FIRE & SAFETY DIRECTIONAL SIGNAGES BOARDS INSTALLED (YES/NO)	Yes
60	NO. OF AMBULANCES IF ANY WITH CAPACITY	01 No. Tempo Traveller
61	NO. OF OTHER VEHICLES, THAT CAN BE UTILIZED IN	No


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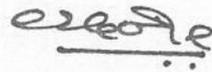
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CASE OF EMERGENCY		
62	NO. OF TYPES OF SMOKE MASKS	No
63	WHETHER ASSEMBLY POINT IS MARKED CLEARLY- YES/NO	Yes
64	IS LICENSED AGENCY APPOINTED FOR SIX MONTHLY ANSPECTION -YES/NO.	No
65	MANE AND DETAILS OF LICENSED AGENCY	No
66	ADDITIONAL OBSERVATIONS, IF ANY	No
67	RECOMMENDATIONS IF ANY	Fire prevention and fire fighting system need to be installed in the premises.
(NOTE: - FOR DETAILED OBSERVATIONS AND RECOMMANDATIONS SEPARATE SHEET SHOULD BE ATTACHED IF NECESSARY		

INSPECTION AUTHORITY (SIGN & SEAL)
NAME: Ravindra Jadhav



BUILDING INCHARGE


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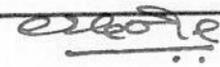
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ANNEXURE 2

INSPECTION REPORT

- 1 Name & Address of the Building : Dapoli Hoheopathy Medical College & Hospital
At- Aapti , Post-Talsure, Tal : Dapoli,
Dist : Ratnagiri.
- 2 Type of Occupancy : Hoheopathy Medical College & Hospital
- 3 Details of Previous Fire NOC Letter No. : NO
- 4 Fire Safety Directives Letter No. : NO
- 5 Date of Inspection : 19/12/2024
- 6 Name of the Inspecting Officers : RAVINDRA JADHAV
- 7 Names & Designation of Officers : Dr. Chandrakant Mokal- Chairman
if any, representing the owner/ occupier of the Building :
- 8 Year of Construction : 1998

Sr. No	MINIUM STANDARDS FOR FIRE PREVENTION & FIRE SAFETY	REQUIREMENT AS PER NBC 2016	PROVIDED AT SITE	REMARK MEETS/DOESN'T MEET REQUIREMENT
1	Acces to building			
	Road width	06 METER	06 METER	MEETS
	Gate width	06 METER	09 METER	MEETS
	Width of Internal road	03 METER	09 METER	MEETS
2	Means of egress			
	Number of staircases	SPECIFIED	02 NOS	MEETS
	Upper Floors	SPECIFIED	02 NOS	MEETS
	Basement	NOT SPECIFIED	Nil	----
	Width of staircases			
	Upper Floors	02 METER	02 NOS	MEETS
	Basement	02 METER	No	----
	Protection of exits			
	Fire check door	NOT SPECIFIED	No	----
	Pressurization	NOT SPECIFIED	No	----
	No.of continuous staircases to terrace	02 NOS	02 NOS	MEETS
	Staircase Lobby	NOT SPECIFIED	6 X 5 FEETS	MEETS
	Width of Corridor	NOT SPECIFIED	07 Feet	DOSENT MEETS
	Door Size	02 METER	01 Meter	DOSENT MEETS
3	Compartmentation			


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	Fire check door	NOT SPECIFIED	No	----
	Sealing of electrical shafts	NOT SPECIFIED	No	----
	Fire Rating of shaft door	NOT SPECIFIED	No	----
	Size of compartment	NOT SPECIFIED	No	----
	Fire Dampers	NOT SPECIFIED	No	----
4	Smoke Management System			
	Basement	30 A/C PER HRS	No	----
	Upper Floors	12 A/C PER HRS	No	----
5	Fire Extinguishers			
	Total Numbers	NOT SPECIFIED	05 Nos.	DOSENT MEETS
	Types	NOT SPECIFIED	ABC	MEETS
	IS Marking	ISI MARK	YES	MEETS
6	First-Aid Hose Reel	SPECIFIED	No	DOSENT MEETS
	Total numbers on each floor	02 NOS	No	----
	Length of hose reel hose	30 METER	No	----
	Nozzle Diameter	5 MM	No	----
7	Automatic Fire detection & Fire alarm	SPECIFIED	No	----
	Type of Detectors	SD/HD/MD	No	----
	Location of Main Panel	NOT SPECIFIED	No	----
	Location of Repeater Panel	NOT SPECIFIED	No	----
	Alternate source of power	NOT SPECIFIED	No	----
	Hooters Location	NOT SPECIFIED	No	----
8	Manually Operated Electrical Fire Alarm	SPECIFIED	No	DOSENT MEETS
9	Public Address System	NOT SPECIFIED	No	----
10	Automatic Sprinkler System			----
	Basement	SPECIFIED	No	----
	Upper Floors	SPECIFIED	No	----
	Sprinkler above false ceiling	SPECIFIED	No	----
11	Internal Hydrant			
	Size of riser/down-comer	SPECIFIED	No	DOSENT MEETS
	Number of Hydrants per floor	SPECIFIED	No	----
	Hose Box	SPECIFIED	No	----
12	Yard Hydrants			----
	Total Number of Hydrant	NOT SPECIFIED	No	----
	Hose Box	NOT SPECIFIED	No	----
13	Pumping Arrangements.			
	Ground Level		No	----
	Discharge of Main Pump	NOT SPECIFIED	No	----
	Head of Main Pump	NOT SPECIFIED	No	----

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	Number of main Pump	NOT SPECIFIED	No	----
	Jockey Pump out put	NOT SPECIFIED	No	----
	Jockey Pump Head	NOT SPECIFIED	No	----
	Standby Pump Out put	NOT SPECIFIED	No	----
	Standby Pump Head	NOT SPECIFIED	No	----
	Auto Starting/Manual stopping	NOT SPECIFIED	No	----
	Pump House Access	NOT SPECIFIED	No	----
	Terrace Level			
	Discharge of Pump	SPECIFIED	No	----
	Head of the Pump	SPECIFIED	No	----
	Power Supply	SPECIFIED	No	----
	Auto Starting of Pump	NOT SPECIFIED	No	----
14	Captive Water Storage for Fire Fighting			
	Underground tank capacity	NOT SPECIFIED	No	----
	Draw-off connection	NOT SPECIFIED	No	----
	Fire service inlet	SPECIFIED	No	----
	Access to tank	NOT SPECIFIED	No	----
	Overhead tank capacity	SPECIFIED	No	----
15	Exit Signage	SPECIFIED	YES	----
16	Provision of Lifts	NOT SPECIFIED	No	----
	Pressurization of Lift Shaft	NOT SPECIFIED	No	----
	Pressurization of Lift Lobby	NOT SPECIFIED	No	----
	Communication facility in lift car	NOT SPECIFIED	No	----
	Fireman's Grounding Switch	NOT SPECIFIED	No	----
	Lift Signages	NOT SPECIFIED	No	----
17	Standby Power supply		Invertor	DOSENT MEETS
18	Refuge Area			----
	Total Area	NOT SPECIFIED	No	----
	Location	NOT SPECIFIED	No	----
19	Fire Control Room			----
	Control Panel	NOT SPECIFIED	No	----
	Detector System	NOT SPECIFIED	No	----
	Flow Switch Panel	NOT SPECIFIED	No	----
	PA System Panel	NOT SPECIFIED	No	----
	Batter backup , if any	NOT SPECIFIED	No	----
	Building floor Plans	NOT SPECIFIED	No	----
20	Special Fire Protection System for Protection of Special Risks.	NOT SPECIFIED	No	----

Handwritten signature

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The fire Protection systems to be provided in the Hospital building keeping in view the extent of compliance of the minimum standards on fire Prevention & Fire Safety Required under the rules, Manual Fire Alarm System Fire Hydrant down comers required under the rules.

Signature of the Inspecting Officer

Name : Ravindra Jadhav

M/s. United Fire Systems



License No: MFS/LA/RF-543/RD-515

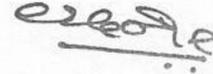
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Vidya Vaibhav Shikshan Mandal's
Dapoli Homoeopathic Medical College & Hospital
At. Apti, Po. Talsure, Ta. Dapoli, Dist. Ratnagiri

DEPT - EMERGENCY UNIT (FOR 50 BEDS)

Sr. No.	Particulars	Required	Available	Remark
I.	<u>EQUIPMENTS :</u>			
1	Emergency Equipment Box for First Aid and Basic Life Support Skill	1	1	
2	Crash-card Trolley	1	0	
3	Portable Defibrillator	Optional	0	
4	Disp. Syringes	A. R.	Available	
5	Ambu Bag	1	1	
6	Laryngoscope with Cell	1	1	
7	Sealed Battery Cell	1	1	
8	Endotracheal Tubes	A. R.	Available	
9	Monitor	A. R.	1	

Date : 31/01/2026



(Dr. Mrs. C. S. Goriwale)

Senate Member, MUHS, Nashik

PRINCIPAL
Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Ta. Dapoli, Dist. Ratnagiri.



CERTIFICATE

This is to certify that मे. दापोली होमिओपॅथिक मेडिकल कॉलेज प्रायटी. पो. दापोली of
दापोली जि. रातनागिरी holds a licence in form D. S. IV.
No. 59/2099-2093 dated 22/2/2099 under rule 26
of the Bombay Denatured Spirit Rules, 1959, valid up to 31/3/2093 for
the following quantity of Ordinary Denatured Spirit :—

Quantity



Collector of

निरिक्षक राज्य उत्पादन शुल्क

Superintendent of Prohibition and Excise

जिल्हा रातनागिरी

Place

Dated 22/2/2099

GPK.—Y 66-75,110-7.2000

Dr. Mrs. Chetana S. Goriwale

Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

FORM D. S. IV

Licence No. 49/2099-2093

[Rule 26 (3).]



*Licence for the possession, transport and use of ordinary denatured spirit
for bona fide medical, scientific and educational purposes.*

Licence is hereby granted, under and subject to the provisions of the Bombay Prohibition Act, 1949 (Bom. XXV OF 1949), and the rules, regulations and orders made thereunder, to मे. दापोली होमिओपॅथिक मेडिकल कॉलेज दापोली आपटी पो. राहसुरे of ता. दापोली जि. रत्नागिरी (hereinafter referred to as "the licensee") on payment of a fee of ₹ 2/- authorising him to buy, transport, possess and use ordinary denatured spirit (hereinafter referred to as "spirit") for medical

bona fide scientific purposes, during the period from
educational

..... 22/2/2099 to 30/3/2093 (both days inclusive) at his premises situated at आपटी पो. राहसुरे ता. दापोली जि. रत्नागिरी (hereinafter referred to as the licensed premises), subject to the following conditions, namely:—

Conditions

1. The licensee shall keep all the spirit received by him in a secure place in the licensed premises under lock and key and all issues of spirit from the said premises shall be made in the presence of the licence-holder or a person duly authorised by him in writing in this behalf. He shall not keep or use spirit at any place other than the licensed premises.

2. The spirit possessed under the licence shall not be used except for the purpose of Educational

3. The privileges of purchase, possession and transport of spirit granted under this licence shall extend only so far as they are incidental to its use stated in condition 2.

4. (1) The licensee shall not purchase his supply of spirit, from any person except from a wholesale licensee or a retail licensee.

(2) The licensee shall not possess or use spirit of a strength less than 60° O. P.

5. The licensee shall not obtain his supply of spirit except from a retail licensee if such supply does not exceed 6 bottles and from a wholesale licensee if such supply exceeds 5 litres.

Provided that if the licensee is a registered medical practitioner, he may obtain his supply of spirit exceeding 6 bottles from a retail licensee.

6. The licensee shall not use spirit exceeding तीन (३) bottles
in any one calendar month. litres

7. The licensee shall not possess at any time spirit in excess of तीन (३) bottles/litres.

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

8. The licensee shall keep his stock of spirit in excess of 50 litres in premises sufficiently fire-proof and approved by the municipal or such other authorities.

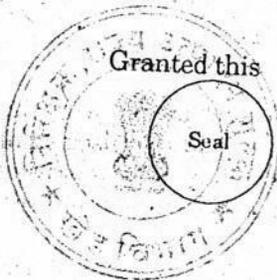
9. Notwithstanding anything contained in the condition 1, the licensee may transport, possess and use ordinary denatured spirit obtained under his permit throughout the State of Maharashtra, if the quantity of the spirit to be transported, possessed or used does not exceed thirty bottles, and this permit accompanies such transport, possession or use and is produced for inspection on demand by any officer empowered under section 77 (a) of the Bombay Prohibition Act, 1949. The certificate shall remain with the stock of denatured spirit held at the licensed premises.

10. The licensee shall maintain accounts in Form D. S. XXXII and furnish monthly returns to the District Prohibition and Excise Officer. The accounts shall be kept in a bound book, paged and stamped with the seal of the Collector/Superintendent of Prohibition and Excise.

11. The licensee other than a licensee who is a registered medical practitioner, shall maintain a visit book on his premises for use of the Inspecting officers. This book, shall be paged and stamped with the seal of the Superintendent of Prohibition and Excise.

12. This licence may be suspended or cancelled in accordance with the provisions of section 54 or 56 of the Bombay Prohibition Act, 1949.

13. In case the licence is suspended or cancelled during its currency or is not renewed on its expiry, the whole of the unused stock of spirit in balance with the licensee shall be forthwith handed over by him to the officer granting the licence.



90 day of फेब्रुवारी 2002099

Collector of निरक्षक राज्य उत्पादन शुल्क
Superintendent of Prohibition and Excise
जिल्हा रत्नागिरी.



Dr. Mrs. Chetana S. Goriwale
Principal
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Tal. Dapoli, Dist. Ratnagiri.

बदरची बिल-३ अनुज्ञापकीची दि. ११/१२/२०२३ ते ३१/३/२०२३ पर्यंतची
दुसरीकरण फी रु. २५०/- + अर्थ फी रु. २५/- + विलंब शुल्क रु. २५/-
प्रसे रकम रु. ३००/- मात्र दि. २१/१/२०२४ रोजी कोवागावात भरणा केले
No. ५१/२०२३-२०२३
The Licence is renewed for the period from
११/१२/२०२३ to ३१/३/२०२४ same conditions
on payment on Renewal Fee Rs. ३००/-
paid under challan No. १० Dated २१/१/२०२४
Date २१/१/२०२४

KBB02
Inspector State Excise,
Khed Division, Ratnagiri



VIDYA VAIBHAV SHIKSHAN MANDAL'S
DAPOLI HOMOEOPATHIC MEDICAL COLLEGE

At. Aпти, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri, 415 712. (Maharashtra State)

PHONE

Cell : 9209393763, 9960193763
Email = dhmcDapoli@gmail.com
dhmcDapoli@rediffmail.com

RECOGNITION

◆ Dept. of AYUSH Govt. of India, New Delhi.
◆ National Commission for Homoeopathy, New Delhi.
◆ MEDD Govt. of Maharashtra, Mumbai.

AFFILIATION

◆ Maharashtra University of Health Sciences, Nashik.

Ref. No. :

Date : 31 JAN 2026

SR. NO.	B – HOSPITAL DETAILS STATISTICS	
1.	Total Number of Patients in OPD during last one year (Dept wise) – From 01 st Jan 2025 to 31 st Dec 2025	List Attached
2.	Total Number of Patients in IPD during last one year (Dept wise) – From 01 st Jan 2025 to 31 st Dec 2025	List Attached
3.	Total Number of Investigations in Clinical Laboratory during last one year– From 01 st Jan 2025 to 31 st Dec 2025	List Attached
4.	Total Number of ECG during last one year – From 01 st Jan 2025 to 31 st Dec 2025	List Attached
5.	Total Number of USG/X-ray during last one year – From 01 st Jan 2025 to 31 st Dec 2025	List Attached
6.	Number of Patients in OPD on the day of Inspection	List Attached
7.	Number of Patients in IPD on the day of Inspection	List Attached
8.	Average Bed Occupancy per day during last one calendar year as per MES - 2024 From 01 st Jan 2025 to 31 st Dec 2025	List Attached
9.	Minimum per day average number of patients in OPD during last one calendar year as per MSR - From 01 st Jan 2025 to 31 st Dec 2025	List Attached
10.	Peripheral OPD Statistics	List Attached

(Dr. Mrs. C. S. Goriwale)
Senate Member MUHS Nashik

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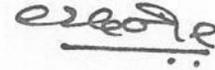
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At. Apti, Po. Talsure, Tal Dapoli, Dist. Ratnagiri

LIST OF PATIENTS IN HOSPITAL OPD (JAN 2025 - DEC 2025)

Sr. No.	Month	Medicine	Paediatric	Gynec	Surgery	Peripheral	Total	Average/Month
1	January-2025	2685	63	823	1948	1535	7054	227.5483871
2	February-2025	2580	52	814	1957	3049	8452	301.8571429
3	March-2025	2680	58	708	2060	3232	8738	281.8709677
4	April-2025	2630	74	733	2080	3292	8809	293.6333333
5	May-2025	2597	62	754	2109	3249	8771	282.9354839
6	June-2025	2380	72	572	1981	3348	8353	278.4333333
7	July-2025	2470	93	390	1970	2550	7473	241.0645161
8	August-2025	2361	96	375	1980	2576	7388	238.3225806
9	September-2025	2248	100	523	1952	2463	7286	242.8666667
10	October-2025	2300	75	535	1854	2519	7283	234.9354839
11	November-2025	2330	81	515	1885	2536	7347	244.9
12	December-2025	2341	56	347	1978	2601	7323	252.5172414
	Grand Total	29602	882	7089	23754	32950	94277	314.2566667

Date : 31/01/2026



(Dr. Mrs. C. S. Goriwale)

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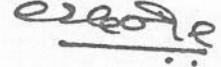
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LIST OF PATIENTS IN HOSPITAL IPD (JAN 2025 - DEC 2025)

Sr. No.	Month	Medicine	Paediatric	Gynec	Surgery	Total	Average/Month
1	January-2025	165	30	80	135	410	13.22580645
2	February-2025	144	29	62	145	380	13.57142857
3	March-2025	195	30	60	155	440	14.19354839
4	April-2025	174	36	68	232	510	17
5	May-2025	238	36	58	206	538	17.35483871
6	June-2025	215	44	50	171	480	16
7	July-2025	210	30	30	180	450	14.51612903
8	August-2025	206	39	35	180	460	14.83870968
9	September-2025	233	40	40	162	475	15.83333333
10	October-2025	230	50	45	155	480	15.48387097
11	November-2025	235	43	45	155	478	15.93333333
12	December-2025	260	37	25	160	482	17.85185185
	Grand Total	2505	444	598	2036	5583	15.38016529

Date : 31/01/2026



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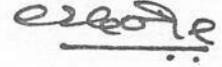
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PATHOLOGICAL INVESTIGATION DONE IN THE YEAR JAN 2025 - DEC 2025

Sr. No.	Month	Haematological	Biochemistry	Serology	Microbiology	Total
1	January-2025	106	40	26	41	213
2	February-2025	67	37	11	26	141
3	March-2025	79	47	18	27	171
4	April-2025	78	42	16	29	165
5	May-2025	68	40	41	3	152
6	June-2025	56	37	63	0	156
7	July-2025	54	26	70	0	150
8	August-2025	43	20	51	6	120
9	September-2025	56	18	70	9	153
10	October-2025	50	28	68	0	146
11	November-2025	48	24	48	8	128
12	December-2025	45	21	70	21	157
	Grand Total	750	380	552	170	1852

Date : 31/01/2026



(Dr. Mrs. C. S. Goriwale)
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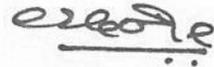
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RADIOLOGY INVESTIGATION DONE IN THE YEAR JAN 2025 - Dec 2025

Sr. No.	Month	Laboratory Investigation	X-ray	E. C. G.	Physiotherapy
1	January-2025	213	2	5	5
2	February-2025	141	2	4	6
3	March-2025	171	2	3	5
4	April-2025	165	3	3	6
5	May-2025	152	2	5	5
6	June-2025	156	3	6	6
7	July-2025	150	2	5	5
8	August-2025	120	2	6	5
9	September-2025	153	2	7	6
10	October-2025	146	3	6	5
11	November-2025	128	2	7	6
12	December-2025	157	3	6	5
	Grand Total	1852	28	63	65

Date : 31/01/2026



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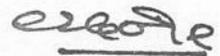
LIST OF PATIENTS IN HOSPITAL IPD (JAN 2025 - DEC 2025)

Sr. No.	Month	IPD	Bed Occupancy	Average/Month
1	January-2025	410	797	51.41935484
2	February-2025	380	704	50.28571429
3	March-2025	440	810	52.25806452
4	April-2025	510	790	52.66666667
5	May-2025	538	819	52.83870968
6	June-2025	480	751	50.06666667
7	July-2025	450	776	50.06451613
8	August-2025	460	775	50
9	September-2025	475	760	50.66666667
10	October-2025	480	780	50.32258065
11	November-2025	478	757	50.46666667
12	December-2025	482	779	57.7037037
	Grand Total	5583	9298	51.22865014

IPD % Formula =
(Bed Occupancy)

No. of Patients X 100
50 beds X 365 days

Date : 31/01/2026


(Dr. Mrs. C. S. Gorwale)
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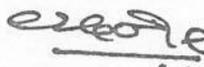
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LIST OF PATIENTS IN HOSPITAL CAMP IPD (JAN 2025 - JUN 2025)

Sr. No.	Month	OPD	IPD	SURGERY
1	January-2025	168	12	12
2	February-2025	79	15	15
3	March-2025	0	0	0
4	April-2025	0	0	0
5	May-2025	51	8	8
6	June-2025	0	0	0
	Grand Total	298	35	35

Date : 31/01/2026


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PHONE

Cell : 9209393763, 9960193763
Email = dhmcdapoli@gmail.com
dhmcdapoli@rediffmail.com

RECOGNITION

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◆ National Commission for Homoeopathy, New Delhi.
◆ MEDD Govt. of Maharashtra, Mumbai.

AFFILIATION

◆ Maharashtra University of Health Sciences, Nashik.

Ref. No. :

Date : 31 JAN 2026

Information Regarding Peripheral O.P.D.

Sr. No.	No. of Peripheral OPD	Address
1	O.P.D. No. 1	Gimhavane
2	O.P.D. No. 2	Jalgaon
3	O.P.D. No. 3	Kumbhave
4	O.P.D. No. 4	Furus

(Dr. Mrs. C. S. Goriwale)
Senate Member MUHS, Nashik

PRINCIPAL

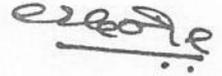
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LIST OF PATIENTS IN PERIPHERAL OPD (JAN 2025 - DEC 2025)

Sr. No.	Month	Jalgaon	Gimhavane	Kumbhave	Furus	Total	Average/Month
1	January-2025	550	461	0	524	1535	49.51612903
2	February-2025	834	704	705	806	3049	108.8928571
3	March-2025	867	754	745	866	3232	104.2580645
4	April-2025	879	768	752	893	3292	109.7333333
5	May-2025	910	711	777	851	3249	104.8064516
6	June-2025	924	735	797	892	3348	111.6
7	July-2025	748	566	594	642	2550	82.25806452
8	August-2025	781	576	555	664	2576	83.09677419
9	September-2025	709	510	562	682	2463	82.1
10	October-2025	750	557	579	633	2519	81.25806452
11	November-2025	771	539	583	643	2536	84.53333333
12	December-2025	780	561	589	671	2601	89.68965517
	Grand Total	9503	7442	7238	8767	32950	90.77134986

Date : 31/01/2026



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