

ANNEXURE-“B”

(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal:

(Who so ever is Head of Institution)

Name: **Dr. Gajanan Mohaniraj Kashid** Age: **44Yrs** (Date of Birth) **04/10/1977**

PG Degree	Subject	Year	Institution	University
MS(ENT) Recognized	ENT	2006	SRT Govt. Medical College, Ambajogai	Dr.BabasahebAmbedkar Marathwada University

Teaching Experience

Designation	Institution	From	To	Total experience
HOD & Associate Professor	Gajanan Hospital, Advanced Endoscopic ENT Surgery & Snoring Treatment Center, Ahmednagar	01/01/2017	Till Date	5.5 Yrs
Associate Professor/Reader	Dr.VithalraoVikhePatil Foundations Medical College, Ahmednagar	01/07/2011	31/12/2016	5.5Yrs
During Residency	Swami Ramanand Teerth Rural Medical College, Ambajogai, Dist: Beed	01/01/2003	01/01/2006	3 Yrs
Professional Experience	Private Practice at Gajanan Hospital, Ahmednagar	01/01/2006	15/10/2020	16Yrs 4 mths
			Total Experience	16Yrs4mths

2. Management/Society/Inst. Information :

01	i) Name of the Society/Institution/ College/University Department:	GAJANAN HOSPITAL, Advanced Endoscopic E.N.T. Surgery Center & Snoring Treatment Center
	ii) Postal Address, with PIN:	Plot no.8,Opp.Sarvoday Colony, Satbhai Mala, Delhigate, Ahmednagar, Pin-414001
	iii) Contact Details:	Mob: 9890754056, 9421588905 Tele: (0241) 2325424, 2325425
	iv) E-mail ID:	entgajanan@gmail.com , entgajanan@rediffmail.com
02	Society/Institution/College Registration Number and date:	i)Public Trust Act 1950: F/11210/Ahmednagar ii)Society Registration Act 1860: MH/64/08/Ahmednagar iii) Year of establishment: 2008 vi)Copies of Registration, Constitution and Memorandum of Association attached? Yes -Appendix 'A'
03	Hospital Information : <i>(It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)</i> i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	i) GAJANAN HOSPITAL, Advanced Endoscopic E.N.T. Surgery Center & Snoring Treatment Center ii) Bombay Nursing Act: AMC/Hosp./562 iii) Year of establishment: 2008 - Appendix 'B'
04	i) Name of the College/Institute where course is to be conducted:	GAJANAN HOSPITAL, Advanced Endoscopic E.N.T. Surgery Center & Snoring Treatment Center
	ii) Postal Address, with PIN:	Plot no.8,Opp.Sarvoday Colony, Satbhai Mala, Delhigate, Ahmednagar, Pin-414001

	iii) Contact Details:	Mob: 9890754056, 9421588905 Tele: (0241) 2325424, 2325425
		entgajanan@gmail.com ,
	iv) E-mail ID:	entgajanan@rediffmail.com
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	1) 104220- Fellowship course in Endoscopic Sinus Surgery and Skull Base Surgery Approved Intake Capacity: 2 Affiliated Since: 2017-18
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	NO
05	Affiliation Fee details: (Bank/DD No./DD Date/DD Amount)	Institute Recognition Fees: Bank Name: SBI DD No: 696075 , DD Date: 02/03/2017 DD Amount: Rs. 100000/- (Rupees One Lakh only)
		Towards Continuation of Affiliation for Fellowship Course in Endoscopic Sinus Surgery and Skull Base Surgery Bank Name: Axis Bank DD No: 006274DD Date: 24/09/2021 DD Amount: Rs. 50000/- (Rupees Fifty Thousand only)
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for i) 2018-19 ii) 2019-20 iii) 2020-21 Attached. -Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 2019 Rs.: 2,00,000/- ii) 2020 Rs.: 3,00,000/- iii) 2021 Rs.: 3,00,000/- iv) 2022 Rs.: 3,00,000/-
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Copy of Management Resolution attached Yes -Appendix 'D'

	Other Information:	
	a) Land:	Yes, Area: 5000 Sq. Feet
	i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? Yes -Appendix 'E'
	ii) Whether the land is registered?	Yes Registration Certificate attached? Yes -Appendix 'F'
09	iii) Any loans, mortgage, etc. shown against the title of the land:	N.A.
	b) Building:	5000 sq. ft.
	i) Total built-up area:	Certified copy of Building Plan attached? Yes - Appendix 'G'

3. **Central Library**

- Total number of Books in library: 512
- Books pertaining to concerned Fellowship subject: 10
- Purchase of latest editions of concerned books in last 3 years: - 20
- Journals:

Journals	Total	concerned Fellowship subject
Indian	5	3
Foreign	4	2

- Year / Month up to which latest Indian Journals available: **April 2020**
- Year / Month up to which latest Foreign Journals available: **April 2020**
- Internet / Med pub / Photocopy facility: **available**
- Library opening times: **9:00 A.M. to 12:00 P.M.**
- Reading facility out of routine library hours: **available**

4. **Recreational facilities:**

Available

Play grounds: **Available**

Gymnasium: **Available**

5. **Hostel Accommodation : N.A.**


6. **Residential accommodation for Staff / Paramedical staff :Available**

7. **Ethical Committee (Constitution) :YES**

8. **Medical Education Unit (Constitution) :YES**

(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :(such as Herbal garden / Panchakarma Unit /Pharmacy / Dental Chairs and Units/as per the requirement) N.A.**


Dr. Gajanan Mohhiraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

Sign & Stamp Head of Department
Date: 21/05/2022




GAJANAN HOSPITAL
ADVANCED ENDOSCOPIC ENTSURGERY
CENTER & SNOARING TREATMENT CENTEF
DR. GAJANAN M. KASHID
M.B.B.S., M.S., E.N.T.
ENDOSCOPIC SURGEON
REGD. NO. 2001/08/2834
OPP. SARVODAYA COLONY
SATBHAI MALA, DELHI GATE
AHMEDNAGAR-414001
PH. (0241) 2325424
Sign & Stamp

Dean/ Principle/Head of Institute
Date: 21/05/2022

AHMEDNAGAR MUNICIPAL CORPORATION
HEALTH DEPARTMENT



FORM 'C'
(See Rule 5)



**Certificate of Registration under section 3 of the
Maharashtra Nursing Homes Registration Act**

No AS per HEALTH DEPT. AMC OUTWARD 55 dt. 07-04-2021

This is to certify that Shri / Smt. DR. GAJANAN MOHANIRAJ
KASHID has been registered under the Maharashtra Nursing
Homes Registration Act in respect of GAJANAN HOSPITAL
situated at SATBHAI NALA, DELHIGATE, AHMEDNAGAR
and (20 Bed Capacity)
Has been authorised to carry on the said nursing home


Registration No. :- 562

Date of Registration :- 15/05/2007


Place : Ahmednagar

Date of Issue of Certificate :- 07/04/2021

This Certificate of registration shall be valid upto 31st March 2024


Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

DR. ANIL ASHOK BORGE


Signature of the registration authority
Medical Officer of Health / Local Supervising authority

S.Bhagwat



AHMEDNAGAR MUNICIPAL CORPORATION,
AHMEDNAGAR.

Health Department

CERTIFICATE OF REGISTRATION

(See rasol No.2 (9)(a)(1) date 26/9/2002)



Reg. No. 669

Date of Issue 7/4/2021

This is to certify that Shri / Amt. DR GAJANAN M. KASHID has been registered

under the Resolution No.2 (9)(A)(1)26/9/2002) in Respect of His Clinic / consultation / Dispensary /

Pathological Laboratory Gajanan Hospital Situated at Satbhajai main
NEW CLINIC DELHIGATE, AHMEDNAGAR.

Ahmednagar and has been Authorisrd to carry on the medical practice in municipal corporation limits

details of his / her Qualifications M.B.B.S. M.S. (ENT)

Medical Council Registration No. 2001/08/2834 Date of Registration 08/08/2001

This Certificate of Registration shall be Valid from 1st April 2021 to 31st MAR 2022

Date of Registration 05/04/2018

Signature of the registering

authority वैद्यकीय अधिकारी

अहमदनगर नगरपालिका

Dr. Gajanan Mohanraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८
नमुना "ग"
(नियम ९ पहा)

सूचना दिल्याबाबत पावती



अर्जदाराने नमूना फ द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली नमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे:


१.	पावती क्रमांक	:	१९२०७००३१२७८८७०३								
२.	अर्जाचा (सूचनापत्राचा) आयडी क्रमांक	:	१००५८५५५१९०३								
३.	आस्थापनेचे नाव	:	गजानन हॉस्पिटल GAJANAN HOSPITAL								
४.	कामगारांची एकूण संख्या	:	४								
			<table border="1"> <thead> <tr> <th>पुरुष</th> <th>स्त्री</th> <th>इतर</th> <th>एकूण</th> </tr> </thead> <tbody> <tr> <td>२</td> <td>२</td> <td>०</td> <td>४</td> </tr> </tbody> </table>	पुरुष	स्त्री	इतर	एकूण	२	२	०	४
पुरुष	स्त्री	इतर	एकूण								
२	२	०	४								
५.	अ) मालकाचे नाव	:	डॉ. गजानन मोहनीराज काशीद DR GAJANAN MOHANIRAJ KASHID								
	ब) आस्थापनेचा पत्ता	:	स. नं. ७३९६, सर्वोदय कॉलनी, सातभाई माळा, नगर, अहमदनगर (महानगरपालिका), नगर, अहमदनगर, ४१४००१								
६.	सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचना पत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञप्ती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल. ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालमत्तेचा मालकी हक्क किंवा ताबा या प्रयोजनार्थ कोणत्याही कायद्यांतर्गत ग्राह्य धरता येणार नाही.										
७.	व्यवसायाचे स्वरूप	:	हॉस्पिटल / HOSPITAL								
८.	पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास	:	१६२०७००३१०१०३४६८ २०/०९/२००७								

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही.

दिनांक : २०-०९-२०१९

ठिकाण : Ahmednagar

कार्यालयाचा पत्ता : Office of the Assistant Commissioner of Labour, Ahmednagar, Address- 3rd Floor, Loksatta Building, Vishish Sandhya Colony, Station Road, Ahmednagar - 414 001


Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



Certificate of Registration

This is to certify that the Quality Management System of

GAJANAN HOSPITAL & ADVANCED ENDOSCOPIC ENT SURGERY CENTRE & SNOARING TREATMENT CENTRE

Infront Sarvoday Colony, Sathbhai Mala, Delhi Gate ,
Ahmednagar-414001 (Maharashtra)

Has been successfully assessed &
conforms with the following standard

ISO 9001:2015

Scope of Certification

Providing Medical Services in the Speciality of Microear, Head, Neck, Facial Cosmetic, Endoscopic Nasal, Scullbase, Airway Surgery, Sleep Apnea Treatment Centre, Voice Clinic , Vertigo Clinic & Chochlear Implant Surgery

Certificate No.: SMS/QMS/A18/1039

Initial Registration Date : 20-01-2018

Issue Date : 20-01-2018

Surveillance 1 Audit Date : 20-12-2018

Expiry Date : 19-01-2021

Surveillance 2 Audit Date : 20-12-2019

UAF is Full Member of International Accreditation Forum (IAF)



Signature of Director

Accreditation No. 51712280109
(Accredited by United Accreditation Foundation (UAF),
3510, Colmar, Norfolk, VA 23509, United States of America
To Check Certification Status:
www.uafaccreditation.org & www.saaracertification.com

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

SAARA MANAGEMENT SYSTEM PRIVATE LIMITED
F-7, Top Floor, Main Road, Kalkaji, New Delhi-110019
E-mail: saaramspl@gmail.com Website: www.saaracertification.com

THE VALIDITY OF CERTIFICATE IS SUBJECT TO REGULAR SURVEILLANCE AUDIT ON OR BEFORE ABOVE MENTIONED DATES AND ITS ONLY VALID AFTER SUCCESSFUL SURVEILLANCE

8 AUG 2019



महाराष्ट्र MAHARASHTRA

2018

UP 298233

प्रतिज्ञापक कम्पनीकडून सादर करावयाचे
प्रतिज्ञापक कम्पनीकडून सादर करावयाचे
मुद्राक: विकत घेणाऱ्याचे नाव व पत्ता
मुद्राक: राजस्तर अ.क्र. ९९३०
मुद्राक: विकत घेणाऱ्याची सही

जिल्हा कोषागार कार्यालय
अहमदनगर
पु. दिनांक
23 JAN 2019

मुद्राक: विकत घेणाऱ्याचे नाव व पत्ता
मुद्राक: राजस्तर अ.क्र. ९९३०
मुद्राक: विकत घेणाऱ्याची सही
दि. 30/3/2019
AT RISHI RASHI RASHI

AGREEMENT BETWEEN

M/S. Bio - Clean System India Pvt.Ltd.

Common Bio. Medical Waste Management Treatment and Disposal Facility,

Nagar-Pune Road, Burudgaon , Ahmednagar

AND

GAJANAN HOSPITAL, PLOT NO.8 DELHIGATE, AHMEDNAGAR

AGREEMENT

Dr. Gajanan Mohiraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



8 AUG 2019

Common Bio. Medical Waste Management and Disposal

Project,

Ahmednagar.

This agreement entered into on 23/01/2019 at Gajanan Hospital, Plot no.8. Delhigate, Ahmednagar

BETWEEN

M/S. Bio - Clean System India Pvt. Ltd.

Common Bio. Medical Waste Management Treatment and Disposal Facility, Nagar-Pune Road, Burudgaon, Ahmednagar.

AND

Gajanan Hospital, Plot no.8, Delhigate, Ahmednagar

(Hereinafter called as the GENERATOR) represented by Dr. Gajanan Mohaniraj Kashid Whereas M/S. Bio- Clean system India Pvt. Ltd. [Common Bio- Medical Waste Management Treatment and Disposal Facility], Nagar- Pune Road, Burudgaon, Ahmednagar has setup a common facility at Ahmednagar for collection, reception, Storage, transaction, treatment and disposal of Bio-Medical Waste (hereinafter called as BMW) venerated by the health care establishment (HCES- Hospital Nursing Homes Clinics, Diagnostics Centers etc.)

Whereas M/S. Bio-Clean System India Pvt. Ltd. Ahmednagar offers to provide services to the GENERATOR on user pay principal for collection, transaction, treatment and disposal of BMW at the following rate.

Total Sanctioned Beds - 20

Inuse Beds - 14

Rate per Day per Bed. Rs. 6.00

Whereas M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar, undertakes the liability of collection, transaction, treatment and disposal of BMW, the GENERATOR shall undertake to adhere to

bio-medical waste by M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar for a minimum period of **Three (03) years** from the date of agreement. This agreement shall valid up to date **22/12/2022** Both parties could terminate the contract after giving a notice of minimum one month to the other party.

Whereas the GENERATOR is a hospital and agrees to avail the service being provided by M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar with the terms and conditions as listed on succeeding paras:

RESPONSIBILITES FOR SERVICE PROVIDERS.

1. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar shall meet the rules and regulation stipulated by Maharashtra Pollution Control Board, Ahmednagar, from time to time and GENERATOR shall not be liable for Handling and Management rules of BMW.
2. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar alone is liable for violation of the Environment (Protection) Act 1986 and the relevant rules made there under after collection of BMW from the GENERATOR unit as per the agreement terms and conditions.
3. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar shall collect BMW from hospital on day-to-day basis i.e within 24 hrs., In case they fail to collect he BMW within 48 hrs., then M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar shall be informed by the GENERATOR to strictly collect BMW within the next 24 hours.
4. M/S. Bio -Clean System India Pvt. Ltd. Ahmednagar shall collect the segregated bio- medical waste from the identified common waste collection site in the hospital.
5. M/S. Bio -Clean System India Pvt. Ltd. Ahmednagar shall transport the segregated waste in closed container vehicle to the treatment plant.
6. The initial training about segregation of BMW in coloured, bio degradable plastic bags and methods of collection of BMW will be



no extra cost. GENERATOR will have to depute their authorized personnel to M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar training centre.

7. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar shall schedule the field visit for collecting the waste in consultation with the hospital which would be notified in advance.

8. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar shall attend to all the complaints with in the shortest time possible.

9. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar promises to keep high standard of pollution control and shall update its equipment / facility as and when required.

10. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar will not be liable for environment (Protection) Act 1986 or any similar regulations / norms set up by Maharashtra Pollution Control Board government bodies in the event the GENERATOR violates any of the terms and condition of this agreement.

11. M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar shall be responsible for appropriate treatment and shredding of disinfected waste at the centralized facility as per schedule-1 of the BMW (M&H) rules 1998.

12. M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar shall also undertake testing of treated waste with regard of to safety the environment.

13. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar shall be responsible for the disposal of treated waste into secured landfills or in recycling plants.

14. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar will provide BMW collection and transportation services and the bio-degradable plastics bags will be provided free to the Generator.



Red colored Bags: Would contain following categories of waste: -

Microbiology & Bio technology waste, soiled waste and solid waste. These waste products would be meant for autoclaving.

Soiled Waste: Items contaminated with blood & body fluids including cotton dressing, soiled plaster casts & other material contaminated with blood.

Yellow Bags: Would contain human anatomical waste such as human tissue, organs body parts etc.

Solid Waste: This waste generated from disposable items (other than waste, sharp itemed such as tubing, catheters, intra- venous sets etc.

15. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar will provide

BMW collection transportation services and the Generator will make

available container for sharps needles and glasses etc.

RESPONSIBILITIES OF THE GENERATOR-

1. The GENERATOR shall segregate the waste at the point of generation in accordance with the BMW (M&H) rules 1998 and in compliance with the standard prescribed there under.
2. The GENERATOR shall collect the segregated BMW in Bio. Degradable Plastic bags as stipulated by Ministry of Environment and Forest vide notification date 20th July 1998.
3. All the bags shall be sealed tightly by GENERATOR and M/S. Bio -Clean System India Pvt. Ltd. Ahmednagar will collect the sealed bags only at a secured designated point in the hospital.
4. The GENERATOR shall take all steps to ensure that the waste is handled without adverse effects to human and environment.
5. The GENERATOR shall establish a common secured waste collection spot within the hospital for collection and final disposal

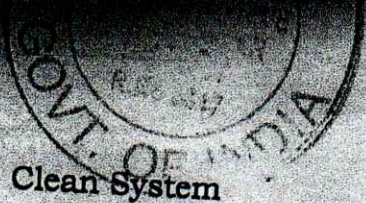
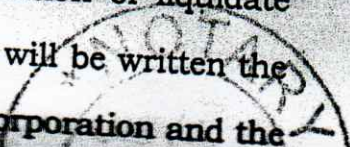


to M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar of Common
Bio - Medical Waste Treatment Facility.

6. The GENERATOR shall furnish annual report regarding general collection, storage, transaction and disposal of Bio — Medical Waste in prescribed format to Maharashtra Pollution Control Board Nashik.
7. The GENERATOR should maintain all the relevant records and make report the accident if any as prescribed under the rules.
8. The GENERATOR shall designate a "Nodal Officer" to interact with M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar the Maharashtra Pollution Control Board.
9. The GENERATOR shall disinfect the sharps and mutilate them and hand over in puncture, proof containers to M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar.
10. The GENETATOR will give sharps (waste) in puncture proof containers.
11. The collected waste material sent by the hospital may be checked and suggestions may be given for improvement in the segregation of waste to the hospital by M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar.
12. The GENERATOR shall be solely responsible for the number of beds strength declared to M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar. The GENERTOR shall inform M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar and MPCB about any changes in the .number of beds strength increase/ decreases. As per the beds strength, services charges will levied and NOC will be issued.

TERMS AND CONDITIONS:

Gajanan Hospital, Plot no. 8, Dehligate, Ahmednagar shall pay the monthly charges of cost of disposal after completion of the month on 15th of every next month without fail.

- 
1. All payment shall be made in favour of M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar in the form of DD OR A/C Payee cheques. All bounced cheques shall be provisions of income tax for deducting tax at source shall apply.
 2. M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar shall indemnify all costs, expenses, damages etc. in relation to handling / mishandling / omission to handle the bio medical waste.
 3. M/S. Bio - Clean system India Pvt. Ltd. Ahmednagar shall collect the BMW from hospital on day-to-day basis i.e. within 24 hrs.
 4. M/S. Bio- Clean System India Pvt. Ltd. Ahmednagar failure to collect the bio - Medical waste as per provision of bio- medical waste management and handling rules 1998 even after expiry of 48 hours the generator shall make alternate arrangement for transportation of bio- medical waste to service provider facility and will entail not only liability to reimburse the cost of alternative arrangement but also liquidated damages of at least Rs. 100/-per day.
 5. All disputes differences claims etc. arising from or out of the agreement shall be subject to the exclusive arbitration of the Managing Director of Maharashtra Health Systems Corporation.
 6. The course except at Ahmednagar will have a jurisdiction to entertain any matter arising from out of the agreement.
 7. The BMW services charges 10% will be revised every year.
 8. The period of this agreement is of three years or end of the work order whichever is earlier.
 9. In the event of persistent default (exceeding three times in a month) the corporation will have the option to terminate the contract to and without prejudice to the imposition of liquidate damages. His decision to terminate the contract will be written the sole discretion of the managing director of the Corporation and the
- 

... be arrived at after hearing the view point of M/S. Bio-Clean System India Pvt. Ltd. Ahmednagar. The said decision will be final and shall not be called in question in any court on any ground whatsoever.

[Handwritten signature]

~~Bio-Clean System India Pvt. Ltd.~~

[Handwritten signature]

Gajanan Hospital, Dehligate,

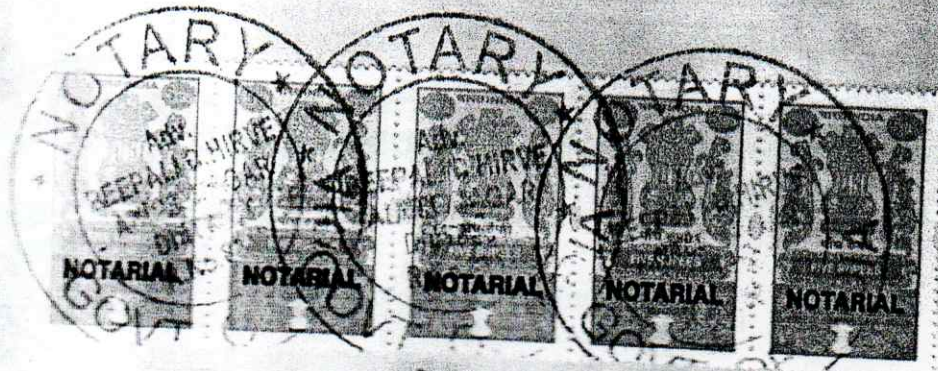
Ahmednagar
GAJANAN HOSPITAL
TAL. DIST. AHMEDNAGAR
HOSPITAL REGD. NO. 562

certified by me

BEFORE ME
[Signature]
Mr. Deepak U. Hirve
ADVOCATE & NOTARY PUBLIC
HIRVE LAWNS, NA. PRASHAN, AHMEDNAGAR

S.No./DDH/NT/ 08/08/2019

8 AUG 2019





LICENCE No. 50/2012

FORM D. S. III

[See rule 25 (2)]

Licence for the possession of ordinary denatured spirit for medical use by registered medical practitioners

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 by Shri. Kashid Rajawade Mahipatray & T. Surge of Genet Center, Sathgaon Malad (hereinafter called "the licensee") on payment of a fee of 260 in Advance of Delhi get. H. Vaidya advance, authorising him to buy, possess, transport and use ordinary denatured spirit (hereinafter called "spirit") during the 3950/512 period from 30.10.2012 to 31.3.2016 (both 30.10.12 days inclusive), at his premises situate at (hereinafter referred to as "the licensed premises") and also at any other place within the State of Maharashtra, subject to the following conditions, namely :-

Conditions

1. The licensee shall not use the spirit for any purpose except for medical use.
2. The licensee shall not use spirit exceeding 5 (five) bottle(s) during any calendar month : Provided that he may buy during any calendar month spirit not exceeding the quantity permitted to be used in two months.
3. The licensee shall not possess more than [fifteen] bottles of spirit at any one time: Provided that he may possess spirit in a quantity not exceeding that permitted for use in two months.
4. The licensee shall not obtain his supply of spirit except from a retail licensee. He shall not, remove the spirit purchased by him from the licensed premises of such licensee, unless he gets the details of its purchase entered on the reverse of this licence by the retail licensee or any other person authorised by him in writing in this behalf. The licensee shall be entitled on presentation of this licence to obtain his quota of spirit from such licensee without the production of any requisition or transport pass.
5. The licensee shall not transport from the licensed premises of the retail-sale licensee to his licensed premises any quantity of ordinary denatured spirit exceeding that purchased by him on the date of transport in question and entered in his licence against that date.
6. 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 place shall be made in the presence of the licensee 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.
7. Notwithstanding anything contained in the conditions 5 and 6, the licensee may transport, possess and use spirit obtained under this licence, throughout the State of Maharashtra if the quantity of spirit to be transported, possessed or used does not exceed [fifteen] bottles, and this licence accompanied with such transport possession or use and is produced for inspection on demand by any officer empowered under section 7(a) of the Bombay Prohibition Act, 1949. The certificate shall remain with the stock of denatured spirit held at the licensed premises.
8. This licence may be suspended or cancelled in accordance with the provisions of Section 54 or 56 of the Bombay Prohibition Act, 1949.
9. 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.

Granted this 30 day of 15 2002



Superintendent of Prohibition and Excise



30/10/12
(वी.जी.शिंदे)
निरीक्षक
राज्य उत्पादन शुल्क
अ विभाग, अहमदनगर

अहमदनगर महानगरपालिका, आरोग्य विभाग

कार्यालय - जुने म.न.पा कार्यालय, यतिमखान्या समोर, म.न.पा. रोड, अहमदनगर.

फोन : ०२४१ - २३४३००४

फॅक्स : ०२४१ - २३२४८२३

ई-मेल : anagar.rch@gmail.com

वेबसाईट - www.amc.gov.in



१५७

दि. २६/०८/२०१८

सांडपाणी व्यवस्थेचे प्रमाणपत्र

प्रति,

श्री. डॉ. गजानन मोहनराज काशिद

प्लॉ.नं. ८ स.नं. ७३९६

पत्ता - गजानन हॉस्पिटल, दिड्डीगेट
अहमदनगर



विषय- इमारतीचे सांडपाणी व्यवस्थेचे प्रमाणपत्र बाबत.

संदर्भ- १) आपला दिनांक- २५/५/२०१८ चा अर्ज.

२) कार्यालयाचे स्वच्छता निरीक्षक यांचा दि २७/५/२०१८ चा तपासणी अहवाल.

वरील विषयांकीत संदर्भान्वये प्रमाणपत्र देण्यांत येतो की, आपल्या स.नं.

७३९६ प्लॉ.नं. ८ ठिकाण- गजानन हॉस्पिटल
दिड्डीगेट अहमदनगर येथील इमारतीची सांडपाणी व ड्रेनेज

व्यवस्थेबाबत समक्ष पाहणी केली असता सांडपाणी व्यवस्था योग्य रितीने केल्याचे दिसून येते.

येणे प्रमाणे दाखला देण्यात येत आहे. कळावे.

मात्र मंजूर नकाशे प्रमाणे बांधकामाबाबत नगररचना विभागाकडून खात्री करून घेवून पुर्तता करणे आवश्यक आहे.

Dr. Gajanan Mohanraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

वैद्यकीय आरोग्य अधिकारी
अहमदनगर महानगरपालिका
अहमदनगर

वरिष्ठ भूवैज्ञानिक

भूजल सर्वेक्षण आणि विकास यंत्रणा, अहमदनगर

उपविभागीय प्रयोग शाळा : जिल्हा प्रयोगशाळा अ. नं. २२

नमुना - ४

जा.क्र. ७८६/२०१९

दि. ०७/११/१९

जिल्हा/उपविभागीय प्रयोगशाळा-ग्रामपंचायत निहाय अनुज्ञेय तपासणी अहवाल

प्रा.सं.व. नाव डॉ. राजाजग होस्पिटल, दिल्ली रोड

तालुका नरार

जिल्हा अ. नरार

वर्ष २०१९

अ. नं.	प्र.सं.व. नाव	वाडी/वस्ती चे नाव	स्रोताचे स्थळ	स्रोताचा प्रकार	स्रोताचा सांकेतांक	स्रोत हंगामी/बारमाही	अवलंबून असलेली लोकसंख्या	पाणी नमुने गोळा केल्याचा दिनांक व वेळ	पाणी नमुने तपासल्याचा दिनांक	पिण्यास योग्य/अयोग्य	शेरा
१		२	३	४	५	६	७	८	९	१०	११
२	<u>राजाजग होस्पिटल</u>	<u>दिल्ली रोड</u>	<u>बोट -</u>	<u>वॉटर टंक</u>							
३											
४											
५											
६											
७											
८											
९											
१०											

टीप : तपासलेल्या पाणी नमुन्याची माहिती संगणकावर व केंद्र शासनाच्या संकेतस्थळावर प्रयोगशाळेतील रसायनी/अनुज्ञेय यांनी करावी.

Kashid
रसायनी

अनुज्ञेय तज्ञ

Dr. Gajanan Mohaniraj Kashid
M.B.D.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

प्रयोगशाळेत तपासलेल्या पाणी नमुन्याची माहिती संगणकावर व केंद्र शासनाच्या संकेतस्थळावर घेण्याबाबत खात्री करण्यात आली आहे.

वरिष्ठ भूवैज्ञानिक
भूसाधन, अहमदनगर

सहाय्यक/कनिष्ठ भूवैज्ञानिक
भूसाधन, अहमदनगर



अहमदनगर महानगरपालिका, अहमदनगर

दूरध्वनी क्र.: (कार्यालय) ०२४१- २३४३६२२, २३४५१२७, २३४०५२२,
२३४१४५५, २३४६०१०, २३२३०१९.

फॅक्स नं.: ०२४१ - २३२८८३७

Website: www.amc.gov.in E-mail: amc_anr@rediffmail.com

जावक क्र. ३३५

दिनांक १०/०९/२०२१

प्रति,

डॉ. गजानन मोहनीराज काशिद ,
गजानन हॉस्पिटल, सातभाई मळा,
दिल्लिगेट ,अहमदनगर.

विषय:- अग्निशमन ना हरकत प्रमाणपत्राच्या नुतनी करणाबाबत.

संदर्भ:- १) अग्निशमन विभाग जा.क्र ३५५ दि.२९/१०/२०२० चे प्रमाण पत्र

२) आपला दिनांक २३/०९/२०२१ रोजीचा अर्ज व टोकन क ३४६९१

३) मार्क फायर सेफ्टि ईक्वापमेंट & सर्विसेस यांचे दि. २२/०९/२०२१
रोजीचे " ब " प्रमाणपत्र

महोदय,

उपरोक्त संदर्भिय विषयान्ये कळविण्यात येते की गजानन हॉस्पिटल, सातभाई मळा, दिल्लिगेट अहमदनगर हॉस्पिटल या इमारती साठी मार्क फायर सेफ्टि ईक्वापमेंट & सर्विसेस यांचे दि. २२/०९/२०२१ रोजीचे " ब " प्रमाणपत्र सादर करुन सदर इमारती मधील स्थायी अग्निशमन यंत्रणा सुस्थीतीत असले बाबतचे प्रमाणपत्र सादर केलेले आहे. त्यानुसार संदर्भिय अर्ज क्र. २ व संदर्भिय पत्र क्र. १ अन्वये आपणास देण्यात आलेल्या नाहरकत प्रमाण पत्राचे नुतणीकरण करण्यात येत असून पुढील नुतनीकरण दिनांक १५/०९/२०२२ पुर्वी करणे बंधनकारक आहे.

सदर स्थायी अग्निशमन यंत्रणा व उपाययोजनां बाबत महाराष्ट्र आगप्रतिबंधक व जीव संरक्षक उपाययोजना २००६ अन्वये आग प्रतिबंधक व जीव संरक्षक उपाययोजनांशी संबधीत तरतुदीनुसार कलम ३/(१) व ३ (३) नुसार अग्नि व्यवस्थेचे परिक्षण नोंदणीकृत अनुज्ञाप्ती धारकांकडुन जानेवारी व जुलै असे वर्षातुन दोन वेळा करुन घेणे बंधनकारक असल्याने सदरची उपाययोजना दुरुस्त व कार्यक्षम स्थितीत ठेवण्याबाबतचे विहित नमुन्यातील प्रमाणपत्र (बी प्रमाणपत्र) सादर करणे आवश्यक व बंधनकारक असल्याने आपण उपरोक्त प्रमाणे लायसन्स प्राप्त अभिकरणामार्फत वेळोवेळी या कार्यालया कडेस सदरचे प्रमाणपत्र सादर करावे.

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



श्री शंकर उत्तम मिसाक
मुख्य अग्निशमन अधिकारी
अहमदनगर महानगरपालिका

MARC FIRE SAFETY EQUIPMENT & SERVICES

DATE – 22/9/2021

FORM B

(see section 3(3) and rule 4(1))

Certify by the Licensed agency regarding the compliance of the fire prevention and life safety Measures.

Certificate

Certified that i/we have executed the work towards compliance in relation to fire prevention and safety measures to be provided and performed other related activities required to be carried out, in the following building or premises as required under the provision of the maharashtra fire prevention and life safety measures act 2006.

DESCRIPTION AND LOCATION OF BUILDING PRIMISES

(VALID FROM 15/9/2021 TO 15/9/2022)

AT SITE – DR GAJANAN MOHENIRAJ KASHID, GAJANAN HOSPITAL 7 BHAI MALA

DELHI GATE ROAD AHMEDNAGAR



Signature and address of licensed agency

Marc fire safety equipment and services ,s

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

DATE-22/9/2021

Respected sir ,

Please go through the following list of material installed on site and please issue me finalnoc as early as possible. will be waiting for your positive response.

TYPE	QUANTITY
HOSE REEL DRUM	2
SPRINKLERS	0
SMOKE DETECTORS	0
Branch pipe	1
Hose pipe WITH HOSE BOX	1
Hydrant valve	1
TWO WAY FIRE SERVICE INLET	1
KILOSKER MAKE 450 LPM HP PUMP	1

THANKS AND REGARDS,





11

नोंदणीचे प्रमाणपत्र

याद्वारे प्रमाणपत्र देण्यात येते की, खाली वर्णन केलेली सार्वजनिक विश्वस्तव्यवस्था ही आज, मुंबई सार्वजनिक विश्वस्तव्यवस्था अधिनियम, १९५० (सन १९५० चा मुंबई अधिनियम क्रमांक २९) या अन्वये **अहमदनगर विभाग, अहमदनगर** येथील सार्वजनिक विश्वस्तव्यवस्था नोंदणी कार्यालयात योग्य रीतीने नोंदण्यात आलेली आहे.

सार्वजनिक विश्वस्तव्यवस्थेचे नाव **कै. शाहिर् किसनराव गोरे**

सामाजिक संस्था, मु.पो. बोधेगाव, ता. शेवगाव

सार्वजनिक विश्वस्तव्यवस्थांच्या नोंदणी पुस्तकातील क्रमांक **शिल्हा अ.नगर**

अ. विनय भरण गोरे यांम प्रमाणपत्र दिले.

आज दिनांक **२१/१०/२००५** रोजी माझ्या सहीनिशी दिले.

दिनांक



सही

सहाय्यक घर्मादाय आयुक्त
पदनाम **अहमदनगर**

Dr. Gajanan Mohniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

[विशेष-ध. भा. (मु. सा. वि.) ५०-म.]

Nº 045842



नोंदणी प्रमाणपत्र

संस्था नोंदणी अधिनियम, १८६०

(१८६० चा अधिनियम २१)

महा/६४/१०४ अहमदनगर नोंदणी क्रमांक :

याद्वारे असे प्रमाणित करण्यात येते की, कै. शाहिर किसनराव गोरे

सामाजिक संस्था, मु.पो. बोधोंगाव. ता. शेवगाव
जिल्हा. अहमदनगर

खालील तारखेस संस्था नोंदणी अधिनियम, १८६० (सन १८६० चा अधिनियम २१) अन्वये योग्यरित्या नोंदणी करण्यात आली.

तारीख : २/२/२००८

रोजी माझ्या सहीनिशी दिले.



सहाय्यक संस्था निबंधक,
अहमदनगर विभाग, अहमदनगर
विभाग.

Dr. Gajanan Mohniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

दिनांक :- 20/9/06

प्रति,

मा.सहाय्यक संस्था नोंदणी निबंधक
अहमदनगर विभाग, अहमदनगर

विषय :- संस्था नोंदणी अधिनियम १८६० अन्वये नोंदणी बाबत

संस्थेचे नांव :- कै.शाहिर किसनराव गोरे सामाजिक संस्था, मु.पो.बोधेगांव,
ता.शेवगांव, जि.अहमदनगर

महोदय,

निवेदन करण्यात येते की, विषयात नमूद केलेल्या संस्थेची नोंदणी संस्था अधिनियम १८६० प्रमाणे करावयाची आहे. सबब आपणाकडे खालीलप्रमाणे कागदपत्रे सादर करण्यात येत आहेत.

१. विधानपत्र (ज्ञापन) मेमोरॅन्डम ऑफ असोशिएशन
२. नियम व नियमावली सत्य प्रत
३. संस्था नोंदणी संदर्भात कार्यकारी मंडळाचे सर्व सभासदांचे संमती पत्र
४. संस्था नोंदणी बाबत कार्यकारी मंडळाच्या सर्व सभासदांच्या सहिनिशी अधिकारपत्र.
५. संस्थेच्या पत्या बाबत व मालमत्ते बाबत अध्यक्ष व सचिव यांचे प्रतिज्ञापत्र रुपये १००/- च्या स्टॅम्प पेपरवर रुपये १.२५ पैसे कोर्ट फी स्टॅम्पसह.

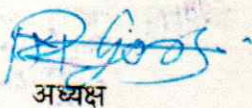
पुढे असे ही निवेदन करण्यात येते की वरील संस्थेचे सर्व उद्देश सन १८६० च्या संस्था नोंदणी अधिनियमाच्या कलम २० अन्वये असून वरील संस्थेच्या नावाची वा नामसदृश असलेली अन्य संस्था माझे माहितीप्रमाणे अस्तित्वात नाही. नोंदणी शुल्क रुपये ५०/- (पन्नास रुपये फक्त) भरण्यास तयार आहे. तरी वरील संस्था नोंदणी अधिनियम १८६० अन्वये त्वरीत नोंदवावी अशी विनंती.

आपला विश्वासू



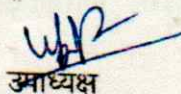
श्री विनय भरत गोरे
अर्जदार

सर्वजनीक नोंदणी कार्यालय
अहमदनगर विभाग, अहमदनगर
"मनिका" माहितीप्रमाणे ता.२०/९/०६
व्यक्तिगत पो.क. पो.शेवगांव
लि.भ.न.१३३, अहमदनगर-४१३००५



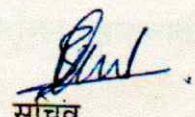
अध्यक्ष

महेश रामनाथ गोरे



उपाध्यक्ष

बाबासाहेब रामकिसन वाबळे



सचिव

विनय भरत गोरे

परिशिष्ट-ब

१. संस्थेचे नांव :- कै. बाहिर किसानवांगोळे सामाजिक संस्था
२. संस्थेच्या कार्यालयाचा पत्ता :- मु.पो.बोधंगांव,
ता.शेवगांव, जि.अहमदनगर
३. संस्थेचे उद्देश :- खालील प्रमाणे राहतील-

शैक्षणिक उद्देश -

१. नर्सरी स्कूल, अंगणवाडी, बालवाडी, मराठी व इंग्रजी माध्यम प्राथमिक शाळा, मराठी व इंग्रजी माध्यम माध्यमिक व उच्च माध्यमिक शाळा, पद्युत्तर पदवी महाविद्यालये, व्यावसायिक महाविद्यालये, विद्यापिठे, अध्यापन विद्यालये, अध्यापन महाविद्यालये, शारीरिक शिक्षण महाविद्यालये, अंगणशाळा, सैनिक स्कूल, व्यायामशाळा, मल्लविद्या शाळा, वृद्धाश्रम, कार्यशाळा, कन्याशाळा सुरु करणे व चालविणे.
 २. व्यवसाय शिक्षण व प्रशिक्षण महाविद्यालय, वैद्यकीय शिक्षण व प्रशिक्षण महाविद्यालय, औषध निर्माण महाविद्यालय व औषधनिर्माण तंत्रनिकेतन चालविणे आयुर्वेदीक महाविद्यालय, मेडीकल कॉलेज चालविणे, तंत्रनिकेतन, अभियांत्रिकी महाविद्यालय चालविणे, पॉलिटेक्नीक कॉलेजचे सर्व कोर्सेस चालविणे, विद्यालय-तंत्रनिकेतन महाविद्यालय चालविणे, पदवीका व पद्युत्तर पदवी महाविद्यालये चालविणे, शिक्षण व प्रशिक्षण महाविद्यालये चालविणे, कृषि विद्यालय, कृषी महाविद्यालय शेतकी शाळा तयार करुन कृषी व शैक्षणिक विकास करणे, पर्यावरण शिक्षण व प्रशिक्षण चालू करणे व चालविणे, शारीरिकशिक्षण व प्रशिक्षण, औद्योगिक प्रशिक्षण केंद्र, सामाजिक कार्य शिक्षण व प्रशिक्षण, यासारखे कार्य किंवा संस्था चालविणे.
 ३. मागासवर्गीय तथा भटक्या विमुक्तांसाठी निवासी प्रथमिक तसेच निवासी माध्यमिक आश्रमशाळा सुरु करुन शैक्षणिक विकास करणे.
 ४. तंत्रशिक्षण मंडळाचे व व्यवसाय शिक्षण मंडळाचे प्रमाणपत्र कोर्स चालविणे, तसेच दुग्ध विकास व पशुसंवर्धन विद्यालय, उद्यान विद्या महाविद्यालय, मत्स्य संवर्धन विद्यालय चालविणे.
 ५. नाशिक व सातारा या धर्तीवर सैनिकी शाळा स्थापन करणे, तसेच कोणत्याही प्रकारचे ज्ञानार्जन विषयक कार्य चालविणे.
- वरील सर्व उद्देश शासकीय फी आकारुन प्रसंगी मोफत व शासनाच्या पूर्वपरवानगीने व तज्ञ व्यक्तींच्या देखरेखीखाली राबविण्यात येतील.

सामाजिक उद्देश :-

६. अनाथालय संस्कार, देशप्रेम व सामाजिक कृतज्ञता यांची जोपासणा करणे, अशाप्रकारे संस्थेचे उद्देश आहेत. समाजातील विविध घटकांच्या आर्थिक, सामाजिक, सांस्कृतिक, शैक्षणिक तथा सर्वांगिन विकासाठी निरनिराळे उपक्रम राबविणे. समाजातील व अन्य दुर्लक्षित घटकांतील विशेषतः हरीजन गिरीजन समाजातील

घटकांना शैक्षणिक व व्यवसायीक शिक्षणाची सोय उपलब्ध करणे, मोफत व तज्ञ व्यक्तींचे देखरेखीखाली मार्गदर्शन करणे.

७. दारुबंदी व व्यसनमुक्ती, कुटूंबकल्याण, नसबंदी, ग्रामिण व शहरी आरोग्य विकास प्रकल्प, धर्मादाय दवाखाना, एड्स निर्मूलन कार्य, पोलीओ निर्मूलन कार्य अथवा इतर रोगांचे निर्मूलन होण्यासाठी आवश्यक ते निर्मूलन कार्यक्रम राबविणे व चालविणे.
८. धार्मिक व सांस्कृतिक कार्यक्रम राबविणे, सार्वजनिक उत्सव, सण, जयंती विशेषतः शिवजयंती, श्रीगणेश उत्सव, नवरात्री राष्ट्रीय व सामाजिक, धार्मिक व राजकीय पुरुषांच्या पुण्यतिथ्या व जयंत्या साजऱ्या करणे.
९. प्रौढ शिक्षण कार्य चालविणे, कामगार कल्याण केंद्र, कामगारांच्या प्रश्नाबाबत न्यायजागृतीसारखे कार्यक्रम, संगणक प्रशिक्षण केंद्र या सारखे कार्य चालविणे.
१०. विद्यार्थ्यांसाठी तसेच सर्वसामान्य नागरीकांसाठी मोफत वाचनालयाची सुविधा पुरविणे.
११. वृद्धाश्रम चालविणे, कुष्ठधाम चालविणे, एड्स रोग्यांसाठी धाम चालविणे, भिक्षुकी करणाऱ्यांसाठी भिक्षुकगृहाची सुविधा उपलब्ध करून देणे, दुष्काळप्रसूी जनावरांच्या छावण्या चालविणे.
१२. समाजातील धार्मिक, राजकीय, आर्थिक, सामाजिक तथा विविध क्षेत्रातील नामांकीत व प्राविण्य मिळविणाऱ्या व्यक्तींचा गौरव करणे, त्यांना पुरस्कार प्रदान करणे इत्यादीसारखे कार्य करणे.

वरील सर्व उद्देश शासकीय फी आकारून प्रसंगी मोफत व शासनाच्या पूर्वपरवानगीने व तज्ञ व्यक्तींच्या देखरेखीखाली राबविण्यात येतील.

क्रीडाविषयक उद्देश :-

१३. कुस्ती या खेळाविषयी आवड व कुस्ती खेळाडूंसाठी विविध खेळांच्या जिल्हा, विभाग, राज्य, राष्ट्रीय पातळीवरील स्पर्धा भरविणे, विविध खेळांचे मोफत शिक्षण व प्रशिक्षण देणे व खेळाडूंना मार्गदर्शन करणे, खेळाडूंना बक्षीस वाटप करणे.
 १४. सर्व प्रकारच्या खेळांसाठी पुरक क्रीडांगणाची उभारणी करणे व ती चालवणे.
 १५. राष्ट्रीय व आंतरराष्ट्रीय स्पर्धांमध्ये खेळाडूंना पाठविणे, सहभागी करणे, तसेच खेळाडूंना उत्तेजन देण्यासाठी व्यायाम शाळा चालविणे.
 १६. खेळाडूंना खेळाची साहित्य, मैदान उपलब्ध करून देणे, कपडे, बुट यासारखे गरजेच्या गोष्टी पुरविणे.
 १७. लेझीम पथक, झांझपथक स्थापन करून कार्यक्रम सादर करणे.
 १८. देशी व विदेशी खेळांच्या क्रीडा साहित्य उपलब्ध करून देणे.
- संबंधीत उद्देश राबवितांना तज्ञ व्यक्तींचे मार्गदर्शन घेण्यात येईल व त्या त्या खात्याची पूर्वपरवानगी घेण्यात येईल.

कृषी व पर्यावरण विषयक उद्देश :-

१९. शासनाच्या नियमाप्रमाणे पडीक व नापिक जमिनीवर वनविकास कार्यक्रम राबविणे, शासन निमसरकारी संस्था व स्वायत्त संस्था माध्यमातून सामाजिक वनीकरण, फळबा लागवड, चारा पिके लागवडीच्या योजना राबविण्यास मार्गदर्शन करणे.
२०. शासनाच्या नियमाप्रमाणे कोरडवाहू जमीनीत कमी पाण्यात फळबाग लागवड माहिती देणे, प्रशिक्षण शिबीरे, शैक्षणिक सहल आयोजित करणे, तसेच उत्पादनाचे देशात व परदेशात विक्री व्यवस्था करण्यास मार्गदर्शन करणे.

२१. शासनाच्या नियमाप्रमाणे शेती, पाणी व नियोजन याबाबत मार्गदर्शन करणे, शासनाच्या नियमाप्रमाणे लाभक्षेत्रातील चिवड व क्षारयुक्त जमीन सुधारणा करण्यास मार्गदर्शन करणे, तसेच सेंद्रिय शेती विषयी प्रचार व प्रसार करणे.
२२. कृषी प्रशिक्षण वर्ग सुरु करणे, मृद शिक्षण प्रयोगशाळा उभारणे, कृषी प्रक्रिया प्रकल्प उभारणे, सुधारीत बि बियाने व कृषी औजारे पुरविण्यास मार्गदर्शन करणे.
२३. शासनाच्या नियमाप्रमाणे अपारंपारीक उर्जा, सौर उर्जा, वात उर्जा, बायोगॅस, गोबरगॅस इत्यादी प्रशिक्षण व प्रसार करणे.
२४. शासनाच्या नियमाप्रमाणे कृषी उत्पादन वाढीसाठी संशोधन करणे, परिसंवाद घेणे, तसेच कृषी उत्पादनावर प्रक्रिया करणे, मालाची साठवण करणे, खरेदी करणे, कृषी उद्योग उभारणे व त्यासाठी मार्गदर्शन करणे, पर्यावरण जतन करण्यासाठी कार्य करणे, तसेच पर्यावरण बचाव जागृती करणे
२५. पर्यावरण वाहिनीची स्थापना करणेस मार्गदर्शन करणे, पर्यावरण संतुलनासाठी कार्य करणे, तसेच पर्यावरण विषयक समाजामध्ये माहिती देऊन पर्यावरणाचे महत्व देण्यासाठी कार्य करणे.
२६. नैसर्गिक आपत्ती, आवर्षन, अनावृष्टी, दुष्काळ निर्मुलनाचा उपाय म्हणून पाणलोट क्षेत्र व सर्वकष ग्रामिण विकास साधने, सामाजिक परिवर्तनाव्दारे पाणी व जमिन सुधारणेसाठी त्यांची उत्पादकता साध्यतेसाठी व ग्रामिण जीवन सुधारणेसाठी मार्गदर्शन करणे व ग्राम स्वावलंबी बनविणे.
२७. ग्रामीण व शहरी भागातील गरीबी हटविणे व बेकारी कमी करणेसाठी (रिलीफ टू पॉव्हर्टी) ग्रामीण कला (रुरल हन्डीक्राफ्ट) यांचे विकास कार्यक्रम आयोजित करून प्रगत विज्ञान कार्यानुभव प्रशिक्षणाने रोजगार उपलब्धीचे महत्व पठविणे.
२८. शेतीला पुरक व्यवसायाचे महत्व पटवून, पाणलोट क्षेत्रातील भूमिहिन शेतमजूर, अल्पभूधारक व दुर्बल घटकांना मार्गदर्शन करणे व प्रशिक्षण वर्ग चालविणे. प्रौढ शिक्षण वर्ग, वाचनालय, कम्युनिटी हॉल इ. ग्राम उपयोगी शैक्षणिक, सामाजिक व सांस्कृतिक कार्यक्रम आयोजित करणे. प्रथमोपचार, तातडीची वैद्यकीय सेवा इ. वैद्यकीय मदतीसाठी संस्थेतर्फे प्रशिक्षण वर्ग व केंद्र संस्था चालविणे.
वरील सर्व उद्देश शासकीय फी आकारून प्रसंगी मोफत व शासनाच्या पूर्वपरवानगीने व तज्ञ व्यक्तींच्या देखरेखीखाली राबविण्यात येतील.

महिलाविषयक-

२९. महिला व बाल विकासाची कार्ये करणे, प्रौढ शिक्षण कार्ये चालविणे.
३०. हस्तकला, शिल्पकला, शिवणकला, चित्रकला, पाककला, विणकला, भरतकाम बाटीक बांधणी यासारखे कार्ये चालविणे.
३१. महिलांसाठी प्रशिक्षण संस्था, लघुउद्योग प्रशिक्षण कार्यक्रम व महिलाविकास कार्यक्रम राबविणे. कामगार कल्याण केंद्र, संगणक प्रशिक्षण केंद्र या सारखे कार्ये चालविणे. महिलांसाठी स्वयंरोजगार प्रशिक्षण कार्ये करणे. जलसंधारण, पर्यावरण संतुलन, वाटरशेड डेव्हलपमेंट कार्ये यासारखे कार्ये करणे.
३२. रेशिम उद्योग, पापड लोणची, मसाला, खडू, मेणबत्ती, राखी, फॅनीसबॅग यासारखे स्वयंरोजगार प्रशिक्षण कार्यक्रम करणे.
३३. आरोग्य केंद्र, पाळणा घर, सकस आहार केंद्र, स्वस्त आहार केंद्र इ. योजना राबविणे. बालसदन, बालगृह, वस्तीगृह, महिला वस्तीगृह, कन्या छात्रालय, वृद्धाश्रम, अनाथाश्रम,

वरील सर्व उद्देश शासकीय फी आकारून प्रसंगी मोफत व शासनाच्या पूर्वपरवानगीने व तज्ञ व्यक्तींच्या देखरेखीखाली राबविण्यात येतील.

४. कै.शाहिर किसनराव गोरे सामाजिक संस्था, मु.पो.बोधेगांव, ता.शेवगांव, जि.अहमदनगर या संस्थेच्या नियम व नियमावलीप्रमाणे संस्थेची व्यवस्था विहित झालेली आहे. या संस्थेच्या कार्यकारी मंडळाचे सभासदांची नांवे, पत्ते, वय, व्यवसाय हुद्दा, राष्ट्रीयत्व व धारण केलेले पद पुढील प्रमाणे आहेत.

क्र	नांव	पूर्ण पत्ता	वय	व्यवसाय	पद	राष्ट्रीयत्व
१.	श्री महेश रामनाथ गोरे	रा.बोधेगांव, ता.शेवगांव, जि.अ.नगर	२२	शिक्षण	अध्यक्ष	भारतीय
२.	श्री बाबासाहेब रामकिसन वाबळे	---	२५	शेती	उपाध्यक्ष	भारतीय
३.	श्री विनय भरत गोरे	---	२०	शिक्षण	सचिव	भारतीय
४.	श्री चंद्रकांत विष्णु वाबळे	---	२२	शिक्षण	सहसचिव	भारतीय
५.	श्री भिम अर्जुन बनसोडे	---	२४	व्यापार	खजिनदार	भारतीय
६.	श्री राहुल भरत गोरे	---	२४	शिक्षण	सदस्य	भारतीय
७.	श्री उद्देश रामनाथ गोरे	---	१९	शिक्षण	सदस्य	भारतीय
८.	श्री राहुल जाधव	---	३०	गोकरी	सदस्य	भारतीय
९.	श्री शंकर अर्जुन बनसोडे	---	२५	शेती	सदस्य	भारतीय
१०.	श्री याकूब अहमद सय्यद	---	२०	शिक्षण	सदस्य	भारतीय
११.	श्री विष्णु अरुण गोरे	---	२८	डॉक्टर	सदस्य	भारतीय
१२.	श्री संजय अर्जुन बनसोडे	---	३०	शेती	सदस्य	भारतीय
१३.	श्री विश्वजीत विनायक गायके	---	२२	शिक्षण	सदस्य	भारतीय

४. आम्ही खालील सहा करणारे कै.शाहिर किसनराव गोरे सामाजिक संस्था, मु.पो.बोधेगांव, ता.शेवगांव, जि.अहमदनगर चे सदस्य जाहिर करतो की, संस्था नोंदणी अधिनियम १८६० अन्वये अभिप्रेत केलेली संस्था अस्तित्वात आणण्याची आमची इच्छा असून वरील उद्देशाने आम्ही एकत्र येवून कै.शाहिर किसनराव गोरे सामाजिक संस्था, मु.पो.बोधेगांव, ता.शेवगांव, जि.अहमदनगर ही संस्था आज दिनांक ०१/०९/२००७ रोजी स्थापन केली असून ती संस्था नोंदणी अधिनियम १८६० अन्वये करण्यासाठी आम्ही या विधानपत्रावर सहा केल्या आहेत.

क्र नांव सही/-

१. श्री महेश रामनाथ गोरे

महेश रामनाथ गोरे
अध्यक्ष

बाबासाहेब रामकिसन वाबळे
उपाध्यक्ष

विनय भरत गोरे
सचिव



नोंदणी क्र एफ-११२१०/२००८ दि २१/१०/२००८

कै. शाहीर किसनराव गोरे सामाजिक संस्था

मु.पो.बोधेगाव, तालुका शेवगाव जिल्हा अहमदनगर

संस्थेच्या कार्यकारी मंडळाच्या दिनांक ०८/०१/२०१७ रोजी झालेल्या सभेतील ठराव क्र ०५ ची कारणापूर्ती खरी नक्कल

विषय नं ५ गजानन हॉस्पिटल सर्वोदय कॉलनी दिल्लीगेट अहमदनगर यांचेशी शैक्षणिक करणासाठी करार करणे बाबत.

ठराव नं ५ आपल्या संस्थेला घटनेतील उद्देशा प्रमाणे सुरु करावयाचे आहे. या करीता जे प्रशिक्षणार्थी आहेत त्यांना प्रशिक्षण देणे करीता सुसज्ज व सर्व सोयीयुक्त असे हॉस्पिटलची आवश्यकता असते. यासाठी गजानन हॉस्पिटल सर्वोदय कॉलनी दिल्लीगेट अहमदनगर या हॉस्पिटलशी संपर्क संस्था चालकांनी केलेला असून सदर हॉस्पिटल हे सर्व सोयी सुविधा युक्त असे आहे. व वैदकीय प्रशिक्षण करीता योग्य आहे. म्हणून गजानन हॉस्पिटल सर्वोदय कॉलनी दिल्लीगेट अहमदनगर हे प्रशिक्षण करीता दरमहा रु.६०००/- ने घेण्यात यावे असे सर्वानुमते ठरले यासा हॉस्पिटल चालकानी संमती दर्शविली आहे. म्हणून गजानन हॉस्पिटल अहमदनगर हे प्रशिक्षण करीता निश्चित करण्यात आले आहे. ठराव सर्वानुमते मंजुर

सुचक :- चंद्रकांत विष्णु वावळे

अनुमोदक :- याकुब अहमद सय्यद
ठराव सर्वानुमते मंजुर


Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834


अध्यक्ष
कै. शाहीर किसनराव गोरे सामाजिक संस्था,
पत्ता: मु.पो. बोधेगाव, ता. शेवगाव, जि. अ. नगर

MAHARASHTRA POLLUTION CONTROL BOARD
Sub-Regional Office

Phone : 0241/2470852.
Fax : 0241/2470852.
Email : sroahmednagar@mpcb.gov.in
Visit At : <http://mpcb.gov.in>



Savitribai Phule Vyapari Sankul,
1st Floor, Hall No. 2 & 3,
Near T.V. Center, Savedi,
Ahmednagar - 414003.

LETTER OF BIO-MEDICAL WASTE AUTHORISATION

[Authorisation for Generation, Segregation, Storage of Bio-Medical Wastes under Rule 7(4)1998 & Amendments thereon 2016]

A-485

- I. File number of authorisation and date of issue
MPCB/SRO AHMEDNAGAR/BMW_AUTH/ 2002000209 Date: 12/02/2020
- II. Dr. Gajnan Mohaniraj Kashid, M/S. Gajanan Hospital, (20 Bed) Hereby Granted An Authorization For Generation Of Biomedical Waste On The Premises Situated A/p. Plot No. 8, In front Of Survoday Colony, Delhigate, Tal. & Dist. Ahmednagar
- III. This authorisation shall be in force for a period up to 30/01/2023 an application shall be made by the Occupier/Operator for renewal 3 Months before expiry of earlier authorisation.
- IV. This authorisation is issued subject to compliance of the conditions stated below and to such other conditions as may be specified in the Rules for the time being in force under the Environment (Protection) Act, 1986.
- V. No of Beds: 20 (Twenty Beds).

Amita Shinde

Terms and Conditions of authorization -

1. The authorized Person shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The authorization shall be produced for inspection at the request of an officer Authorized by the prescribed authority.
3. i) The authorized person shall not rent, lend or sell the biomedical waste or facility.
ii) The authorized person can transfer the BMW generated at above premises to the "Transporter" or "Operator of Facility" authorized by MPCB under Bio-Medical Waste (Management and Handling) Rules, 1998 for collection, transportation, treatment and/or disposal of BMW generated.
4. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility.

MPCB-BMW_AUTH_0000026250



Dr. Gajnan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon

Reg. No. 255/1998/2001

6. The authorization is granted for generation of Bio-Medical Waste (BMW) in waste Categories and quantities listed here in below :

Sr. No.	Category	Quantity	UOM	Treatment & Disposal
1.	Cat-1 Human Anatomical Waste	15.0	Kg/M	Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorised by MPCB
2	Cat-2 Human Anatomical Waste	-	Kg/M	Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorised by MPCB
3.	Cat-4 Waste Sharp	15	Kg/M	Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorised by MPCB
4	Cat-5 Discarded Medicines And Cytotoxic Drugs	10	Kg/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
5	Cat-6 Solid Waste	20	Kg/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
6	Cat-7 Solid Waste	25	Kg/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
7	Cat-8 Liquid Waste	25	Lit/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
8	Cat-10 Liquid Waste	-	Lit/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB

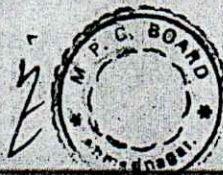
7. The liquid/solid waste generated from the treatment activity (from laboratory and washing, cleaning, housekeeping and disinfecting activities) shall be treated suitably by providing effluent treatment facility to conform the standards prescribed in Schedule V of said Rules and the Environment (Protection) Act, 1986.

8. (i) BMW shall be treated and disposed of in accordance with Schedule I; and in compliance with the standards prescribed in Schedule V of said Rules.

MPCB-BMW_AUTH_0000026250



- (ii) You shall setup requisite BMW treatment facilities like incinerator, autoclave / Microwave, shredder etc., at the disposal side in accordance with the BMW rules. You shall disposed of the duly treated BMW and incineration ash in secured land fill site at your own premises / at MSW secured land fill site of Municipal Council authorized by MPCB and duly earmarked for disposal of treated BMW / at common H.W. treatment & disposal facility setup as per the Hazardous Waste (M & H) Rules, 1989 as amended and authorized by MPCB.
9. (i) BMW shall not be mixed with other wastes or reused, recycled or sold in any form.
(ii) BMW shall be segregated into containers / bags at the point of generation in accordance with Schedule-II prior to storage, treatment and disposal. The containers shall be labeled according to Schedule III.
(iii) If a container containing BMW is to be transported from the premises where BMW is generated to any waste treatment facility outside the premises, the container shall apart from the Label prescribed in Schedule III, also carry information prescribed in Schedule IV and shall be transported by authorized Transporter only.
(iv) Notwithstanding anything contained in the Motor Vehicles Act, 1988 or Rules there under, BMW shall be transported only in such vehicle as may be authorized for the purpose by the competent authority as specified by the Government.
(v) No treated BMW shall be kept stored beyond a period of 48 hours.
10. (i) Medical waste shall not be considered properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reached during the autoclave process. If for any reasons, time temperature or pressure indicators that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence time were achieved.
11. Every 'Authorized Person' shall submit an Annual Report to the prescribed authority in Form-II by 31st January every year including information about the categories and quantities of BMW handled during the preceding year.
12. (i) Every 'Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMW in accordance with these Rules and any guidelines issued.
(ii) All records shall be subject to inspection and verification by the prescribed authority at any time.
13. Whenever any accident occurs at any institution or facility or any other site where BMW is handled or during transportation of such waste, the authorized person shall report the accident in Form III to the prescribed authority forthwith.



14. The Board reserves the rights to add/amend/voke any condition in this application and the same shall be binding on the applicant.
15. The Board can refuse/cancel your authorization in case of violation of provisions of BMW Rules - Bio medical waste management.
16. The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.

Nitin Shinde
12/1/2020
(Nitin Shinde)
Sub Regional Officer,
M.P.C. Board, Ahmednagar

To
Dr. Gajanan Mohaniraj Kashid,
M.B.B.S.M.S. Hospital,
A/1 Plot No. 8, In front Of Survoday Colony,
Dahisar, Tal. & Dist. Ahmednagar

Authorization Fees Received:-

No.	Amount (Rs.)	TXN No.	Date
1.	3750.00	TXN2001002110	22-01-2020

Copies Submitted to:-

1. Hon'ble The Chief Accounts Officer, MPCB Board Mumbai
2. Hon'ble The Regional Officer (PAMS), MPCB, Sion, Mumbai

Copies to:-

1. Hon'ble The Regional Officer, MPCB, Nashik.
- For information and necessary action.

As per delegation

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



MPCB-BMW_A/H_0000026250



Ahmednagar Municipal Corporation
FULL OCCUPANCY CERTIFICATE



Approval No. : DDMCN/FO/2022/APL/00473

Building Proposal Number - 110929

Proposal Code : DDMCN-22-ENTRY-25069

Date : 08/04/2022

Building Name :	Institutional(Hospital) Floor :	Ground Floor(90.61 Sq mt),First Floor(121.82 Sq mt),Second Floor(121.82 Sq mt) (90.61 Sq mt)
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To,

GAJANAN MOHINIRAJ KASHID AND OTHER,
C.T.S.NO.7396P,SAWEDI,AHMEDNAGAR

Sir/Madam,

The FULL development work / erection re-erection / or alteration in of building / part building No / Name **Hospital** Plot No **7396P**, City Survey No./Survey No./Khasara No./ Gut No. **7396P**, Village Name/Mouje **Sawedi**, completed under the supervision of **Engineer**, License No as per approved plan vide Permission No. **BPA/01849/2017-18** Date **31/03/2018** may be occupied on the following conditions -

1. Authority will supply only drinking water as per availability
2. All Conditions mentioned in NOC of Tree, Water & Drainage department will be binding.
3. It is responsibility of Developer / Society to keep in Operation the system of Solar Water system & Rain Water Harvesting system.(if applicable)
4. It is responsibility of Developer / Society to keep in Operation the system of CCTV, Lift & Organic Waste Disposal.(if applicable)

Please refer approved plan issued vide Permission No BPA/01849/2017-18 Date 31/03/2018


Signature valid

Digitally signed by Ram Lakshmintrao
Charthankar
Date: 2022.04.08 11:22 IST
Reason: Approved Certificate
Location: Ahmednagar Municipal
Corporation



Scan QR code for verification of authenticity.

Yours faithfully,
Assistant Director Town Planning.


Dr. Gajanan Mohiniraj Kashid
M.B.B.S.M.S. (ENT)
Endoacopic Surgeon
Reg. No. 2001/08/2834

AHMEDNAGAR MUNICIPAL CORPORATION
HEALTH DEPARTMENT



FORM 'C'
(See Rule 5)



**Certificate of Registration under section 3 of the
Maharashtra Nursing Homes Registration Act**

No AS 268 HEALTH DEPT. AMC OUTWARD 55 dt. 07-04-2021

This is to certify that Shri / Smt. DR. GAJANAN MOHANIRAJ
KASHID has been registered under the Maharashtra Nursing
Homes Registration Act in respect of GAJANAN HOSPITAL
situated at SATBHAI NALA, DELHIGATE, AHMEDNAGAR
and (20 Bed Capacity)
Has been authorised to carry on the said nursing home

Registration No. :- 562

Date of Registration :- 15/05/2007

Place : Ahmednagar

Date of Issue of Certificate :- 07/04/2021

This Certificate of registration shall be valid upto 31st March 2024


Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

DR. ANIL ASHOK BORGE


Signature of the registration authority
Medical Officer of Health / Local Supervising authority

S.Bhagwat



AHMEDNAGAR MUNICIPAL CORPORATION,
AHMEDNAGAR.

Health Department

CERTIFICATE OF REGISTRATION

(See rasol No.2 (9)(a)(1)date 26/9/2002)



बेटी बचाओ
save the girl child

Reg. No. 669

Date of Issue 7/4/2021

This is to certify that Shri / Amr. DR. GAJANAN M. KASHID has been registered

under the Resolution No.2 (9)(A)(1)26/9/2002) in Respect of His Clinic / consultation / Dispensary /

Pathological Laboratory Gajanan Hospital Situated at Satbhaj mala
NEW CLINIC DELHIGATE, AHMEDNAGAR.

Ahmednagar and has been Authorisrd to carry on the medical practice in municipal corporation limits

details of his / her Qualifications M.B.B.S. M.S. (ENT)

Medical Council Registration No. 2001/08/283 Date of Registration 08/08/2001

This Certificate of Registration shall be Valid from 1st April 2021 to 31st MAR 2022

Date of Registration 05/04/2018

Signature of the registrating
authority Stamp

वैद्यकीय अधिकारी
अहमदनगर नगरपालिका


Dr. Gajanan Mohniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८
नमुना "ग"
(नियम ९ पहा)

सूचना दिल्याबाबत पावती



अर्जदाराने नमुना फ द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली नमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे:


१.	पावती क्रमांक	:	१९२०७००३१२७८८७०३								
२.	अर्जाचा (सूचनापत्राचा) आयडी क्रमांक	:	१००५८५५५१९०३								
३.	आस्थापनेचे नाव	:	गजानन हॉस्पिटल GAJANAN HOSPITAL								
४.	कामगारांची एकूण संख्या	:	४								
			<table border="1"> <thead> <tr> <th>पुरुष</th> <th>स्त्री</th> <th>इतर</th> <th>एकूण</th> </tr> </thead> <tbody> <tr> <td>२</td> <td>२</td> <td>०</td> <td>४</td> </tr> </tbody> </table>	पुरुष	स्त्री	इतर	एकूण	२	२	०	४
पुरुष	स्त्री	इतर	एकूण								
२	२	०	४								
५.	अ) मालकाचे नाव	:	डॉ. गजानन मोहनराज काशीद DR GAJANAN MOHANIRAJ KASHID								
	ब) आस्थापनेचा पत्ता	:	स. नं. ७३९६, सर्वोदय कॉलनी, सातभाई माळा, नगर, अहमदनगर (महानगरपालिका.), नगर, अहमदनगर, ४१४००९								
६.	सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचना पत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञप्ती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल. ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालमत्तेचा मालकी हक्क किंवा ताबा या प्रयोजनार्थ कोणत्याही कायदांतर्गत ग्राह्य धरता येणार नाही.										
७.	व्यवसायाचे स्वरूप	:	हॉस्पिटल / HOSPITAL								
८.	पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास	:	१६२०७००३१०१०३४६८								
			२०/०९/२००७								

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही.

दिनांक : २०-०९-२०१९

ठिकाण : Ahmednagar

कार्यालयाचा पत्ता : Office of the Assistant Commissioner of Labour, Ahmednagar, Address- 3rd Floor, Loksatta Building, Ashish Sandhya Colony, Station Road, Ahmednagar - 414 009


Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



LICENCE No. 50/2012

FORM D. S. III

[See rule 25 (2)]

Licence for the possession of ordinary denatured spirit for medical use by registered medical practitioners

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 by Dr. Shri. Kashid Rajawade Mahipatray E.T. Surje of G. G. G. Center, Sahakar Malde (hereinafter called "the licensee") on payment of a fee of 260 in Chouk 3950/512 advance, authorising him to buy, possess, transport and use ordinary denatured spirit (hereinafter called "spirit") during the 30 period from 30.10.2012 to 31.3.2016 (both 30.10.12 days inclusive), at his premises situate at (hereinafter referred to as "the licensed premises") and also at any other place within the State of Maharashtra, subject to the following conditions, namely :--

Conditions

1. The licensee shall not use the spirit for any purpose except for medical use.
2. The licensee shall not use spirit exceeding 5 (five) bottle(s) during any calendar month : Provided that he may buy during any calendar month spirit not exceeding the quantity permitted to be used in two months.
3. The licensee shall not possess more than [fifteen] bottles of spirit at any one time: Provided that he may possess spirit in a quantity not exceeding that permitted for use in two months.
4. The licensee shall not obtain his supply of spirit except from a retail licensee. He shall not, remove the spirit purchased by him from the licensed premises of such licensee, unless he gets the details of its purchase entered on the reverse of this licence by the retail licensee or any other person authorised by him in writing in this behalf. The licensee shall be entitled on presentation of this licence to obtain his quota of spirit from such licensee without the production of any requisition or transport pass.
5. The licensee shall not transport from the licensed premises of the retail-sale licensee to his licensed premises any quantity of ordinary denatured spirit exceeding that purchased by him on the date of transport in question and entered in his licence against that date.
6. 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 place shall be made in the presence of the licensee 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.
7. Notwithstanding anything contained in the conditions 5 and 6, the licensee may transport, possess and use spirit obtained under this licence, throughout the State of Maharashtra, if the quantity of spirit to be transported, possessed or used does not exceed [fifteen] bottles, and this licence 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.
8. This licence may be suspended or cancelled in accordance with the provisions of Section 54 or 56 of the Bombay Prohibition Act, 1949.
9. 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.

Granted this 30 day of 1.5 2002



Superintendent of Prohibition and Excise



Dr. J. J. Shinde
(Dr. J. J. Shinde)

निरीक्षक
राज्य उत्पादन शुल्क
विभाग, अहमदनगर



Certificate of Registration

This is to certify that the Quality Management System of

GAJANAN HOSPITAL & ADVANCED ENDOSCOPIC ENT SURGERY CENTRE & SNOARING TREATMENT CENTRE

Infront Sarvoday Colony, Sathbhai Mala, Delhi Gate ,
Ahmednagar-414001 (Maharashtra)

Has been successfully assessed &
conforms with the following standard

ISO 9001:2015

Scope of Certification

Providing Medical Services in the Speciality of Microear, Head, Neck, Facial Cosmetic, Endoscopic Nasal, Scullbase, Airway Surgery, Sleep Apnea Treatment Centre, Voice Clinic , Vertigo Clinic & Chochlear Implant Surgery

Certificate No.: SMS/QMS/A18/1039

Initial Registration Date : 20-01-2018

Issue Date : 20-01-2018

Surveillance 1 Audit Date : 20-12-2018

Expiry Date : 19-01-2021

Surveillance 2 Audit Date : 20-12-2019

UAF is Full Member of International Accreditation Forum (IAF)



Signature of Director

Accreditation No. 51712280109
(Accredited by United Accreditation Foundation (UAF),
3510, Colmar, Norfolk, VA 23509, United States of America
To Check Certification Status:
www.uafaccreditation.org & www.saaracertification.com

Dr. Gajanan Mohniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

SAARA MANAGEMENT SYSTEM PRIVATE LIMITED
F-7, Top Floor, Main Road, Kalkaji, New Delhi-110019
E-mail: saaramspl@gmail.com Website: www.saaracertification.com

THE VALIDITY OF CERTIFICATE IS SUBJECT TO REGULAR SURVEILLANCE AUDIT ON OR BEFORE ABOVE MENTIONED DATES AND ITS ONLY VALID AFTER SUCCESSFUL SURVEILLANCE

MAHARASHTRA POLLUTION CONTROL BOARD
Sub-Regional Office

Phone : 0241/2470852.
Fax : 0241/2470852.
Email : sroahmednagar@mpcb.gov.in
Visit At : <http://mpcb.gov.in>



Savitribai Phule Vyapari Sankul,
1st Floor, Hall No. 2 & 3,
Near T.V. Center, Savedi,
Ahmednagar - 414003.

LETTER OF BIO-MEDICAL WASTE AUTHORISATION

[Authorisation for Generation, Segregation, Storage of Bio-Medical Wastes under Rule 7(4)1998 & Amendments thereon 2016]

A-485

- I. File number of authorisation and date of issue
MPCB/SRO AHMEDNAGAR/BMW_AUTH/ 2002000209 Date: 12/02/2020
- II. Dr. Gajnan Mohaniraj Kashid, M/S. Gajanan Hospital, (20 Bed) Hereby Granted An Authorization For Generation Of Biomedical Waste On The Premises Situated A/p. Plot No. 8, In front Of Survoday Colony, Delhigate, Tal. & Dist. Ahmednagar
- III. This authorisation shall be in force for a period up to 30/01/2023 an application shall be made by the Occupier/Operator for renewal 3 Months before expiry of earlier authorisation.
- IV. This authorisation is issued subject to compliance of the conditions stated below and to such other conditions as may be specified in the Rules for the time being in force under the Environment (Protection) Act, 1986.
- V. No of Beds: 20 (Twenty Beds).

Nitesh Sunde

Terms and Conditions of authorization -

1. The authorized Person shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The authorization shall be produced for inspection at the request of an officer Authorized by the prescribed authority.
3. i) The authorized person shall not rent, lend or sell the biomedical waste or facility.
ii) The authorized person can transfer the BMW generated at above premises to the "Transporter" or "Operator of Facility" authorized by MPCB under Bio-Medical Waste (Management and Handling) Rules, 1998 for collection, transportation, treatment and/or disposal of BMW generated.
4. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility.

MPCB-BMW_AUTH_0000026250



Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2021

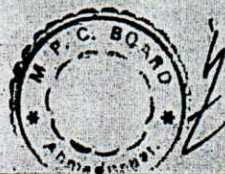
6. The authorization is granted for generation of Bio-Medical Waste (BMW) in waste Categories and quantities listed here in below :

Sr. No.	Category	Quantity	UOM	Treatment & Disposal
1.	Cat-1 Human Anatomical Waste	15.0	Kg/M	Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorised by MPCB
2	Cat-2 Human Anatomical Waste	-	Kg/M	Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorised by MPCB
3.	Cat-4 Waste Sharp	15	Kg/M	Bio medical Waste shall be sent to Common BMW Treatment & Disposal facility authorised by MPCB
4	Cat-5 Discarded Medicines And Cytotoxic Drugs	10	Kg/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
5	Cat-6 Solid Waste	20	Kg/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
6	Cat-7 Solid Waste	25	Kg/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
7	Cat-8 Liquid Waste	25	Lit/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB
8	Cat-10 Liquid Waste	-	Lit/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB

7. The liquid/solid waste generated from the treatment activity (from laboratory and washing, cleaning, housekeeping and disinfecting activities) shall be treated suitably by providing effluent treatment facility to conform the standards prescribed in Schedule V of said Rules and the Environment (Protection) Act, 1986.

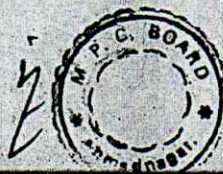
8. (i) BMW shall be treated and disposed of in accordance with Schedule I; and in compliance with the standards prescribed in Schedule V of said Rules.

MPCB-BMW_AUTH_0000026250



- (ii) You shall setup requisite BMW treatment facilities like incinerator, autoclave / Microwave, shredder etc., at the disposal side in accordance with the BMW rules. You shall disposed of the duly treated BMW and incineration ash in secured land fill site at your own premises / at MSW secured land fill site of Municipal Council authorized by MPCB and duly earmarked for disposal of treated BMW / at common H.W. treatment & disposal facility setup as per the Hazardous Waste (M & H) Rules, 1989 as amended and authorized by MPCB.
9. (i) BMW shall not be mixed with other wastes or reused, recycled or sold in any form.
(ii) BMW shall be segregated into containers / bags at the point of generation in accordance with Schedule-II prior to storage, treatment and disposal. The containers shall be labeled according to Schedule III.
(iii) If a container containing BMW is to be transported from the premises where BMW is generated to any waste treatment facility outside the premises, the container shall, apart from the Label prescribed in Schedule III, also carry information prescribed in Schedule IV and shall be transported by authorized Transporter only.
(iv) Notwithstanding anything contained in the Motor Vehicles Act, 1988 or Rules there under, BMW shall be transported only in such vehicle as may be authorized for the purpose by the competent authority as specified by the Government.
(v) No untreated BMW shall be kept stored beyond a period of 48 hours.
10. (i) Medical waste shall not be considered properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reached during the autoclave process. If for any reasons, time temperature or pressure indicates that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence time were achieved.
11. Every 'Authorized Person' shall submit an Annual Report to the prescribed authority in Form-II by 31st January every year including information about the categories and quantities of BMW handled during the preceding year.
12. (i) Every 'Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMW in accordance with these Rules and any guidelines issued.
(ii) All records shall be subject to inspection and verification by the prescribed authority at any time.
13. When any accident occurs at any institution or facility or any other site where BMW is handled or during transportation of such waste, the authorized person shall report the accident in Form III to the prescribed authority forthwith.

MPCB-BMW_AUTH_0000026250



14. The Board reserves the rights to add/amend/revoke any condition in this application and the same shall be binding on the applicant.
15. The Board can refuse/cancel your authorization in case of violation of provisions of BMW Rules on Bio-medical waste management.
16. The recipient will obey all the lawful instructions issued by the Board Officers from time to time.


 12/1/2020
 (Nitin Shinde)
 Sub Regional Officer,
 M.P.C. Board, Ahmednagar

To
 Dr. Gajanan Mohaniraj Kashid,
 M. Gajanan Hospital,
 Plot No. 8, In front Of Survodday Colony,
 District. Tal. & Dist. Ahmednagar

Authorization Fees Received:-

No.	Amount (Rs.)	TXN No.	Date
	3750.00	TXN2001002110	22-01-2020

Copies Submitted to:-

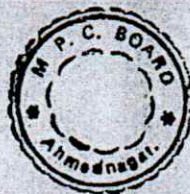
1. Hon'ble The Chief Accounts Officer, MPCB Board Mumbai
 2. Hon'ble The Regional Officer (PAMS), MPCB, Sion, Mumbai

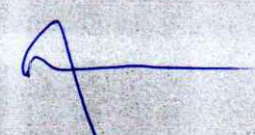
Copies

1. Hon'ble The Regional Officer, MPCB, Nashik.
 For information and necessary action.

Authority Delegation

MPCB-BMW_H/000026250




Dr. Gajanan Mohaniraj Kashid
 M.B.B.S.M.S. (ENT)
 Endoscopic Surgeon
 Reg. No. 2001/08/2834

Certificate of Registration for Membership of Common Biomedical Disposal Facility as per Authorization for Generation, Collection, Reception, Segregation, Storage, and Disposal of Bio-Medical Wastes under Rule 1998 & amended there on.

Registration No. : AMD / 76
Date of Registration : 24th Nov. 2018.
Date of Issue of Certificate : 16th July. 2021.
Place : Ahmednagar.
Name & Address : Dr. Kashid Gajanan Mohaniraj.
Gajanan Hospital.
Sathbhai Mala,
Delhigate, Ahmednagar.

Type of Institute : Hospital.
No. of Beds : 20 (Twenty)
Approx. Qty. of Waste Generated/day: 3.5 Kg.

This Certificate is valid from 16th July 2021 to 15th July 2022.

This is to certify that above Doctor / Institute is registered with us and having membership of our CBMWTSDf for collection, transportation & disposal of biomedical waste generated at his / there institute.

Note :- In case of violation of BMW rules 1998 & amended there on or default for due payments of BMW Services all rights are reserved with singing authorities for cancellation of this certificate.



For, Bioclean Systems (India) Pvt. Ltd.

Ahmednagar.

Ahmednagar Office :
Nilayam Housing Society,
Near John Deere Tractors Showroom,
Nagar-Pune Road,
Ahmednagar - 414 001.
Ph. : (0241) 2324131, Mob. 9225322576

Solapur Office :
Plot No.OD, Uma Sahakari
Gruhnirman Sanstha Maryadit,
Solapur, T.P. Scheme No. 4,
Final Plot No. 125/2, Juni Mill Compound,
Murarji Peth, Solapur-1.
Phone : (0217) 6451070, 2324289

Pune Office :
Building No. A-10,
Flat No. 6, Meeranagar,
Koregaon Park,
Pune - 411001 (M.H.),

..2..

NOW THIS AGREEMENT WITNESSTH AND AGREED TO BY THE BOTH THE PARTIES AS HEREIN BELOW :

1. The Gajanan Hospital hires / procures Emergency Ambulance services as outsourced to its hospital on chargeable basic negotiated rates per month on specific terms and conditions.
2. All disputes arising out of or relating to this agreement shall be discussed and decided by the Director - **Dr. Kashid Gajanan Mohaniraj** and by the Owner of the Ambulance - **Dr. Nemane Sushil Ashok**.
3. Rights and duties of the Parties shall be governed by the provisions / instructions issued by Gajanan Hospital on the terms and conditions time to time.
4. Quality and Safety aspects of service shall be applicable to personnel as per the norms and standards of NABH.
5. This agreement shall remain in force form **31st March 2020** to **30th March 2025**.
6. If either party to this agreement wishes to terminate the signed agreement may do so with one month prior notice in writing.
7. Any disputes arising out of this agreement shall be dealt with in the Ahmednagar District Jurisdiction.

IN WITNESS WHEREOFF the parties herein have put their respective hands to this writing on **31st March 2020** year this first herein above written.

SIGNED, SEALED AND DELIVERED

By the within Named :- **GAJANAN HOSPITAL**

Through its Director **Dr. KASHID GAJANAN MOHANIRAJ**

Dr. KASHID BHAVANA GAJANAN

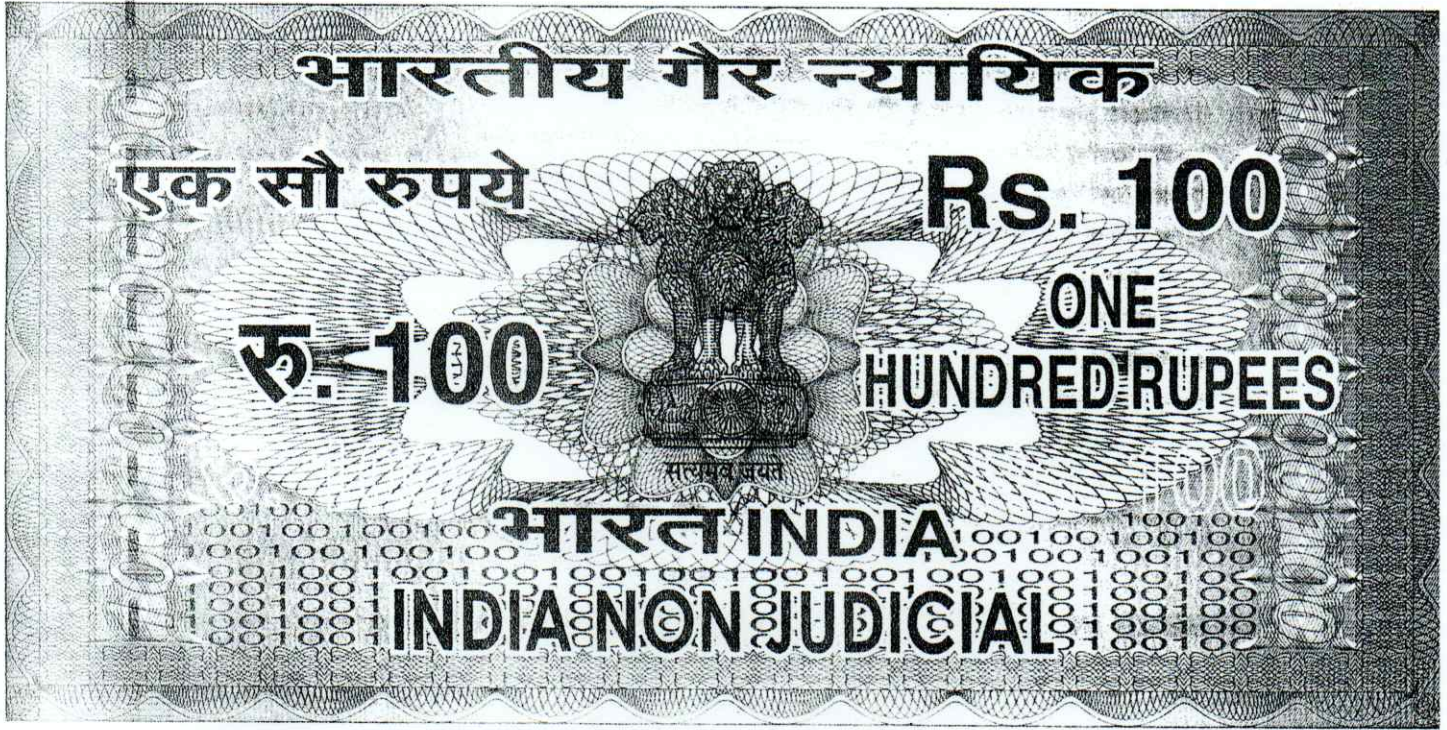
In the presence of witness _____

SIGNED, SEALED AND DELIVERED

By the Named :- **Dr. NEMANE SUSHIL ASHOK**

Mr. SONAWANE SUNIL KASHINATH

In the presence of _____



महाराष्ट्र MAHARASHTRA

2019

VC 019931



Gajanan Hospital

Opposite Sarvodaya Colony, Satbhai Mala

Delhi gate, Ahmednagar - 414001

This agreement is made and entered into at Ahmednagar, this 1st day of July 2019

Gajanan Hospital through Director - Dr. Kashid Gajanan having office at Gajanan Hospital, Opposite Sarvodaya colony, Saathbai mala, Delhi gate, Ahmednagar - 414001

AND

Dr. Gaikwad Ashok address Gaikwad E.N.T. Hospital, Mohan baug near Delhi gate, Ahmednagar

..3..

IN WITNESS WHEREOFF the parties herein have put their respective hands to this writing on 1st July 2019 year this first herein above written.

SIGNED, SEALED AND DELIVERED _____

By the within named: **Gajanan Hospital**

Through its Director Dr. Kashid Gajanan

Dr. Mrs. Kashid Bhavana Gajanan

In the presence of witness _____

SIGNED, SEALED AND DELIVERED _____

By the within named : **Dr. Gaikwad Ashok**

GAJANAN HOSPITAL
TAL. DIST. AHMEDNAGAR
HOSPITAL REGD. NO. 562

DR. GAIKWAD HOSPITAL
137, MOHAN BAUG NEAR DEHI GATE
AHMEDNAGAR 414001

Mr. Sonawane Sunil

In the presence of _____



महाराष्ट्र MAHARASHTRA

2016

Z 133773



This Agreement between

Dr. Gajanan Kashid

Age -38 years

Occupation - Doctor

The Director of Gajanan Hospital, Ahmednagar

Address - Gajanan Hospital, Plot No-08, Satbhaimala Opposite Sarvoday

Housing Society, Delhi Gate, Ahmednagar.

And following Doctors

1. Dr. Sandeep Shinde
Age -35 years
2. Dr. Sushil Neman
Age -35 years

IMDSL

**INTENSE MEDICAL & DENTAL
SYSTEM LIMITED**

Bringing Innovations Closer to You

To whom so ever it may concern

We hereby certify that DD 30 Diode Laser supplied by us does not emit any kind of X Ray radiation or any other radioactive radiation.

This equipment consist of semiconductor diode which emit laser energy upon completion all safety controls like soft ready key, Interlock key and foot switch key. Hence it is very safe to use in Operation Theater

Faithfully Yours



For Imdsl India

Authorized Signatory

Date 18th October 2018

Intense Medical & Dental System Pvt. Ltd.
C-17, First Floor, DSIDC,
Patparganj, Industrial Area, Delhi-110092
Ph. No. 011-41824462

Intense Medical & Dental Systems

Office Address: ~~B-3/46-A, G Block-B-3, Plot No. 46-A, Yamuna Vihar, New Delhi-110053,~~

Contact us Ph. No. +91 11 41824462

Mail us info@imdsl.co.in



GAJANAN HOSPITAL

Advanced Endoscopic ENT Surgery Center & Snoring Treatment Center
PG & Post PG Training Institute

f /gajananhospital | For Appointment : 0241 - 2325424/25

Dr. Gajanan Mohaniraj Kashid (Patil)
M.B.B.S. MS (ENT) Ear, Nose, Throat Specialist
(Endoscopic Surgeon) Fellowship in Sleep Medicine
Fellowship in Rhinoplasty (Germany)

DATE:- 20-03-2018

MEMORANDUM OF UNDERSTANDING

I. PARTES

This agreement made and entered into **Sai Anand Gas Agency, Swastika Chowk, Ganesh Wadi Station Road,**

And

GAJANAN HOSPITAL Advanced Endoscopic E.N.T. Surgery Center And Snoring Treatment Center
(Second Party)

II. RESPONSIBILITIES of Sai Anand Gas Agency

1. Provide Oxygen and Nitrous Oxide Cylinders to cause on a average of 30 min to 2 hours.
2. Provide the cylinders on an 9 am to 7 pm daily basis to Gajanan Hospital.
3. The pressure in the cylinder at the time of delivery of Oxygen should be 120 in Oxygen cylinders and 50 in nitrous oxide cylinder.
4. The Cylinder valves id found defective at the time of attachment for consumption, a replacement will be given for the same without delay.
5. The cylinders with dents and bulges will not be a accepted by Gajanan Hospital.
6. The payment for the cylinder will be done on the same day as per the scheduled charges.



Vision Statement

Easy breath & Delight People in INDIA.



Mission Statement

We work to develop Healthy Society by Easy Breath with improving quality of life of our employees & community we serves by Excellence.

Opp. Sarvoday Colony, Sathbhai Mala, Delhigate, Ahmednagar-414001. (MS) INDIA

entgajanan@rediffmail.com | entgajanan@gmail.com



9001:2008
REGISTERED



III. OTHER TERMS

A. Confidentiality

Neither party Gajanan Hospital and Sai Anand Gas Agency shall without the prior written consent of the other party

Disclose the confidential information of the other party to any third party or use the confidential informational of the other party for any purpose

Either party must take all reasonable necessary steps to ensure that its officers, employees, agents and subcontractors do not make public or disclose the confidential information

B. Relationship

In the absence of Sai Anand Gas Agency fails to meet its obligations, Gajanan Hospital, shall have the option to terminate the agreement after giving notice of one month

All disputes or differences whatsoever arising between the parties out of relating to the construction, meaning and operations or effect of this MOU or breach there of shall be settled mutually by both parties

IV. PERIOD OF PARTNERSHIP

This agreement shall remain in force from 20 March 2018 to ~~23~~ March 2023.

Signed on this date 20-03-2018 and Place Ahmednagar

For....GAJANAN HOSPITAL



For Sai Anand Gas Agency

For SAJANAND GAS AGENCY



Proprietor

Name, Dr. Bhavani G. Kable
Signature and Seal of Authorized Person

Name,
Signature and Seal of Authorized Person

HOSPI-CARE

TAWALE BUILDING, NEAR OLD MAHAPALIKA, MALIWADA, AHMEDNAGAR.


TO,

GAJANAN HOSPITAL AND ADVANCED ENDOSCOPIC-
ENT SURGERY CENTRE, AHMEDNAGAR.

We are doing callibration of following machine 06/06/2018 to 05/06/2019.

Sr. No.	Machine Name	Company
1	Patient Monitor	Maestros Mediline Systems Ltd.
2	Led OT Light	Prism Surgicare Pvt. Ltd.
3	Deffibrillator	BPL Limited
4	Cauty Machine	Shalya Xcelance Technologies Pvt. Ltd.
5	Suction Machine	Quali Surge Surgicals Pvt. Ltd.
6	Autoclave 12"x20"	Raj Surgical
7	Glucometer	Accuchek
8	Fogger Machine	Galtron Electromedical Pvt. Ltd.
9	Single Channel Ecg Machine	BPL Limited
10	Single Channel Ecg Machine	BPL Medical Technologies Pvt. Ltd.
11	Patient Monitor	BPL Medical Technologies Pvt. Ltd.
12	BP Apparatas	Diamond
13	Digital BP Apparatas	Citizen Systems Japan Co. Ltd.
14	Suction Machine	Quali Surge Surgicals Pvt. Ltd.
15	Syringe Pump	Plenumtech
16	Suction Machine	Surgical Product Of India
17	Boyles Machine	Oxycare
18	Suction Machine	Univers Surgical Co.
19	Suction Machine	Quali Surge Surgicals Pvt. Ltd.
20	Suction Machine	Bharat Surgical Co.
21	Patient Monitor	Siemens
22	Auto Bipap Machine	Philips
23	Operation Light	Bharat Surgical Co.
24	Cauty Machine	Smart Acc
25	Anaesthesia Workstation	Dragger

Thanking You.


GAJANAN HOSPITAL
TAL. DIST. AHMEDNAGAR
HOSPITAL REGD. NO. 562.

Hospicare
Proprietor. 
HOSPI CARE
Tawale Building, Near Old Mahanagar Palika
Malwada, Ahmednagar-414001
Mob. 9226737433 / 9226113015
Email- shahane_pramed@yahoo.com

11.3 MAR 2019

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

₹. 100

HUNDREDS



सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL

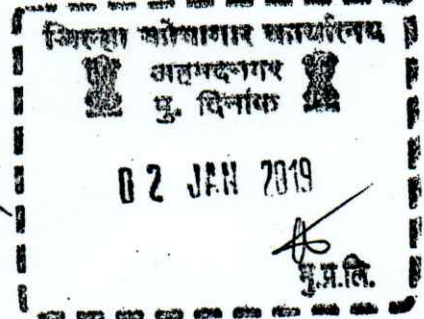
महाराष्ट्र MAHARASHTRA

2018

UE 847959

नादणी करणार आहेत का? होय/नाही
 नादणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नाव
 मिळकतीचे वर्णन
 मोबदला रक्कम रु.
 मुद्रांक विकत घेणाऱ्याचे नाव
 दुसऱ्या सक्षकाचे नाव
 हस्त अस्तव्थास रवाना करणे काय का करणे
 मुद्रांक विक्रीची कीट वही क्र. १२५१८

321
 सोनवा काशीनाथ सोनवणे
 513114
 6992 सही



वभव मुसळे, कोर्टगल्ली, अ. नगर ९४२२२२९४२५
 परवानक क्र. ५/एसटीपी/१९९६
 ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणाने

लिहूँ अँड लायसन्सी करारनामा

लिहूँ अँड लायसन्सी करारनामा आज तारीख १३/०३/२०१९ रोजी बुधवार ते

दिवशी अहमदनगर येथे

लिहून घेणार :-

- १) डॉ. श्री. गजानन मोहिनीराज काशीद
वय - ४१ वर्षे, धंदा - डॉक्टर व्यवसाय
- २) डॉ. सौ. भावना गजानन काशीद
वय - ३८ वर्षे, धंदा - डॉक्टर व्यवसाय
दोघे रा. प्लॉट नं.८, सर्वोदय कॉलनी समोर,
सातभाई मळा, दिल्लीगेट, अहमदनगर
श्री. सुनिल काशीनाथ सोनवणे
वय - ३९ वर्षे, धंदा - मेडिकल व्यवसाय
रा. हिंगणगांव, ता. जि. अहमदनगर

लिहून देणार :-

Signature



कारणे लिहू अँड लायसेन्सी करारनामा लिहून देतो की,

१) मिळकतीचे वर्णन :- डि.अहमदनगर सब डी।। शहर नगर दिल्लीगेट भागातील प्लॉट नं. ८, सर्वोदय कॉलनी समोर, सातभाई मळा, दिल्लीगेट, अहमदनगर गजानन हॉस्पिटल मधील गाळा जागा मिळकत त्याचा सिटी.सर्व्हे नं. ७३९६ क्षेत्र १५५ चौ.फुट लाईट कनेक्शन, लाईट फिटींग तदंगभुत वस्तुसह.

यांची चर्तुःसिमा पुढीलप्रमाणे :-

पूर्वेस सुधाकर दळवी यांचे राहते घर,
दक्षिणेस जोशी यांचे घर,
पश्चिमेस अमोल धोपावकर यांची मिळकत,
उत्तरेस रोड,



येणे प्रमाणे चर्तुःसिमा पूर्वक मिळकत लाईट फिटींगसह तुम्हास लिहू अँड लायसेन्सी कराराने देण्यात येत आहे. त्या अटी व शर्ती खालीलप्रमाणे -

२) वर कलम १ मधील मिळकत हि लिहून घेणार यांच्या मालकीची व प्रत्यक्ष कब्जाची आहे. त्याप्रमाणे सदर मिळकत ही सध्या काही दिवसासाठी खाली असल्याची माहिती लिहून देणार यांना झाल्यावरून व लिहून देणार यांना मेडिकल व्यवसायासाठी तातडीने काही दिवसासाठी जागेची जरूरी निर्माण झाल्याने लिहून देणार यांनी वर कलम १ यात नमुद केलेली मिळकत १२ महिन्याचे मुदतीसाठी मेडिकल व्यवसायासाठी वापरास मागितली त्यानुसार वरील मिळकत लिहून घेणार यांनी लिहून देणार यांना खालील अटी व शर्तीवर तारीख ०१/०१/२०१९ पासून १२ महिन्याचे मुदतीकरीता मेडिकल व्यवसायासाठी वापरासाठी दिलेली असून त्या दरम्यान लिहून घेणार लिहून देणार यांच्या दरम्यान ठरलेल्या अटी व शर्ती खालीलप्रमाणे :-

अ) वर कलम १ यात नमुद केलेली मिळकत फक्त लिहून देणार यांना तारीख ०१/०१/२०१९ पासून १२ महिन्याचे मुदतीसाठी वापरण्यास दिलेली असून त्यानुसार लायसेन्सी फी म्हणून लिहून देणार यांनी लिहून घेणार यांना दरमहाचे दरमहा रुपये ५०००/- (अक्षरी रुपये पाच हजार मात्र) मात्र द्यावयाचे आहेत. लायसेन्सी फी चा महिना प्रत्येक महिन्याचे एक तारखेस सुरु होऊन त्याच महिन्याचे अखेरीस संपणार

आहे. लायसेन्सी फि दरमहाचे १० तारखेपर्यंत लिहून देणार यांनी लिहून घेणार यांना घावयाची आहे.

ब) सदर मिळकती असणारे लाईट मीटरचे येणारे बिल वरील लायसेन्स फी व्यतिरिक्त लिहून देणार परस्पर भरणार आहेत. सदरची जागा ही फक्त लिहून देणार यांनी त्यांचे स्वतःचे मेडिकल व्यवसायासाठी वापरावयाची आहे. अन्य तिन्हाईत इसमास परस्पर वापरास घावयाची नाही जागा ज्या स्थितीत ताब्यात दिली परत त्याच स्थितीत ताब्यात घावयाची आहे जागेची काही तोडफोड झाल्यास काही नुकसान झाल्यास नुकसान भरपाई लिहून देणार हे लिहून घेणार यांना देतील. करारनाम्याची मुदत हि दिनांक ०१/०१/२०१९ ते दिनांक ३१/१२/२०१९ पावेतो राहिल.

क) सदरची जागा वापरतांना लिहून घेणार यांना तसेच शेजारी पाजारी राहणारे लोकांना त्रास होईल. उपद्रव होईल असे वर्तन लिहून देणार यांनी करावयाचे नाही. तसेच जागेची कोणतीही नुकसान करावयाची नाही जागेत कोणतेही कायमस्वरुपी फेरबदल करावयाचे नाहीत, जागा स्वच्छ ठेवावयाची आहे. लिहून देणार व लिहून घेणार यांना १२ महिन्यापूर्वीच घर जागा खाली करावयाचे असेल तर लिहून देणार व लिहून घेणार यांनी एकमेकांना एक महिना पूर्व सुचना घावी लागेल.

ड) सदर करारपोटी लिहून देणार यांनी लिहून घेणार यांना डिपॉझिट म्हणून रक्कम रुपये ५,००,०००/- (अक्षरी रुपये पाच लाख मात्र) चा चेक नं. १०९७४६ दि. १२/०१/२०१९ रोजीचा दि. अंबिका महिला सहकारी बँक लि. शाखा अहमदनगर चा दिलेला आहे. सदर डिपॉझिटची रक्कम कराराची मुदत संपताच लिहून घेणार यांनी लिहून देणार यांना विनाव्याज परत दयावयाची आहे.

इ) सदर करारनाम्याची १२ महिन्यांनंतर मुदत संपल्यावर पुन्हा लिहून देणार व लिहून घेणार यांना करार पुढे चालवायचा असल्यास सदरच्या करारनाम्याचे नुतनीकरण केले जाईल.

ई) सदर कराराची मुदत संपताच लिहून देणार यांनी सदरची जागा लिहून घेणार यांना खाली करून घावयाची आहे. सदरची जागा लिहून देणार यांना लिहू अँड लायसन्सी कराराने वापरण्यास दिलेली असून लिहून घेणार यांचे सदर जागेस मुंबई

भाडे नियंत्रण कायदा लागू होणार नाही. तसेच भाडेकरी हक्क प्राप्त होणार नाहीत.
तसेच सदर जागेचे लायसन्सी फीची रक्कम लिहून देणार यांनी दरमहाचे दरमहा
घावयाचे आहे. तसेच सदर मिळकतीची स्वच्छता ठेवावयाची आहे.

वरीलप्रमाणे अटी व शर्ती लिहून देणार यांना मान्य व कबुल आहेत. सबब हा
करारनामा आज रोजी मी माझ्या स्वखुशीने लिहून दिला असून याखाली साक्षीदारांच्या
समक्ष मा. नोटरी पब्लिक साहेब, अहमदनगर यांचे समोर लिहून नोंदवून दिला असे.

तारीख :- १३/०३/२०१९

अहमदनगर

साक्षीदार Identified by me

१) फाल्के शिरीजकुमार
नांव - निमगाव वाघा
रा. सा. जि. अ. नगर

लिहून देणार

Signature

श्री. सुनिल काशीनाथ सोनवणे

२) V. P. Patil
नांव - विकी पठारे
रा. अ. नगर

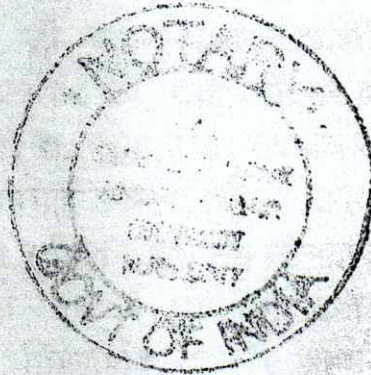
लिहून घेणार

Signature

१) डॉ. श्री. गजानन मोहिनीराज काशीद

B. G. Kulkarni

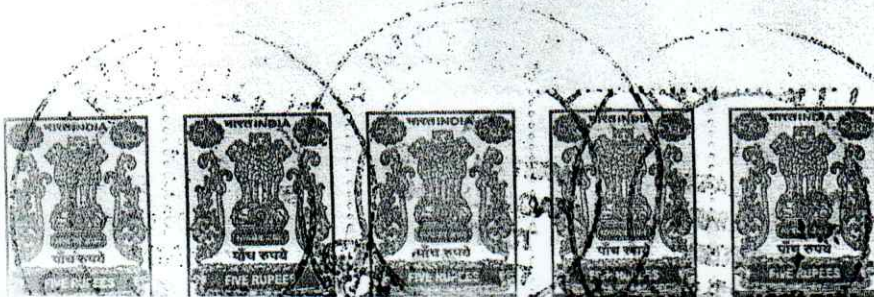
२) डॉ. सौ. भावना गजानन काशीद



BEFORE ME

Signature

Mrs. Deepali D. Hirve
ADVOCATE & NOTARY PUBLIC
HIRVE LAXMI MARG, AHMEDNAGAR



S.No. ADHNT/13/3/20

13 MAR 2019

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4, ITR-5, ITR-6, ITR-7 transmitted electronically with digital signature]

Assessment Year
2018-19


Appendix - C

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name		GAJANAN HOSPITAL		
Flat/Door/Block No	Name Of Premises/Building/Village			
GAJANAN HOSPITAL	PLOT NO : 8		has been electronically transmitted	
Road/Street/Post Office	Area/Locality		ITR-5	
SARVODAYA COLONY	SATBHAI MALA,		Status Firm	
Town/City/District	State	Pin/ZipCode	Aadhaar Number/Enrollment ID	
AHMEDNAGAR	MAHARASHTRA	414001		
Designation of AO(Ward/Circle)		WARD I, AHMEDNAGAR	Original or Revised	
			REVISED	
E-filing Acknowledgement Number		347970081261018	Date(DD/MM/YYYY)	
			26-10-2018	
1	Gross total income	1	2567891	
2	Deductions under Chapter-VI-A	2	25000	
3	Total Income	3	2542890	
3a	Current Year loss, if any	3a	0	
4	Net tax payable	4	783631	
5	Interest and Fee Payable	5	13629	
6	Total tax, interest and Fee payable	6	797260	
7	Taxes Paid	a Advance Tax	7a	425000
		b TDS	7b	252759
		c TCS	7c	0
		d Self Assessment Tax	7d	119600
		e Total Taxes Paid (7a+7b+7c +7d)	7e	797359
8	Tax Payable (6-7e)	8	0	
9	Refund (7e-6)	9	100	
10	Exempt Income	Agriculture	10	
		Others		

This return has been digitally signed by GAJANAN MOHANIRAJ KASHID in the capacity of Partner
having PAN AMQP8670A from IP Address 117.204.240.53 on 26-10-2018 at AHMEDNAGAR
Dsc SI No & issuer 914128CN=Capricorn CA 2014.2.5.4.51=#131647352c56494b41532044454550204255494c44494e47,STREET=18,LAXMI NAGAR DISTRICT CENTER,ST=DELHI,2.5.4.17=#1306313130303932,OU=Certifying Authority,O=Capricorn Identity Services Pvt Ltd.,C=IN

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU


Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

FORM NO. 3CB

[See rule 6G(1)(b)]

Audit report under section 44AB of the Income-tax Act, 1961 in the case of a person referred to in clause (b) of sub-rule (1) of rule 6G

1. We have examined the balance sheet as at 31st March 2018 and the Profit and loss account for the period beginning from 01/04/2017 to ending on 31/03/2018 attached herewith, of GAJANAN HOSPITAL, PLOT NO : 8, SAR VODAYA COLONY, SATBHA MALA, AHMEDNAGAR, MAHARASHTRA, 414001 AAKFG0145Q.

2. We certify that the balance sheet and the Profit and loss account are in agreement with the books of account maintained at the head office at AHMEDNAGAR, and 0 branches.

3. (a) We report the following observations/comments/discrepancies/inconsistencies; if any:

(b) Subject to above,-

(A) We have obtained all the information and explanations which, to the best of Our knowledge and belief, were necessary for the purposes of the audit.

(B) In Our opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from Our knowledge and belief, were necessary for the examination of the books.

(C) In Our opinion and to the best of Our information and according to the explanations given to Us the said accounts, read with notes thereon, if any, give a true and fair view:-

(i) in the case of the balance sheet, of the state of the affairs of the assessee as at 31st March, 2018 ;and

(ii) in the case of the Profit and loss account of the Profit of the assessee for the year ended on that date.

4. The statement of particulars required to be furnished under section 44AB is annexed herewith in Form No. 3CD.

5. In Our opinion and to the best of Our information and according to explanations given to Us the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

Sl No.	Qualification Type	Observations/Qualifications
--------	--------------------	-----------------------------

Place AHMEDNAGAR
Date 26/10/2018

Name
Membership Number
FRN (Firm Registration Number)
Address

Patel
PRASAD SUBHASH BHANDARI
121971
126953W
TPS 3, SAHAKAR KRANTI, 2ND FLOOR, OLD BSNL OFFICE., MARKET YARD, AHMEDNAGAR, MAHARASHTRA, 414001



FORM NO. 3CD

[See rule 6G(2)]

Statement of particulars required to be furnished under section 44AB of the Income-tax Act, 1961

1	Name of the assessee		GAJANAN HOSPITAL		
2	Address		GAJANAN HOSPITAL, PLOT NO : 8, SARVODAYA COLONY, SATBHAI MALA,, AHMEDNAGAR, MAHARASHTRA, 414001		
3	Permanent Account Number (PAN)		AAKFG0145Q		
4	Whether the assessee is liable to pay indirect tax like excise duty, service tax, sales tax, goods and services tax, customs duty, etc. if yes, please furnish the registration number or, GST number or any other identification number allotted for the same		No		
	Sl No.	Type	Registration Number		
5	Status		Firm		
6	Previous year from		01/04/2017 to 31/03/2018		
7	Assessment Year		2018-19		
8	Indicate the relevant clause of section 44AB under which the audit has been conducted				
	Sl No.	Relevant clause of section 44AB under which the audit has been conducted			
	1	Clause 44AB(b)-Gross receipts of profession exceeding specified limits			
9 a	If firm or Association of Persons, indicate names of partners/members and their profit sharing ratios. In case of AOP, whether shares of members are indeterminate or unknown ?				
	Name				Profit Sharing Ratio (%)
	GAJANAN MOHANIRAJ KASHID				50
	BHAVANA GAJANAN KASHID				50
9 b	If there is any change in the partners or members or in their profit sharing ratio since the last date of the preceding year, the particulars of such change.				
	Date of change	Name of Partner/Member	Type of change	Old profit sharing ratio	New profit Sharing Ratio
					Remarks
10 a	Nature of business or profession (if more than one business or profession is carried on during the previous year, nature of every business or profession).				
	Sector	Sub Sector		Code	
	PROFESSIONS	Other professional services n.e.c.		16019	
10 b	If there is any change in the nature of business or profession, the particulars of such change				
	Business Added	Sector	SubSector	Code	
		HEALTH CARE SERVICES	General hospitals	18001	
11 a	Whether books of accounts are prescribed under section 44AA, if yes, list of books so prescribed				
	Books prescribed				
	JOURNAL BOOK				
	LEDGER BOOK				
	CASH BOOK				
	BANK BOOK				
11 b	List of books of account maintained and the address at which the books of accounts are kept. (In case books of account are maintained in a computer system, mention the books of account generated by such computer system. If the books of accounts are not kept at one location, please furnish the addresses of locations along with the details of books of accounts maintained at each location.) Same as 11(a) above				
	Books maintained	Address Line 1	Address Line 2	City or Town or District	State
	JOURNAL BOOK	GAJANAN HOSPITAL	PLOT NO : 8, SARVODAYA COLONY, SATBHAI MALA,	AHMEDNAGAR	MAHARASHTRA
	LEDGER BOOK	GAJANAN HOSPITAL	PLOT NO : 8, SARVODAYA COLONY, SATBHAI MALA,	AHMEDNAGAR	MAHARASHTRA
	CASH BOOK	GAJANAN HOSPITAL	PLOT NO : 8, SARVODAYA COLONY, SATBHAI MALA,	AHMEDNAGAR	MAHARASHTRA
					PinCode
					414001
					414001
					414001

BANK BOOK		GAJANAN HOSPITAL		PLOT NO : 8,SARVO DAYA COLONY, SATABHAI MALA,		AHMEDNAGAR		MAHARASHTRA		414001			
11 c	List of books of account and nature of relevant documents examined. Same as 11(b) above												
Books Examined													
JOURNAL BOOK													
LEDGER BOOK													
CASH BOOK													
BANK BOOK													
12	Whether the profit and loss account includes any profits and gains assessable on presumptive basis, if yes, indicate the amount and the relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Schedule or any other relevant section).										No		
Section										Amount			
Nil													
13 a	Method of accounting employed in the previous year					Mercantile system							
13 b	Whether there has been any change in the method of accounting employed vis-a-vis the method employed in the immediately preceding previous year.										No		
13 c	If answer to (b) above is in the affirmative, give details of such change, and the effect thereof on the profit or loss.												
Particulars					Increase in profit(Rs.)			Decrease in profit(Rs.)					
13 d	Whether any adjustment is required to be made to the profits or loss for complying with the provisions of income computation and disclosure standards notified under section 145(2).										No		
13 e	If answer to (d) above is in the affirmative, give details of such adjustments.												
ICDS					Increase in profit(Rs.)			Decrease in profit(Rs.)		Net effect(Rs.)			
Total													
13 f	Disclosure as per ICDS.												
ICDS					Disclosure								
14 a	Method of valuation of closing stock employed in the previous year.								N.A.				
14 b	In case of deviation from the method of valuation prescribed under section 145A, and the effect thereof on the profit or loss, please furnish:										No		
Particulars					Increase in profit(Rs.)			Decrease in profit(Rs.)					
15	Give the following particulars of the capital asset converted into stock-in-trade												
(a) Description of capital asset					(b) Date of acquisition		(c) Cost of acquisition		(d) Amount at which the asset is converted into stock-in trade				
Nil													
16	Amounts not credited to the profit and loss account, being:-												
16 a	The items falling within the scope of section 28												
Description										Amount			
Nil													
16 b	The proforma credits, drawbacks, refund of duty of customs or excise or service tax, or refund of sales tax or value added tax, where such credits, drawbacks or refund are admitted as due by the authorities concerned												
Description										Amount			
16 c	Escalation claims accepted during the previous year												
Description										Amount			
Nil													
16 d	Any other item of income												
Description										Amount			
Nil													
16 e	Capital receipt, if any												
Description										Amount			
Nil													
17	Where any land or building or both is transferred during the previous year for a consideration less than value adopted or assessed or assessable by any authority of a State Government referred to in section 43CA or 50C, please furnish:												
Details of property		Address Line 1		Address Line 2		City/Town		State		Pincode		Consideration received or accrued	Value adopted or assessed or assessable
Nil													
18	Particulars of depreciation allowable as per the Income-tax Act, 1961 in respect of each asset or block of assets, as the case may be, in the:-												
Description of Block of Assets/		Rate of depreciation (In Percentage)	Opening WDV (A)	Additions				Deductions (C)	Depreciation Allowable (D)	Written Down Value at the end of the year (A+B-C-D)			
				Purchase Value (1)	MOD-VAT (2)	Change in Rate of Ex-	Subsidy/Grant (4)	Total Value of Purchases					

Class of Assets					change (3)		(B) (1+2+3+4)			
Building @ 10%	10%	2789967	2221556	0	0	0	2221556	0	390074	4621449
Furnitures & Fittings @ 10%	10%	1299862	930340	0	0	0	930340	0	182690	2047512
Plant & Machinery @ 15%	15%	0	0	0	0	0	0	0	0	0
Plant & Machinery @ 15%	15%	2518669	2148668	0	0	0	2148668	0	641392	4025945
Plant & Machinery @ 15%	15%	500395	0	0	0	0	0	0	75059	425336
Plant & Machinery @ 15%	15%	1820080	0	0	0	0	0	0	273012	1547068
Plant & Machinery @ 15%	15%	944929	0	0	0	0	0	0	141739	803190
Plant & Machinery @ 15%	15%	200217	0	0	0	0	0	0	30033	170184
Plant & Machinery @ 15%	15%	51651	0	0	0	0	0	0	7748	43903
Plant & Machinery @ 15%	15%	267155	0	0	0	0	0	0	40073	227082
Plant & Machinery @ 15%	15%	13727	0	0	0	0	0	0	2059	11668
Plant & Machinery @ 15%	15%	149753	0	0	0	0	0	0	22463	127290
Plant & Machinery @ 15%	15%	357129	0	0	0	0	0	0	53569	303560
Plant & Machinery @ 15%	15%	38816	0	0	0	0	0	0	5822	32994
Plant & Machinery @ 15%	15%	32801	0	0	0	0	0	0	4920	27881
Plant & Machinery @ 15%	15%	37678	0	0	0	0	0	0	5652	32026
Plant & Machinery @ 15%	15%	138750	861906	0	0	0	861906	0	140220	860436
Plant & Machinery @ 40%	40%	39371	88690	0	0	0	88690	0	33486	94575

* For Addition and Deduction Details refer Addition and Deduction Detail Tables At the End of the Page

19 Amounts admissible under sections :

S.No	Section	Amount debited to profit and loss account	Amounts admissible as per the provisions of the Income-tax Act, 1961 and also fulfils the conditions, if any specified under the relevant 14 provisions of Income-tax Act, 1961 or Income-tax Rules, 1962 or any other guidelines, circular, etc., issued in this behalf.
		Nil	
20 a	Any sum paid to an employee as bonus or commission for services rendered, where such sum was otherwise payable to him as profits or dividend. [Section 36(1)(ii)]		
	Description	Amount	
20 b	Details of contributions received from employees for various funds as referred to in section 36(1)(va):		
	Nature of fund	Sum received	Due date for payment The actual amount paid The actual date of payment to

					from employees					the concerned authorities		
		Nil										
21	a	Please furnish the details of amounts debited to the profit and loss account, being in the nature of capital, personal, advertisement expenditure etc										
		Capital expenditure										
		Particulars							Amount in Rs.			
		Personal expenditure										
		Particulars							Amount in Rs.			
		Advertisement expenditure in any souvenir, brochure, tract, pamphlet or the like published by a political party										
		Particulars							Amount in Rs.			
		Expenditure incurred at clubs being entrance fees and subscriptions										
		Particulars							Amount in Rs.			
		Expenditure incurred at clubs being cost for club services and facilities used.										
		Particulars							Amount in Rs.			
		Expenditure by way of penalty or fine for violation of any law for the time being force										
		Particulars							Amount in Rs.			
		Expenditure by way of any other penalty or fine not covered above										
		Particulars							Amount in Rs.			
		Expenditure incurred for any purpose which is an offence or which is prohibited by law										
		Particulars							Amount in Rs.			
		(b) Amounts inadmissible under section 40(a):-										
		(i) as payment to non-resident referred to in sub-clause (i)										
		(A) Details of payment on which tax is not deducted:										
		Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode		
		(B) Details of payment on which tax has been deducted but has not been paid during the previous year or in the subsequent year before the expiry of time prescribed under section 200(1)										
		Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted	
		(ii) as payment referred to in sub-clause (ia)										
		(A) Details of payment on which tax is not deducted:										
		Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode		
		(B) Details of payment on which tax has been deducted but has not been paid on or before the due date specified in sub-section (1) of section 139.										
		Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted	Amount out of (VI) deposited, if any
		(iii) as payment referred to in sub-clause (ib)										
		(A) Details of payment on which levy is not deducted:										
		Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode		
		(B) Details of payment on which levy has been deducted but has not been paid on or before the due date specified in sub-section (1) of section 139.										
		Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of levy deducted	Amount out of (VI) deposited, if any
		(iv) fringe benefit tax under sub-clause (ic)										
		(v) wealth tax under sub-clause (iia)										
		(vi) royalty, license fee, service fee etc. under sub-clause (iib).										
		(vii) salary payable outside India/to a non resident without TDS etc. under sub-clause (iii).										

Date of payment	Amount of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City	Pincode
(viii) payment to PF /other fund etc. under sub-clause (iv)							
(ix) tax paid by employer for perquisites under sub-clause (v)							
(c) Amounts debited to profit and loss account being, interest, salary, bonus, commission or remuneration inadmissible under section 40(b)/40(ba) and computation thereof;							
Particulars	Section	Amount debited to P/L A/C	Amount Admissible	Amount Inadmissible	Remarks		
(d) Disallowance/deemed income under section 40A(3):							
(A) On the basis of the examination of books of account and other relevant documents/evidence, whether the expenditure covered under section 40A(3) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft. If not, please furnish the details:							Yes
Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available			
(B) On the basis of the examination of books of account and other relevant documents/evidence, whether the payment referred to in section 40A(3A) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft If not, please furnish the details of amount deemed to be the profits and gains of business or profession under section 40A(3A)							Yes
Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available			
(e) Provision for payment of gratuity not allowable under section 40A(7)							
(f) Any sum paid by the assessee as an employer not allowable under section 40A(9)							
(g) Particulars of any liability of a contingent nature							
Nature Of Liability				Amount in Rs.			
(h) Amount of deduction inadmissible in terms of section 14A in respect of the expenditure incurred in relation to income which does not form part of the total income							
Nature Of Liability				Amount in Rs.			
(i) Amount inadmissible under the proviso to section 36(1)(iii)							
22	Amount of interest inadmissible under section 23 of the Micro, Small and Medium Enterprises Development Act, 2006						
23	Particulars of any payment made to persons specified under section 40A(2)(b).						
Name of Related Person	PAN of Related Person	Relation	Nature of transaction	Payment Made(Amount)			
24	Amounts deemed to be profits and gains under section 32AC or 32AD or 33AB or 33AC or 33ABA.						
Section	Description			Amount			
Nil							
25	Any amount of profit chargeable to tax under section 41 and computation thereof.						
Name of Person	Amount of income	Section	Description of Transaction	Computation if any			
Nil							
26 (i)*	In respect of any sum referred to in clause (a),(c),(d),(e),(f) or (g) of section 43B the liability for which:-						
26 (i)A	pre-existed on the first day of the previous year but was not allowed in the assessment of any preceding previous year and was :-						
26 (i)(A)(a)	Paid during the previous year						
Section	Nature of liability			Amount			
Nil							
26 (i)(A)(b)	Not paid during the previous year						
Section	Nature of liability			Amount			
Nil							
26 (i)B	was incurred in the previous year and was						
26 (i)(B)(a)	Paid on or before the due date for furnishing the return of income of the previous year under section 139(1)						
Section	Nature of liability			Amount			
Nil							
26 (i)(B)(b)	not paid on or before the aforesaid date						
Section	Nature of liability			Amount			
Nil							
(State whether sales tax, goods & service Tax, customs duty, excise duty or any other indirect tax, levy, cess, impost, etc., is passed through the profit and loss account.)			No				

27	a	Amount of Central Value Added Tax Credits/ Input Tax Credit(ITC) availed of or utilised during the previous year and its treatment in profit and loss account and treatment of outstanding Central Value Added Tax Credits/ Input Tax Credit(ITC) in accounts										No	
		CENVAT/ITC	Amount							Treatment in Profit and Loss/Accounts			
		Opening Balance											
		Credit Availed											
		Credit Utilized											
		Closing/Outstanding Balance											
27	b	Particulars of income or expenditure of prior period credited or debited to the profit and loss account :-											
		Type	Particulars				Amount			Prior period to which it relates (Year in yyyy-yy format)			
		Nil											
28		Whether during the previous year the assessee has received any property, being share of a company not being a company in which the public are substantially interested, without consideration or for inadequate consideration as referred to in section 56(2)(viiia)										No	
		Name of the person from which shares received	PAN of the person, if available	Name of the company from which shares received	CIN of the company	No. of Shares Received	Amount of consideration paid	Fair Market value of the shares					
		Nil											
29		Whether during the previous year the assessee received any consideration for issue of shares which exceeds the fair market value of the shares as referred to in section 56(2)(viiib). If yes, please furnish the details of the same											
		Name of the person from whom consideration received for issue of shares	PAN of the person, if available		No. of Shares	Amount of consideration received	Fair Market value of the shares						
		Nil											
A(a)		Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (ix) of sub-section (2) of section 56? (b) If yes, please furnish the following details:										No	
		Sl No.	Nature of Income					Amount					
		Nil											
B(a)		Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (x) of sub-section (2) of section 56? (Yes/No) (b) If yes, please furnish the following details:										No	
		Sl No.	Nature of Income					Amount					
		Nil											
30		Details of any amount borrowed on hundi or any amount due thereon (including interest on the amount borrowed) repaid, otherwise than through an account payee cheque, (Section 69D)										No	
		Name of the person from whom amount borrowed or repaid on hundi	PAN of the person, if available	Address Line 1	Address Line 2	City or Town or District	State	Pincode	Amount borrowed	Date of Borrowing	Amount due including interest	Amount repaid	Date of Repayment
		Nil											
A(a)		Whether primary adjustment to transfer price, as referred to in sub-section (1) of section 92CE, has been made during the previous year.										No	
		(b) If yes, please furnish the following details											
		Sl No.	Under which clause of sub-section (1) of section 92CE primary adjustment is made?	Amount (in Rs.) of primary adjustment	Whether the excess money available with the associated enterprise is repatriated to India as per the provisions of sub-section (2) of section 92CE.	If yes, whether the excess money has been repatriated within the prescribed time.	If no, the amount (in Rs.) of imputed interest income on such excess money which has not been repatriated within the prescribed time	Expected date of repatriation of money					
		Nil											
B(a)		Whether the assessee has incurred expenditure during the previous year by way of interest or of similar nature exceeding one crore rupees as referred to in sub-section (1) of section 94B.										No	

(b) If yes, please furnish the following details										
	SI No.	Amount (in Rs.) of expenditure by way of interest or of similar nature incurred	Earnings before interest, tax, depreciation and amortization (EBITDA) during the previous year (in Rs.)	Amount (in Rs.) of expenditure by way of interest or of similar nature as per (i) above which exceeds 30% of EBITDA as per (ii) above.	Details of interest expenditure brought forward as per sub-section (4) of section 94B.	Details of interest expenditure carried forward as per sub-section (4) of section 94B:	Assessment Year	Amount (in Rs.)	Assessment Year	Amount (in Rs.)
Nil										
C(a)	Whether the assessee has entered into an impermissible avoidance arrangement, as referred to in section 96, during the previous year. (This Clause is applicable from 1st April, 2019).									No
(b) If yes, please furnish the following details										
	SI No.	Nature of the impermissible avoidance arrangement				Amount (in Rs.) of tax benefit in the previous year arising, in aggregate, to all the parties to the arrangement				
Nil										
31 a	Particulars of each loan or deposit in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year :-									
	S.No	Name of the lender or depositor	Address of the lender or depositor	Permanent Account Number (if available with the assessee) of the lender or the depositor	Amount of loan or deposit taken or accepted during the previous year	Whether the loan or deposit was squared during the previous year	Maximum amount outstanding in the account at any time during the previous year	Whether the loan or deposit was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account.	In case the loan or deposit was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.	
Nil										
31 b	Particulars of each specified sum in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year:-									
	S.No.	Name of the person from whom specified sum is received	Address of the person from whom specified sum is received	Permanent Account Number (if available with the assessee) of the person from whom specified sum is received	Amount of specified sum taken or accepted	Whether the specified sum was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account	In case the specified sum was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.			
Nil										
(Particulars at (a) and (b) need not be given in the case of a Government company, a banking company or a corporation established by a Central, State or Provincial Act.)										
31 b(a)	Particulars of each receipt in an amount exceeding the limit specified in section 269ST, in aggregate from a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion from a person, during the previous year, where such receipt is otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account									
	S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Nature of transaction	Amount of receipt	Date Of receipt			
Nil										
31 b(b)	Particulars of each receipt in an amount exceeding the limit specified in section 269ST, in aggregate from a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion from a person, received by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year :-									

	S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Amount of receipt			
	Nil							
31	b(c) Particulars of each payment made in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year							
	S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Nature of transaction	Amount of Payment	Date Of Payment	
	Nil							
31	b(d) Particulars of each payment in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, made by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year							
	S.No.	Name of the Payee	Address of the Payee	Permanent Account Number (if available with the assessee) of the Payee	Amount of Payment			
	Nil							
(Particulars at (ba), (bb), (bc) and (bd) need not be given in the case of receipt by or payment to a Government company, a banking Company, a post office savings bank, a cooperative bank or in the case of transactions referred to in section 269SS or in the case of persons referred to in Notification No. S.O. 2065(E) dated 3rd July, 2017)								
31	c Particulars of each repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T made during the previous year :-							
	S.No.	Name of the payee	Address of the payee	Permanent Account Number (if available with the assessee) of the payee	Amount of the repayment	Maximum amount outstanding in the account at any time during the previous year	Whether the repayment was made by cheque or bank draft or use of electronic clearing system through a bank account.	In case the repayment was made by cheque or bank draft, whether the same was repaid by an account payee cheque or an account payee bank draft.
	Nil							
31	d Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year:—							
	S.No.	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee) of the lender, or depositor or person from whom specified advance is received	Amount of repayment of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year			
	Nil							
31	e Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received by a cheque or bank draft which is not an account payee cheque or account payee bank draft during the previous year:—							
	S.No.	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee) of the lender, or depositor or person from whom specified advance is received	Amount of repayment of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year			

Nil

Note: (Particulars at (c), (d) and (e) need not be given in the case of a repayment of any loan or deposit or any specified advance taken or accepted from Government, Government company, banking company or a corporation established by a Central, State or Provincial Act)

32 a	Details of brought forward loss or depreciation allowance, in the following manner, to extent available						
	S.No	Assessment Year	Nature of loss/allowance	Amount as returned	Amount as assessed	Order U/S and Date	Remarks
	Nil						

32 b	Whether a change in shareholding of the company has taken place in the previous year due to which the losses incurred prior to the previous year cannot be allowed to be carried forward in terms of section 79.	No
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32 c	Whether the assessee has incurred any speculation loss referred to in section 73 during the previous year.	No
	If yes, please furnish the details below	

32 d	Whether the assessee has incurred any loss referred to in section 73A in respect of any specified business during the previous year	No
	If yes, please furnish details of the same	

32 e	In case of a company, please state that whether the company is deemed to be carrying on a speculation business as referred in explanation to section 73	No
	If yes, please furnish the details of speculation loss if any incurred during the previous year	

33	Section-wise details of deductions, if any admissible under Chapter VIA or Chapter III (Section 10A, Section 10AA)	Yes	
	S.No	Section	Amount
	1	80G	

34 a	Whether the assessee is required to deduct or collect tax as per the provisions of Chapter XVII-B or Chapter XVII-BB, if yes please furnish	25000	Yes
------	---	-------	-----

S.No	Tax deduction and collection Account Number (TAN)	Section	Nature of payment	Total amount of payment or receipt of the nature specified in column (3)	Total amount on which tax was required to be deducted or collected out of (4)	Total amount on which tax was deducted or collected at specified rate out of (5)	Amount of tax deducted or collected out of (6)	Total amount on which tax was deducted or collected at less than specified rate out of (7)	Amount of tax deducted or collected on (8)	Amount of tax deducted or collected not deposited to the credit of the Central Government out of (6) and (8)
1	PNEG16418D	194J	Fees for professional or technical services	1100000	1100000	1100000	110000	0	0	0

34 b	Whether the assessee is required to furnish the statement of tax deducted or tax collected. If yes, please furnish the details:	Yes
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S.No	Tax deduction and collection Account Number (TAN)	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the statement of tax deducted or collected contains information about all details/transactions which are required to be reported.	If not, please furnish list of details/transactions which are not reported.
1	PNEG16418D	26Q	31/07/2017	27/07/2017	Yes	
2	PNEG16418D	26Q	31/10/2017	30/10/2017	Yes	
3	PNEG16418D	26Q	31/01/2018	30/01/2018	Yes	
4	PNEG16418D	26Q	31/05/2018	11/06/2018	Yes	

34 c	Whether the assessee is liable to pay interest under section 201(1A) or section 206C(7). If yes, please furnish	No			
	S.No	Tax deduction and collection Account Number (TAN)	Amount of interest under section 201(1A)/206C(7) is payable	Amount	Dates of payment
	Nil				

35 a	In the case of a trading concern, give quantitative details of principal items of goods traded
------	--

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Sales during the previous year	Closing stock	Shortage/excess, if any
Nil							

35 b In the case of a manufacturing concern, give quantitative details of the principal items of raw materials, finished products and by-products :-

35 bA Raw materials :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Consumption during the previous year	Sales during the previous year	Closing stock	*Yield of finished products	*Percentage of yield	Shortage/excess, if any
Nil										

35 bB Finished products :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/excess, if any
Nil								

35 bC By products :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/excess, if any
Nil								

36 In the case of a domestic company, details of tax on distributed profits under section 115-O in the following forms :-

S.No	(a) Total amount of distributed profits	(b) Amount of reduction referred to in section 115-O(1A) (i)	(c) Amount of reduction as referred to in section 115-O(1A) (ii)	(d) Total tax as paid thereon	(e) Total tax paid thereon	Dates of payment
Nil						

A(a) Whether the assessee has received any amount in the nature of dividend as referred to in sub-clause (e) of clause (22) of section 2. If yes, please furnish the following details:-

Sl No.	Amount received (in Rs.)	Date of receipt
Nil		

37 Whether any cost audit was carried out

If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the cost auditor **No**

38 Whether any audit was conducted under the Central Excise Act, 1944

If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor **No**

39 Whether any audit was conducted under section 72A of the Finance Act, 1994 in relation to valuation of taxable services as may be reported/identified by the auditor **No**

If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor

40 Details regarding turnover, gross profit, etc., for the previous year and preceding previous year:

Sl No	Particulars	Previous Year		Preceding previous Year	
a	Total turnover of the assessee	15187862		12272074	
b	Gross profit / Turnover	0	15187862 %	0	12272074 0.00%
c	Net profit / Turnover	6572807	15187862 43.28%	5132935	12272074 41.83%
d	Stock-in-Trade / Turnover	0	15187862 %	0	12272074 0.00%

P. S. BHANDARI & ASSOCIATES
CHARTERED ACCOUNTANTS
AHMEDNAGAR

M/S. GAJANAN HOSPITAL
GAJANAN HOSPITAL, PLOT NO 8, SARVODAYA COLONY, SATIBHAI MALA,
AHMEDNAGAR

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31ST MARCH 2018

AMOUNT	PARTICULARS	AMOUNT	AMOUNT	PARTICULARS	AMOUNT	AMOUNT
31.03.2017		31.03.2018	31.03.2017		31.03.2017	31.03.2018
155780.00	TO PURCHASES	175890.00	9175780.00	BY IPD RECEIPTS	11155230.00	15187862.00
0.00	LESS: PURCHASE RETURNS	0.00	3096294.00	BY PROFESSIONAL FEES RECEIVED	4032632.00	14851.00
36000.00	TO ACCOUNT WRITING CHARGES	48000.00	0.00	BY DISCOUNT		13744.00
49267.00	TO ADVERTISEMENT EXP	45380.00	2652.00	BY STCG ON SALE OF MUTUAL FUND		
880000.00	TO ASSISTANT DOCTORS CHARGES	1115000.00				
100000.00	TO AUDIT FEES	100000.00				
11854.00	TO BANK CHARGES	16276.00				
65276.00	TO BANK INTEREST	29508.00				
28306.00	TO CLEANING EXPENSES	51233.00				
4970.00	TO COMPUTER MAINTENANCE	26183.00				
13100.00	TO CONFERENCE CHARGES	15000.00				
1106064.00	TO CONSUMABLES	1716074.00				
5100.00	TO DONATION	51300.00				
0.00	TO LEGAL CHARGES PAID	48983.00				
28500.00	TO ELECTRICAL REPAIRS	0.00				
139210.00	TO ELECTRICITY EXPENSES	178450.00				
91195.00	TO HOSPITAL EXPENSES	207130.00				
43207.00	TO INSURANCE	53092.00				
0.00	TO ISO CHARGES	22000.00				
11055.00	TO LOAN PROCEEDING FEES	5500.00				
0.00	TO INSPECTION CHARGES	73000.00				
380818.00	TO MEDICINES	332989.00				
157290.00	TO MEMBERSHIP FEES	214768.00				
22058.00	TO MISC EXPENSES	109223.00				
82220.00	TO MUNICIPAL TAX	46605.00				
4565.00	TO NEWSPAPER & PERIODICALS	4280.00				
0.00	TO MEDICAL SOFTWARE CHARGES	40710.00				
12162.00	TO PETROL AND DIESEL	20260.00				
80126.00	TO PRINTING & STATIONERY A/C	81022.00				
17077.00	TO REFRESHMENT EXPENSES A/C	36293.00				
74607.00	TO REPAIRS & MAINTENANCE	138129.00				
986917.00	TO SALARY	1084627.00				
87975.00	TO SECURITY EXPENSES	15071.00				
79162.00	TO STAFF WELFARE EXPENSES	80122.00				
153550.00	TO SURGICAL MATERIAL	109500.00				
36078.00	TO TELEPHONE EXPENSES	27360.00				
0.00	TO GAS CHARGES	81090.00				
1165.00	TO TRANSPORT CHARGES	200.00				
369772.00	TO TRAVELLING EXPENSES	153623.00				
114469.00	TO VEHICLE MAINTENANCE	39773.00				
1712896.00	TO DEPRECIATION (AS PER SCHEDULE "B")	2050016.00				
5132935.00	TO NET PROFIT TRA TO APPROPRIATION A/C.	6572807.00				

12274726.00

15216457.00

15216457.00

PLACE : - AHMEDNAGAR
DATE : - 26.10.2018

FOR P. S. BHANDARI & ASSOCIATES
CHARTERED ACCOUNTANTS

M/S. GAJANAN HOSPITAL

CA. PRASAD S. BHANDARI
(PARTNER)

Prasad

(PARTNER)



INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4, ITR-5, ITR-6, ITR-7 filed and verified electronically]

Assessment Year
2019-20

PERSONAL INFORMATION AND THE ACKNOWLEDGEMENT NUMBER	Name			PAN		
	GAJANAN HOSPITAL			AAKFG0145Q		
	Flat/Door/Block No	Name Of Premises/Building/Village			Form Number.	
	GAJANAN HOSPITAL	PLOT NO : 8				
	Road/Street/Post Office	Area/Locality				
	SARVODAYA COLONY	SATBHAI MALA,			Status Firm	
	Town/City/District	State	Pin/ZipCode	Filed u/s		
	AHMEDNAGAR	MAHARASHTRA	414001	139(1)-On or before due date		
	Assessing Officer Details (Ward/Circle)		WARD 1, AHMED NAGAR			
	e-filing Acknowledgement Number		215600311241019			
COMPUTATION OF INCOME AND TAX THEREON	1	Gross total income			1	3109089
	2	Total Deductions under Chapter-VI-A			2	0
	3	Total Income			3	3109090
	3a	Deemed Total Income under AMT/MAT			3a	3109090
	3b	Current Year loss, if any			3b	0
	4	Net tax payable			4	970036
	5	Interest and Fee Payable			5	19050
	6	Total tax, interest and Fee payable			6	989086
	7	Taxes Paid	a	Advance Tax	7a	630000
			b	TDS	7b	253882
c			TCS	7c	0	
d			Self Assessment Tax	7d	105200	
e			Total Taxes Paid (7a+7b+7c +7d)	7e	989082	
8	Tax Payable (6-7e)			8	0	
9	Refund (7e-6)			9	0	
10	Exempt Income	Agriculture		10		
		Others				

Income Tax Return submitted electronically on 24-10-2019 00:27:55 from IP address 49.36.31.102 and verified byGAJANAN MOHANIRAJ KASHID having PAN AMQP8670A on 24-10-2019 00:27:55 from IP address 49.36.31.102 using **Digital Signature Certificate (DSC)**DSC details: 17602167CN=e-Mudhra Sub CA for Class 2 Individual 2014,OU=Certifying Authority,O=eMudhra Consumer Services Limited,C=IN**DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU**

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

FORM NO. 3CB

[See rule 6G(1)(b)]

Audit report under section 44AB of the Income-tax Act, 1961 in the case of a person referred to in clause (b) of sub-rule (1) of rule 6G

1. We have examined the balance sheet as at 31st March 2019 and the Profit and loss account for the period beginning from 01/04/2018 to ending on 31/03/2019 attached herewith, of GAJANAN HOSPITAL, GAJANAN HOSPITAL, PLOT NO : 8, SAR VODAYA COLONY, SATBHAI MALA,, AHMEDNAGAR, MAHARASHTRA, 414001 AAKFG0145Q.
2. We certify that the balance sheet and the Profit and loss account are in agreement with the books of account maintained at the head office at AHMEDNAGAR, and 0 branches.
3. (a) We report the following observations/comments/discrepancies/inconsistencies; if any:
- (b) Subject to above,-
- (A) We have obtained all the information and explanations which, to the best of Our knowledge and belief, were necessary for the purposes of the audit.
- (B) In Our opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from Our knowledge and belief, were necessary for the examination of the books.
- (C) In Our opinion and to the best of Our information and according to the explanations given to Us the said accounts, read with notes thereon, if any, give a true and fair view:-
- (i) in the case of the balance sheet, of the state of the affairs of the assessee as at 31st March, 2019 ;and
- (ii) in the case of the Profit and loss account of the Profit of the assessee for the year ended on that date.
4. The statement of particulars required to be furnished under section 44AB is annexed herewith in Form No. 3CD.
5. In Our opinion and to the best of Our information and according to explanations given to Us the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

Sl No.	Qualification Type	Observations/Qualifications
--------	--------------------	-----------------------------

Place
Date

AHMEDNAGAR
24/10/2019

Name
Membership Number
FRN (Firm Registration Number)
Address

Patel
AMRUT DAYARAM PATEL
132517
0126953W
TPS 3, SAHAKAR KRANTI, 2ND FLOOR, OLD BSNL OFFICE, MARKET YARD, AHMEDNAGAR,, AHMEDNAGAR, MAHARASHTRA, 414001



FORM NO. 3CD

[See rule 6G(2)]

Statement of particulars required to be furnished under section 44AB of the Income-tax Act, 1961

1	Name of the assessee		GAJANAN HOSPITAL		
2	Address		GAJANAN HOSPITAL, PLOT NO : 8, SARVODAYA COLONY, SATBHAI MALA,, AHMEDNAGAR, MAHARASHTRA, 414001		
3	Permanent Account Number (PAN)		AAKFG0145Q		
4	Whether the assessee is liable to pay indirect tax like excise duty, service tax, sales tax, goods and services tax, customs duty, etc. if yes, please furnish the registration number or, GST number or any other identification number allotted for the same		No		
	Sl No.	Type	Registration Number		
5	Status		Firm		
6	Previous year from		01/04/2018 to 31/03/2019		
7	Assessment Year		2019-20		
8	Indicate the relevant clause of section 44AB under which the audit has been conducted				
	Sl No.	Relevant clause of section 44AB under which the audit has been conducted			
	1	Clause 44AB(b)-Gross receipts of profession exceeding specified limits			
9	a	If firm or Association of Persons, indicate names of partners/members and their profit sharing ratios. In case of AOP, whether shares of members are indeterminate or unknown ?			
		Name	Profit Sharing Ratio (%)		
		GAJANAN MOHANIRAJ KASHID	50		
		BHAVANA GAJANAN KASHID	50		
9	b	If there is any change in the partners or members or in their profit sharing ratio since the last date of the preceding year, the particulars of such change.			
		Date of change	Name of Partner/Member	Type of change	Old profit sharing ratio
					New profit Sharing Ratio
					Remarks
10	a	Nature of business or profession (if more than one business or profession is carried on during the previous year, nature of every business or profession).			
		Sector	Sub Sector	Code	
		PROFESSIONS	Other professional services n.e.c.	16019	
		HEALTH CARE SERVICES	General hospitals	18001	
10	b	If there is any change in the nature of business or profession, the particulars of such change			
		Business	Sector	SubSector	No
		Nil			Code
11	a	Whether books of accounts are prescribed under section 44AA, if yes, list of books so prescribed			
		Books prescribed			
		JOURNAL BOOK			
		LEDGER BOOK			
		CASH BOOK			
		BANK BOOK			
11	b	List of books of account maintained and the address at which the books of accounts are kept. (In case books of account are maintained in a computer system, mention the books of account generated by such computer system. If the books of accounts are not kept at one location, please furnish the addresses of locations along with the details of books of accounts maintained at each location.) Same as 11(a) above			
		Books maintained	Address Line 1	Address Line 2	City or Town or State
					PinCode
		JOURNAL BOOK	GAJANAN HOSPITAL	PLOT NO : 8,SARVODAYA COLONY, SATBHAI MALA,	AHMEDNAGAR MAHARASHTRA
					414001
		LEDGER BOOK	GAJANAN HOSPITAL	PLOT NO : 8,SARVODAYA COLONY, SATBHAI MALA,	AHMEDNAGAR MAHARASHTRA
					414001
		CASH BOOK	GAJANAN HOSPITAL	PLOT NO : 8,SARVODAYA COLONY, SATBHAI MALA,	AHMEDNAGAR MAHARASHTRA
					414001

BANK BOOK		GAJANAN HOSPITAL	PLOT NO : 8, SARVO DAYA COLONY, SATABHAI MALA,	AHMEDNAGAR	MAHARASHTRA	414001
11 c	List of books of account and nature of relevant documents examined. Same as 11(b) above					
Books Examined						
JOURNAL BOOK						
LEDGER BOOK						
CASH BOOK						
BANK BOOK						
12	Whether the profit and loss account includes any profits and gains assessable on presumptive basis, if yes, indicate the amount and the relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Schedule or any other relevant section).					No
Section						
Nil						
13 a	Method of accounting employed in the previous year				Mercantile system	Amount
13 b	Whether there has been any change in the method of accounting employed vis-a-vis the method employed in the immediately preceding previous year.					
13 c	If answer to (b) above is in the affirmative, give details of such change, and the effect thereof on the profit or loss.					No
Particulars						
13 d	Whether any adjustment is required to be made to the profits or loss for complying with the provisions of income computation and disclosure standards notified under section 145(2).		Increase in profit(Rs.)	Decrease in profit(Rs.)		
13 e	If answer to (d) above is in the affirmative, give details of such adjustments.					
ICDS						
Total						
13 f	Disclosure as per ICDS.		Increase in profit(Rs.)	Decrease in profit(Rs.)		Net effect(Rs.)
ICDS						
14 a	Method of valuation of closing stock employed in the previous year.				Disclosure	
14 b	In case of deviation from the method of valuation prescribed under section 145A, and the effect thereof on the profit or loss, please furnish:				Raw Material - Not Applicable, Finished goods - Not Applicable	
Particulars						
15	Give the following particulars of the capital asset converted into stock-in-trade		Increase in profit(Rs.)	Decrease in profit(Rs.)		
(a) Description of capital asset						
Nil						
(b) Date of acquisition						
(c) Cost of acquisition						
(d) Amount at which the asset is converted into stock-in trade						
16	Amounts not credited to the profit and loss account, being:-					
16 a	The items falling within the scope of section 28					Amount
Description						
Nil						
16 b	The proforma credits, drawbacks, refund of duty of customs or excise or service tax, or refund of sales tax or value added tax, where such credits, drawbacks or refund are admitted as due by the authorities concerned					Amount
Description						
16 c	Escalation claims accepted during the previous year					Amount
Description						
Nil						
16 d	Any other item of income					Amount
Description						
Nil						
16 e	Capital receipt, if any					Amount
Description						
Nil						
17	Where any land or building or both is transferred during the previous year for a consideration less than value adopted or assessed or assessable by any authority of a State Government referred to in section 43CA or 50C, please furnish:					
Details of property		Address Line 1	Address Line 2	City/Town	State	Pincode
		Consideration received or accrued		Value adopted or assessed or assessable		
18	Particulars of depreciation allowable as per the Income-tax Act, 1961 in respect of each asset or block of assets, as the case may be, in the:-					
Description of Block		Rate of depreciation (In %)	Opening WDV (A)	Additions	Deductions (C)	Depreciation Allowable (D)
						Written Down Value at the end of

e	Material consumed/ Finished goods produced	0	0 %	0	0.00%
---	--	---	-----	---	-------

(The details required to be furnished for principal items of goods traded or manufactured or services rendered)

41 Please furnish the details of demand raised or refund issued during the previous year under any tax laws other than Income-tax Act, 1961 and Wealth tax Act, 1957 alongwith details of relevant proceedings

Financial year to which demand/ refund relates to	Name of other Tax law	Type (Demand raised/Refund received)	Date of demand raised/refund received	Amount	Remarks
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Nil

42 Whether the assessee is required to furnish statement in Form No.61 or Form No. 61A or Form No. 61B? If **No** yes, please furnish

Sl No.	Income-tax Department Reporting Entity Identification Number	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the Form contains information about all details/ transactions which are required to be reported.	If not, please furnish list of the details/ transactions which are not reported.
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Nil

43 (a) Whether the assessee or its parent entity or alternate reporting entity is liable to furnish the report as referred to in sub-section (2) of section 286 **No**

Sl No.	Whether report has been furnished by the assessee or its parent entity or an alternate reporting entity	Name of parent entity	Name of alternate reporting entity (if applicable)	Date of furnishing of report
--------	---	-----------------------	--	------------------------------

Nil

A(c) If Not due, please enter expected date of furnishing the report

44 Break-up of total expenditure of entities registered or not registered under the GST: (This Clause is kept in abeyance till 31st March, 2020)

Sl No.	Total amount of Expenditure incurred during the year	Expenditure in respect of entities registered under GST			Total payment to registered entities	Expenditure relating to entities not registered under GST
		Relating to goods or services exempt from GST	Relating to entities falling under composition scheme	Relating to other registered entities		

Nil

Place **AHMEDNAGAR**
Date **24/10/2019**

Name
Membership Number
FRN (Firm Registration Number)
Address

Patel
AMRUT DAYARAM PATEL
132517
0126953W
TPS 3, SAHAKAR KRANTI, 2ND FLOOR, OLD BSNL OFFICE, MARKET YARD, AHMEDNAGAR, AHMEDNAGAR, MAHARASHTRA, 414001.



Form Filing Details

Revision/Original Original

Addition Details (From Point No. 18)

Description of Block of Assets	Sl.No.	Date of Purchase	Date put to use	Amount	Adjustment on account of	Total Amount
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INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3,
ITR-4(SUGAM), ITR-5, ITR-6, ITR-7 filed and verified]
(Please see Rule 12 of the Income-tax Rules, 1962)

**Assessment Year
2020-21**

PAN	AAKFG0145Q		
Name	GAJANAN HOSPITAL		
Address	GAJANAN HOSPITAL, PLOT NO : 8, SARVODAYA COLONY, SATBHAI MALA,, AHMEDNAGAR, MAHARASHTRA, 414001		
Status	Firm	Form Number	ITR-5
Filed u/s	139(1)-On or before due date	e-Filing Acknowledgement Number	993973661030121

Taxable Income and Tax details			
	Current Year business loss, if any	1	0
	Total Income		3393630
	Book Profit under MAT, where applicable	2	0
	Adjusted Total Income under AMT, where applicable	3	3393630
	Net tax payable	4	1058813
	Interest and Fee Payable	5	933
	Total tax, interest and Fee payable	6	1059746
	Taxes Paid	7	1067221
	(+)Tax Payable /(-)Refundable (6-7)	8	-7480
Dividend Distribution Tax details	Dividend Tax Payable	9	0
	Interest Payable	10	0
	Total Dividend tax and interest payable	11	0
	Taxes Paid	12	0
	(+)Tax Payable /(-)Refundable (11-12)	13	0
Accreted Income Detail	Accreted Income as per section 115TD	14	0
	Additional Tax payable u/s 115TD	15	0
	Interest payable u/s 115TE	16	0
	Additional Tax and interest payable	17	0
	Tax and interest paid	18	0
(+)Tax Payable /(-)Refundable (17-18)	19	0	

Income Tax Return submitted electronically on 03-01-2021 19:14:57 from IP address 182.48.210.201 and verified by

GAJANAN MOHANIRAJ KASHID

having PAN AMQPK8670A on 03-01-2021 19:14:57 from IP address 182.48.210.201 using

Digital Signature Certificate (DSC).

DSC details: 17602167CN=e-Mudhra Sub CA for Class 2 Individual 2014,OU=Certifying Authority,O=eMudhra Consumer Services Limited,C=IN

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834

FORM NO. 3CB

[See rule 6G(1)(b)]

Audit report under section 44AB of the Income-tax Act, 1961 in the case of a person referred to in clause (b) of sub-rule (1) of rule 6G

1. We have examined the balance sheet as at 31st March 2020 and the Profit and loss account for the period beginning from 01/04/2019 to ending on 31/03/2020 attached herewith, of GAJANAN HOSPITAL GAJANAN HOSPITAL, PLOT NO : 8, SAR VODAYA COLONY, SATBHAI MALA, AHMEDNAGAR, MAHARASHTRA, 414001 AAKFG0145Q.

2. We certify that the balance sheet and the Profit and loss account are in agreement with the books of account maintained at the head office at AHMEDNAGAR, and 0 branches.

3. (a) We report the following observations/comments/discrepancies/inconsistencies; if any:

(b) Subject to above,-

(A) We have obtained all the information and explanations which, to the best of Our knowledge and belief, were necessary for the purposes of the audit.

(B) In Our opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from Our knowledge and belief, were necessary for the examination of the books.

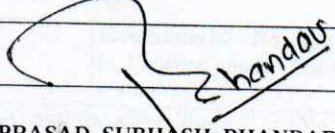
(C) In Our opinion and to the best of Our information and according to the explanations given to Us the said accounts, read with notes thereon, if any, give a true and fair view:-

(i) in the case of the balance sheet, of the state of the affairs of the assessee as at 31st March, 2020 ;and

(ii) in the case of the Profit and loss account of the Profit of the assessee for the year ended on that date.

4. The statement of particulars required to be furnished under section 44AB is annexed herewith in Form No. 3CD.

5. In Our opinion and to the best of Our information and according to explanations given to Us the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

Sl No.	Qualification Type	Observations/Qualifications
		

Place
Date

AHMEDNAGAR
03/01/2021

Name
Membership Number
FRN (Firm Registration Number)
Address

PRASAD SUBHASH BHANDARI
121971
126953W
TPS 3, SAHAKAR KRANTI, 2ND FLOOR, OLD BSNL OFFICE,, MARKET YARD, AHMEDNAGAR, AHMEDNAGAR, MAHARASHTRA, 414001



BANK BOOK	GAJANAN HOSPITAL	PLOT NO : 8,SARVO DAYA COLONY, SA TBHAI MALA,	AHMEDNAGAR	MAHARASHTRA	414001
JOURNAL BOOK	GAJANAN HOSPITAL	PLOT NO : 8,SARVO DAYA COLONY, SA TBHAI MALA,	AHMEDNAGAR	MAHARASHTRA	414001

11 c List of books of account and nature of relevant documents examined. Same as 11(b) above

Books Examined	
LEDGER BOOK	
CASH BOOK	
BANK BOOK	
JOURNAL BOOK	

12 Whether the profit and loss account includes any profits and gains assessable on presumptive basis, if yes, indicate the amount and the relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Schedule or any other relevant section). **No**

Section		Amount
Nil		

13 a Method of accounting employed in the previous year **Mercantile system**

13 b Whether there has been any change in the method of accounting employed vis-a-vis the method employed in the immediately preceding previous year. **No**

13 c If answer to (b) above is in the affirmative, give details of such change, and the effect thereof on the profit or loss.

Particulars	Increase in profit(Rs.)	Decrease in profit(Rs.)
13 d Whether any adjustment is required to be made to the profits or loss for complying with the provisions of income computation and disclosure standards notified under section 145(2). No		

13 e If answer to (d) above is in the affirmative, give details of such adjustments.

ICDS	Increase in profit(Rs.)	Decrease in profit(Rs.)	Net effect(Rs.)
Total			

13 f Disclosure as per ICDS.

ICDS	Disclosure
------	------------

14 a Method of valuation of closing stock employed in the previous year. **Raw Material - Not Applicable, Finished goods - Not Applicable**

14 b In case of deviation from the method of valuation prescribed under section 145A, and the effect thereof on the profit or loss, please furnish: **No**

Particulars	Increase in profit(Rs.)	Decrease in profit(Rs.)
-------------	-------------------------	-------------------------

15 Give the following particulars of the capital asset converted into stock-in-trade

(a) Description of capital asset	(b) Date of acquisition	(c) Cost of acquisition	(d) Amount at which the asset is converted into stock-in trade
Nil			

16 Amounts not credited to the profit and loss account, being:-

16 a The items falling within the scope of section 28	Description	Amount
	Nil	

16 b The proforma credits, drawbacks, refund of duty of customs or excise or service tax, or refund of sales tax or value added tax, where such credits, drawbacks or refund are admitted as due by the authorities concerned

16 c Escalation claims accepted during the previous year	Description	Amount
	Nil	

16 d Any other item of income

16 e Capital receipt, if any	Description	Amount
	Nil	

17 Where any land or building or both is transferred during the previous year for a consideration less than value adopted or assessed or assessable by any authority of a State Government referred to in section 43CA or 50C, please furnish:

Details of property	Address Line 1	Address Line 2	City/Town	State	Pincode	Consideration received or accrued	Value adopted or assessed or assessable

S.No	Section	Amount debited to profit and loss account	Amounts admissible as per the provisions of the Income-tax Act, 1961 also fulfils the conditions, if any specified under the relevant provisions of Income-tax Act, 1961 or Income-tax Rules, 1962 or any other guidelines, circulars, etc., issued in this behalf.								
Nil											
20	a	Any sum paid to an employee as bonus or commission for services rendered, where such sum was otherwise payable to him as profits or dividend. [Section 36(1)(ii)]									
		Description									Amount
20	b	Details of contributions received from employees for various funds as referred to in section 36(1)(va):									
		Nature of fund	Sum received from employees	Due date for payment	The actual amount paid	The actual date of payment to the concerned authorities					
Nil											
21	a	Please furnish the details of amounts debited to the profit and loss account, being in the nature of capital, personal, advertisement expenditure etc									
		Capital expenditure									
		Particulars									Amount in Rs.
		Personal expenditure									
		Particulars									Amount in Rs.
		Advertisement expenditure in any souvenir, brochure, tract, pamphlet or the like published by a political party									
		Particulars									Amount in Rs.
		Expenditure incurred at clubs being entrance fees and subscriptions									
		Particulars									Amount in Rs.
		Expenditure incurred at clubs being cost for club services and facilities used.									
		Particulars									Amount in Rs.
		Expenditure by way of penalty or fine for violation of any law for the time being force									
		Particulars									Amount in Rs.
		Expenditure by way of any other penalty or fine not covered above									
		Particulars									Amount in Rs.
		Expenditure incurred for any purpose which is an offence or which is prohibited by law									
		Particulars									Amount in Rs.
(b)	Amounts inadmissible under section 40(a):-										
	(i) as payment to non-resident referred to in sub-clause (i)										
	(A) Details of payment on which tax is not deducted:										
	Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode		
	(B) Details of payment on which tax has been deducted but has not been paid during the previous year or in the subsequent year before the expiry of time prescribed under section 200(1)										
	Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted	
	(ii) as payment referred to in sub-clause (ia)										
	(A) Details of payment on which tax is not deducted:										
	Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode		
	(B) Details of payment on which tax has been deducted but has not been paid on or before the due date specified in sub-section (1) of section 139.										
	Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted	Amount out of (VI) deposited, if any
	(iii) as payment referred to in sub-clause (ib)										
	(A) Details of payment on which levy is not deducted:										
	Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode		

Section		Nature of liability		Amount							
Nil											
26 (i) (B) (b)		not paid on or before the aforesaid date									
Section		Nature of liability		Amount							
Nil											
(State whether sales tax, goods & service Tax, customs duty, excise duty or any other indirect tax, levy, cess, impost, etc., is passed through the profit and loss account.)		No									
27 a		Amount of Central Value Added Tax Credits/ Input Tax Credit(ITC) availed of or utilised during the previous year and its treatment in profit and loss account and treatment of outstanding Central Value Added Tax Credits/ Input Tax Credit(ITC) in accounts				No					
CENVAT/ITC		Amount		Treatment in Profit and Loss/Accounts							
Opening Balance											
Credit Availed											
Credit Utilized											
Closing/Outstanding Balance											
27 b		Particulars of income or expenditure of prior period credited or debited to the profit and loss account :-									
Type		Particulars	Amount	Prior period to which it relates (Year in yyyy-yy format)							
Nil											
28		Whether during the previous year the assessee has received any property, being share of a company not being a company in which the public are substantially interested, without consideration or for inadequate consideration as referred to in section 56(2)(vija)				No					
Name of the person from which shares received	PAN of the person, if available	Name of the company from which shares received	CIN of the company	No. of Shares Received	Amount of consideration paid	Fair Market value of the shares					
Nil											
29		Whether during the previous year the assessee received any consideration for issue of shares which exceeds the fair market value of the shares as referred to in section 56(2)(viib). If yes, please furnish the details of the same				No					
Name of the person from whom consideration received for issue of shares		PAN of the person, if available	No. of Shares	Amount of consideration received	Fair Market value of the shares						
Nil											
A(a)		Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (ix) of sub-section (2) of section 56? (b) If yes, please furnish the following details:				No					
Sl No.		Nature of Income		Amount							
Nil											
B(a)		Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (x) of sub-section (2) of section 56? (Yes/No) (b) If yes, please furnish the following details:				No					
Sl No.		Nature of Income		Amount							
Nil											
30		Details of any amount borrowed on hundi or any amount due thereon (including interest on the amount borrowed) repaid, otherwise than through an account payee cheque, (Section 69D)				No					
Name of the person from whom amount borrowed or repaid on hundi	PAN of the person, if available	Address Line 1	Address Line 2	City or Town or District	State	Pincode	Amount borrowed	Date of Borrowing	Amount due including interest	Amount repaid	Date of Repayment
Nil											
A(a)		Whether primary adjustment to transfer price, as referred to in sub-section (1) of section 92CE, has been made during the previous year.				No					
(b) If yes, please furnish the following details											
Sl No.	Under which clause of sub-section (1) of	Amount (in Rs.) of	Whether the excess of money available with the associated	If yes, whether the excess	If no, the amount (in Rs.) of imputed interest	Expected date of repatriation					

18 Particulars of depreciation allowable as per the Income-tax Act, 1961 in respect of each asset or block of assets, as the case may be, in the:-

Description of Block of Assets/ Class of Assets	Rate of depreciation (In Percentage)	Opening WDV (A)	Adjustment to WDV u/s 115BA	Adjustment written down value	Additions					Deductions (C)	Depreciation Allowable (D)	Written Down Value at the end of the year (A+B-C-D)
					Purchase Value (1)	MOD-VAT (2)	Change in Rate of Exchange (3)	Subsidy Grant (4)	Total Value of Purchases (B) (1+2+3+4)			
Building @ 5%	5%	0	0	0	0	0	0	0	0	0	0	0
Building @ 10%	10%	4184669	0	4184669	0	0	0	0	0	0	418467	3766202
Furnitures & Fittings @ 10%	10%	1846000	0	1846000	0	0	0	0	0	0	184600	1661400
Plant & Machinery @ 15%	15%	1997009	0	1997009	0	0	0	0	0	0	299551	1697458
Plant & Machinery @ 15%	15%	5143294	0	5143294	0	0	0	0	0	0	771494	4371800
Plant & Machinery @ 15%	15%	450821	0	450821	0	0	0	0	0	0	67623	383198
Plant & Machinery @ 15%	15%	1315008	0	1315008	0	0	0	0	0	0	197251	1117757
Plant & Machinery @ 15%	15%	682709	0	682709	0	0	0	0	0	0	102406	580303
Plant & Machinery @ 15%	15%	144656	0	144656	0	0	0	0	0	0	21698	122958
Plant & Machinery @ 15%	15%	37318	0	37318	0	0	0	0	0	0	5598	31720
Plant & Machinery @ 15%	15%	193020	0	193020	0	0	0	0	0	0	28953	164067
Plant & Machinery @ 15%	15%	9918	0	9918	0	0	0	0	0	0	1488	8430
Plant & Machinery @ 15%	15%	108196	0	108196	0	0	0	0	0	0	16229	91967
Plant & Machinery @ 15%	15%	258026	0	258026	0	0	0	0	0	0	38704	219322
Plant & Machinery @ 15%	15%	28045	0	28045	0	0	0	0	0	0	4207	23838
Plant & Machinery @ 15%	15%	48465	0	48465	0	0	0	0	0	0	7270	41195
Plant & Machinery @ 15%	15%	27222	0	27222	0	0	0	0	0	0	4083	23139
Plant & Machinery @ 15%	15%	100246	0	100246	0	0	0	0	0	0	15037	85209
Plant & Machinery @ 40%	40%	61785	0	61785	0	0	0	0	0	0	24714	37071

* For Addition and Deduction Details refer Addition and Deduction Detail Tables At the End of the Page

19 Amounts admissible under sections :

Section		Nature of liability		Amount		
Nil						
26	(i)(B)(b)	not paid on or before the aforesaid date				
Section		Nature of liability		Amount		
Nil						
(State whether sales tax, goods & service Tax, customs duty, excise duty or any other indirect tax, levy, cess, impost, etc., is passed through the profit and loss account.)		No				
27	a	Amount of Central Value Added Tax Credits/ Input Tax Credit(ITC) availed of or utilised during the previous year and its treatment in profit and loss account and treatment of outstanding Central Value Added Tax Credits/ Input Tax Credit(ITC) in accounts			No	
CENVAT/ITC		Amount		Treatment in Profit and Loss/Accounts		
Opening Balance						
Credit Availed						
Credit Utilized						
Closing/Outstanding Balance						
27	b	Particulars of income or expenditure of prior period credited or debited to the profit and loss account :-				
Type		Particulars		Amount		
Nil						
Prior period to which it relates (Year in yyyy format)						
28	Whether during the previous year the assessee has received any property, being share of a company not being a company in which the public are substantially interested, without consideration or for inadequate consideration as referred to in section 56(2)(viiia)				No	
Name of the person from which shares received		PAN of the person, if available		Name of the company from which shares received		
Nil						
CIN of the company		No. of Shares Received		Amount of consideration paid		
Nil						
Fair Market value of the shares						
29	Whether during the previous year the assessee received any consideration for issue of shares which exceeds the fair market value of the shares as referred to in section 56(2)(viiib). If yes, please furnish the details of the same				No	
Name of the person from whom consideration received for issue of shares		PAN of the person, if available		No. of Shares		
Nil						
Amount of consideration received		Fair Market value of the shares				
Nil						
A(a)	Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (ix) of sub-section (2) of section 56? (b) If yes, please furnish the following details:				No	
Sl No.		Nature of Income		Amount		
Nil						
B(a)	Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (x) of sub-section (2) of section 56? (Yes/No) (b) If yes, please furnish the following details:				No	
Sl No.		Nature of Income		Amount		
Nil						
30	Details of any amount borrowed on hundi or any amount due thereon (including interest on the amount borrowed) repaid, otherwise than through an account payee cheque, (Section 69D)				No	
Name of the person from whom amount borrowed or repaid on hundi		PAN of the person, if available		Address Line 1		
Nil						
Address Line 2		City or Town or District		State		
Nil						
Pincode		Amount borrowed		Date of Borrowing		
Nil						
Amount due including interest		Amount repaid		Date of Repayment		
Nil						
A(a)	Whether primary adjustment to transfer price, as referred to in sub-section (1) of section 92CE, has been made during the previous year.				No	
(b) If yes, please furnish the following details						
Sl No.		Under which clause of sub-section (1) of		Amount (in Rs.) of		
Nil						
Whether the excess of money available with the assessee		If yes, whether the excess		If no, the amount (in Rs.) of imputed interest		
Nil						
Expected date of repatriation						
Nil						

(B) Details of payment on which levy has been deducted but has not been paid on or before the due date specified in sub-section (1) of section 139.											
	Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee, if available	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of levy deducted	Amount out of (VI) deposited, if any
(iv) fringe benefit tax under sub-clause (ic)											
(v) wealth tax under sub-clause (ia)											
(vi) royalty, license fee, service fee etc. under sub-clause (iib).											
(vii) salary payable outside India/to a non resident without TDS etc. under sub-clause (iii).											
	Date of payment	Amount of payment	Name of the payee	PAN of the payee, if available	Address Line 1	Address Line 2	City	Pincode			
(viii) payment to PF /other fund etc. under sub-clause (iv)											
(ix) tax paid by employer for perquisites under sub-clause (v)											
(c) Amounts debited to profit and loss account being, interest, salary, bonus, commission or remuneration inadmissible under section 40(b)/40(ba) and computation thereof;											
	Particulars	Section	Amount debited to P/L A/C	Amount Admissible	Amount Inadmissible	Remarks					
(d) Disallowance/deemed income under section 40A(3):											
(A) On the basis of the examination of books of account and other relevant documents/evidence, whether the expenditure covered under section 40A(3) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft. If not, please furnish the details:											Yes
	Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available						
(B) On the basis of the examination of books of account and other relevant documents/evidence, whether the payment referred to in section 40A(3A) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft If not, please furnish the details of amount deemed to be the profits and gains of business or profession under section 40A(3A)											Yes
	Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available						
(e) Provision for payment of gratuity not allowable under section 40A(7)											
(f) Any sum paid by the assessee as an employer not allowable under section 40A(9)											
(g) Particulars of any liability of a contingent nature											
	Nature Of Liability	Amount in Rs.									
(h) Amount of deduction inadmissible in terms of section 14A in respect of the expenditure incurred in relation to income which does not form part of the total income											
	Nature Of Liability	Amount in Rs.									
(i) Amount inadmissible under the proviso to section 36(1)(iii)											
22	Amount of interest inadmissible under section 23 of the Micro, Small and Medium Enterprises Development Act, 2006										
23 Particulars of any payment made to persons specified under section 40A(2)(b).											
	Name of Related Person	PAN of Related Person	Relation	Nature of transaction	Payment Made(Amount)						
24 Amounts deemed to be profits and gains under section 32AC or 32AD or 33AB or 33AC or 33ABA.											
	Section	Description	Amount								
Nil											
25 Any amount of profit chargeable to tax under section 41 and computation thereof.											
	Name of Person	Amount of income	Section	Description of Transaction	Computation if any						
Nil											
26 (i)* In respect of any sum referred to in clause (a),(c),(d),(e),(f) or (g) of section 43B the liability for which:-											
26 (i)A pre-existed on the first day of the previous year but was not allowed in the assessment of any preceding previous year and was :-											
26 (i)(A) (a) Paid during the previous year											
	Section	Nature of liability	Amount								
Nil											
26 (i)(A) (b) Not paid during the previous year											
	Section	Nature of liability	Amount								
Nil											
26 (i)B was incurred in the previous year and was											
26 (i)(B) (a) Paid on or before the due date for furnishing the return of income of the previous year under section 139(1)											

assessee) of the Payer

31 b(b) Particulars of each receipt in an amount exceeding the limit specified in section 269ST, in aggregate from a person a day or in respect of a single transaction or in respect of transactions relating to one event or occasion from a person received by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year :-

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Amount of receipt
Nil				

31 b(c) Particulars of each payment made in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Nature of transaction	Amount of Payment	Date Of Payment
Nil						

31 b(d) Particulars of each payment in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, made by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year

S.No.	Name of the Payee	Address of the Payee	Permanent Account Number (if available with the assessee) of the Payee	Amount of Payment
Nil				

(Particulars at (ba), (bb), (bc) and (bd) need not be given in the case of receipt by or payment to a Government company, a banking Company, a post office savings bank, a cooperative bank or in the case of transactions referred to in section 269SS or in the case of persons referred to in Notification No. S.O. 2065(E) dated 3rd July, 2017")

31 c Particulars of each repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T made during the previous year :-

S.No.	Name of the payee	Address of the payee	Permanent Account Number (if available with the assessee) of the payee	Amount of the repayment	Maximum amount outstanding in the account at any time during the previous year	Whether the repayment was made by cheque or bank draft or use of electronic clearing system through a bank account.	In case the repayment was made by cheque or bank draft, whether the same was repaid by an account payee cheque or an account payee bank draft.
Nil							

31 d Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year:—

S.No.	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee) of the lender, or depositor or person from whom specified advance is received	Amount of repayment of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year
Nil				

31 e Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received by a cheque or bank draft which is not an account payee cheque or account payee bank draft during the previous year:—

S.No.	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee) of the lender, or depositor or person from whom specified advance is received	Amount of repayment

section 92CE primary adjustment is made ?	primary adjustment	enterprise is required to be repatriated to India as per the provisions of sub-section (2) of section 92CE.	is been repatriated within the prescribed time.	money which has not been repatriated within the prescribed time
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Nil

B(a) Whether the assessee has incurred expenditure during the previous year by way of interest or of similar nature exceeding one crore rupees as referred to in sub-section (1) of section 94B. **No**

(b) If yes, please furnish the following details

Sl No.	Amount (in Rs.) of expenditure by way of interest or of similar nature incurred	Earnings before interest, tax, depreciation and amortization (EBITDA) during the previous year (in Rs.)	Amount (in Rs.) of expenditure by way of interest or of similar nature as per (i) above which exceeds 30% of EBITDA as per (ii) above.	Details of interest expenditure brought forward as per sub-section (4) of section 94B.	Details of interest expenditure carried forward as per sub-section (4) of section 94B:
				Assessment Year	Amount (in Rs.)

Nil

C(a) Whether the assessee has entered into an impermissible avoidance arrangement, as referred to in section 96, during the previous year. (This Clause is kept in abeyance till 31st March, 2021) **No**

(b) If yes, please furnish the following details

Sl No.	Nature of the impermissible avoidance arrangement	Amount (in Rs.) of tax benefit in the previous year arising, in aggregate, to all the parties to the arrangement
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Nil

31 a Particulars of each loan or deposit in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year :-

S.No	Name of the lender or depositor	Address of the lender or depositor	Permanent Account Number (if available with the assessee) of the lender or the depositor	Amount of loan or deposit taken or accepted during the previous year	Whether the loan or deposit was squared up during the previous year	Maximum amount outstanding in the account at any time during the previous year	Whether the loan or deposit was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account.	In case the loan or deposit was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
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Nil

31 b Particulars of each specified sum in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year:-

S.No.	Name of the person from whom specified sum is received	Address of the person from whom specified sum is received	Permanent Account Number (if available with the assessee) of the person from whom specified sum is received	Amount of specified sum taken or accepted	Whether the specified sum was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account	In case the specified sum was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
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Nil

(Particulars at (a) and (b) need not be given in the case of a Government company, a banking company or a corporation established by a Central, State or Provincial Act.)

31 b(a) Particulars of each receipt in an amount exceeding the limit specified in section 269ST, in aggregate from a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion from a person, during the previous year, where such receipt is otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the	Nature of transaction	Amount of receipt	Date Of receipt
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						rate out of (5)		rate out of (7)		Out and 16
1	PNEG164 18D	194J	Fees for pr ofessional or technic al services	1675900	1675900	1675900	167590	0	167590	

34 b Whether the assessee is required to furnish the statement of tax deducted or tax collected. If yes, please furnish the details: **Yes**

S.No	Tax deduction and collection Account Number (TAN)	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the statement of tax deducted or collected contains information about all details/transactions which are required to be reported.	If not, please furnish list of details/ transactions which are not reported.
1	PNEG16418D	26Q	31/07/2019	30/07/2019	Yes	
2	PNEG16418D	26Q	31/10/2019	26/10/2019	Yes	
3	PNEG16418D	26Q	31/01/2020	25/01/2020	Yes	
4	PNEG16418D	26Q	31/05/2020	20/07/2020	Yes	

34 c Whether the assessee is liable to pay interest under section 201(1A) or section 206C(7). If yes, please furnish **No**

S.No	Tax deduction and collection Account Number (TAN)	Amount of interest under section 201(1A)/206C(7) is payable	Amount	Dates of payment
Nil				

35 a In the case of a trading concern, give quantitative details of principal items of goods traded

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil							

35 b In the case of a manufacturing concern, give quantitative details of the principal items of raw materials, finished products and by-products :-

35 bA Raw materials :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Consumption during the previous year	Sales during the previous year	Closing stock	*Yield of finished products	*Percent of yield	Shortage/ excess, if any
Nil										

35 bB Finished products :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil								

35 bC By products :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil								

36 In the case of a domestic company, details of tax on distributed profits under section 115-O in the following forms :-

S.No	(a) Total amount of distributed profits	(b) Amount of reduction referred to in section 115-O(1A) (i)	(c) Amount of reduction as referred to in section 115-O(1A) (ii)	(d) Total tax paid thereon	(e) Total tax paid thereon Amount	Dates of payment
Nil						

A(a)	Whether the assessee has received any amount in the nature of dividend as referred to in sub-clause (e) of clause (22) of section 2. If yes, please furnish the following details:-						No
	Sl No.	Amount received (in Rs.)			Date of receipt		
	Nil						
37	Whether any cost audit was carried out						No
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the cost auditor						
38	Whether any audit was conducted under the Central Excise Act, 1944						No
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor						
39	Whether any audit was conducted under section 72A of the Finance Act, 1994 in relation to valuation of taxable services as may be reported/identified by the auditor						No
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor						
40	Details regarding turnover, gross profit, etc., for the previous year and preceding previous year:						
Sl No	Particulars	Previous Year			Preceding previous Year		
a	Total turnover of the assessee	21338567			17342143		
b	Gross profit / Turnover	0	21338567 %	0	17342143	0.00%	
c	Net profit / Turnover	8649077	21338567 40.53%	7937124	17342143	45.77%	
d	Stock-in-Trade / Turnover	0	21338567 %	0	17342143	0.00%	
e	Material consumed/ Finished goods produced	0	0 %	0	0	0.00%	
(The details required to be furnished for principal items of goods traded or manufactured or services rendered)							
41	Please furnish the details of demand raised or refund issued during the previous year under any tax laws other than Income-tax Act, 1961 and Wealth tax Act, 1957 alongwith details of relevant proceedings						
	Financial year to which demand/refund relates to	Name of other Tax law	Type (Demand raised/Refund received)	Date of demand raised/refund received	Amount	Remarks	
	Nil						
42	Whether the assessee is required to furnish statement in Form No.61 or Form No. 61A or Form No. 61B? If yes, please furnish						No
	Sl No.	Income-tax Department Reporting Entity Identification Number	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the Form contains information about all details/ transactions which are required to be reported.	If not, please furnish list of the details transactions which are not reported.
	Nil						
43	(a) Whether the assessee or its parent entity or alternate reporting entity is liable to furnish the report as referred to in sub-section (2) of section 286						No
	Sl No.	Whether report has been furnished by the assessee or its parent entity or an alternate reporting entity	Name of parent entity	Name of alternate reporting entity (if applicable)	Date of furnishing of report		
	Nil						
A(c)	If Not due , please enter expected date of furnishing the report						
44	Break-up of total expenditure of entities registered or not registered under the GST:(This Clause is kept in abeyance till 31st March, 2021)						
	Sl No.	Total amount of Expenditure incurred during the year	Expenditure in respect of entities registered under GST			Expenditure relating to entities not registered under GST	
			Relating to goods or services	Relating to entities falling under	Relating to other registered entities	Total payment to registered entities	

Total of Plant & Machinery @ 15%		0
Plant & Machinery @ 15%		0
Total of Plant & Machinery @ 15%		0
Plant & Machinery @ 15%		0
Total of Plant & Machinery @ 15%		0
Plant & Machinery @ 15%		0
Total of Plant & Machinery @ 15%		0
Plant & Machinery @ 40%		0
Total of Plant & Machinery @ 40%		0

Deduction Details(From Point No. 18)			
Description of Block of Assets	Sl.No.	Date of Sale etc.	Amount
Building @ 5%			
Total of Building @ 5%			0
Building @ 10%			
Total of Building @ 10%			0
Furnitures & Fittings @ 10%			
Total of Furnitures & Fittings @ 10%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			0
Plant & Machinery @ 40%			
Total of Plant & Machinery @ 40%			0

M/S. GAJANAN HOSPITAL
GAJANAN HOSPITAL, PLOT NO 8, SARVODAYA COLONY, SATBHAI MALA,
AHMEDNAGAR

ASSESSMENT YEAR : - 2020 - 2021 (31.03.2020)
STATUS : - REGISTERED FIRM
P.A.N. : - AAKFG0145Q
WARD : - 1, AHMEDNAGAR
DATE OF INCORPORATION : - 01.05.2011

COMPUTATION OF INCOME

INCOME FROM HOUSE PROPERTY 0

INCOME FROM BUSINESS OR PROFESSION

NET PROFIT AS PER PROFIT & LOSS ACCOUNT	8649077	
LESS : STCG ON SALE OF MUTUAL FUND CONSIDERED SEPARATELY	0	
ADD : DONATION CONSIDERED SEPARATELY	60000	
ADD : DISALLOWANCE U/S. 40 a (i)	0	
ADD : DISALLOWANCE U/S. 40 A (3)	0	
	8709077	
LESS : INTEREST ON CAPITAL		
DR GAJANAN MOHANIRAJ KASHID	0	
DR BHAVANA GAJANAN KASHID	0	0
LESS : SALARY TO PARTNERS		
DR GAJANAN MOHANIRAJ KASHID	2657723	
DR BHAVANA GAJANAN KASHID	2657723	3393630

INCOME FROM CAPITAL GAIN
STCG ON SALE OF MUTUAL FUND 0

INCOME FROM OTHER SOURCE 0

GROSS TOTAL INCOME RS.		3393630
LESS : DEDUCTIONS UNDER CHAPTER VI - A		
DONATION PAID TO IMA BUILDING	0	
DONATION PAID TO SANKALP PRATISTHAN	0	0
TOTAL INCOME RS.		3393630
LESS STCG RS.		0
		3393630
i.e. RS.		3393630

TAX ON NET PROFIT RS. @ 31.20 %	1058813
TAX ON STCG ON SALE OF MUTUAL FUND RS.	0
	1058813

ADVANCE TAX PAID UNDER SECTION 212 ON

BANK	DATE	BSR	CHALLAN NO	AMOUNT	
	13.06.2019	6360186	9	125000	
	13.09.2019	6360186	34	125000	
	12.12.2019	6360186	8	200000	
	15.03.2020	6360186	49	200000	
TDS				417221	1067221

TOTAL TAX PAYABLE RS.		-8408
ADD : INTEREST UNDER SECTION		
234A	0	
234B	0	
234C	933	933
TOTAL TAX AND INTEREST PAYABLE RS.		-7480
SELF ASSESSMENT TAX PAID U/S. 140A		-7480
BALANCE TAX PAYABLE RS.		0

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31ST MARCH 2020

AMOUNT	PARTICULARS	AMOUNT	AMOUNT	AMOUNT
31.03.2019		31.03.2020	31.03.2019	31.03.2020
195460.00	TO PURCHASES			
0.00	LESS: PURCHASE RETURNS			
48000.00	TO ACCOUNT WRITING CHARGES	205230.00	13025460.00	BY IPD RECEIPTS
2160.00	TO ADVERTISEMENT EXP	48000.00	4316683.00	BY PROFESSIONAL FEES RECEIVED
2125000.00	TO ASSISTANT DOCTORS CHARGES	0.00		
100000.00	TO AUDIT FEES	1563900.00		
9545.00	TO BANK CHARGES	120000.00		
1648.00	TO BANK INTEREST	7613.00		
77497.00	TO CLEANING EXPENSES	0.00		
77688.00	TO COMPUTER MAINTENANCE	162203.00		
20000.00	TO CONFERENCE CHARGES	48196.00		
1378737.00	TO CONSUMABLES	10000.00		
60600.00	TO DONATION	2191720.00		
1000.00	TO LEGAL CHARGES PAID	60000.00		
4185.00	TO ELECTRICAL REPAIRS	0.00		
255280.00	TO ELECTRICITY EXPENSES	4796.00		
29420.00	TO HOSPITAL EXPENSES	297040.00		
48209.00	TO INSURANCE	144709.00		
0.00	TO GARDEN MAINT	24274.00		
4161.00	TO MEDICAL EXPENSES	50000.00		
0.00	TO CONSULTANCY CHARGES	24750.00		
529367.00	TO MEDICINES	50090.00		
19680.00	TO MEMBERSHIP FEES	797569.00		
74251.00	TO MISC EXPENSES	15000.00		
58889.00	TO MUNICIPAL TAX	178882.00		
6875.00	TO NEWSPAPER & PERIODICALS	111279.00		
0.00	TO INSPECTION CHARGES	10800.00		
0.00	TO STCL ON SALE OF MUTUAL FUND	257000.00		
99485.00	TO PRINTING & STATIONERY A/C	0.00		
10350.00	TO REFRESHMENT EXPENSES A/C	210884.00		
33081.00	TO REPAIRS & MAINTENANCE	13552.00		
1230797.00	TO SALARY	270486.00		
93573.00	TO SECURITY EXPENSES	2354585.00		
66444.00	TO STAFF WELFARE EXPENSES	165351.00		
30249.00	TO SURGICAL MATERIAL	0.00		
44231.00	TO TELEPHONE EXPENSES	32959.00		
92973.00	TO GAS CHARGES	166290.00		
885.00	TO TRANSPORT CHARGES	3100.00		
225165.00	TO TRAVELLING EXPENSES	532362.00		
0.00	TO INTEREST ON TDS	1010.00		
0.00	TO MUHS REGISTRATION CHARGES	50000.00		
0.00	TO FUEL & PARKING	1000.00		
0.00	TO PROVIDENT FUND PAID	104762.00		
0.00	TO RENT	3600.00		
0.00	TO SUBSCRIPTION FEES	1008.00		
28627.00	TO VEHICLE MAINTENANCE	11599.00		
2321507.00	TO DEPRECIATION (AS PER SCHEDULE "B")	2378689.00		
7937124.00	TO NET PROFIT TRA TO APPROPRIATION A/C.	8649077.00		
17342143.00			21338567.00	21338567.00

PLACE :- AHMEDNAGAR
DATE :- 03.01.2021



FOR P. S. BHANDARI & ASSOCIATES
CHARTERED ACCOUNTANTS

CA. PRASAD S. BHANDARI
(PARTNER)
UDIN - 21121971AAAAA3523

M/S. GAJANAN HOSPITAL

(PARTNER)

PROFIT & LOSS APPROPRIATION ACCOUNT
FOR THE YEAR ENDED 31ST MARCH 2020

AMOUNT 31.03.2019	PARTICULARS	AMOUNT 31.03.2020	AMOUNT 31.03.2019	PARTICULARS	AMOUNT 31.03.2020
0.00	TO NET LOSS TRANSFERRED FROM PROFIT & LOSS ACCOUNT	0.00	7937124.00	BY NET PROFIT TRANSFERRED FROM PROFIT & LOSS ACCOUNT	8649077.00
0.00	TO INTEREST ON PARTNER'S CAPITAL	0.00			
0.00	GAJANAN KASHID	0.00			
0.00	BHAVANA KASHID	0.00			
2444317.00	TO SALARY TO PARTNERS	2657723.00			
2444317.00	GAJANAN KASHID	2657723.00	5315446.00		
	BHAVANA KASHID				
970036.00	TO PROV. FOR INCOME TAX @ 31.20 % ON	3393631.00	1058813.00		
	TO SHARE OF PROFIT TRANSFERRED TO PARTNER'S CAPITAL ACCOUNT				
1039227.00	GAJANAN KASHID	1137409.00			
1039227.00	BHAVANA KASHID	1137409.00	2274818.00		
<u>7937124.00</u>			<u>8649077.00</u>		<u>8649077.00</u>

PLACE :- AHMEDNAGAR
DATE :- 03.01.2021

FOR P. S. BHANDARI & ASSOCIATES
CHARTERED ACCOUNTANTS

CA. PRASAD S. BHANDARI
(PARTNER)
UDIN - 21121971AAAAAAA3523



M/S. GAJANAN HOSPITAL

(PARTNER)

M/S. GAJANAN HOSPITAL
GAJANAN HOSPITAL, PLOT NO 8, SARVODAYA COLONY, SATBHAI MALA,

SCHEDULE " A " PARTNER'S CAPITAL ACCOUNT AS ON 31.03.2020

SR.NO.	NAME OF THE PARTNER	%	OPENING BALANCE	ADDITION	INTEREST	SALARY	S.O.P.	TOTAL	WITHDR-AVAL	CLOSING BALANCE
1	DR GAJANAN MOHANIRAJ KASHII	50.00%	10913742.50	477981.00	0.00	2657723.00	1137409.00	15186855.50	4259378.00	10927477.50
2	DR BHAVANA GAJANAN KASHID	50.00%	6909359.50	0.00	0.00	2657723.00	1137409.00	10704491.50	4388345.00	6316146.50
TOTAL :-			17823102.00	477981.00	0.00	5315446.00	2274818.00	25891347.00	8647723.00	17243624.00



Ahmednagar Municipal Corporation
FULL OCCUPANCY CERTIFICATE



Approval No. : DDMCN/FO/2022/APL/00473
Proposal Code : DDMCN-22-ENTRY-25069

Building Proposal Number - 110929
Date : 08/04/2022

Building Name :	Institutional(Hospital) Floor :	Ground Floor(90.61 Sq mt),First Floor(121.82 Sq mt),Second Floor(121.82 Sq mt) (90.61 Sq mt)
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To,
GAJANAN MOHINIRAJ KASHID AND OTHER,
C.T.S.NO.7396P,SAWEDI,AHMEDNAGAR

Sir/Madam,

The FULL development work / erection re-erection / or alteration in of building / part building No / Name **Hospital** Plot No **7396P**, City Survey No./Survey No./Khasara No./ Gut No. **7396P**, Village Name/Mouje **Sawedi**, completed under the supervision of **Engineer**, License No as per approved plan vide Permission No. **BPA/01849/2017-18** Date **31/03/2018** may be occupied on the following conditions -

1. Authority will supply only drinking water as per availability
2. All Conditions mentioned in NOC of Tree, Water & Drainage department will be binding.
3. It is responsibility of Developer / Society to keep in Operation the system of Solar Water system & Rain Water Harvesting system.(if applicable)
4. It is responsibility of Developer / Society to keep in Operation the system of CCTV, Lift & Organic Waste Disposal.(if applicable)

Please refer approved plan issued vide Permission No BPA/01849/2017-18 Date 31/03/2018


Signature valid

Digitally signed by Rajesh Chakraborty
Charthankar
Date: 2022.04.08 12:22 IST
Reason: Approved Certificate
Location: Ahmednagar Municipal Corporation



Scan QR code for verification of authenticity.

Yours faithfully,
Assistant Director Town Planning.


Dr. Gajanan Mohiniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



अहमदनगर महानगरपालिका, अहमदनगर

(नियम क्र 6 (A))



बांधकाम परवाना मंजूरी (अधिकृत)

बांधकाम परवाना क्रमांक :- BPA/01849/2017-18
दिनांक :- 06/03/2018

प्रति, श्री गजानन मोहनीराज काशिद व इतर
सातभाई मळा, अहमदनगर

विषय:- बांधकाम परवाना मंजूरी (अधिकृत) मंजूरी देणेबाबत.

संदर्भ:- अर्ज क्र. - 8118010200023 अर्ज दि. - 02/01/2018

महोदय / महोदया ,

आपण खालील ठिकाणी अन्वये विकास कार्य करण्यासाठी बांधकाम परवाना मिळण्यासाठी दि : 02/01/2018 रोजी केलेल्या अर्जास अनुसरून या खालील व पाठीमागे दिलेल्या शर्ती व अटीस पात्र राहून आणि सोबत जोडलेल्या मंजूर बांधकाम नकाशावर लाल रंगाने दर्शविलेल्या सुधारण्यास पात्र राहून आपणास हे प्रारंभ प्रमाणपत्र नुसार हा बांधकाम परवाना देणेत येत आहे.

प्लॉटचे एकुण क्षेत्रफळ: मिश्र वापरासाठी (238.75 चौ.मि.)

बांधकाम तपशील : निवासी वापरासाठी दुसरा मजला(121.82 चौ.मि.), बिगर निवासी वापरासाठी तळ मजला(90.61 चौ.मि.) व पहिला मजला(121.82 चौ.मि.).

बांधकामाच्या जागेचे वर्णन

मौजा / सि.स.नं.	:- 7396 (P)	त.सा.क्र. / स.नं. (सर्व्हे नं.) :-
गट क्र. / ख.क्र./ भूखंड क्र./ विभाग	:- सावेडी	प्लॉट क्र. :-
रस्ता/प्रभाग क्र.	:- सातभाई मळा	शहर :- अहमदनगर
प्लॉटचे क्षेत्रफळ	:- 238.75	हिस्सा क्र. :-
बांधकामाचे क्षेत्रफळ	:- 334.25	नगर :- सावेडी

खास शर्ती / अटीवर

- रस्तारंदीमुळे सोडावी लागणारी खुली जागा सार्वजनिक रस्त्यात समाविष्ट होईल
- प्रारंभ प्रमाणपत्र बांधकाम परवाना हा दिल्या तारखेपासून एक वर्ष मुदतीकरिता आधारभूत राहिल.ही मुदत संपण्यापूर्वी त्याचे नुतणीकरण करून घ्यावे लागेल व ते प्रचलित नियमानुसार योग्य असल्यास त्या वेळी केले जाईल
- कोणाचे हक्कावर अगर इजमेंटवर अतिक्रमण करणेचे नाही.
- मंजूर नकाशाप्रमाणे जागेवर आखणी झाल्यावर त्यास पुढील काम करण्यापूर्वी म.न.पा. कडून प्रमाणित करूनच नंतर पुढील काम करता येईल.
- प्लीथ लेवल पर्यंत (जोत्यापर्यंत) काम झाल्यावर ते बरोबरच असल्याबाबत म.न.पा. कडून प्रमाणित करूनच नंतर पुढील काम करता येईल.
- बांधकाम समाधानकारकपणे पूर्ण झाल्याचा दाखला म.न.पा. कडून प्रमाणित मिळाल्यानंतरच इमारतीचा वापर करता येईल.
- प्रस्तावित विकास अर्बन लॅंड (सिलींग व रेग्युलेशन) अॅक्ट 1976 चे तरतुदीस पात्र राहण्याचा आहे
- महसुल खात्यातर्फे बिगर शेती परवानगी घेतल्याशिवाय कुठल्याही विकास करायचा नाही .
- बांधकाम करत्यावेळी बांधकाम साहित्याने जर म.न.पा जागा व्यापत असेल त्याचे रितसर भाडे इतके भरणे आहे.साहित्य टाकल्यामुळे रहदारीला अडथळा होता कामा नये याची दक्षता घ्यावी .
- सदर जागेत किमान वीस झाडे लावणे व जोपासना जरूरी आहे.
- संदर्भित प्रकरणी मालकी हक्क कुळ इ सर्व हक्कांसंबंधी कोणत्याही उदभवणा-या बाबींची जबाबदारी म.न.पा वर राहणार नाही याची त्यांना स्पष्ट दखल देण्यात येत आहे या बाबतच्या सर्व तक्रारींचे निवारण त्यांनी व त्या कोणाचे अर्जदार यांचे हक्काबाबत तक्रार असल्यास त्यांनी योग्य त्या न्यायालयातून परस्पर दुर करून घेणे गरजेचे आहे .
- मंजूरी दिलेल्या सविस्तर नकाशात जो प्रास्तविक बांधकामचा वापर दर्शविला आहे त्या साठीचा त्याचा वापर करणे आवश्यक आहे.

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



अहमदनगर महानगरपालिका, अहमदनगर



{नियम क्रं 6 (A)}

13. दिलेली माहिती चुकीची अथवा दिशाभूल करणारी असल्याचे आढळल्यास सदरचे प्रारंभ प्रमाणपत्र रद्द करण्यात येईल
14. संडास प्लश पध्दतीचा आहे . इतर सांडपाण्यासह ते म.न.पा. ड्रेनेजला रितसर जोडणे . संडास सेप्टिक टँक पध्दतीचा बांधावा त्याचे पाणी सोकपीट मध्ये मुरावावे इतर सांडपाण्याचा निचरा महानगरपालिकेने दिलेल्या सुचनेनुसार समाधानकारकपणे करावा.
15. स्वतःची मालकी नसलेल्या जागेवर बांधकाम अथवा बांधकामाचे प्रोजेक्शन करता कामा नये .
16. नियम क्रमांक 25/3/1 प्रमाणे सेप्टिक टँकची क्षमता ठेवणे आवश्यक आहे .तसेच भुमीगत गटार असल्यास त्याचे कनेक्शन साठी आरोग्य विभागाची पुर्व परवानगी घ्यावी.
17. नियोजित बांधकामाच्या जागेवर खालीलप्रमाणे सविस्तर माहिती दर्शविणारा ठळक अक्षरातील फलक उभारावा .
18. अ)जागा मालक ,विकसीत करणारा आर्कीटेक्ट इंजिनियर क्लॉन्ट्रॅक्टर यांचे नाव व सविस्तर पत्ते
19. ब) जागेचा सर्व्हे नंबर /सि.स.नं /अं.भु क्र. वार्ड नंबर व भुखंडांची हद्दी दर्शविणे .
20. क) विकास कामाचा परवानगी नंबर व दिनांक
21. ड) मंजूर बांधकामाचे क्षेत्र
22. इ) वाणिज्य रहिवास वापराच्या सदनिकांची संख्या .
23. फ) मंजूर नकाशा पहावयास मिळण्याचे ठिकाण व पत्ता
24. तसेच या ठिकाणी वाणिज्य अथवा रहिवास अथवा दोन्हीही वापरास सदनिकांचे बांधकाम असेल त्याबाबत वरील अ.क्र.नं.1 मधील अ ते क ची माहिती दोन सर्व दुर खपाच्या व त्यापैकी एक स्थानिक मराठी वर्तमान पत्रामध्ये जाहिरातीच्या स्वरूपात प्रकाशित करणे आवश्यक आहे.
25. बहुमजली इमारतीमध्ये तळमजल्यावर पोस्ट विभागाचे सुचनानुसार प्रत्येकी सदनिका निहाय पेटी कायम स्वरूपात ठेवण्यात यावी.
26. स्टीलट पार्किंग प्रस्तावित असल्यास त्याची जमीन पातळी चे छताच्या तळापर्यंतची कमाल उंची 2.20 मीटर असावी. तसेच पार्किंगची जागा कायम खुली ठेवण्यात येवून तीचा पार्किंग म्हणूनच वापर करण्यात यावा.
27. पोर्चचे बांधकाम लिटल लेवलला करावे व ते भुखंडाच्या हद्दीपासुन 1.50 मीटर सोडुन असावी.
28. नियोजित व अस्तित्वातील इमारतीच्या बांधकामाच्या स्ट्रक्चरल स्टॅबिलिटीबाबत अर्जदार संबंधित इंजिनियर व आर्कीटेक्ट हे सर्वस्वी जबाबदार राहतील.
29. नियोजित इमारतीचे बांधकाम करताना आजुवाजुच्या इमारतीला धोका पोहचणार नाही याची दक्षता घ्यावी.
30. इमारतीच्या छतावरील पावसाचे पाणी साठवणुक करुन वापर करणे व जल:पुर्नभरणासाठीची व्यवस्था करणे बंधनकारक आहे.
31. पार्किंग कॉमन टेरेस इत्यादींचा वापर फक्त त्या त्या विहित कारणासाठी करता येईल व तशी लेखी पुर्वसुचना संभाव्य गाळे धारकास देण्याची जबाबदारी प्रवर्तकाची राहिल.
32. सौर उर्जा सयंत्र बसवुन पारंपारिक उर्जेचा वापर करुन विजेची बचत करण्यात यावी.
33. कंपौडवाल बांधकाम करणेपुर्वी तालुका निरीक्षक भुमी अभिलेख यांचेकडुन भुखंडाची हद्द मोजणी करुन घेणे आवश्यक आहे.
34. कंपौडवाल बांधकाम करताना वाहत्या पाण्याच्या नैसर्गिक प्रवाहास कोणत्याही प्रकाराचा अडथळा येणार नाही . तसेच कोणत्याही प्रकारचे अतिक्रमण होणार नाही याची दक्षता घ्यावी
35. सदर मंजूर बांधकाम परवानगीत वा मंजूर नकाशा आराखड्यात व कागदपत्रात फेरफार केल्यास तसेच सदर बांधकाम परवानगीचा गैरवापर केल्याचे निदर्शनास आल्यास सदर बांधकाम परवानगी तात्काळ रद्द समजण्यात येईल.

यणेप्रमाणे परवाना दिला असे ,

बांधकाम परवाना क्रमांक
दिनांक

-: BPA/01849/2017-18

-: 06/03/2018

प्रत माहितीसाठी
कर निर्धारण अधिकारी

अहमदनगर महानगरपालिका, अहमदनगर

अहमदनगर महानगरपालिका

नगररचना विभाग

जा. क्र. / डी. फी.

दिवस -

9EC2
3913109C



सहाय्यक संचालक, नगररचना
अहमदनगर महानगरपालिका, अहमदनगर

Dr. Gajanan Mohinraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



अहमदनगर महानगरपालिका, अहमदनगर
इमारत वापर प्रमाणपत्र
(नियम क्र.७.७)

प्रति, डॉ० गजानन मोहनीराज काशीद व शर एड,
स्नातकशिक्षक,
अहमदनगर (तळमजला + पहिला मजला - जिवाडी)

असे प्रमाणित करण्यात येते की स.नं..... न.र.यो.क्र.....
फा.प्लॉ.नं..... प्लॉ.नं. सि.स.नं. ७३९६ वरून १९८३
ठिकाण स्नातकशिक्षक या जागेत केलेल्या इमारतीचे बांधकाम हे दि. १०/२/२०१४ रोजी बांधुन
पूर्ण केलेले असून आर्किटेक्ट/इंजिनियर श्री. महेश जी भूवे
परवाना क्र. ५२१२०१४ यांच्या देखरेखीखाली त्यांनी प्रमाणित केलेल्या योग्य बांधकाम साहित्यानिशी
तपशिलाबरोबर अथवा पूर्ण बांधुन पूर्ण केलेले असल्याने तीचा वापर करण्यासाठी खालील अटीवर देण्यात येत आहे.

- १) मंजूर बांधकाम नकाशा व्यतिरिक्त नंतर जादा बांधकाम केल्याचे आढळून आल्यास कायदेशीर कार्यवाही करणेत येईल.
- २) इमारतीमध्ये अंतर्गत व बाह्य बदल तसेच कंपाऊंड वॉलचे बांधकाम करावयाचे झाल्यास ती महानगरपालिकेची परवानगी घेऊन बांधकाम करणे आवश्यक आहे.
- ३) केलेल्या बांधकामाचा दर्जा निकृष्ट असल्यास व एखादी दुर्घटना घडल्यास त्याची जबाबदारी महानगरपालिकेची राहणार नाही.
- ४) सांडपाण्याची व ड्रेनेजची व्यवस्था योग्य रितीने होत नसल्यास व तशा तक्रारी आल्यास ती दुरुस्ती करण्याची जबाबदारी आपणावर राहिल व न केल्यास इमारत वापर प्रमाणपत्र रद्द करण्यात येईल.
- ५) नियमानुसार सोडावयाच्या समास अंतरामध्ये कमीतकमी १२ ते १५ झाडे लावून जोपासण्यांस द्यावी.
- ६) सांडपाणी व्यवस्थेबाबत भविष्यात काही वाद उद्भवल्यास त्याची सर्वस्वी जबाबदारी अर्जदार यांची राहिल.
- ७) सदर बांधकामाचे सक्षमतेबाबत संबंधीत आर्किटेक्ट, इंजिनियर जबाबदार राहतील.
- ८) सदर इमारतीचे घड्याळाने सोडावयाचे सामासिक अंतरामध्ये कसल्याही प्रकारे बांधकाम अथवा बांधकामाचे प्रोजेक्शन करता काम नये.
- ९) पार्किंगसाठी खुले सोडण्यांत आलेले कव्हर्ड पार्किंग क्षेत्र हे कायम स्वरुपी खुले ठेवण्यांत यावे.
- १०) सौर उर्जा सयंत्र बसवून पारंपारिक उर्जेचा वापर करून विजेची बचत करण्यांत यावी.
- ११) इमारतीच्या छतावरील पायसाचे पाणी साठवणूक करून वापर करणे व जल पुर्णभरण साठीची व्यवस्था करणे बंधनकारक आहे.
- १२) वरीलपैकी कोणत्याही अटीचे उल्लंघन झाल्याचे आढळून आल्यास देण्यात आलेले भोगवटा प्रमाणपत्र रद्द करण्यांत येईल. सोबत नकाशा जोडला आहे.
सोबत नकाशा जोडला आहे.

जा.क्र. टी.पी./४७५९ दिनांक : १९/१२/२०१४
प्रत- वसुली विभाग, म.न.पा.अहमदनगर
वॉर्ड क्र. : २६
बील क्र. : २२२ ६०८८६००

A-D
नगर रचनाकार,
अहमदनगर महानगरपालिका, अहमदनगर

Dr. Gajanan Mohaniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834



Ahmednagar Municipal Corporation
FULL OCCUPANCY CERTIFICATE



Approval No. : DDMCN/FO/2022/APL/00473
Proposal Code : DDMCN-22-ENTRY-25069

Building Proposal Number - 110929

Date : 08/04/2022

Building Name :	Institutional(Hospital) Floor :	Ground Floor(90.61 Sq mt),First Floor(121.82 Sq mt),Second Floor(121.82 Sq mt) (90.61 Sq mt)
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To,
GAJANAN MOHINIRAJ KASHID AND OTHER,
C.T.S.NO.7396P,SAWEDI,AHMEDNAGAR

Sir/Madam,

The FULL development work / erection re-erection / or alteration in of building / part building No / Name **Hospital Plot No 7396P**, City Survey No./Survey No./Khasara No./ Gut No. **7396P**, Village Name/Mouje **Sawedi**, completed under the supervision of **Engineer**, License No as per approved plan vide Permission No. **BPA/01849/2017-18** Date **31/03/2018** may be occupied on the following conditions -

1. Authority will supply only drinking water as per availability
2. All Conditions mentioned in NOC of Tree, Water & Drainage department will be binding.
3. It is responsibility of Developer / Society to keep in Operation the system of Solar Water system & Rain Water Harvesting system.(if applicable)
4. It is responsibility of Developer / Society to keep in Operation the system of CCTV, Lift & Organic Waste Disposal.(if applicable)

Please refer approved plan issued vide Permission No BPA/01849/2017-18 Date 31/03/2018

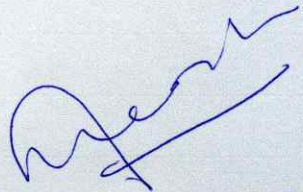
Signature valid

Digitally signed by Ram Chhikankar
Charthanker
Date: 2022.04.08 11:22 IST
Reason: Approved Certificate
Location: Ahmednagar Municipal Corporation



Scan QR code for verification of authenticity.

Yours faithfully,
Assistant Director Town Planning.


Dr. Gajanan Mohiniraj Kashid
M.B.B.S.M.S. (ENT)
Endoscopic Surgeon
Reg. No. 2001/08/2834