#### ANNEXURE-"B"

#### (INSTITUTIONAL INFORMATION)

#### **Particulars of Director / Dean / Principal**: (Who so ever is Head of Institution) 1.

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	То	Total experience
HOD &Associate Professor	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
		<b>Total Expe</b>	rience	16Yrs4mths

#### 2. Management/Society/Inst. Information :

	<ul><li>i) Name of the Society/Institution/</li><li>College/University Department:</li></ul>	GAJANAN HOSPITAL, Advanced Endoscopic E.N.T. Surgery Center& Snoring Treatment Center			
01	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,			
	iv) E-mail ID:	entgajanan@rediffmail.com			
	Society/Institution/Collins	i)Public Trust Act 1950: F/11210/Ahmednagar			
02	Society/Institution/College Registration Number and date:	ii)Society Registration Act 1860: MH/64/08/Ahmednagar			
	registration ramber and date.	iii) Year of establishment: 2008			
	and the second sec	vi)Copies of Registration, Constitution and Memorandum of Association attached? Yes -Appendix 'A'			
_	Hospital Information :				
	(It is mandatory for Training	i) GAJANAN HOSPITAL,			
0.2	Centre/applying Institute to have their	Advanced Endoscopic E.N.T. Surgery Center& Snoring Treatment Center			
03	<ul> <li>own functional Hospital as per norms )</li> <li>i) Name of the Hospital</li> </ul>	ii) Bombay Nursing Act: AMC/Hosp./562			
	ii) Nursing Home Registration No.	iii) Year of establishment: 2008			
	iii) Establishment Year	– 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			
04	course is to be conducted.	Plot no.8, Opp. Sarvoday Colony, Satbhai Mala, Delhigate,			
	ii) Postal Address, with PIN:	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	and the second sec	Institute Recognition Fees: Bank Name: SBI DD No: 696075, DD Date: 02/03/2017 DD Amount: Rs. 100000/- (Rupees One Lakh only)
	Affiliation Fee details: (Bank/DD No./DD Date/DD Amount)	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 AttachedAppendix '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/-
08	Management Resolution seeking	iv) 2022 Rs.:3,00,000/-
00	Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Copy of Management Resolution attached Yes

	Luden Contraint (Constitute Serie)	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:	
I	a) Land:	Yes, Area: 5000 Sq.Feet
Γ	i) Whether the land is owned by the	Copy of land documents i.e. 7/12 extract, Property
	Applicant Institute/College/ Trust:	Card, etc. attached? Yes —Appendix'E'
5	ii) Whether the land is registered?	Yes Registration Certificate attached? Yes -Appendix 'F'
9	iii) Any loans, mortgage, etc. shown against the title of the land:	N.A.
Γ	b) Building:	5000 sq. ft.
	i) Total built-up area:	Certified copy of Building Plan attached? Yes
- 1		— 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:
- Year / Month up to which latest Foreign Journals available:
- Internet / Med pub / Photocopy facility:
- Library opening times:
- Reading facility out of routine library hours:

4. Recreational facilities:

Play grounds: Available

Gymnasium: Available

April 2020

April 2020

9:00 A.M. to 12:00 P.M.

available

available

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.

GAJANAN HOSPITAL ADVANCED ENDOSCOPIC ENTSURGERY

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

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



CENTER & SNOARING TREATMENT CENTEP 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. Ame outword 55 04.07-04-2021

This is to certify that Shri / Smt. <u>DR. Gajanan Monanikaj</u> <u>Kashid</u> has been registered under the Maharashtra Nursing Homes Registration Act is respect of <u>Gajanan Hospital</u> situated at <u>Sathhai Maia, Delhigate, Anmedhagas</u> and (<u>C20 Bed Capacitt</u>,

Has been authorised to carry on the said nursing home

Registration No. :- 562

Date of Registration :- \S / OS / 20 07

Place : Ahmednagar

Date of Issue of Certificate :- 07 / 04 /202)

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

Dr. Gajanan Mohniraj Kashid

M.B.R.S.M.S. (ENT) Endoscopic Surgeon Reg. No. 2001/08/2834

ANII ASHOK BORGE

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

S.Bhagwat AHMEDNAGAR MUNICIPAL CORPORATION, AHMEDNAGAR. Health Department CERTIFICATE OF REGISTRATION Reg. No. 669 (See rasol No.2 (9)(a)(1)date 26/9/2002) Date of Issue 7 4/202 This is to certify that Shri/Amt. DR. agjanan m. Kashid has been registered under the Resolution No.2 (9)(A)(1)26/9/2002) in Respect of His Clinic / consultation / Dispensary / HOSPIta Situated at Sat bhai Maia Pathological Laboratory G g Jana Delhigate, Anmednager. cusH CUINIC Ahmednagar and has been Authorisrd to carry on the medical practice in municipal corporation limits details of his / ber Qualifications 59. B.B.S. M.S. CEAT 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 FOLAR 2 Date of Registration 05/04/2018 Signature of the registratering Hthority Blampion 1 . ......

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

۹.	पावती क्रमांक	1:	9920600392626603						
ર.	अर्जाचा ( <b>सूचनापत्राचा) आयडी क्रमांक</b>	:	90042444						
з.	आस्थापनेचे नाव	1:	गजानन हॉस्पिटल GAJANAN HOSPITAL				in and		
8.	कामगारांची एकूण संख्या		8	•			<u></u>		
			पुरुष	स्री	इतर	एकूण	-		
			2	2	0	8			
9.	अ) मालकाचे नाव		डॉ. गजानन मोहनीराज काशीद DR GAJANAN MOHANIRAJ KASHID						
	ब) आरथापनेचा पत्ता	ः स. नं. ७३९६, सर्वोदय कॉलनी, सातभाई माळा, नगर, अहमदनगर (महानगरपालिका.), नगर, अहमदनगर, ४१४					009		
~~ (	सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्य व्यवसाय अथवा व्यवसायाची जागा अस्तित्त्वात असल्याबद्दलच असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात प मालकाची राहिल. ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालग कायद्यांतर्गत ग्राहृय धरता येणार नाही.	। पुरा रवान	ठ कार्यालयास वा नाही. व्यव ागी, अनुज्ञप्ती	न पाठविलेल्स सायासाठी व , परवाना धार	ग सूचना पत्राच व्यवसायाच्या रण करण्याची र	ो पोच पावती असू जागेसाठी आवश्य प्तर्वस्वी जबाबदार्र	न .		
9.	व्यवसायाचे स्वरुप	•	हॉस्पिटल/	HOSPITAL					
с.	पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास	:	98200003	90903882	20/08/	୧୦୦ଓ			

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

नांक : २०-०१-२०१९

काण्: Anmednagar

ार्यलियाचा पत्ता : Office of the Assistant Commissioner of Labour ,Ahmednagar, Address- 3rd Floor,Loksatta Building,

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

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# **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: 20-01-2018Surveillance 1 Audit Date: 20-12-2018Surveillance 2 Audit Date: 20-12-2019

Issue Date : 20-01-2018 Expiry Date : 19-01-2021

UAF is Full Member of International Accreditation Forum (IAF)



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

**Signature of Directo** 

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

SAARA MANAGEMENT SYSTEM PRIVATE LIMITED No. 2001/03/2834 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

# INDIA NON JUDICIAL

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8 AUG 2019

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#### महाराष्ट्र MAHARASHTRA O 2018 O UP 298233 151BIKPIERR असिङ्गापत्र कोणाकर सादर करावयाच CHERT SAMPINE WATCHEN ייי ועדום שוטוויוג אופואת गुद्रातः विकांत धगान्याचे नाव व पत्नार् ह मुद्राक शाजार अ.ज. ६(30 मुद्राव विकत धनान्याची सही 2 3 JAN 2019 रवन्य सामायदी, पराग चिल्डींग, नग भूतीक विकेल् א האמערוענגעויי איי אי יויירווט אנו לי יאי שיי איי איי איי אוט אוואוט אנו אנו אייי איי 2931

#### 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

8 AUG 2019

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

## Common Blo. Medical Waste Management and Dispos

#### 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 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.

 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.
 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, big 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. Ahmendnagar 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. Ahmendnagar 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 GENETATOR 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 biodegradable plastics bags will be provided free to the Generator. 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 it 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 20<sup>th</sup> 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 disposed

to M/S. Bio- Clean System India Pvt. Ltd. Ahmednager. 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 andmake 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.

女

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 in deducting tax at source shall apply.

2 M/S. Bio - Clean System India Pvt. Ltd. Ahmednagar shall molemnify all costs, expenses, damages etc. in relation to handling ishandling / 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

# actives at after hearing the view point of M/S. Bio-

**Cican 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.

India Pvt. Ltd.

Gajanan Hospital, Dehligate,

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

> ADVORTES NUTARY PUBLIC HIRVE LANDINAL EBAON, AHMEDNAGAN

S.NO. DDH/NT/ 08/08/2019

8 AUG 2019





[Spl.--Exc.239 e.

LICENCE No. 50/20/2

#### 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 **BP** Shrl. KetShid. Geoge Leath Multichire for Surference of the second structure of the second st

#### Conditions

1. The licensee shall not use the spirit for any purpose except for medical use.

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 licensee 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 conditioners and 6, the licensee may transport, possess and use spirit obtained under this licence, throughout the State of Managishtra if the quantity of shirit to be transported, possessed or used dose not exceed [fifteen] boildes, and this licence accompanies such transport possession or use and is produced for inspection of demand by any officer empowered under section 77a1 of the Bombay Prohibition Act, 1929. The certificate shall remain with the stock of denatured spirit held at the licensed methods.

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 reneved onlits 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.

IL HAL 0/10/12 Seal Superintendent of Prohibit गज्य उत्पादन शुल्क भाग अहमदनगन



मदनगर महानगरपालिका, आरोग्य विभाग कार्यालय - जुने म.न.पा कार्यालय, यतिमखान्या समोर, म.न.पा. रोड, अहमदनगर. फोन : ०२४१ - २३४३००४ फॅक्स : ०२४१ - २३२४८२३ बेटी बचाओ ई-मेल : anagar.rch@gmail.com े वेबसाईट - www.amc.gov.in save the girl child 946 A.26/08/12092 सांडपाणी व्यवस्थेचे प्रमाणपत्र प्रति. श्री डा गजहान महीनेराज कारिद पता- जाजानन हरियारत दिस्सीट अहमदनगर विषय- इमारतीचे सांडपाणी व्यस्थेचे प्रमाणपत्र बाबत. संदर्भ- १) आपला दिनांक-24/4 /२०१८ चा अर्ज. २) कार्यालयाचे स्वच्छता निरीक्षक यांचा दि 27/4 /२०१८ चा तपासणी अहवाल. वरील विषयांकीत संदर्भान्वये प्रमाणपत्र देण्यांत येतो की, आपल्या स.नं. 7396 लॉ.न. 8 ...... ठिकाण- जाजानन ट्रास्यरिटट TCESSDIC. 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 मंजुर नकाशे प्रमाणे बांधकामाबाबत नगररचना विभागाकडून खात्री करन घेवुन पुतता करणे आवश्यक आहे.

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

वैद्यकिय आरोग्य अधिकारी अहमदनगर महानगरपालिका अहमदनगर

प्रयोग केंद्र श		टीप :	٩٥	\$	~	6	ŝ	ء	~	w	~	م	م	ं न स		<b>퓐</b>				
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प्रयोगशाळेत तपासलेल्या पाणी नमुन्याची माहिती संगणकावर व केंद्र शासनाच्या संकेतस्थळावर घेण्याबाबत खात्री करण्यात आली आहे.	and	ी तमुन्याची माहि									हावितेदले	5	N	वाडी/वस्ती चे नाव	_ 0			अपार्वभागाय प्रयोग शाळा : )जुल्ह)	6	
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	अनुणावक याना कर												6	अवलंबून असलेली लोकसंख्या	- वाठार	नेहाय अनुजैविक तप			यंत्रणा, अहमदुन	निक
वरिष्ठ भूवेज्ञानिक भूसविष, अहमदनगर											28 3 19		~	पाणी नमुने गोळा केल्याचा दिनांक व वेळ	जिल्हा -	सणी अहवाल			नगर	
	सहायक									L10101	nolalia	-	•	पाणी नमुने तपासल्याचा दिनांक	अं नगर					
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## अहमदनगर महानगरपालिका, अहमदनगर

दूरघ्वनी 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. 🤉

दिनांक 90/ 09/ 2009

प्रति, डॉ.गजानन मोहनीराज काशिद , गजानन हॉस्पीटल, सातभाई मळा, दिल्लिगेट ,अहमदनगर.

> विषयः- अग्निशमन ना हरकत प्रमाणपत्राच्या नुतनी करणाबाबत. संदर्भः- 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 हॉस्पीटल, सातभाई मळा, दिल्लिगेट अहमदनगर हॉस्पीटल 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 पढील 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.

श्री शं<u>कर उ</u>त्तम मिसाके मुख्य अग्निशमन अधिकारी अहमदनगर महानगरपालिका



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

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

#### 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,



[विशेष-ध. आ. (मुं. सा. वि.) २-म.



11

नौंदणींचे प्रमाणपन्न

याद्वारे प्रमाणपत्र देण्यात येते की, खाली वर्णन केलेली सार्वजनिक विदयस्तव्यवस्था ही आज, मुंबई सार्वजनिक विदयस्तव्यवस्था अधिनियम, १९५० (सन १९५० चा मुंबई अधिनियम कमांक २९) या अन्वये अहमस्वयमर विभाग, लहमदत्वमर। येथील सार्वजनिक विदयस्तव्यवस्था नोंदणी कार्यालयात योग्य रीतीने नोंदण्यात आलेली आहे.

सार्वजनिक विश्वस्तव्यवस्येवे नाव के शाहिर किस्नित्रत हो सामाजिक संस्था, मु. वी: वीद्येगीत.ता श्रीवजीव सार्वजनिक विश्वस्तव्यवस्थांच्या नोंदणी पुस्तकातील कनांक मिटिही 5499290 -की सिन्ध भरत गरे ापत्र दिले.

आज दिनांक २१ १० २००५ रोजी माझ्या सहीनिक्ती दिले.

धमात

K

- ABIE

शित्रका

सहो व धमदिाय आयुक्त सहाय्य पदनाम तहमदनगर,

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

[विशेष-ध. भा. (मुं. सा. वि.) ५०-म.

## Nº 045842



## नोंदणी प्रमाणपत्र

संस्था नोंदणी अधिनियम, १८६०

(१८६० चा अधिनियम २१)

महा / ६,४ /० ( अहमदनगर नोंदणो क्रमांक:

याहारे असे प्रमाणित करण्यात येते की, की आगहिर किसनराव गोरे

सामाजिक संस्था, मु जो बाद्यांगात लाज्योगांत

गितिही. अहमदिन २१२ खाठील तारखेस संस्था नोंदणी अधिनियम, १८६० (सन १८६० चा अधिनियम २१) अन्वये योग्परित्या नोंदणी करण्यात आली.



रोजी माझ्या सहीनिशी दिले.

बहारयं के सामक मिक्रंअन

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

प्रति,

दिनांक :- 2019 106

## 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 आहोत.

- 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 १८६०अन्वये त्वरीत नोंदवावी अशी विनंती.

आपला विश्वास

श्री विनय भरत गोरे अर्जदार

विनय भरत गोरे

TRUCK

सार्वजनिकः स्वयः अहलदनगरं विषणः आस्तदनगरं "मनिमा" मार्विम्बलासं लाग्रा भिल्दीयः दस्तिक ग्रीकः वर्णवगदी दस्तिक ग्रीकः वर्णवगदी हरेणनं स्वयः अहन्द्रापरं-६१४७२९

महेश रामनाथ गोरे

बाबासाहेब रामकिसन वाबळे

- १. संस्थेचे नांव :- कैं जाहीर किस्तात्मा ने कोर्ट तामा जीक र्संख्या.
- संस्थेच्या कार्यालयाचा पत्ताः- मु.पो.बोधेंगगंव, ता.शेवगांव, जि.अहमदनगर
- ३. संस्थेचे उद्देश :- खालील प्रमाणे राहतील-

शैक्षणिक उद्देश -

- १. नर्सरी स्कुल, अंगणवाडी, बालवाडी, मराठी व इंग्रजी माध्यम प्राथमिक शाळा, मराठी व इंग्रजी माध्यम माध्यमिक व उच्च माध्यमिक शाळा, पद्यत्तर पदवी महाविद्यालये, व्यावसायीक महाविद्यालये, विद्यापिठे, अध्यापन विद्यालये, अध्यापन महाविद्यालये, शारीरिक शिक्षण महाविद्यालये, अपंगशाळा, सैनिक स्कुल, व्यायामशाळा, मल्लविद्या शाळा, वृध्दाश्रम, कार्यशाळा, कुन्याशाळा सुरु करणे व चालविणे.
- २. व्यवसाय शिक्षण व प्रशिक्षण महाविद्यालय, वैद्यकिय 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 पद्यव्युत्तर पदवी महाविद्यालय 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.
- 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.
- 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 दुर्लक्षीत घटकांतील विशेषतः हरीजन गिरीजन समाजातील घटकांना शैक्षणिक व व्यवसायीक शिक्षणाची सोय उपलब्ध करणे, मोफत व तज्ञ व्यक्तीचे 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 निर्मुलन 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. वृध्दाश्रम चालविणे, कुष्ठधाम चालविणे, एड्स रोग्यांसाठी धाम चालविणे, भिक्षुकी करणाऱ्यांसाठी भिक्षुकगृहाची सुविधा उपलब्ध करुन देणे, दुष्काळप्रसी 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.

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## 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 करुन देणे, कपडे, बुट यासारखे गरजेच्या गोष्टी पुरविणे.
- १७. लेंझीम पथक, झांझपथक स्थापन करुन कार्यक्रम सादर करणे.
- १८. देशी व विदेशी खेळांच्या क्रिडा साहित्य उपलब्ध करुन 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 संस्थ्या 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 पूरविण्यास 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 करुन प्रगत विज्ञान कार्यानुभव प्रशिक्षणाने रोजगार उपलब्धीचे महत्व पठविणे.
- २८. शेतीला पुरक व्यवसायाचे महत्व पटवून, पाणलोट क्षेत्रातील भूमिहिन शेतमजूर, अल्पभूधारक व दुर्बर्ल 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.

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#### महिलाविषयक-

- २९. महिला व बाल विकासाची कार्य करणे, प्रौढ शिक्षण कार्य चालविणे.
- ३०. हस्तकला, शिल्पकला, शिवणकला, चित्रकला, पाककला, विणकला, भरतकाम बाटीक बांधणी यासारखे कार्य चालविणे.
- ३१. महिलांसाठी प्रशिक्षण संस्था, लघुउद्योग प्रशिक्षण कार्यक्रम व महिलाविकास कार्यक्रम राबविणे. कामगार कल्याण केंद्र, संगणक प्रशिक्षण केंद्र या सारखे कार्य चालविणे. महिलांसाठी स्वयंरोजगार प्रशिक्षण कार्य करणे. जलसंधारण, पर्यावरण संतुलन, वाटरशेड डेव्हलपमेंट कार्य यासारखे कार्य करणे.
- ३२. रेशिम उद्योग, पापड लोणची, मसाला, खडू, मेणबत्ती, राखी, फॅन्सिबॅग 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, वृध्दाश्रम, अनाथाश्रम,

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४. के.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.

1	क	नांव	पूर्ण पत्ता	वय	व्यवसाय	पद	राष्ट्रीयत्व
۶.		श्री महेश रामनाथ गोरे	रा.बोधेगाव, ता.शेवगांव, जि.अ.नगर	22	হিাঞ্চত্য	अध्यक्ष	भारतीय
2.		श्री बाबासाहेव रामकिसन वाबळे	"	24	शंती	उपाध्यक्ष	भारतीय
च 3.		श्री विनय भरत गोरे	"	20	शिक्षण	सचिव	भारतीय
2 8.		श्री चंद्रकांत विष्णु वाबळे	····"···	25	शिक्षण	सहसचिव	भारतीय
٩.		श्री भिम अर्जुन बनसोडे सिद्ध	T"	28	व्यापार	खजिनदार	भारतीय
<b>Ę</b> .		श्री राहुल भरत गोरे	····"···	28	সিঞ্চন্দ	सदस्य	भारतीय
9.	वम	मा उसेशा रामनाथ गोरे 21 10	1012	99	হিাধনতা	सदस्य	भारतीय
F 6.		श्री प्रमुध महल जाधव		30	गोकरी	सदस्य	भारतीय
9.		भी शंधर आर्नुन बनसोडे 🗙	"	રષ	शती	सदस्य	भारतीय
20.	1	त्री यावस्य काहमद सय्यद	"	20	হিাঞ্চল	सदस्य	भारतीय
1 84	विमा	मी किरण अरुण गोरे	and and the second	25	डॉक्टर	सदस्य	भारतीय
१२.		श्री संजय अर्जुन बनसोडे 🦟	"	30	शेती	सदस्य	भारतीय
1 83.	8	थ्री विश्वजीत बिनायक गायके ≺	"	२२	সিঞ্চল	सदस्य	भारतीय

४. आम्ही खालील सह्या करणारे कै.शाहिर किसनराज 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 आग्ही 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 सह्या केल्या आहेत.

क्र

नांव

सही/-

१. श्री महेश रामनाथ गोरे

महेश रामनाथ गारे

उपाध्यक्ष बाबासाहेब रामकिसन बाबले

सचिव विनय भरत गोरे



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

## के. 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 हॉस्पीटल सर्वोदय कॉलनी दिल्लीगेट अहमदनगर यांचेशी शैक्षणिक कराणासाठी 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 हॉस्पीटलची आवश्यकता असते. यासाठी गजानन हॉस्पीटल सर्वोदय कॉलनी दिल्लीगेट अहमदनगर या हॉस्पीटरशी संपर्क संस्था चालकांनी केलेला असुन सदर हॉस्पीटल हे सर्व 'सोयी सुविधा युक्त असे आहे.व वैद्वकीय प्रशिक्षण करीता योग्य आहे.म्हणून गजानन हॉस्पीटल सर्वोदय कॉलनी दिल्ली गेट अहमदनगर हे प्रशिक्षण करीता दरमहा रु.६०००/- ने घेण्यात यावे असे सर्वानुमते ठरले यासा हॉस्पीटल चालकानी संमती दर्शविली आहे.म्हणुन गजानन हॉस्पीटल अहमदनगर हे प्रशिक्षण करीता निश्चित करण्यात आले आहे.ठराव सर्वानुमते मंजुर

> सुचक - चंद्रकांत विष्णु वावळे अनुमोदक - याकुव अहमद सय्यद ठराव सर्वानुमते मंजुर

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

के.शाहीर किसनराव गोरे सामाजिक संस्था, पत्ता:मु.पो. बोधेगांव ,ता.शेवगांव,जि.अ.नगर

### MAHARASHATRA POLLUTION CONTROL BOARD Sub-Regional Office

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

# MAHARASHTRA

Savitribai Phule Vyapari Sankul, 1<sup>st</sup> 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 unde Rule 7(4)1998 & Amendments thereon 2016]

A-485

11.

111.

File number of authorisation and date of issue MPCB/SRO AHMEDNAGAR/BMW\_AUTH/ 2002000 20 9

v.in

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

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).

Jetin Se

02/2020

Terms and Conditions of authorization -

- 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.

- 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

Neg. Nor Loonse

S.M.S. (ENT)

Endoscopic Surgeon

Dr. Gajanan

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

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

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 / Mic wave, shredder etc., at the disposal side in accordance with the BMW rules. You shall isposed of the duly treated BMW and incineration ash in secured land fill site at you own premises / at MSW secured land fill site of Municipal Council authorized by MPC and duly earmarked for disposal of treated BMW / at common H.W. treatment & disp al facility setup as per the Hazardous Waste (M & H) Rules, 1989 as amended and authorized by MPCB.
- 9. (i) BMV hall not be mixed with other wastes or reused, recycled or sold in any form.
  (ii) BM 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 ontainer containing BMW is to be transported from the premises where BMW is a crated to any waste treatment facility outside the premises, the container shall apart from the Label prescribed in Schedule III, also carry information prescribed in Sch. Ule IV and shall be transported by authorized Transporter only.
- (iv) Note hstanding anything contained in the Motor Vehicles Act, 1988 or Rules there und BMW shall be transported only in such vehicle as may be authorized for the pure se by the competent authority as specified by the Government.
- (v) No streated 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 provide indicators indicate that the required time, temperature and pressure were reacted 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 entities that the required temperature be autoclaved again until the proper temperature, pre-sidence time were achieved.
- 11. Every uthorized Person' shall submit an Annual Report to the prescribed authority in 1 mill by 31<sup>st</sup> January every year including information about the categories and multies of BMW handled during the preceding year.

Authorized Person' shall maintain records related to the generation, collection, ion, storage, transportation, treatment, disposal and/or any form of handling of in accordance with these Rules and any guidelines issued.

ords shall be subject to inspection and verification by the prescribed authority at ne.

any accident occurs at any institution or facility or any other site where BMW noted or during transportation of such waste, the authorized person shall report cident in Form III to the prescribed authority forthwith.

MPCB-BMW AL H 0000026250

12. (i) E



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

Nitin St. 2/ Plan

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

#### To

- D. jnan Mohaniraj Kashid,
- M/ Gajanan Hospital,
- A/p Llot No. 8, In front Of Survoday Colony,
- Define ate Tal. & Dist. Ahmednagar

A.t. rization Fees Received:-

No.	Amount (Rs.)	TXN No.	Date
4.	3750.00	TXN2001002110	22-01-2020

SC

Com Submitted to:-

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

The Regional Officer, MPCB, Nashik.

delegation

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



MPCB-BMW\_A H 000026250



#### Ahmednagar Municipal Corporation

FULL OCCUPANCY CERTIFICATE

(90.61 Sq mt)



annel der sone aber

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

Institutional(Hospital) Floor :

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

Ground Floor(90.61 Sq mt). First Floor(121.82 Sq mt). Second Floor(121.82 Sq mt)

To

GAJANAN MOHINIRAJ KASHID AND OTHER, C.T.S.NO.7395P, SAWEDLAHMEDNAGAR

#### Sir/Madam,

Building Name

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.
- It is responsibility of Developer / Society to keep in Operation the system of Solar Water system & Rain Water Harvesting system. (if applicable)
- It is responsibility of Developer / Society to keep in Operation the system of CCTV, Lift & Organic Waste Disposal.(if applicable)

1/1

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





Yours faithfully, Assistant Director Town Planning.

Scan QR code for ventication of authenticity.

Dr. Gajanan Mohniraj 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 PER HEALTH DEPT. Ame out ward 55 04.07-04-2021

This is to certify that Shri / Smt. <u>DR. Gajanan Monanikaj</u> <u>Kashid</u> has been registered under the Maharashtra Nursing Homes Registration Act is respect of <u>Gajanan Hospital</u> situated at <u>Satonai Mana, Delhigate, Anmedhagas</u> and (<u>C20 Bed Capacitt</u>,

Has been authorised to carry on the said nursing home

Registration No. :- 562

Date of Registration :- \5 / 05/2007

Place : Ahmednagar

Date of Issue of Certificate :- 07 / 04 /202)

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

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

OR ANII 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 Reg. No. 669 (See rasol No.2 (9)(a)(1)date 26/9/2002) Date of Issue 7 4 202 This is to certify that Shri / Amt. DR. Cayanan 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 Garandy Hospital Situated at Sathhal mala Delhigate, Anmednager. cust + CILAIC hmednagar and has been Authorisrd to carry on the medical practice in municipal corporation limits details of his / ber Qualifications 59. B. B. S. M.S. CEAT) 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 31 19AR 2022 Date of Registration 05/04/2018 Signature of the registratering वेद्याध्राध्राक्षाक्षाकारी 1 1001 STATE THEY I

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

۹.	पावती क्र <b>मांक</b>	1:	98200003	92022003		
२.	अर्जाचा ( <b>सूचनापत्राचा) आयडी क्रमांक</b>	:	90042444	१९०३	- Contractions - Contractions - Contractions	
<b>з</b> .	आस्थापने <b>चे नाव</b>	:	गजानन हॉ GAJANAN	स्पिटल HOSPITAL		
3.	कामगारांची एकूण संख्या	1:	8	•	and the second	
			पुरुष	स्त्री	इतर	एकूण
			2	2	0	8
5.	अ) माल <b>काचे नाव</b>			मोहनीराज IAN MOHAI	काशीद NIRAJ KASHI	D
4	ब) आस्थापनेचा पत्ता	:	स. नं. ७३९६ अहमदनगर	, सर्वोदय को (महानगरपा	लनी, सातभाई लिका.), नगर,	माळा, नगर, अहमदनगर, ४१४००
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	सदरची पावती ही केवळ अर्जदाशने त्याचा व्यवसाय सुरु केल्य व्यवसाय अथवा व्यवसायाची जागा अस्तित्त्वात असल्याबद्दलच असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात प मालकाची राहिल. ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालय कायद्यांतर्गत ग्राहृय धरता येणार नाही.	। पुरा रवान	ठ कार्यालयास वा नाही, व्यव ग्गी, अनुज्ञप्ती	न पाठविलेल्स सायासाठी व , परवाना धा	ग सूचना पत्राच व्यवसायाच्या रण करण्याची र	ो पोच पावती असून जागेसाठी आवश्यव सर्वस्वी जबाबदारी
5.	व्यवसायाचे स्वरुप	•	हॉस्पिटल/	HOSPITAL		
۵.	पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास	:	98200003	१०१०३४६८	20/08/	2000

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

नांक : २०-०१-२०१९

काण्: Ahmednagar

ार्यलियाचा पत्ता : Office of the Assistant Commissioner of Labour , Ahmednagar, Address- 3rd Floor, Loksatta Building, shish Sandhya Colony, Station Road, Ahmednagar - ४१४ ००१

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

. .



[Spl.--Exc.239 e.

LICENCE NO. 50 2011

#### FORM D. S. III [See rule 25 (2)]

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

#### Conditions

1. The licensee shall not use the spirit for any purpose except for medical use.

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 licensee 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 of and 6, the licensee inast unsport, possess and use spirit obtained under this licence, throughout the State of Maharishtra, if the quantity of spirit to be transported, possessed or used dose not exceed [fifteen] boftles, and this licence accompanies such transport possession or use and is produced for inspection on demand by any officer empowered under section 7 f(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.

0/10/12 Seal Superintendent of Prohibit SHI गण्य उत्पादन शुल्क विभाग अहमदनगत





## **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
Surveillance 1 Audit Date	:	20-12-2018
Surveillance 2 Audit Date	÷	20-12-2019

Issue Date : 20-01-2018 Expiry Date : 19-01-2021

UAF is Full Member of International Accreditation Forum (IAF)



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

**Signature of Director** 

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

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

### MAHARASHATRA POLLUTION CONTROL BOARD Sub-Regional Office

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

## MAHARASHTRA

Savitribai Phule Vyapari Sankul, 1<sup>st</sup> 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

11.

File number of authorisation and date of issue MPCB/SRO AHMEDNAGAR/BMW\_AUTH/ 2002000 209

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).

Jetin Suis

12/02/2020

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.

- Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
- 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 Mohniraj Kashid M.B.B.S.M.S. (ENT) Endoscopic Surgeon Rea. No. 2001/08/2022

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 MBGE
2	Cat-2 Human Anatomical Waste	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	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	KE/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	Cal-10 Liquid Waste		Lit/M	to Common BMW Treatment & Disposal Bio medical Waste shall be sent facility authorised by MPCB

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

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 / Micro wave, 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) BMV 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) Notwinstanding 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) Medial waste shall not be considered properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reacted 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. Even uthorized Person' shall submit an Annual Report to the prescribed authority in Fon-II by 31<sup>st</sup> January every year including information about the categories and fantities of BMW handled during the preceding year.
- 12. (i) Even Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMV in accordance with these Rules and any guidelines issued.

All coords shall be subject to inspection and verification by the prescribed authority at any one.

When any accident occurs at any institution or facility or any other site where BMW is landled or during transportation of such waste, the authorized person shall report the acident in Form III to the prescribed authority forthwith.

MPCB-BMW AU H 0000026250

13.

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

utin James ARC

(Nitin Shind Sub Regional Officer,\* M.P.C. Board, Ahmednagar

D Mohaniraj Kashid, N

n Hospital, A

T.

- . 8, In front Of Survoday Colony, D
  - ate al. & Dist. Ahmednagar

on Fees Received:-

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

Submitted to:-

on'ble The Chief Accounts Officer, MPCB Board Mumbai on'ble The Regional Officer (PAMS), MPCB, Sion, Mumbai

ole The Regional Officer, MPCB, Nashik. information and necessary action.

delegation



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

MPCB-BMW

000026250



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.

: AMD / 76 **Registration No.** : 24<sup>th</sup> Nov. 2018. Date of Registration : 16<sup>th</sup> July. 2021. Date of Issue of Certificate : Ahmednagar. Place : Dr. Kashid Gajanan Mohaniraj. Name & Address

> 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 16<sup>th</sup> July 2021 to 15<sup>th</sup> 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.

anch

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.),

### 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 31<sup>st</sup> March 2020 to 30<sup>th</sup> 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 **31**<sup>st</sup> March 2020 year this first herein above written.

SM

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 \_\_\_\_\_

.. 2.



महाराष्ट्र MAHARASHTRA

• 2019 •

VC 019931

कित्त्व कोसमार कार्यालय 2019 26 111 a.u.A

Gajanan Hospital Opposite Sarvodaya Colony, Satbhai Mala Delhi gate, Ahmednagar - 414001

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

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

#### AND

記録

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

उल्ल नॉदनी करनार आहेल का ? होब / मार्च नोंदणी होणार असल्यास दुख्बन निवंश्वक कार्वालकावे नांव बिखकतीचे वर्णन :-मोबदला रक्तम रू. :-----Staina FIEUVeanst adut मुद्रांक विकत घेणाऱ्याचे नाष :-" त्सऱ्या पक्षकाणचे नाव :-----Sidim हरूले असल्यास त्याचे नाव व पता : मुद्रांक शलक रकम रू. :-. प्रतीक विकल घेणाऱ्याची सही :-के क्या ए. तर्छती हरतात्ना, अ. माग्य ואיואי ואיינאי ושואי ואייזא ווינאי אאואיו ..2..

#### WHERE IN

Both the parties have undergone a mutual agreement for the terms of service mentioned below.

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

Both the parties will refer their I.P.D. patients to one another in case of non availability of bed or in emergency cases for patient care.
 All disputes arising out of or relating to this agreement shall be

discussed and decided by the Director - Dr. Kashid Gajanan and by the Dr. Gaikwad Ashok.

3. Rights and duties of the parties shall be governed by the provisions/ instruction issued by both the parties on the terms and conditionstime to time.

4. This agreement shall remain in force from 1<sup>st</sup> July 2019 up to 30<sup>th</sup> June 2024.

5. If either party to this agreement wishes to terminate the signed agreement may do so with one month prior notice in writing.

6. 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  $1^{st}$  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

A.M.

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

DR. GAKWAD HOSPILAL 137. MOHAN BAUG NEAR DELHI GALL AHMEDNAGAR 41400"

#### 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 Nemane Age -35 years



#### 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 oe 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



Authorized Signatory

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-3/48-A, G Block-B-3, Plot No.:46-A, Yamuna Vihar, New-Delhi - 119853 Contact us Ph. No. +91 11 41824462 Mail us info@imdsl.co.in



#### GAIANAN : TAL HOSP

Advanced Endoscopic ENT Surgery Center & Snoring Treatment Center PG & Post PG Training Institute /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. 七作
- 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.

A A STOR



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 S entgajanan@rediffmail.com I entgajanan@gmail.com





#### **III. OTHER TERMS**

# 5

#### 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 **29** March 2023.

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

For....GAJANAN HOSPITAL

For Sai Anand Gas Agency

For SAI ANAND GAS AGENGY

Name, Dr. Bhaveng G. Kabled Signature and Seal of Authorized Person

Name, Signature and Seal of Authorized Person TAWALE BUILDING, NEAR OLD MAHAPALIKA, MALIWADA, AHMEDNAGAR.

HOSPI-CARE

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 Modilina Stat
2	Led OT Light	Maestros Mediline Systems Ltd.
3	Deffibrillator	Prism Surgicare Pvt. Ltd. BPL Limited
4	Cautry Machine	
5.	Suction Machine	Shalya Xcelance Technologies Pvt. Ltd.
6	Autoclave 12"x20"	Quali Surge Surgicals Pvt. Ltd.
7	Glucometer	Raj Surgical
8	Fogger Machine	Accuchek
9	Single Channel Ecg Machine	Galtron Electromedical Pvt. Ltd.
10	Single Channel Ecg Machine	BPL Limited
11	Patient Monitor	BPL Medical Technologies Pvt. Ltd.
12		BPL Medical Technologies Pvt. Ltd.
13	BP Apparatas	Diamond
14	Digital BP Apparatas	Citizen Systems Japan Co. Ltd.
15	Suction Machine	Quali Surge Surgicals Pvt. Ltd.
	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
.3	Operation Light	Bharat Surgical Co.
.4	Cautry Machine	Smart Acc
5	Anaesthesia Workstation	Dragger

Thanking You.



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

Hospicare Proprietor

HOSFI CARE Tewale Builoing, Near Old Mahanagar Palike Maiwada, Ahmednagar 414001 Mob. 9226737433 / 9226113015 Email- shahane\_pramod@yahoe.com



कारणे लिव्ह ॲण्ड लायसेन्सी करारनामा लिहून देतो की,

9) <u>मिळकतीचे वर्णन</u>:- डि.अहमदनगर सब डी।। शहर नगर दिल्लीगेट भागातील प्लॉट नं. ८, सर्वोदय कॉलनी समोर, सातभाई मळा, दिल्लीगेट, अहमदनगर गजानन हॉस्पीटल मधील गाळा जागा मिळकत त्याचा सिटी.सर्व्हे नं. ७३९६ क्षेत्र १५५ चौ.फुट लाईट कनेक्शन, लाईट फिटींग तदंगभुत वस्तुसह. यांची चर्तु:सिमा पुढीलप्रमाणे :-

पुर्वेस सुधाकर दळवी यांचे राहते घर, दक्षिणेस जोशी यांचे घर, पश्चिमेस अमोल धोपावकर यांची मिळकत, उत्तरेस रोड, A Composition

येणे प्रमाणे चतुःसिमा पूर्वक मिळकत लाईट फिटींगसह तुम्हास लिव्ह ॲण्ड जिप्रयसेन्सी 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 झाल्यावरुन व लिहून देणार यांना मेडिकल व्यवसायासाठी तातडीने काही दिवसासाठी जागेची जरुरी 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 अर्टी व शर्ती खालीलप्रमाणे :-

39) 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 फि चा महिना प्रत्येक महिन्याचे एक तारखेस सुरु होऊन त्याच महिन्याचे अखेरीस संपणार

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

a) 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 तिऱ्हाईत इसमास परस्पर वापरास द्यावयाची नाही जागा ज्या स्थितीत ताब्यात दिली परत त्याच स्थितीत ताब्यात द्यावयाची 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 राहील.

क) सदरची जागा वापरतांना लिहून घेणार यांना तसेच रोजारी 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 द्यावी 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. १२/०१/२०११ 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 महिन्यानंतर 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 करुन द्यावयाची आहे. सदरची जागा लिहून देणार यांना लिव्ह ॲण्ड 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 द्यावयाचे 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.

### तारीखः - १३/०३/२०१९

अहमदनगर

N



v. p. pathens 2) नांव- विकी पडारे रा. 37. 7112

लिहून देणार श्री.सुनिल काशीनाथ सोनवणे

लिहून घेणार

१) डॉ. श्री मजानन मोहिनीराज काशीद

B.G. Koolve

२) डॉ. सौ. भावना गजानन काशीद



645-

NRCLOODDAN D. Hing Astrocate & Actory Public Invelamentalscach.annormagas

S.No. ADCHUNTA 3/3/20

1 3 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]

AD THE

Assessment Year 2018-19

GAJ	Al	IAN HOSPITAL				atta cas				Appen	
Flat/Door/Block No Name Of Premises/Building/Village											
	_	NAN HOSPITAL		PLOT NO : 8					n nically itted	ITR-5	ine de
Roa	d/S	street/Post Office		Area/Locality				ansin	nicu		
SAF	2VO	ODAYA COLONY		SATBHAI MALA,				Statu	CO. IN THE REAL PROPERTY		
To	vn/	City/District		State Pin/ZipCode			ode	Aadh	aar Nu	mber/Enrolln	ent ID
		EDNAGAR		MAHARASHTR	MAHARASHTRA 414001				a hefte		
Dee		nation of AO(Wa	rd/Circle)	ARD 1. AHMEDNA	RD 1, AHMEDNAGAR				al or Re	vised REVISE	D
				Data(I				D/MN	YYYY	26-10-201	18
E-f	1	ng Acknowledgem	ient Number	347970081261018				1	-		7891
1		Bross total income	VI A	A sta	AN POR			2		1	5000
2	+-	Deductions under Ch	hapter-VI-A	A M		Concerning Street	-			254	12890
3	1	Fotal Income			and M	State .	111	3	a	anto a de a	0
38	1 (	Current Year loss, if	any	the the	CONTRACTOR	Ary			1	7	83631
4									5		13629
5		Interest and Fee Pay		TAX	DEPART	and the second s			5	7	97260
6		Total tax, interest a	A REAL PROPERTY AND ADDRESS OF THE OWNER OWNER OF THE OWNER	ce Tax 7a 42			2500				
7		Taxes Paid	b TDS	7b			5275	9			
			c TCS		70		3	0	The second		
			d Self A	ssessment Tax	7d	1	1960	0			
			e Total	Taxes Paid (7a+7b+7	7c +7d)				7e		197359
8	3	Tax Payable (6-	7e)	and the second					8		0
9	,	Refund (7e-6)					-		9		100
1	0	Exempt Income		Agriculture Others					10		
turn b	as I	been digitally signe	d by GAJANA	AN MOHANIRAJ K	ASHID	in t	the ca	pacity	of Pa	rtner	
g PAN				s <u>117.204.240.53</u>	on <u>26-10-20</u>	18 at AHN	AED	NAGAI	2		

## DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

Dr. Gajanan Nohniraj 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 ODAYA COLONY, SATBHAI MALA,, AHMEDNAGAR, MAHARASHTRA, 414001 AAKFG0145Q,

2. We certify that the balance sheet and the <u>Profit and loss account</u> are in agreement with the books of account maintained at the head office at <u>AHMEDNAGAR</u>, and <u>0</u> 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 <u>Our</u> opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from <u>Our</u> knowledge and belief, were necessary for the examination of the books.
- (C) In <u>Our</u> opinion and to the best of <u>Our</u> information and according to the explanations given to <u>Us</u> 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.ln <u>Our</u> opinion and to the best of <u>Our</u> information and according to explanations given to <u>Us</u> the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

SI Qualification Type Observations/Qualifications No. Place AHMEDNAGAR Name PRASAD SUBHASH BHANDARI Date 26/10/2018 Membership Number 121971 FRN (Firm Registration Number) 126953W WOOME TAX DEPAR Address TPS 3, SAHAKAR KRANTI, 2ND FLOO R, OLD BSNL OFFICE,, MARKET YAR D, AHMEDNAGAR, AHMEDNAGAR, M AHARASHTRA, 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	e of the assesse	e		GAJANAN	HOSPITAL		
2	Addr	ess				IOSPITAL, PLOT NO : MALA,, AHMEDNAG		
					4001			
3		anent Account			AAKFG0145	Q		
4			e is liable to pay indirect tax l		No			
			les tax, goods and services ta					
			se furnish the registration numb					
	numb	per or any othe	er identification number allott	ed for the				
	same							(a)
	SI	Type			Registrat	tion Number		
	No.							
5	Statu		all and a second se		Firm			
6		ious year from			01/04/2017 to	31/03/2018		
7	1	ssment Year			2018-19			t.
8			clause of section 44AB under	intersection of the second second		Devided Street Minder States 75		
	SI	Relevant clau	se of section 44AB under which	ch the audit	has been cor	nducted		
	No.							
	1		b)-Gross receipts of profession e					
9	a		ciation of Persons, indicate na			s and their profit sharin	g ratios. In o	case
		And a state of the	er shares of members are inde	terminate o	r unknown?			
	Name	e	1/ - 10	TRANK!	211			Sharing Ratio
	L	and the second second second			64)		(%)	
			URAJ KASHID				50	
9		VANA GAJANA		8 24 2			50	
9	b		change in the partners or me , the particulars of such change		n their profit	sharing ratio since the	last date of	the No
	Data	of change	Name of Partner/Member T			D and a		
	Date	or change						
			With and		haring pro atio Sh	aring		
			* 18 1 - 18 E	TAR C	Ra			
10	9	Nature of busin	ness or profession (if more that	n one busin	a state of the sta	AND	the proviou	a veer peture
10	a		ess or profession).	ii one busiii	less of profes	sion is carried on during	s the previou	is year, nature
	Secto	and the second s	ess of profession).	Contraction of the local division of the loc	Sub Sector			Code
		FESSIONS	the starter of the second s	and the second and the second s	And In Ville Art Arts	ional services n.e.c.		16019
10	b		change in the nature of busines					Yes
	Busi	the second	Sector	A DECK COMPANY OF THE OWNER OWNER OF THE OWNER	SubSector	iculars of such change		Code
	Adde		HEALTH CARES	and the second se	General hosp	itals		18001
			ES	Shiring	General nosp	turis		10001
11	a	Whether books	s of accounts are prescribed un	der section	44AA, if yes	, list of books so prescr	ibed	Yes
	Book	ks prescribed						
	JOUI	RNAL BOOK				and the second sec		
		GER BOOK						
		н воок						
		KBOOK						
11	b	List of books of	of account maintained and the a	address at v	which the boo	ks of accounts are kept.	(In case boo	oks of account
			l in a computer system, mention					
			ot kept at one location, please fi		ddresses of lo	ocations along with the d	etails of boo	ks of accounts
	Deal		each location.) Same as 11(a) a					
	BOOK	ks maintained	Address Line 1	Address I	Line 2		State	PinCode
	IOU	RNAL BOOK	CALANAN HOODER	DIOTN	0.0000000	District	MANY	11 1001
	100	RNAL BOOK	GAJANAN HOSPITA L		D : 8,SARVO DLONY, SA	AHMEDNAGAR	MAHARA	414001
				TBHAI M			SHTRA	
	LED	GER BOOK	GAJANAN HOSPITA		D: 8,SARVO	AHMEDNAGAR	MAHARA	414001
			L		OLONY, SA		SHTRA	
				TBHAI M	IALA,			
	CAS	н воок	GAJANAN HOSPITA		D: 8,SARVO	AHMEDNAGAR	MAHARA	414001
			L		OLONY, SA		SHTRA	
1	1			TBHAI N	IALA,			

	BANKI	BOOK	GAJANAN HOS L	PITA PLOT NO DAYA CO TBHAI M	LONY, SA	AHMEDNAG		MAHARA SHTRA	414001
11	c L	ist of books of acco	unt and nature of r			Same as 11(b	) above		
-	Books I	Examined							
	JOURN	AL BOOK							
	LEDGE	ER BOOK							st.
	CASH	BOOK							
-	BANK								
12	amoun	er the profit and loss t and the relevant se other relevant section	ction (44AD, 44AI						
	Section		511):					******	Amount
	Nil	1				ter - contraction - contractio			[ mount
13		Aethod of accountin	g employed in the	previous year	Mercantile s	vstem	and the second		
13	b V tl	Whether there has be he immediately prec	een any change in t ceding previous yea	he method of accord	ounting emp	loyed vis-a-vi			
13	c I	f answer to (b) abov	e is in the affirmati	ve, give details o	f such chang	ge, and the eff	ect thereof	on the pro	fit or loss.
	Particu	ılars				Increase in p	rofit(Rs.)	Decrease	in profit(Rs.)
13	i	Whether any adjustn ncome computation	and disclosure star	dards notified un	der section	145(2).	ng with the	e provision	ns of No
13		f answer to (d) abov	e is in the affirmat						(2)
	ICDS			Increase in	profit(Rs.)	Decrease in p	profit(Rs.)	Net effec	t(Rs.)
	Total		Jul -	Pastan.	State -	1			
13	the second se	Disclosure as per ICI	DS.	<u>ARRANCE</u>	14				4
	ICDS		11	A TALACTER D'UNE ME	Disclosure				
14		Method of valuation					N.A		
14	t	n case of deviation he profit or loss, ple		of valuation prese	ribed under	and a second sec			
	Particu		<u>Kal</u>		14	Increase in p	rofit(Rs.)	Decrease	in profit(Rs.)
15		he following particu scription of capital a		isset converted in	to stock-in-t		of (c) Co		Amount at
16	Nil	nts not credited to th	ne profit and loss a	ccount, being:-	SA Gallen	A	Base	sto	ck-in trade
		The items falling with							
		Description		AURPO	A LOW L LA	and the second s	July I	Amount	
		Vil	Carlos Al And Al		AN A CONTRACT	DP	din .	mount	
16	b	The proforma credits tax, where such cred							or value added
	]]	Description					1	Amount	
16	c I	Escalation claims ac	cepted during the	previous year					
-		Description					1	Amount	
		Nil		and a state of the state of the					
16	d .	Any other item of in	icome						•
	. ]]	Description						Amount	
		Nil					*		
16	e	Capital receipt, if an	ny						
	1	Description Nil						Amount	
17	assess	e any land or buildi ed or assessable by	any authority of a	State Government	t referred to	in section 430	CA or 50C,	please fur	nish:
	Detail proper	rty 1	Line Address Lin 2		State	Pincode	receitaccru	ved or led	Value adopted or assessed or assessable
18	may b	ulars of depreciation be, in the:-			24				
	Descr			Addition			eductions I		
	ion Block Asset	of tion (In	V (A) Purchase Value (1)			Total ( Value of Purchases	(C)	Allowable (D)	Down Value at the end o the year
	110500	age)				arenases			(A+B-C-D)

Class of Assets					change (3)		(B) (1+2+3+4)			
Building @ 0%	10%	2789967	2221556	0	0	0	2221556	0	390074	4621449
Furnitures & Fittings @ 10%	10%	1299862	930340	0	0	0	930340	0	182690	2047512
	15%	0	0	0	0	0	0	0	0	0
	15%	2518669	2148668	0	0	0	2148668	0	641392	4025945
	15%	500395	0	0	0	0	0	0	75059	425336
	15%	1820080	0	0	0	0	0	0	273012	1547068
Plant . & Machinery @ 15%	15%	944929	0	0	0	0	0	0	141739	803190
	15%	200217	0	0	0	0	0	0	30033	170184
	15%	51651	0	0	0	0	0	0	7748	43903
Sector Contraction of the sector of the sect	15%	267155	0	0	0	0	0	0	40073	227082
	15%	13727	0	0	0	0	0	0	2059	11668
Sec. 1	15%	149753	0		0.1	0 6 1	0	0	22463	127290
	15%	357129	0	0	0	0	0	9	53569	303560
	15%	38816	0	0	0	0	0	0	5822	32994
	15%	32801	0	0	0	0	0	0	4920	27881
	15%	37678	0	0	0	0	0	0	5652	32026
and the second sec	15%	138750	861906	0	0	0	861906	0	140220	860436
	40%	39371	88690	0	0	0	88690	0	33486	94575
* For Addi	tion and	Deduction I	Details refer A	ddition ar	nd Deducti	on Detai	Tables At the	End of th	e Page	
Amounts a	dmissibl	le under sec	tions :							
S.No Sec	tion	pr	mount debit ofit and count	loss also of l	o fulfils th Income-ta:	ne condit x Act, 19	ions, if any sp 061 or Income	ecified ur	der the releva	ant 14provisio other guideline
Nil				circ	cular, etc.,	issued i	n this behalf.			
a Any to hir	n as pro	d to an emp fits or divid	oloyee as bor end. [Section	nus or con n 36(1)(ii)	nmission f ]	for servi	ces rendered,	where suc	h sum was o	therwise payal
	ription						_		Amount	F
b Detai	Is of cor	ntributions i	received from	n employe	ees for var	ious fun	ds as referred	to in secti	on 36(1)(va):	

							from				the author	concerne
	Nil						empio	Jyees			author	ittes
21 a	Please furn advertisem	ent expen	etails of an diture etc	nounts deb	oited t	o the	profit an	d loss acc	ount, being	in the nat	ure of cap	ital, personal
	Capital exp	enditure										1.1
	Particulars									Amount in	n Rs.	
	Personal ex	penditure	•		_							
	Particulars									Amount in	101	
		ient exper	nditure in a	ny souveni	r, bro	chure	e, tract, pa	mphlet or	the like put			party
	Particulars									Amount in	n Rs.	
	Expenditur	e incurrec	d at clubs b	eing entrar	nce fe	es and	1 subscrip	otions				
	Particulars										1	Amount in R
		e incurred	d at clubs b	eing cost fo	or clu	b serv	vices and	facilities u	sed.			
	Particulars									Amount in	n Rs.	
	the second	e by way	of penalty	or fine for	violat	ion o	f any law	for the tin	ne being for			
	Particulars									Amount in	n Rs.	
			of any othe	er penalty o	or fine	e not o	covered a	bove				
	Particulars									Amount in	n Rs.	
	and the second se		d for any pu	irpose whi	ch is a	an off	ence or w	which is pro	ohibited by	law		
	Particulars									Amount in	n Rs.	
	ounts inadm					14	and the second s					
(i) a	as payment to						and all		a barren arren a			
			ent on whic	and the second second	Read Franks	all the map of	2	A.A.				
	Date	of Amou	30 10		S 200 00 00 00	57.0 A. B. W.	the PAN	10 B B B B B B B B B B B B B B B B B B B	ddress	Address	City	or Pincode
	payment	payment payment payment payee the payee,if Line 1 avaliable								Line 2	Town	
			- Alway			CL EN A					Distri	
							is not bee	n paid duri	ing the prev	ious year o	or in the su	bsequent yea
before	the expiry of	the second s			PLC ADDAS	Company of the second		AN.	1	1.21		
			t of Natur	ere i conservationes and	Contract States of		AN of A	3.5 5 4	Address	City	or Pinco	
	payment	paymen	nt paym	ent the	payee			ine 1	Line 2	Town	or	of tax
			17	des		-	ayee,if	4.11		District		deducted
(ii) as a	payment refe	rrad to in	sub alausa	(ia)	C margin	av	valiable	<u> </u>	the fl	1	1	
(11) as		and the second s	ent on which	No. of Concession, Name	T dad	unto de	and a start of the	Contraction of the second		The second states	<u></u>	
	Contraction of the second se	Amount	the second s	of Name o			1/16/05/00/06	Idagen I inte	Address	Ch	Turn	1
	payment		pavment	Contraction of the local division of the loc	A DECEMBER OF THE OWNER OWNER OF THE OWNER	the	OTAC	idress Line	Line 2	and the second s	or Town P	incode
	payment	payment	payment	payee		payee	if a D	(Wr	Line 2	or Di	strict	
		payment	All a seal	C 10		avalia		A PA	and the second second	( <sup>2</sup>		
	(B) Detail	s of paym	ent on whi	ch tay has	the state of the second st	CODE: DESERT	the second second	has not he	an paid on	or before t	he due det	te specified i
	sub- section	n(1) of s	ection 139.	en tax nas	been	ucuu	cica out	has not be	en paid on	or before t	ne due dai	te specified i
			Nature of	Name of	PAN	of	Address	Address	City or	Pincode	Amount	Amount o
	payment	a sector of a sector of the first		the payer		01	Line 1	Line 2	Town or		and the second se	of (V
	payment	payment	payment	the payer	paye	e if	Line I	Luic 2	District		100 C C C C C C C C C C C C C C C C C C	deposited,
	-12.0.20	1			avali	1.00			District		ucuucicu	any
(iii) as	payment ref	erred to in	sub-clause	(ib)				_		1	1	any
			ent on which		ot de	ducte	d:					
	Date of			of Name o			147.17.16	dress Line	e 1 Address	City	or Town P	incode
	payment		payment	payee		the		aress him	Line 2	or Di		meode
		payment		1. 2		payee	e,if					
	1					avalia						
	(B) Detai	ls of paym	nent on whi	ch levy ha	s been			has not be	en paid on	or before t	the due da	te specified i
	sub- secti	on (1) of s	ection 139.						P			ie specifica i
	Date of	Amount	Nature of	Name of	PAN	of	Address	Address	City or	Pincode	Amount	Amount o
	payment	of	payment	the payer	the	- 11	Line 1	Line 2	Town or		of levy	
		payment			paye	e,if			District			deposited,
					avali	able		-				any
(iv) fri	inge benefit i	ax under s	sub-clause (	(ic)								
(v) we	alth tax unde	er sub-clau	ise (iia)		-			-				
(vi) ro	yalty, licens	e fee, servi	ice fee etc.	under sub-	clause	e (iib)						
and the second second second second	alary payable							der sub-cla	ause (iii).			

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r	bayment	payment	f Name of the payee	the payee, if avaliable	Address Line 1	Address Line 2	City	Pince	ode
/iii) payr	ment to PF	/other fund etc	. under sub-clau	use (iv)					
x) tax pa	aid by emp	loyer for perqu	isites under sub	-clause (v)				_	
) Amou	nts debited	d to profit and	loss account be	ing, interest, s	alary, bonus, con	nmission or r	emuneration	inadmiss	ible unde
ection 40	0(b)/40(ba)	and computation	on thereof;						
	Particulars		t	Amount debite o P/L A/C	d Amount Admissible	Amount Inadmis		Remarks	r
		emed income u							
expen	diture cove		on 40A(3) read	with rule 6DD	and other relevan were made by acc				
		yment Nature			Name of the paye	AP	Perman	ent	Accoun
_		Paymer		ount in RS	Name of the paye	.c		of the	
referre payee	ed to in sec bank draf	tion 40A(3A) re t If not, please	ead with rule 61 furnish the de	DD were made	er relevant docum by account payee at deemed to be t	cheque draw	e, whether th n on a bank	e payment or account	
		section 40A(3A							
	Date Of Pa	yment Nature Paymer		ount in Rs	Name of the paye	e	Perman Number availabl	of the	Accoun payee; i
) Provis	sion for par	yment of gratuit	v not allowable	under section	40A(7)		urunuo		1
					nder section 40A(	9)			
		y liability of a c			H.	-)			1
A	Nature Of	and the second se		Valence -	NO I	Amount in R	s		
			ale in terms of	section 14A in	respect of the exp			ion to inco	me whi
oes not	form part of	of the total incon	ne	section 1471 m	respect of the exp	chantare met	incu in relat	ion to mee	me wine
	Nature Of				7991	Amount in R	e		
	and the second se	sible under the	proviso to secti	on 36(1)(iii)	111	i iniounit în ît	3.		1
2 Amot 2006	unt of inter	est inadmissible	under section	23 of the Micr	ro, Small and Mee	lium Enterpr	ises Develop	oment Act,	
3 Partic	e of Relate	y payment mad	e to persons spo of Related Pers	ecified under so on Relation	Latter water	Nature trasaction	of Payme	nt Made(A	mount)
4 Amo	unts deeme	ed to be profits a	nd gains under	section 32AC	or 32AD or 33AI	and the second second	33A DA		
Section		Description	nd gams under	Section-52AC	01 32AD 01 33A1		and the second s		
Nil	UII T	Description	THE TA	A REAL PROPERTY.	NK L	Amo	ount		
	amount of	profit chargeable	e to tax under s	ection 41 and	computation there	of			
	e of Persor		int of income	Section	and the second se	ion of Transa	ction Con	mputation	if any
26 (i)*	In respect	of any sum refe	rred to in claus	e (a),(c),(d),(e)	,(f) or (g) of secti	on 43B the li	ability for w	hich:-	
.6 (i)A	pre-existe and was :	d on the first day	y of the previou	is year but was	s not allowed in t	he assessmen	t of any pred	ceding pre	vious ye
26 (i)(A		Paid during the	previous year						
	Section	(******		Natu	re of liability			Amou	nt
c me	Nil	N							
26 (i)(A		Not paid during	the previous ye						2
	Section			Natu	re of liability			Amou	nt
6 (1) 0	Nil								
		red in the previo							
26 (i)(B	-	Paid on or befor	e the due date f	or furnishing t	he return of incor	ne of the prev	vious year un	nder sectio	n 139(1)
	Section			Natu	re of liability			Amou	nt
C (D)	Nil	lasta 1	0 1 2						
26 (i)(B		not paid on or b	efore the afores						
	Section	a fair and the second		Natu	re of liability			Amou	nt
	Nil								
duty, ex	cise duty	es tax, goods & s or any other ind bassed through	irect tax, levy,	cess,					
account		unough	no prom anu	1033					

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de-

27 a	Amount of Central Val	ue Added Tax (	Credits/ Input	Tax Credi	t(ITC) avail	ed of or utilis	sed during	the previo	ous No
	year and its treatment in	profit and loss	account and t	reatment o	foutstandin	g Central Va	lue Added	Tax Credi	its/
_	Input Tax Credit(ITC)								1
	CENVAT/ITC	Amount							Profit and
							Loss	Accounts	
	Opening Balance								
	Credit Availed								
	Credit Utilized								
	Closing/Outstanding								
	Balance						ta		
27 в	Particulars of income of	or expenditure o	f prior period	l credited o	or debited to	the profit an	d loss acc	count :-	
	Туре	Particulars	5	Amo	unt		Prior itrelat yyfori	period es(Year mat)	to which in yyyy-
	Nil	17					-		4
com	nether during the previous npany in which the public erred to in section 56(2)(v	e are substantial iia)	ly interested	, without c	onsideration	n or for inade	equate con	sideration	as
	Name of the PAN	N of the Nar	ne of the C	CIN of the	company ]	No. of Share	s Amoun	t of Fa	ir Market
	person from pers which shares avail received	lable whi	npany from ch shares bived		1	Received	conside paid		lue of the ares
	Nil	rece	lived	BOTHER			_		
0 Wh	ether during the previous	year the access	e received a	ny conside	ration for is	eue of charac	which av	coade the f	in l
	rket value of the shares as								all
mai	Name of the person f					Amount			arket
	consideration received			5011, 11 110.	20.33	consideration		value of	and a second
	shares	ior issue of ave	indoic Milli		11 12	received		shares	une
	Nil	(/)(		8	141	received		shares	
A(a)	Whether any amount i	s to be include	d as income	chargeable	under the	head Income	from oth	er sources	as No
1(11)	referred to in clause (in								43 110
		Nature of Incom		1 50. (b)	ii yes, pieus	Amou	-	, uctano.	
1	Nil	tature of meon		An	1111-	Aniou	un		
$\overline{B(a)}$	Whether any amount i	s to be include	d as income	chargeable	under the	head Income	from oth	er sources	as No
-(-)	referred to in clause (x)	of sub-section (	2) of section	56?(Yes/N	a) (b) If yes	nlease furnis	the follo	wing deta	ile
1.		Nature of Incom			0)(0)11 903,	Amou	the second se	/wing deta	115.
	Nil	ALL CONTRACTOR	A CONTRACTOR OF A CONTRACTOR O	and the second s	and the second		1		
30 De	etails of any amount borro	wed on hundi o	r any amoun	t due there	on (includir	g interest on	the amou	int horrow	ed) No
rer	paid, otherwise than throug	h an account pa	vee cheque (	Section 69	D)	ig interest on	une amou		cu) no
		ddress Address				Date of	Amount	Amount	Date of
		ine 1 Line 2	Town or	tate Timeo		1 Borrowing		repaid	Repaymen
	person person, if from available whom amount borrowed or repaid		District		Vertexter	Derrewing	including interest		repaymen
		1.0							1
	on hundi			and the second se	in the second second second			1	
A(a)	Nil Whether primary adjust	stment to transfe	er price, as re	ferred to in	sub-section	(1) of section	n 92CE, h	as been ma	ade No
A(a)	Nil Whether primary adjust during the previous ye	ar.		ferred to in	sub-section	(1) of section	n 92CE, h	as been ma	ade No
A(a)	Nil Whether primary adjust during the previous ye (b) If yes, please furni	ar. sh the following	, details				_	_	
A(a)	Nil         Whether primary adjust         during the previous yet         (b) If yes, please furnit         SI       Under which         No.       clause of subtestion (1) of section (1) of section (2C)         primary       adjustment if made ?	ar. sh the following h Amount (in - Rs.) of	details Whether the money a with the as enterprise required	e excess I available t ssociated n is b to be v to India p rovisions on (2) of	f yes, whe he ex noney een repatri vithin	(1) of section ether If no, cess Rs.) of has income ated money the been re me. the pres	the amou imputed i on such which h epatriated	unt (in Ex interest of excess of as not within	spected date
A(a)	Nil         Whether primary adjust         during the previous yet         (b) If yes, please furnit         SI       Under which         No.       clause of subtestion section         section       92Cl         primary       adjustment	ar. sh the following h Amount (in - Rs.) of f primary E adjustment	details Whether the money a with the as enterprise required repatriated as per the pr of sub-section	e excess I available t ssociated n is b to be v to India p rovisions on (2) of	f yes, whe he ex noney een repatri vithin	ther If no, cess Rs.) of has income ated money the been re	the amou imputed i on such which h epatriated	unt (in Ex interest of excess of as not within	spected date
A(a)	Nil         Whether primary adjust         during the previous yet         (b) If yes, please furnit         SI       Under which         No.       clause of subtestion (1) of section (1) of section (2C)         primary       adjustment if made ?	ar. sh the following h Amount (in - Rs.) of f primary E adjustment s	details Whether the money a with the as enterprise required repatriated as per the pr of sub-section section 92C	e excess I available t ssociated n is b to be v to India p rovisions on (2) of E.	f yes, whe he ex noney een repatri vithin vrescribed ti	ether If no, cess Rs.) of has income ated money the been re me. the pres	the amou imputed i on such which h epatriated scribed tin	unt (in Ex interest of excess of as not within ne	spected dat repatriation money

		b) If yes, I No.	Amount (ir of expendite way of inter of similar n incurred	n Rs.) E ure by in rest or de nature an (I th	arnings iterest, epreciation mortizati EBITDA e previo	before A tax, e on and in on n ) during w ous year E	ature as which exc BITDA	e by wa r of sin per (i) a eeds 30%	y of nilar bove % of	expenditu forward section (4 94B.	of interes are brough as per sub b) of section ent Amount	t exp - forv n sect 94E	enditure vard as ion (4) o	carried per sub-
				(i	n Rs.)	a	bove.			Year	(in Rs.)	Yea	ır	(in Rs.)
1		Vil Vhathan t	the eccesse l	tès autor	d into a		anible and	i dan as a					ti 0(	N
C(a)	d	luring the	the assessee h previous yes	ar.(This (	Clause is	applicable				ement, as	referred to	in sec	tion 96,	NO
		b) If yes, SI No.	please furnis							1.4	mut (in D	) . C	4 1	C
		51 INO.	1	vature of	the mp	ermissible	avoluanc	e arrange	ment	pre	ount (in Revious year a he parties t	arising	g, in agg	regate, te
	N	lil								and	ne parties t	o uic	arrangen	lient
31 a			s of each loar ous year :-	n or depo	sit in an	amount ex	ceeding t	he limit s	pecifi	ed in sect	ion 269SS t	aken	or accept	ted durin
31 b	1	Nil	Name of the ender or depositor rs of each spe ous year:-	the len deposito	der or or	assessee) of th lender o the depositor	f of loan or deposit taken or accepte r	the loan or deposit was squared dup during the previous year	amou outsta the a any ti the year	nt anding in account a ime durin, previou	tt or acc g by ch s or bank or use electronic clearing system through bank acc	eposit taken epted heque draft of c a ount.	loan o was t accepte cheque draft, w same v or acc an acco cheque accoun bank du	aken o od b or ban chether the vas take epted b ount paye or a t paye raft.
		S.No.	Name of person whom s sum is red	from pecified	whom	of the per specified	sum is CPA		(if sp st the or ) of ac son om	f becified im taken ccepted	cheque or draft or	n or by bank use ronic rstem	specifie taken or by cheq draft, w same v or acc an acco	r accepte ue or ban hether th vas take epted b unt paye or a paye
(Par	-	Nil ars at (a)	and (b) need n	ot be giv	on in the	coso of a (	louormano	nt commo	nu o k	anking a				*
by a	i Cen	tral, State Particula a day or during the system t	and (b) need n e or Provincia ars of each rec in respect of he previous y hrough a bank	ll Act.) ceipt in a a single ear, when k account	n amour transacti re such r	nt exceedin on or in re receipt is o	g the limi spect of the therwise t	t specific ransaction han by a	ed in s ns rela chequ	section 26 ating to or ue or ban	9ST, in agg ne event or k draft or u	gregat occas se of	e from a ion fron electron	a person i n a person ic clearin
		S.No.	Name Payer	of the	Address	s of the Pay	ver	Permane Account Number available with assessee the Paye	(if the ) of	ature of ansaction		of	Date Of	freceipt
	1	Nil												
31	b(b)	Particul	ars of each re	ceipt in a	in amour	nt exceedir	ng the lim	it specific ransactio	ed in s	section 26 ating to or	9ST, in age	gregat occas	e from a	a person

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				Name of the	Payer	Address	s of the Pa	iyer	Perman Number	r (if avail	able with	Amoun	t of receipt	
31	b()		il	long					the asse	ssee) of th	e Payer			
			a da therw	y or in respe- ise than by a	ct of a sing cheque or	ade in an am gle transactio bank draft or	ount exce n or in res use of ele	eding th spect of ctronic	e limit spec transactior clearing sys	cified in se	to one ev	ST, in ag	ggregate to a per ccasion to a pers during the previ	
	1	S	No.	Name	of at				8-9-	un un ou	511 a Ualik	account	during the previo	
			110.	Payer	of the	Address of t	he Payer	A N a W as	ermanent account lumber (if vailable rith the ssessee) of	Nature o transactic	f Amoun n Paymer	t of it	Date Of Payme	
		Ni							e Payer					
\$1	b(d	) Pa	rticul	ars of each p	ayment in	an amount er	reading	the 1' '					ite to a person ir	
		da	y or in	n respect of a	single trai	isaction or in	respect	the limit	specified i	in section	269ST, in	aggrega	ite to a person in to a person, ma	
-		by	a che	que or bank	draft, not b	being an acco	int navee	of transa	ctions relat	ting to one	event or	occasion	to a person, ma	
		S.M	No.   N	ame of the P	ayee	Address of	of the Paye	ee	Permanen Number (	if availab	account A le with	t, during	to a person, main the previous years of Payment	
		Nil				and an and the		0.2%	the assess	ee) of the	Pavee			
									ase of recei k or in the o	ipt by or p case of trai	ayment to		nment company,	
1 0	2	banking Company, a post office savings bank, a cooperative bank or in the case of receipt by or payment to a Government company or in the case of persons referred to in Notification No. S.O. 2065(E) dated 3rd July, 2017)" Particulars of each repayment of loan or deposit or any specified advance in an amount exceeding the limit specifi in section 269T made during the previous year :-												
		in s	ection	a 269T made	during the	previous ver	osit of all	ly specif	ned advanc	e in an an	nount exc	eeding th	he limit specifie	
		S.N	0.	Name of	the Addre	ess of the Pe	ti	A	NV.					
				payee	payee	Nu ava wit ass	count o omber(if r ailable th the essee)of payee	15	ntitstanding he accourt any time du	g in was at at by uring or rious draft of e clear syste	made cheque bank or use lectronic ing m	was ma bank di same w account an acco	e the repayment ade by cheque of raft, whether the vas repaid by an payee cheque of pount payee bank	
	L	1	- 	and the second s	A Bar.		No. of Street,	100	A ALE TH	throu				
		Nil	100		- 11 A	AN	(248), (229) (2 1)	A TON	Light Free.	bank	account.			
d	1.61	P. C. T.	ig une	DIEVIOUS Vea	· · · · · · · · · · · · · · · · · · ·			1090-		ine cicain	2 system	Through	cified in section a bank account	
	- 1	S.No	Ivalli	e of the le	nder   Add	rang of the 1		-						
e	N	Nil	adva	nce is receive	d is re	om specified ceived	advance	lender, from w received	or depos hom speci	fied adva	person ar nce is re by dr cla ba	t loan y spec ceived of a che aft or us earing sy nk accor	of repayment or deposit or ified advance otherwise than eque or bank se of electronic rstem through a unt during the ear	
-	2	artic	ulars	of repayment	of loan or	deposit or an	y specified	dadvan	e in an am	ount	1		ified in section	
	n n	revie	necer	veu by a cheq	ue or banl	k draft which	is not an	account	payee che	ule or acc	ung the l	imit spec	ified in section lraft during the	
	1.12	I (	JUB VC	al					Full and other	que or all	uuuu nave	e honly	noft 1 · ·	
			or de from advan	whom speci ce is received	fied whon	ess of the leases sitor or person n specified a eived	advance le fi	ender,	or deposi	tor or n	erson any ce is rec by dra clea	foan o specific eived of a check ft or use aring sys	of repayment or deposit or fied advance therwise than que or bank of electronic tem through a	
											ban	k accou	nt during the	

ta	ken	or acc	epted from	Governm	nent, G	overr	ment com	any hand	a repayme	ent of any load by or a corpo	an or depo	osit or any	specif	ied adu	
-									and the second se	J a corpt	Jianon es	iannenen i	MU O C	entral	
32	2 a	Det	tails of brow	ught forw	ard loss	or d	epreciation	allowanaa	in 41 . C 11	owing mann				childi,	
		S.N	0	Assessm	ent Yea	r Na	ture of loss	/allowance,	in the follo	owing mann	er, to exte	nt availab	le		
							01 1033	anowance	Amou	Amount Amount	Order U	/ Remark	s		
		-							as	as	S and	d			
20		Nil							returne	ed assessed	Date				
32	b	Wh	ether a chai	nge in sha	reholdi	ng of	the company	ny has take	nlago in ti	he previous					
		the	losses incu	rred prior	r to the	previ	ious year ca	annot be al	lowed to b	he previous ; e carried for	year due t	o which N	0		
32	0	sect	ion 79.							e carried for	ward in t	erms of			
54	C	W ne	ther the as	sessee ha	s incurr	ed an	y speculation	on loss refe	rred to in s	ection 73 du	and as all				
		deta	s, please ful	rnish the					inter to mis	cetion 73 di	iring the p	previous y	ear.	No	
32	d	Whe	ther the as	sessee ho	in an			Sec. Astron							
		durin	ng the prev	ious vear	is incuri	red a	ny loss refe	erred to in	section 73.	A in respect	of any s	necified h	ucinoa	N	
		If yes	s, please fur	nish detai	ile	-						pecifica 0	usmess	INO	
		of the	e same											1 .	
32	e	Inca	se of a com	pany, ple	ase state	that	whether the	Compone	a da a	o be carrying					
		as re	ferred in ex	planation	to sect	ion 7	3	company	is deemed t	o be carrying	g on a spee	culation bu	isiness	No	
		II yes	, please fur	nish the d	etails of	enoa	o ulation loss i	fany							
310	Sent	ion mi	red during	the previo	ous year	A	<u> </u>	-doalow-							
-	NL	Non-WI	se details o	r deductio	ons, if ar	iy ad	missible un	der Chapter	VIA or Ch	apter III (Se	etion 10.	0	0		
h		800	2		An	noun		2	SA.	por m (3e	CHOILIDA	, Section	UAA)	Yes	
4 2				anges is i	11		Contraction of the		619						
		XVII	-BR if ves	plage for	equired	to de	duct or coll	lect tax as p	per the prov	visions of Cl	hanter XV	II D on C		250	
_		S.No	Tax	Section	rnish		K THE		11		implet AV	II-D OF C	napter	Yes	
			deduction	Section			Total	Total	Total	Amount	Total	Amour	+ 14		
			and	1. M	paym	ent	amount of	amount	amount	of tax	amount			mount	
		-	collection	1	4		payment	on which	on which	h deducted	and the second second	ch deduct	tax ta:	-	
		1.1	Account	1			or receipt	tax was	tax was	s or	1	as or	or or	ducted	
			Number	1 1	NA.	in the		required	deducted	collected	deducted	1 T T T T		llected	
			(TAN)	à.	N.S.	20	nature	to be	or	out of (6)	or	on (8)	no		
				- Aller	Sec.	and and	in column	deducted		A. J	collected		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	posited	
				1.2		23	(3)	and the state	at		at les	SS	to	, th	
				V. S. Paul	- Aller - Aller	No they	COLUMN STREET STREET	The second s	specified	NN.	than		cre	dit o	
		200		See. L	Ram			:PAR	rate out of	N. M.	specified		the	Centra	
				and the second second	ME	71	AV m	:DAN	(a)	all and a second	rate out o	of	Go	vernme	
	ł	1	DNECHC		Carlos and	1.4	12 21	Bar Sugar	COLUMN THE PARTY OF	and the second second	(7)		out	of (6	
		1	PNEG164 18D	194J	Fees fo	rpr	1100000	1100000	1100000	- Martin			and	1(8)	
			101	-4-6	ofessio	nal			Contraction of	110000		0	0	(	
_					or tech al servi										
b	1	Whethe	er the assess	see is requ	ired to	furni	sh the state								
	1	he deta	ails:		med to	luin	si the state	ment of tax	deducted o	r tax collecte	ed. If yes	please fur	nish	'es	
	2	S.No	Tax de	eduction	Type	Due	the second se	or Date						•••	
			and co	ollection	of		ishing	furnishin	of Wheth	er the state	ment of I	f not,	please		
			Account	Number	Form		ising .	if furnich	g, itax dec	ducted or c	alloated		st of		
			(TAN)					in runnish	all	is informatic	n about c	letails/			
									which	details/trans	sactions the	ransaction	s		
	1		DNECH		_				reporte	are required	d to be w	which are	not		
	2	A HEGIO					7/2017	27/07/201	7 Yes	u.	r	eported.		1 1	
1			PNEG164			-	0/2017	30/10/201							
	3		PNEG164				/2018	30/01/2018						1	
		/hetha	PNEG164	80 2	6Q .	31/05	/2018								
	10	No	the assesse	e is liable	e to pay	inter	rest under se	ection 2010	1A) or sect	tion 206C(7)	IE				
	13.	110			Tax	ded	uction and	Amount	of A	mount	J.II yes, p	ease furni	sh No		
					collec	ction	Accoun	t interest	under	mount	Dat	tes of payr	nent		
					Numł	ber (]	ΓAN)	section	under						
						00		201(1A)/	2060(7)						
	Ni	1						is payable						1	

35 b	S.No Nil In the		Unit		Opening stock ·	year	Sales during the previous year	2		Shorta excess if any
	and by	case of a manufac y-products :-	turing concern, j	give quantitativ	e details of the	e principal it	ems of ra	w material	s, finishe	ed produc
35 bA	A Raw r	materials :								
	S.No	Item Name	Unit Openin	gPurchases						
	Nil	. 3	stock		the on duri	pti- Sales ing during the previous year	stock		age of	t-Shortag f excess, if any
35 bB		- d 1				Jour				
55 00	S.No	ed products :								
		Item Name	Unit Op sto	ening Purchase ck during the previous year	manufactur- ed during	during previous year		Closing sto	ock	Shortage excess, if any
35 bC	Nil	1	1422	En la						
33 00	By pro		1 Julie	nima	C.C.					1
	S.No	Item Name	Unit Ope stoc	the previous		Sales duri previous ye		Closing sto	ck	Shortage excess, if any
36 10 11		a domestic compa a) Total amount	M &	States of a state of the state						_
A(a)	Nil Whether clause (2	r the assessee has 22) of section 2.If	section 115-O( (i) received any ar yes, please furni	(ii) nount in the na sh the followin	and the second	end as refer	red to in	sub-clause	paymer (e) of	
	SI No.	Amo	ount received (in	Rs.)	D in takis.	Do	to of me			
37 Whe		in the second second	and the second second	The second second second	and the second se	Da	te of rece	eipt		
If ve	s give th	cost audit was carr	ied out		Contraction of the second	and the second s				
matte	s, give in er/item/va	e details, if any, o	of disqualificatio	on or disagreem	nent on any				1	No
If ye	s, give th	udit was conducte	d under the Cen	tral Excise Act,	, 1944					No
		e details, if any, c lue/quantity as ma								
39 Whet	her any a	udit was conducted y be reported/iden	d under still	entified by the	auditor					
servic	ces as may	y be reported/iden	tified by the and	/2A of the Fi	nance Act,19	94 in relation	n to valu	ation of ta	xable N	lo
II yes	s, give the	e details, if any o	f disqualification	11					Auore	
matte	r/item/val	lue/quantity as ma	v he reported (1)	n or disagreem	ent on any					
0 Detai	ls regardin	ng turnover, gross	profit etc. for	entified by the a	auditor					
I Partic	ulars	ng turnover, gross Previous Year	prom, etc., for	ne previous yea	ar and preced	ing previous	year:			
NO					Preceding p	previous Yea	ır			
Total	turnover			1510503						
	assessee			15187862					12	272074
	profit /	0	151070	2 0/					121	-12014
Gross		U	1518786	02 70		0	1227	72074 0.00	)%	1
Gross Turno	V CI					124				
Turno	Chief States and the second second	6572807	151000	0 10 000						
Turno	profit /	6572807	1518786	2 43.28%	51	32935	1227	2074 41 9	30/	
Turno Net I	profit / ver	6572807	1518786		51	32935	1227	72074 41.8	33%	

	PLACE:- AHMEDNAGAR DATE:- 26.10.2018	12274726.00	5132935.00 TO NET PROFIT TRA TO APPROPRIATION A/C	155780.00 TO PURCHASES 0.00 LESS: PURCHASE RETURNS 36000.00 TO ACCOUNT WRITING CHARGES 49267.00 TO ADVERTISEMENT EXP 100000.00 TO ADUET FEES 11854.00 TO BANK CHARGES 4970.00 TO COMPUTER MAINTENANACE 13100.00 TO CONFRUCE CHARGES 4970.00 TO CONFUCE CHARGES 100000 TO CONFUCE CHARGES 5100.00 TO CONFUCE CHARGES 91195.00 TO LEGAL CHARGES 10000 TO CONFUCE CHARGES 43207.00 TO INSURANCE 0.00 TO ISO CHARGES 11055.00 TO LECTRICITY EXPENSES 43207.00 TO INSURANCE 0.00 TO INSURANCE 0.00 TO INSURANCE 0.00 TO NEDECHARGES 11055.00 TO NEMBERSHIP FEES 22058.00 TO MEMBERSHIP FEES 22058.00 TO MEMBERSHIP FEES 22058.00 TO MEMBERSHIP FEES 22058.00 TO NERFELS 82220.00 TO MUNCIPAL TAX 4565.00 TO NERFRESHMENT EXPENSES 12162.00 TO PETROL AND DIESEL 80126.00 TO NERFRESHMENT EXPENSES 12162.00 TO REFRESHMENT EXPENSES 12162.00 TO REFRESHMENT EXPENSES 12162.00 TO SECURITY EXPENSES 153550.00 TO SUGGICAL KATERIAL 36078.00 TO STAFF WELFARE EXPENSES 153560.00 TO SUGGICAL MATERIAL 36078.00 TO TELEPHONE EXPENSES 1146500 TO TRANSPORT CHARGES 1146500 TO TRANSPORT CHARGES 1146500 TO VEHICLE MAINTENANCE 369772.00 TO REACHARGES 1146500 TO VEHICLE MAINTENANCE	AMOUNT PARTICULARS 31.03.2017
CA. PR	FOR F	1521		175890.00 0.00	
CA. PRASAD S. BHANDARI	FOR P. S. BHANDARI & ASSOCIATES	15216457.00 12274	6572807.00		AMOUNT AN
Hatel		12274726.00		9175780.00 BY IPD RECEIPTS 3096294 00 BY PROFESSIONAL FEES RECEIVED 0.00 BY DISCOUNT 2652 00 BY STCG ON SALE OF MUTUAL FUND	
	M			ES RECEIVED MUTUAL FUND	PARTICULARS
	M/S. GAJANAN HOSPITAL				
	TAL	15216457.00		4032632.00 4032632.00 13744.00	
		.00		03.2018 87862.00 13744.00	NT

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

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

(PARTNER)

CA. PRASAD S. BHANDARI
NDIAN INCOME	TAX RETU	<b>RN ACKNOW</b>	LEDGEMENT
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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

Na	me					PAN	
G/	AJANAN HOSPITA	AL				AAKFG014	45Q
Fla	at/Door/Block No	1.	Name Of Prem	ises/Building/V	illage		1
GA	AJANAN HOSPITA	AL	PLOT NO : 8			- Form Numb	er. ITR-5
Ro	ad/Street/Post Off	ice	Area/Locality			-	
SA	RVODAYA COLC	DNY	SATBHAI MAL	Α,		Status Firm	
То	wn/City/District		State	1-5-17	Pin/ZipCode	- Careton	
AI	IMEDNAGAR		MAHARASHT	RA	414001		before due date
Ass	essing Officer Deta	ails (Ward/Cir	cle) WARD 1, AHM	ED NAGAR			
e-fi	ling Acknowledger	nent Number	2156003112410	)19			
1	Gross total incor	ne	B	and the second		1	3109089
2	<b>Total Deduction</b>	s under Chapte	er-VI-A			2	(
3	Total Income					3	3109090
3a	Deemed Total In	come under Al	MT/MAT	teres Ja D		3a	3109090
3b	Current Year lo	ss, if any	-Mar	Carlos Carlos	X7	3b	(
4	Net tax payable		OME TAX	DEPARTMEN	and the second se	4	970036
5	Interest and Fee	Payable	and the second s	and the second designed to the second designed to the second designed and the		5	19050
6	Total tax, interes	st and Fee pays	able	1		6	989086
7	Taxes Paid	a Adv	ance Tax	7a	630000		
		b TD	8	7b	253882	- Contraction	
		c TCS		7c	C		
			Assessment Tax	7d	105200	and a state of	
		1.4.1	al Taxes Paid (7a+7b+	7c +7d)		7e	989082
8	Tax Payable (6-7	e)				8	0
9	Refund (7e-6)					9	0
10	Exempt Income		Agriculture			10	
10			Others				

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. Gajaman Mohniraj 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 <u>GAJANAN HOSPITAL</u> GAJANAN HOSPITAL, PLOT NO: 8, SAR VODAYA COLONY, SATBHAI MALA, AHMEDNAGAR, MAHARASHTRA, 414001 AAKFG0145Q,

2. We certify that the balance sheet and the <u>Profit and loss account</u> are in agreement with the books of account maintained at the head office at <u>AHMEDNAGAR</u>, and <u>0</u> 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 <u>Our</u> knowledge and belief, were necessary for the purposes of the audit.
- (B) In <u>Our</u> opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from <u>Our</u> knowledge and belief, were necessary for the examination of the books.
- (C) In <u>Our</u> opinion and to the best of <u>Our</u> information and according to the explanations given to <u>Us</u> 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 <u>Our</u> opinion and to the best of <u>Our</u> information and according to explanations given to <u>Us</u> the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

SI Qualification Type Observations/Qualifications No. Place AHMEDNAGAR Name AMRUT DAYARAM PATEL Date 24/10/2019 Membership Number 132517 FRN (Firm Registration Number) 0126953W Address TPS 3, SAHAKAR KRANTI, 2ND FLOO COMETA R. OLD BSNL OFFICE, MARKET YARD AHMEDNAGAR, , AHMEDNAGAR, M EPARTN AHARASHTRA, 414001 2 S FIRM REG. NC 126953 W

ALC: NO

# FORM NO. 3CD [See rule 6G(2)] Statement of particulars required to be furnished under section 44AB of the Income-tax Act, 1961

1	Nar	ne of the assess	ee			GAIAN	AN HOSPITAL		_	
2	Add	dress								
	_		5			Y, SATBH	N HOSPITAL, PLOT NO IAI MALA,, AHMEDNA	GAR, MAH	ARAS	A COLOI HTRA, 4
3	Per	manent Account	t Number (PA	AN)		AAKEG01	450			
4	Wh	ether the assess	ee is liable to	pay indirect tax	k like excise	No				
	duty	y, service tax, s	ales tax, goo	ds and services	tax custome					
	duty	,etc. if yes, plea	ase furnish the	e registration num	nber or GST					
	num	iber or any oth	er identificat	ion number allo	tted for the					
	sam	e			inter ter tille					
	SI	Туре				Degist	metion NI 1			
	No.					Regist	ration Number			
5	Stat	us	and the second second			TV				
6	-	ious year from			and the second s	Firm				
7		essment Year					to 31/03/2019			
8			t alaura af as			2019-20				1111
-	SI	Dalarest 1	t clause of sec	ction 44AB unde	er which the a	udit has be	een conducted			
	No.	Relevant clau	use of section	44AB under wh	ich the audit	has been c	onducted			
0	1	Clause 44AB(	b)-Gross rece	ipts of profession	exceeding spe	ecified limit	s			
9	a	II IIIII OF ASSO	ociation of Pe	rsons, indicate n	ames of nart	nerc/momb	and and the in C 1	ing ratios I		
			ner shares of a	members are inde	eterminate or	unknown	?	ing ratios. I	n case	
	Nam	ie	1	1 198		11 12				
			- Av	1		10	1	Prof	it Shar	ing Ratio
	GAJ.	ANAN MOHAN	IRAJ KASH	ID	TIME TO BE		4	(%)		
	BHA	VANA GAJANA	AN KASHID		1월 11일 원 1월 19월 2		10.5	50		
)	b	If there is any	change in th	e nartners or me	ambars or in	thain 0	it sharing ratio since th	50		
		preceding year	the particula	ars of such chang		men pron	it sharing ratio since th	e last date	of the	No
	Date	of change	Name of Par	tner/Member	change sh	aring p tio S	rofit haring			
10	a	Nature of busir	ness or profes	sion (if more that	101	R	atio ssion is carried on durin			
		of every busine	ess or profess	ion).	an one ousine	ss of profe	ssion is carried on duri	ng the previo	ous ye	ar, nature
	Secto	or	1 Can	A CONTRACTOR OF THE OWNER	C.	ub Sector		1.		
		FESSIONS		all the second			Ser de		Cod	e
	HEAI	LTH CARE SER	VICES	TO VOICE	Stante Set	ther protes	sional services n.e.c.		1601	9
0	b	If there is any c	hange in the	nature of busines	u on nuofa	eneral hos	ticulars of such change		1800	1
T	Busin	less	in the	Sector	ss or professi	on, the par	ticulars of such change			No
	Nil		- Contraction of the	sector	SI	ubSector	and the second se		Cod	e
1		Whathar books	of a second			all the second s		-	-	
	Rook	s prescribed	of accounts a	ire prescribed un	der section 4	4AA, if ye	s, list of books so presc	ribed		Yes
	soon.	s presentoeu								
		NAL BOOK								
		SER BOOK								
		BOOK								
		BOOK							1	-
1		List of books of	account mai	ntained and the a	ddress at wh	ich the boo	oks of accounts are kept	(In once he	-1	
	1	are maintained i	n a computer	system, mentior	the books o	faccount a	enerated by such compu	. (In case bo	OKS OI	account
						resses of lo	cations along with the d	iter system.	If the	books of
	1	maintained at ea	ch location.)	Same as 11(a) a	bove	100000 01 10	cations along with the c	letails of boo	oks of	accounts
H	Books	maintained	Addre	ess Line 1	Address Lin		I.C.:			
				too Linte I	Address LI	le Z		State	PinC	ode
J	OUR	NAL BOOK	GAIA	NAN HOSDITA	DIOTING	0.0.1.5	District			
1		JOON	GAJA	NAN HOSPITA	PLOT NO :	8,SARVO	AHMEDNAGAR	MAHARA	41400	01
			1		DAYA COL			SHTRA		
i	EDG	ER BOOK	CIT	NANDOOD	TBHAI MA					
1	200	- R BOOK		NAN HOSPITA		8,SARVO	AHMEDNAGAR	MAHARA	41400	01
			L		DAYA COL	ONY, SA		SHTRA		
C	ASH	воок	0.17	NANTOOT	TBHAI MA	LA,				
		JOON	GAJA	NAN HOSPITA	PLOT NO :	8,SARVO	AHMEDNAGAR	MAHARA	41400	1
					DAYA COL			SHTRA		
L				and the second second second	TBHAI MA	LA,				

-	1 c	List of books of ac			PLOT NO : 8,SAR DAYA COLONY, S TBHAI MALA, th documents examin		DNAGAR	MAHARA SHTRA	414001
	B	ooks Examined	count and na	ature of relevan	t documents examin	ad C-			
	J	OURNAL BOOK			Chaining Chaining	ed. Same as	11(b) above		1
	L	EDGER BOOK	and the second second						
	C	ASH BOOK				-			
	B	ANK BOOK							
12	W	hether the profit and los	6 20201- 1.						
	an	hether the profit and los nount and the relevant s any other relevant section	saccount inc	cludes any prof	its and gains assessab	le on ner			
	or	any other relevant secti	(44A)	D, 44AE, 44AI	F, 44B, 44BB, 44BB	A AADDD	iptive basis,	if yes, indicate	the No
	Sec	ction	on).		,	1, <del>11</del> , 14DDB, (	hapter XII-	G, First Scheo	lule
	INH								
3	a	Method of accountin	a amples 1						Amount
3	b	Method of accountin Whether there has be	en anu al	in the previous	year Mercantile	system			
		the immediately	the any chan	ige in the meth	od of accounting	ployed wis			12.000
3		If answer to (b) above ticulars Whether any adjustm	e is in the	bus year.	-b em	proyed vis-a	-vis the meth	hod employed	in No
1	Part	Iculars		give	details of such chan				
3 0	1	Whether any adjuster				se, and the	effect thereo	f on the profit	or loss
		Income computation	1 11 .	to be made	to the profits or las	C	profit(Rs.)	Decrease in	profit/P
e		Whether any adjustm income computation a If answer to (d) above	ind disclosu	re standards no	tified under section	s for compl	ying with th	e provisions	of No
10	CD	If answer to (d) above	is in the aff	irmative, give	details of such adding	(45(2).	_		110
	otal			Inci	rease in profit(Rs.)	inents.			_
ſ	1	Disclosure as per ICD	-	0	mprom(Rs.)	Decrease in	profit(Rs.)	Net effect(R	()
IC	DS	- isclosure as per ICD	S. 11	ANGAR	ALL LON			Check	5.)
a			10	Carde Stere	ID: U				
		Method of valuation of	closing stor	ck employed in	Disclosure				
			XX .	C.J.M.Z	the previous year.		Raw	Material - No	
b		In case of deviation fro the profit or loss, please ulars	in the		i na		le, Fi	inished goods -	Not A
	1	the profit or loss please	firming meth	od of valuation	prescribed under su	antian 1 ( Th	icabl	e	Hot App
Dar	rtici	ulars	ruthisn:		Ka harden se	2010h 145A	, and the eff	ect thereof on	INT
		the second se		and the second of the second second second	(1) / / / /				LINO
Giv	ve ti	he following particular	oful	19444-04944 22/2/2/54 (2011		Deressa i			
Giv a)	ve t De:	he following particulars scription of capital asse	s of the capit t	tal asset conver		ncrease in p le Date		Decrease in pr of (d) Am on which the	ofit(Rs.) ount at
Giv a)	Des	ts not credited to the	s of the capit	tal asset conver	ted into stock-in-trac (b) acquis	ncrease in p le Date ition	of (c) Cost	Decrease in pr of (d) Am	ofit(Rs.) ount at he asset
Giv a)	Des oun	ts not credited to the pr he items falling within the	s of the capit	tal asset conver	ted into stock-in-trac (b) acquis	ncrease in p le Date ition	of (c) Cost	of (d) Am of which the second	ofit(Rs.) ount at he asset
Giv a)	oun Ti De	ts not credited to the pr he items falling within t escription	s of the capit t ofit and loss the scope of	account, being section 28	Tted into stock-in-trac (b) acquis	ncrease in p le Date ition	of (c) Cost acquisitio	of (d) Am of which the stock-in t	ofit(Rs.) ount at ne asset ted into rade
Giv a)	oun Ti De	ts not credited to the pr he items falling within t escription	s of the capit t ofit and loss the scope of	account, being section 28	Tted into stock-in-trac (b) acquis	ncrease in p le Date ition	of (c) Cost acquisitio	of (d) Am of which the stock-in t	ofit(Rs.) ount at ne asset ted into rade
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42	W	vil Vhether the	e assesse	e is required	to furnish st	atement in	Form No.61	or Form	1 No. 61A o	r Form N	lo. 61B? I	No
	Si N	es, please 1 Income- o.Departm Reportin Identific Number	tax ent g Entity ation	Type of For		date fo	r Date furnishing, furnished	of if	Whether th contains information all transactions are required.	e Form about details/ which		se furnish e details/ ns which
43	(a		the asses	see or its pare	nt entity or a	alternate re	porting entity i		-	he report	as referred	No
	SI N	Whetl o. been the as parent altern entity	her repo furnishe ssessee t entity ate rep	or its or an	of parent en	repo	orting entity licable)		Date of fur of report	mishing		
44	B	reak-up of 131st Mar	total ex	penditure of a	entities regis	stered or n	ot registered u	inder th	e GST:(Thi	is Clause	is kept in	abeyance
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		Where the data of the Return of Inc ITR-4(SUGAM), ITR-5	ETURN ACKNOWLEDGEMENT come in Form ITR-1 (SAHAJ), ITR-2, ITR-3, , ITR-6, ITR-7 filed and verified] of the Income-tax Rules, 1962)		Assessment Year 2020-21
PAN		AAKFG0145Q			
Name		GAJANAN HOSPITAL			
Addro	ess	GAJANAN HOSPITAL, PLOT NO : 8, 5	SARVODAYA COLONY, SATBHAI MALA,, AHM	EDNAGAR,	MAHARASHTRA, 414001
Status	;	Firm	Form Number	ITR-5	ACCOUNTS OF TAXABLE
Filed (	u/s	139(1)-On or before due date	e-Filing Acknowledgement Number	9939736	561030121
2	Curren	t Year business loss, if any		1	
etai	Total Ir	icome			220262
Taxable Income and Tax details	Book P	rofit under MAT, where applicable		2	339363
I pu	Adjuste	d Total Income under AMT, where appl	licable	3	220262
ne an	Net tax	payable	The second s	4	339363
ncon	Interest	and Fee Payable	- altor All	5	105881
ole li	Total ta	x, interest and Fee payable		6	93
axal	Taxes P	aid	and the fit of the	7	105974
-	(+)Tax	Payable /(-)Refundable (6-7)		8	106722
NB	Dividen	d Tax Payable	States and States and States and States	9	-748
s l	Interest	Payable		10	
ibutior details	Total Di	vidend tax and interest payable	TAY DEPAKT	11	
Distribution Lay details	Taxes Pa	aid	Part of the second s	12	
9	(+)Tax F	Payable /(-)Refundable (11-12)	Contraction of the second	13	(
	Accretec	I Income as per section 115TD	THE REPORT OF THE REPORT OF THE	14	(
	Addition	al Tax payable u/s 115TD	<u>VIX - 79</u>	15	(
Detail	Interest	payable u/s 115TE	Careford P.	16	
Det	Addition	al Tax and interest payable		17	0
Detail	Tax and	interest paid		18	0
	(+)Tax P	ayable /(-)Refundable (17-18)		19	0
		turn submitted electronically on <u>03-01</u> DHANIRAJ KASHID	-2021 19:14:57 from IP address 182.48.		0 and verified by
ving		AMQPK8670A on 03-01-2021 19	:14:57 from IP address 182.48.210.2	201	using
gital SC de	1	re Certificate (DSC), 7602167CN=e-Mudhra Sub CA for Class 2 Ir	ndividual 2014,OU=Certifying Authority,O=eMudhra	Consumer Se	rvices Limited,C=IN

Dr. Gajanan Mohniraj 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 <u>GAJANAN HOSPITAL</u> GAJANAN HOSPITAL, PLOT NO : 8,SAR VODAYA COLONY, SATBHAI MALA, AHMEDNAGAR, MAHARASHTRA, 414001 <u>AAKFG0145Q</u>.

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) <u>We</u> have obtained all the information and explanations which, to the best of <u>Our</u> knowledge and belief, were necessary for the purposes of the audit.
- (B) In <u>Our</u> opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from <u>Our</u> knowledge and belief, were necessary for the examination of the books.
- (C) In <u>Our</u> opinion and to the best of <u>Our</u> information and according to the explanations given to <u>Us</u> 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 <u>Our</u> opinion and to the best of <u>Our</u> information and according to explanations given to <u>Us</u> the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

SI Qualification Type Observations/Qualifications 20 No. Place AHMEDNAGAR Name PRASAD SUBHASH BHANDARI Date 03/01/2021 Membership Number 121971 FRN (Firm Registration Number) 126953W Address TPS 3 , SAHAKAR KRANTI, 2ND FLOO R, OLD BSNL OFFICE, MARKET YAR D, AHMEDNAGAR, AHMEDNAGAR, M AHARASHTRA, 414001 FIRM REG.No 126953

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11	JOURNAL BOOK	L	PLOT NO : 8,SARVO DAYA COLONY, SA		SI	AHARA	414001
11	c List of books of	account and nature of relevan	t documents examined	I. Same as 11(h	above	an inter	
					) above		
	LEDGER BOOK CASH BOOK					21	
	BANK BOOK					- Aller	
ł	JOURNAL BOOK			Constant of	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		and the second
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	or any other relevant se	loss account includes any prof nt section (44AD, 44AE, 44A) ection).	its and gains assessable F, 44B, 44BB, 44BBA	e on presumptiv , 44BBB, Chap	ve basis, if yes oter XII-G, F	s, indicate irst Schee	the No
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31	the immediately r	s been any change in the methoreceding previous year	nod of accounting emp	loyed vis-a-vis	the method	employed	d in No
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3 f	Disclosure as per	ICDS.					
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	the profit or loss, particulars	on from the method of valuati please furnish:	and the first			thereof	on No
5 G		culars of the capital asset conv	verted into stock-in-tra		fit(Rs.) De	crease in	profit(Rs.)
Ni			(b) acqui	Date of sition	(c) Cost of acquisition	which is con	Amount a the asse verted inte n trade
1		A PRIME A PRIME A	Plan P. Standard Stand	and the second sec		SLOCK-1	n trade
a	The items falling w	the profit and loss account, be within the scope of section 28	eing:-	State State State		15	_
	Description Nil		A PARTY PROPERTY AND	and the second second	Amou	int	
b							- Andrews
0	tax, where such cred	ts, drawbacks, refund of duty c dits, drawbacks or refund are	of customs or excise or admitted as due by the	service tax, or authorities cor	refund of sale	es tax or v	alue adde
C		ccepted during the previous ye			Amou	nt	
	Nil				Amou	nt	
d	Any other item of ir	Come				100	
-	Description					in the second	
	Nil				Amou	nt	
e	Capital receipt, if an	V				and the second sec	
-	Description	2	2. 34 Star				-
	Nil				Amour	nt	-
Wh	ere any land or build	na or both is t				-	
1986	essed or accessible to	ng or both is transferred duri any authority of a State Gover	ng the previous year	for a considera	tion less that	n value	dopted or
Dat	ails of Add	any authority of a State Gover	mment referred to in se	ection 43CA or	50C. nlease	furnich	aopted of
	perty 1	Line Address Line City/Tow	vn State	Pincode	Consideration	on Value	e adopted sessed or
					accrued	assess	and the second se

T	C NIa	Castien		1.4		1 1			-								Y
	S.No	Section		Amo profi acco	it and		ss als of	o fulfils Income	the co-tax Ac	ible as per onditions, ct, 1961 or red in this	if any r Incon	specifi ne-tax I	ed un	der the	relevan	t 14	orovi
	Nil				ale a	DAG		123	6			121	CI ET	10 100	111		
20		Any sum to him as	paid to ar profits or	n emplo dividen	yee as t d. [Sect	bonus d tion 36	or cor (1)(ii)	nmissic	n for s	ervices re	endered	l, wher	e suc	h sum v	vas othe	erwi	se payabl
		Descriptic							5	1				Amo		1.000	
20	D	Details of	contribut	ions rec	eived fr	rom em	ploye	ees for	various	funds as	referre	d to in	sectio	on 36(1)	(va):	-	
		Nature of	fund	-				and be	Sum rece from emp	ived	Due d payme	ate for ent	1.000	actua unt paid		pay	tual dat ment t concerne s
		Nil		-										11.00			
21	1	Please fur	nish the c	details c	of amou	ints del	bited	to the p	profit a	nd loss a	ccount	, being	in th	ne nature	e of cap	oital,	personal
		advertisen			etc										-	1	
-		Capital ex		2		-	-	_		1.60.14		11.62			12	201	
	-	Particulars	and the second sec									-	Amo	ount in F	Rs.		
		Personal e		·е		-			-							_	
_	1200	Particulars				_			19100					ount in F		_	and the second
		Advertiser		enditure	in any :	souven	ir, bro	ochure,	tract, p	amphlet o	or the l	ike put				part	у
		Particulars	in the second			11-2		1	-	I have		1.19	Amo	ount in F	Rs.		
		Expenditu		d at clu	bs being	g entra	nce fe	ees and	subscri	ptions			_	Non-	Trail		
_		Particulars					100	in such							and a	Amo	ount in Rs
		Expenditu		d at clu	bs being	g cost f	for clu	ıb servi	ces and	facilities	s used.			2.1.1.2			No.
	and the second se	Particulars	State of the second	1 de	-			5.00.50						ount in F	Rs.		
		Expenditu		of pena	alty or f	fine for	viola	ition of	any lav	v for the t	time be	eing for					
		Particulars		(h)			11			18.2			Amo	ount in F	Rs.		Affeilr
		Expenditu		of any	other p	enalty	or fin	e not co	overed	above							
	and the second second	Particulars	2 martine and a second s			1		aler al		1-74,043	T	01.023		ount in F	Rs.	100	
-		Expenditu	and the second second second	d for an	y purpo	ose whi	ich is	an offe	nce or	which is p	orohibi	ted by I	law		- and		
-		Particulars						12 - 12					Amo	ount in F	Rs.		
		nts inadm								E.A. WI			ng L		in the		
		payment to							1 sty	and a	2.	de la	No.	and strends.			
		(A) Detail			and the second s	A second data in the second data			20	and and	2	W.	FIDIN	1		14	
		Date payment	of Amou paym	int of ent			Nam paye	e of th	the	of payee,if able	Addres		Add Line	100	City Towr Distri	n or	Pincode
B)	Detail	ls of paym	ent on wh	nich tax	has bee	en dedu	icted	but has			uring th	ne prev	ious	vear or i	n the si	ihser	uent vea
pefc	re the	expiry of	time pres	scribed	under se	ection2	00(1)										fuent jeu
	I	Date c	f Amoun	t of Na	ature	of Nar	me	of PA	N of	Address	Add	dress	Cit	y o	Pinco	de	Amount
	F	payment	paymer	nt pa	iyment	the	paye	pay	ee,if liable	Line 1	Lin	e 2	To Dis	wn o strict	r		of tax deducted
ii) a	IS Day	ment refe	rred to in	sub-clar	use (ia)	_		ava	nable		-	-					
		(A) Detail				ay is no	t ded	ucted:	-			2	0.15			-	
			Amount			Vame o			ofA	ddress Lir	ne 1 A	ddress		City or T	Own P	linco	do
		payment		paymen		ayee	- P	the payee,i avaliab	f	duress En	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ine 2		or Distri		meo	ue
	(	B) Detail	s of paym n (1) of s	nent on ection 1	which t 39.	tax has	been	deduct	ed but	has not b	peen pa	id on o	or bei	ore the	due da	te sp	ecified ir
T		the second se	Amount		of Na	me of	PAN	ofA	ddress	Addres	s Cit	y or	Pinc	ode A	mount	Ar	nount ou
	ŀ		of payment	payme		payer		e,if	ine 1	Line 2	To	wn or strict		of	tax	of de	(VI posited, i
(iii)	as pay	yment refe	rred to in	sub-cla	use (ib)	)	avan	aore		-	-	-	-			an	y
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	1					Vame o			of	ddress Lir	114	11		City or T	Course D	inco	de
-		Date of	Amount	Vaturo	otin						no						

-		Section Nil					Ivan	ure of li	ability	·	-	A	mount
26	6 (i) (E	b) (b)	not paid	on or befo	ore the af	oresaid da	te				la (Dand	me line	-
	1	Section		1-9.0	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		Nati	ure of li	ability			A	mount
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ac	count.	)			11								
27	a	Amount	of Central	Value Ad	lded Tax	Credits/ Ir	put Tax	Credit	(ITC) avai	iled of or uti	lised durin	g the prev	ious No
		year and	its treatme	nt in profi	it and loss	account a	nd treat	ment of	outstandi	ng Central V	alue Adde	d Tax Cre	dits/
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		CENVA	1/110		Amount					Mane Se			n Profit
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27	b		rs of incon	a or expe	enditure	f prior pe	riod cro	dited or	debited to	o the profit a			
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		51			untreunui			Aniou	in		and the second second	period tes(Year	
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28	Whet	her durin	g the prev	ious year	the asses	ssee has re	eceived	any pro	operty, be	ing share of	a compan	v not bei	ng a No
	comp	any in wi	nich the pu	blic are s	ubstantia	lly interes	ted, wit	hout co	nsideratio	n or for inac	lequate con	nsideratio	n as
	referr	red to in s	ection 56(2	(viia)									
	1.000		of the I	PAN of	the Na	me of th	e CIN o	of the co		No. of Shar	es Amour	nt of H	Fair Ma
	21	1		person,		npany fror				Received	conside	eration v	value of
		which	shares a	vailable		ich share	S				paid	s	hares
		received Nil		- have been	rece	eived			111	9 8 9 90			
				Contraction of the second		ANG AND	1. I. S.		1 General				
29	Whet	hor during	a the provid	aus woon t	he cores		1	10.1	11 10 1				
29	Whet	her during	g the previo	ous year t	he assess	ee receive	d any co	onsidera	ation for is	sue of share	s which ex	ceeds the	fair
29	mark	et value o	I the share	s as refer	red to in s	section 56	(2) (viib)	). If yes	, please fu	rnish the det	tails of the	same	
29	mark	Name of	the perso	n from v	red to in s	N of the p	(2) (viib)	). If yes	, please fu	rnish the der Amount	tails of the of	same Fair M	farket
29	mark	Name of	I the share	n from v	red to in s	N of the p	(2) (viib)	). If yes	, please fu of Shares	rnish the der Amount consideratio	tails of the of	same Fair M value of	farket
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Descript-	the:- Rate of	Open-	Adjust-	Adjust-	HUNDER	A SALA	Additio	ons		Deduct-	Depreciat-	Writte
	deprecia- tion (In Percent-	ing WDV	ment to WDV u/s 115BA	ment written down		MOD- -VAT (2)	Change in Rate of Ex- change (3)	(4)	Total Value of Purchases (B) (1+2+3+4)		ion Allowable (D)	Down Value the e of year (A+) C-D)
Building @ 5%	5%	0	0	0	0	0	0	0	0	0	0	0
Building @ 10%	10%	418466 9	0	418466 9	0	0	0	0	0	0	418467	37662
Furnitures & Fittings @ 10%		184600 0	0	184600 0	0	0	0	0	0	0	184600	16614
	15%	199700 9	0	199700 9	0	0	0	0	0	0	299551	1697
Plant & Machinery @ 15%		514329 4	0	514329 4	0	0	0	0	0	0	771494	4371
	15%	450821	0	450821	0	0	0	0	0	0	67623	3831
	15%	131500 8	0	131500 8	0	0	0	0	0	0	197251	1117
	15%	682709	Ö	682709	0	0	0	0	0	0	102406	5803
	15%	144656	0	144656	0	0	0	0	0	0	21698	1229
Plant 8 Machiner @ 15%		37318	0	37318	0	0	0	0	0	0	5598	3172
Plant 8 Machiner @ 15%		193020	0	193020	0	0	0	0	0	0	28953	1640
	x 15% y	9918	0	9918	0	0	0	0	0	0	1488	8430
	z 15% y	108196	0	108196	0	0	0	0	0	0	16229	9196
	y 15%	258026	0	258026	0	0	0	0	0	0	38704	2193
	y 15%	28045	0	28045	0	0	0	0	0	0	4207	2383
	k 15% y	48465	0	48465	0	0	0	0	0	0	7270	411
Plant & Machiner @ 15%		27222	0	27222	0	0	0	0	0	0	4083	231
Plant & Machiner @ 15%		100246	6 0	100246	6 0	0	0	0	0	0	15037	852
	& 40% y	61785	0	61785	0	0	0	0	0	0	24714	370

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7 a		f Central	Value Ad	dod Tax	Crodite/In	Dut Tan	Canditu	(ITC)	1 1 0				
1 4	vear and i	ts treatmen	value Au	t and los	c creatis/ in	put Tax	Credit	(IIC) avai	led of or util ng Central V	ised durin	ig the pre-	vious	No
1	Input Tax	Credit(IT	C) in acc	ounts	ss account a	nutreau	nem or	outstandi	ig Central V	alue Adde	ed Tax Cre	edits/	
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7 b	Particular	s of incom	ie or expe	enditure	of prior per	iod cred	lited or	debited to	the profit a	nd loss ac	count :-		
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8 VVN	ether during	the previ	ous year	the ass	essee has re	eceived a	any pro	operty, bei	ng share of	a compar	ny not bei	ing a N	lo
rofe	npany in wh erred to in se	ction 56(2	blic are s	ubstanti	ally interes	ted, with	nout co	nsideratio	n or for inad	lequate co	nsideratio	on as	
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d	N P 20 du S.	il articula S.No.	ars of on 269 Nar pay	payment of otherwise t ous year:- the lende or or perso m specifie received	f loan or of han by a er, Address deposed whom is rece	deposit deposi	fication No. deposit or syear :- Permanen Account Number(ii available with the assessee) o the payee	S.O. 206 any spec of the of the frepaym ified adva raft or us or Perma availal lender from v receive	case of receints or in the constraints or in the constraints of the co	pt by or ase of tr d July, 2 e in an a variable in wa t at by or ious or clea sysic thro ban ount exe itor or fied adv	olf)" amount e hether t bayment is ma cheq bar ft or u electron aring tem bugh k accoun ceeding tl ing syste nber (if e) of the person ance is	he In wa de bau a san k acc se an ic dra a t. Amou of lo any receiv by a draft o clearir pank a co	it specific case as mad nk dra me wa count p account a account a account ac account ac account account ac account account account ac account account a	in section the received of the repair the repair the by cliption the by clipti	on 2695 specific payment heque o ether th d by a heque o ee ban section account section account sit or dvance e than bank stronic bugh a ng the
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d	NIII Par 269 pre	Particul in section S.No. il articula 69T recurring the No Narrior or control from adva difference of the section of the secti	ars of on 269 Nar pay rs of re eived of e previ ne of leposition ance is of rep. ved by ear:	payment of payment of payment payment of payment payment of payment payment of payment payment of payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment payment p	f loan or of han by a er, Addres ban depos ed whom is rece	deposit of specific specific s	fication No. deposit or syear :- Permanen Account Number(ii available with the assessee)o the payee or any spect or bank d ne lender, o person fron ied advance	S.O. 206 any spec any spec of the frepaym frequence ified advar araft or us or Perma availal lender from v receive	case of receints or in the constraints or in the constraints of the co	pt by or ase of tr d July, 2 e in an a in wa t at by ring or ious dra of clea sys: thro ban roount exc it clear nt Nun assesse itor or fied adv	017)" amount e hether t bayment is ma cheq bar ft or u: electron aring tem bugh k accoun ceeding the person rance is in tereson ceeding the ceeding the count par	k acc he In wa de ba ue sar ik acc se an ic dra a t. ne lim m thro of lo any receiv by a draft of clearir pank acc se an ic dra a t.	ing the case as mad nk dra me wa count p accou aft.	In section section in section in section in section in section in section in the relation of the section in the section is the section in the section is the section in the section in the section in the section is the section in the section is the section in the section in the section in the section is the section is the section in the section is the section in the section is the	on 2695 specific paymen heque o ether th d by a heque o ee ban section section account sit or dvance e than bank stronic bugh a ng the

		section 920 primary adjustment made ?	CE primar adjustr is	nent r r a		to be to India rovisions on (2) of	been repati within prescribed t	the been	ey which has repatriated v rescribed time	vithin	
	Nil										1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
B(a)	Whet	ner the assessee	has incur	red expe	nditure duri	ng the pr	evious year l	by way of in	nterest or of si	milar nature	No
		ding one crore									
	and the second se	yes, please furr	And the second sec	the standard set of the set						12.5	
	SI No	Amount of expend way of in	(in Rs.) E liture by in terest or d r nature a (1	Carnings nterest, epreciati mortizat EBITDA	before A tax, ex on and in ion na ) during w	kpenditur aterest o ature as which exc	e by way o r of simila per (i) abov eeds 30% o	of expendit ar forward ve section ( of 94B.	of interest ure brought as per sub- 4) of section ent Amount	expenditure forward as	carrie per su of sectio
				in Rs.)		biibA	as per (i	Year	(in Rs.)	Year	(in Rs.
	Nil				u	5070.		Treat	(11 10.)	I cui	(
C(a)		ner the assesse	e has enter	ed into a	an impermis	ssible avo	oidance arrai	ngement, as	referred to in	section 96.	No
~ (u)		g the previous y			and the second			and the second se			
		yes, please furi				- <u>J</u>					
1	SI No					avoidanc	e arrangeme	nt An	nount (in Rs.)	of tax ben	efit in t
	0.110		intere o		2		S	pre	vious year ar the parties to	ising, in agg	gregate,
	Nil		10.00	See at	Contraction of the	1	A CAR			0	
31 a	Partic	ulars of each lo	an or depo	osit in an	amount ex	ceeding t	he limit spec	ified in sec	tion 269SS tal	ken or accep	ted duri
		evious year :-									
	S.No Nil	depositor	or the ler deposit	nder or or	Account Number(if available with the assessee) of the lender or the depositor	of loan or deposit taken or accepte	loan or out deposit the was any squared the dup yea during the previous year	ount tstanding account y time durin e previo ar	in was ta at or accepting by che us or bank do or use electronic clearing system through bank account	osit loan o ken was t oted accepte que cheque lraft draft, w of same v or acc an acco cheque a accoun int. bank du	aken or ba whether was tak repted ount pay or t pay raft.
31 b		ulars of each s	pecified su	ım in an	amount exc	ceeding th	ne limit spec	ified in sec	tion 269SS tal	ken or accep	ted duri
		evious year:-				A State of	The state	AND NO.			
	S.No.	person whom	from specified	whom	specified		Number (if		specified s was taken	um specifie or taken of	accept
	NII	sum is r	received				available with the assessee) of the person from whom specified sum is received	accepted	cheque or ba draft or	use same v nic or acc em an acco	hether vas tal epted ount pay or pay
	Nil	()						- h 1.1			ata blt-1
		(a) and (b) need		en in the	case of a G	overnme	nt company,	a banking c	ompany or a c	orporation e	stablish
		tate or Provinc		-	t arrest	a tha li	t openifi - t :	n contine Or	30ST :	agata from	Dares
31 0	a day durin	culars of each r or in respect o g the previous m through a ba	f a single year, when	transacti re such r	on or in res	pect of th	ansactions r	elating to o	ne event or o	casion from	a pers
	S.No.	0			of the Pay	er	Permanent Account	Nature of transaction	and the second sec	of Date Of	receip

									rate c (5)	out of		rate ou (7)	ut of		G. out
0	411	1 -	PNEG164 18D		ofe: or al s	es for pr ssional technic ervices	1675900	1675900		5900	167590		0	167590	and 16,
3	4 b	Whe	ther the asses etails:	ssee is rea	quirec	to furn	ish the staten	nent of tax	deduc	cted or ta	x collec	ted. If y	es .pl	ease furni	sh Ves
-		S.No													103
			and c Account (TAN)	leduction collection Number	of	furr	e date fo nishing	r Date furnishin if furnis	ng, ta hed co al w	Whether ax deduc ontains in 1 de hich are ported.	ted or nformati tails/trai	collecte ion abou isaction	d fur ut det is tran e wh	nish list ails/ nsactions ich are	lease of not
		1	PNEG16		26Q		7/2019	30/07/201		es			rep	orted.	
		2	PNEG16		26Q		0/2019	26/10/201	19 Y	es	and the second				
		4	PNEG16		26Q		1/2020	25/01/202	20 Y	es			-		
34	l c				26Q	31/0	5/2020	20/07/202	20 Y	es			1		
54	L L	S.No	net the asses	see is lia	ble to	pay interaction	erest under se	ection 201	(1A) (	or section	n 206C(	7).If yes	s, plea	ase furnisł	No
		Nil				ollectior Jumber (		t interest section 201(1A) is payab	/2060	der			- uter	s of payme	- n
35	a	In the	case of a tra	ding con	cern,	give qua	antitative det	ails of prin	nicipal	itoma a	C and				
								stock	in the second	es during the	durin the previ	g		stock	Shorta excess if any
				( fr			103/25 .322A	A	14	previou vear					
5	h	Nil				- 955		200	)) L	year	s year				
5	b	In the d	case of a mar	nufacturin	ng cor	ncern, gi		ve details	of the	year	s year		ateria	ls, finishe	d produc
	b bA	In the and by		nufacturin	ng cor	ncern, gi	ve quantitati	ve details	of the	year	s year		ateria	ls, finishe	d produc
		In the c and by Raw m	naterials :	1	SP. May		ve quantitati	A CONTRACTOR	Contraction of the	year principa	s year	f raw m	1997		
		In the c and by Raw m		Un	it			the on ar the prev	sumpt durin rious	year principa i- Sales	s year litems o Clos g stoc	fraw m ing *Y < of fin	'ield	*Percent age of yield	Shortag
5	bA	In the c and by Raw m	naterials :	1	it	Opening	ve quantitati Purchases during	the Con ar the	sumpt durin rious	year principa i- Sales g during the	s year litems o Clos g stoc	fraw m ing *Y < of fin	'ield ished	*Percent age of yield	Shortag
5		In the c and by Raw m S.No Nil Finishe	aterials : Item Name	Un	it	Opening	ve quantitati Purchases during	the on ar the prev	sumpt durin rious	year principa i- Sales g during the previo	s year litems o Clos g stoc	fraw m ing *Y < of fin	'ield ished	*Percent age of yield	Shortag
5	bA bB	In the and by Raw m S.No Nil	aterials : Item Name	Un	it	Opening stock	ve quantitati Purchases during previous yea ning Purchas k during the	the on the prev year	sumpt durin rious y ctur- uring	year principa i- Sales g during the previo	s year l items o clos g stock	fraw m ing *Y of fin pro	ield ished oducts	*Percent age of yield	Shortag
5	bA bB	In the c and by Raw m S.No Nil Finishe S.No	d products : Item Name	Un	it	Opening stock	ve quantitati Purchases during previous yea ning Purchas k during the previou	the on the prev year sesQuantit manufa ed du the prev	sumpt durin rious y ctur- uring	year principa i- Sales g during the previc year Sales d	s year l items o clos g stock	fraw m ing *Y of fin pro	ield ished oducts	*Percent age of yield	Shortag excess, if any Shortag excess,
5	bA bB	In the c and by Raw m S.No Nil Finishe S.No	d products : Item Name	Un ne	it	Opening stock	ve quantitati Purchases during previous yea ning Purchas k during the previou year	the on the prev year sesQuantit manufa ed du the prev year	sumpt durin rious vious vious	year principa i- Sales g during the previo year Sales d previous	s year l items of g Clos g stock	fraw m	'ield ished oducts sing s	*Percent age of yield tock	Shortag excess, if any Shortag excess, if any
5	bA bB bC	In the c and by Raw m S.No Nil Finishe S.No Nil By proc	aterials : Item Name d products : Item Nam	Un ne	Unit	Opening stock	ve quantitati Purchases during previous yea ning Purchas k during the previou year	the on the on the prev year sesQuantit manufa ed du the prev year esQuantit manufa	sumpt durin rious y ctur- uring vious y ctur- uring	year principa i- Sales g during the previc year Sales d	s year l items of clos g stock bus	fraw m	'ield ished oducts sing s	*Percent age of yield tock	Shortag excess, if any Shortag excess,
5	bA bB bC	In the c and by Raw m S.No Nil Finishe S.No Nil By proc S.No	interials : Item Name Item Name Item Name Item Name	e I	Unit	Opening stock Ope stock	ve quantitati Purchases during previous yea ning Purchas k during the previou year	the on the prev year sesQuantit manufa ed du the prev year esQuantit manufa ed du the prev year	sumpt durin rious rious y ctur- uring vious y ctur- iring rious	year principa i- Sales g during the previous Sales d previous	s year l items o clos stock bus uring t year	fraw m	ished ducts sing s	*Percent age of yield tock	Shortag excess, if any Shortag excess, if any Shortag excess, if any
5	bA bB bC	In the c and by Raw m S.No Nil Finishe S.No Nil By proc S.No	interials : Item Name Item Name Item Name Item Name	e I	Unit	Opening stock Open stock	ve quantitati Purchases during previous yea ning Purchas k during the previou year	esQuantiti manufa ed du the prev year esQuantiti manufa ed du the prev year esQuantiti manufa ed du the prev year	sumpt durin rious rious vious y ctur- uring rious uring rious under	year principa i- Sales g during the previous Sales d previous Sales d previous	s year l items o g Clos stock ous uuring t year 115-O i	f raw m	/ield ished oducts sing s sing s	*Percent age of yield tock	Shortag excess, if any Shortag excess, if any Shortag excess, if any

from composition exempt GST scheme Nil 2 handout PRASAD SUBHASH BHANDARI AHMEDNAGAR Name Place Membership Number 03/01/2021 121971 Date ARI & FRN (Firm Registration Number) 126953W Address **TPS 3 , SAHAKAR KRANTI, 2ND FLOO** R, OLD BSNL OFFICE, MARKET YAR D, AHMEDNAGAR, AHMEDNAGAR, M IRM REG.No AHARASHTRA, 414001, 126953 W ED ACC Form Filing Details Revision/Original Original Addition Details(From Point No. 18) of Sl.No. Date Adjustment on account of Total Amount of Date put to Amount Description Block of Assets Purchase MODVAT Exchange Subsidy use Rate Grant Change Building @ 5% 0 Total of Building @ 5% Building @ 10% Total of Building @ 10% 0 Furnitures & Fittings @ 10% 0 Total of Furnitures & Fittings @ 10% Plant & Machinery @ 15% 0 Total of Plant & Machinery @ 15% 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 8 Machinery @ 15% Total of Plant & Machinery @ 15% 0 Plant & Machinery @ 15% 0 Total of Plant & Machinery @ 15% Plant & Machinery @ 15% Total of Plant & Machinery @ 15% 0 Plant & Machinery @ 15% 0 Total of Plant & Machinery @ 15% Plant & Machinery @ 15% 0 Total of Plant & Machinery @ 15% Plant & Machinery @ 15% 0 Total of Plant & Machinery @ 15% Plant &

A(a)	Whether the clause (22	ne assessee ha of section 2.1	s received	any amou se furnish t	nt in t	the na	ture of divid	dend as	s referred to	in sub-cla	use (e) of	No
Τ	SI No.			ived (in Rs			5 uctans		Date of r	eceipt		
7 W	/hether any co	st audit was ca	rried out			_						No
	yes, give the			lification of	or disa	oreen	nent on any	-		-	-	INU
m	atter/item/valu	e/quantity as r	nav be rep	orted/ident	ified b	by the	cost auditor					
	hether any au											No
	yes, give the							1.1516.		Concer-		110
	atter/item/valu							Same trailing	TEL I			
9 W	hether any au ervices as may	dit was condu	cted under	section 72	2A of					valuation	of taxable	No
	yes, give the					agreen			hol	The statement of the statement		
	atter/item/valu								131			
0 D	etails regardin	g turnover, gro	ss profit, e	etc., for the	previ	ious ye	ear and prece	eding p	revious year			
		Previous Year			-	-	Preceding					
0												
To	otal turnover				21	33856	67				The second second	1734214
of	the assessee						a la face de la com					
G	ross profit /		0	21338567	1%				0	17342143	0.00%	
	urnover										0.0070	
	et profit /	86490	77	21338567	40.5	3%		79371	24	17342143	15 77%	
	urnover	00400	E USA		10.0	010		10011	- 1	11046140	10.1170	
	tock-in-		0	21338567	0%		a stranger	-	0	17342143	0.00%	
	rade /		V	21330301	10		and the second second		0	17342143	0.00 %	
	urnover						1.2.2				1.7.50	
-	laterial		0	0	%		100		0	0	0.000/	and the second
1	onsumed/		0	0	1%		1 84		0	C	0.00%	
	a construction of the second				34.5		N/I				No LUE L	
	inished		6	Jert V	Series						a session	
	oods						- M		1.1.1			
	roduced details require			(Tricke	22.898		1 11	-		1	Linner	
ta	lease furnish th x Act, 1961 ar Financial which de refund rel	d Wealth tax / year to Name mand/ Tax la	Act, 1957 a of other	alongwith c	letails Ieman	d Dat rais	evant procee	edings		Remarks	Pania	
	Nil			received	100.00	fice	arved the second	16 1	all of	and the second s		
2		e assessee is i	required to	furnish sta	teme	nt in F	Form No 61	or For	m No 61A o	Form N	0 61B2 If	No
0	yes, please		equireu to	, runnish su	actine	ine ini i	01111110.01	OF FOIL	III NO. OIA C	I TOTILITY	0. 01D: 11	INU
-	SI Income		e of Form	Due	date	for	Date	of	Whether th	E Form	If not also	E
	No.Depart Report Identifi Numbe	nent ng Entity cation		furnisł		101	furnishing, furnished		contains information all transactions are require reported.	about details/ which	list of th transaction are not rep	e detai. 15 whic
	Nil				-		A Contraction					
3		the assessee of the assessee o		t entity or a	lterna	te rep	orting entity	is liab	le to furnish t	he report	as referred	No
-		ection (2) of se		0					1 martine			
		ther report ha		of parent en	tity	Name			Date of fu	rnishing		
		furnished b				repor		y (if	of report	1.19.1		
		assessee or i				appli	cable)			87 A 167		
		nt entity or a										
		nate reportin	g					_		1.23		
	entit	У							14 (7 ( <b>7</b> - 18/1)	1.4.2.2.2		
1	Nil					1					in al	
	(c) If Not due											
4	Break-up o till 31st M	of total expend arch, 2021)	liture of er	ntities regis	stered	or no	t registered	under	the GST:(Th	is Clause	is kept in	abeyan
1	SI Total	amount Exp	enditure i	n respect of	entit	ies rec	istered unde	r CST			Expenditu	re
		penditure Rela							Total payr			
		d during or	0 0	ces entitie					registered e		not registe	
	the yea		501 11	under		anng	registereu e	mines	- Gistereu e		GST	ica una

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

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Deduction Details(From Point No. 18) Description of Block of Assets	SI No Data CO.	1
Building @ 5%	SI.No. Date of Sale etc.	Amount
Total of Building @ 5%		p
Building @ 10%		Luc.
Total of Building @ 10%		
Furnitures & Fittings @ 10%		A.C.
Total of Furnitures & Fittings @ 10%	- Louis and and	
Plant & Machinery @ 15%		
Total of Plant & Machinery @ 15%		
Plant & Machinery @ 15%		
Total of Plant & Machinery @ 15%	and a second	
Plant & Machinery @ 15%	and the state of the state of the	
Total of Plant & Machinery @ 15%	and the second s	
Plant & Machinery @ 15%	and the second second	1 1 1
Total of Plant & Machinery @ 15%	Jacob Contraction of the State	1 1 4 4 4 M
Plant & Machinery @ 15%		The second
lotal of Plant & Machinery @ 15%	The are suggesting the	- 11 P
Plant & Machinery @ 15%		0
otal of Plant & Machinery @ 15%	Construction and the second	2
lant & Machinery @ 15%		0
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tal of Plant & Machinery @ 40%		
a machinery @ 40%		0

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

## AHMEDNAGAR

	ASSESSMENT YEAR	: - 2020 - 2021	( 31.03.202	0)		
	STATUS	: - REGISTERE	and the second se			
	P.A.N.	: - AAKFG0145	Q			
	WARD	: - 1, AHMEDN				
	DATE OF INCORPORATION	: - 01.05.2011				
		COMPUTATI	ON OF INC	OME		
	INCOME FROM HOUSE PROPERTY					0
	INCOME FROM BUSINESS OR PROF	ESSION				
					8649077	
	NET PROFIT AS PER PROFIT & LOSS LESS : STCG ON SALE OF MUTUAL F			RATELY	0049077	
	ADD : DONATION CONSIDERED SEP				60000	
	ADD : DISALLOWANCE U/S. 40 a (i)				0	
	ADD : DISALLOWANCE U/S. 40 A (3)				0	
					8709077	
0	LESS : INTEREST ON CAPITAL					
ľ	DR GAJANAN MOHANIRAJ KASHID			0		
	DR BHAVANA GAJANAN KASHID			0	0	
	LESS : SALARY TO PARTNERS					
	DR GAJANAN MOHANIRAJ KASHID			2657723		
	DR BHAVANA GAJANAN KASHID		- 8 S	2657723	5315446	3393630
	INCOME FROM CARITAL CAIN					
	INCOME FROM CAPITAL GAIN STCG ON SALE OF MUTUAL FUND					0
	INCOME FROM OTHER SOURCE					0
	NCOME TROM OTHER SOURCE					
		OSS TOTAL IN	COME RS.			3393630
	LESS : DEDUCTIONS UNDER CHAP					
	DONATION PAID TO IMA BUIL			0		0
	DONATION PAID TO SANKAL	PPRATISTHAN		0	0	0
1		TOTAL IN				3393630
0		LESS	STCG RS.			0
						3393630
			i.e. RS.			3393630
		TAY ON NET D		@ 21 20 %		1058813
	TAX ON STCG ON SAL	TAX ON NET P			0	1050013
	TAX ON STEG ON SAL	E OF WOTOAL	FUND KS.		· _	1058813
	ADVANCE TAX PAID	UNDER SECTIO	ON 212 ON			1000010
	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
				K		
		OTAL TAX PAY				-8408
	ADD : INT	EREST UNDER	SECTION			
				234A	0	
				234B 234C	933	933
	TOTAL TAX AND	INTEREST DAY			900	-7480
	SELF ASSESSM					-7480
		ANCE TAX PA				0
			the ofference weeks			

Ó		0	~		A.
PLACE :- AHMEDNAGAR DATE :- 03.01.2021	19344919.00	CURRENT LIABILITIES & PROVISIONS :         1108817 00       SUNDRY CREDITORS ( AS PER SCHEDULE         36500 00       TOS PAYABLE         238500 00       ACCOUNT WRITING CHARGES PAYABLE         238500 00       ASSISTANT DOCTORS CHARGES PAYABLE         90000 00       AUDIT FEES PAYABLE	17823102.00 [AS PER SCHEDULE -A] <u>SECURED &amp; UNSECURED LOANS</u> :: 0.00 SBI CAR LOAN 33195707001	AMOUNT CAPITAL & LIABILITIES	S. BHANDARI & ASSENTIATED S. BHANDARI & ASSOCIATES HARTERED ACCOUNTANTS AHMEDNAGAR
11/5 * 83E		1270976.00 11865.00 48000.00 108000.00	0.00		
FOR P. S. BHANDARI & ASSC CHARTERED ACCOUNTANTS CA. PRASAD S. BHANDARI (PARTNER) UDIN - 21121971AAAAAAA3523	18682465.00	1438841.00	17243624 00	AMOUNT 31.03.2020	ANAN HOS
FOR P. S. BHANDARI & ASSOCIATES CHARTERED ACCOUNTANTS CA PRASAD S. BHANDARI (PARTNER) UDIN - 21121971AAAAAA3523	19344919.00	2000.00 VIDAL HEALTH CARE DEPOSITE CURRENT ASSETS, LOANS & ADVANCES 30000 00 POWERICA LTD 200000.00 GLOBUS DIGNOSTIC -192020.00 GAJANAN KASHID HUF 30000.00 MOHRIRAJ KASHID 1050000.00 MOHRIRAJ KASHID CURRENT ASSETS -86149 INCOME TAX ACCOUNT ADD : INCOME TAX PAID LESS : REFUND RECEIVED LESS : TRF TO CAPITAL ACCOUNT 0.00 ADVANCE TAX PAID DURING THE YEAR ADD : TDS LESS : PROVISION FOR INCOME TAX 40964.00 SUNDRY DEBTORS ( AS PER SCHEDULE "D") 383464.00 SBI CURRENT A/C 31764073537 52512.00 AXIS BANK LTD 916020073803227	16636408 00 200000 00	AMOUNT PROPERTIES & ASSETS	M/S. GAJANAN HOSPITAL NNAN HOSPITAL, PLOT NO 8, SARVODAYA COLONY, SATBHAI MA BALANCE SHEET AS ON 31 ST MARCH 2020
M/S. GAJANAN HOSPITAL					0
N HOSPITAL	18682465.00	0.00 200000.00 -192020.00 300000.00 1050000.00 105200.00 19051.00 19051.00 650000.00 19051.00 650000.00 19051.00 19051.00 190520.00 19051.00 19051.00 19051.00 19051.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 190520.00 1905200000000000000000000000000000000000	15742423.00 200000.00	AMOUNT AMOUNT 31.03.2020	

ARTERED ACCOUNTANTS AHMEDNAGAR

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

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 33ST MARCH 2020

0

PARTICULARS

0.00 21338567.00 21338567.00

FEES RECEIVED

AMOUNT 31.03.2020

AMOUNT

AMOUNT PARTICULARS 31.03.2019	AMOUNT 31 03 2020	AMOUNT
	0707-00-0	51.03.2019
E RETURNS		13025460.00 BY IPD RECEIPTS
48000 00 TO ACCOUNT WRITING CHARGES	205230.00	4316683.00 BY PROFESSIONAL
2125000 TO ADVERTISEMENT EXP	48000.00	
100000 00 TO ALIGHT DOCTROS CHARGES	1563900 00	
9545.00 TO BANK CHARGES	120000.00	
1648.00 TO BANK INTEREST	7613.00	
77497 00 TO CLEANING EXPENSES	00.0	
7 1688.00 TO COMPUTER MAINTENANACE	162203.00	
20000.00 TO CONFRENCE CHARGES	10000 00	
60600.00 TO DONATION	2191720.00	
1000.00 TO LEGAL CHARGES PAID	60000.00	
4185.00 TO ELECTRICL REPAIRS	00.0	
255280.00 TO ELECTRICITY EXPENSES	4/96.00	
29420.00 TO HOSPITAL EXPENSES	29/040.00	
	24274.00	
4161.00 TO MEDICAL EXPENSES	50000.00	
0.00 TO CONSULTANCY CHAPGES	24750.00	
529367.00 TO MEDICINES	55090.00	
19680.00 TO MEMBERSHIP FEES	797569.00	
74251.00 TO MISC EXPENSES	15000.00	
58889.00 TO MUNCIPAL TAX	1/8882.00	
D DD TO INSPECTION OUT TO INSPECTION OF TO TO TO INSPECTION OF TO	10800 00	
0.00 TO STCL ON SALE OF MILITIAL FUEL	257000.00	
99485.00 TO PRINTING & STATIONEDV AND	00.0	
10350.00 TO REFRESHMENT EXPENSES ALC	210884.00	
33081.00 TO REPAIRS & MAINTENANCE	13552.00	
1230/9/.00 TO SALARY	2/0488.00	
66444 DD TO SECURITY EXPENSES	165351 00	
30249.00 TO SURGICAL MATERIAL	00.00	
44231.00 TO TELEPHONE EXPENSES	00.00	
92973.00 TO GAS CHARGES	32959.00	
885.00 TO TRANSPORT CHARGES	166290.00	
223163.00 TO TRAVELLING EXPENSES	3100.00 532362 00	
0.00 TO MURS REGISTERATION SUITED	1010.00	
0.00 TO FUEL & PARKING	50000.00	
0.00 TO PROVIDENT FUND PAID	1000.00	
0.00 TO RENT	3600 00	
28627 00 TO VEHICLE MANUETERS	1008 00	
SCHEDULE "B" )	11599.00 2378889.00	
ALTROPHIAIDN AC	8649077.00	
17342143 00		

PLACE :- AHMEDNAGAR DATE :- 03.01.2021

21338567.00

MIS. GAJANAN HOSPITAL

mophon 2

CA. PRASAD S. BHANDARI (PARTNER) UDIN - 21121971AAAAAA3523

C. FIRM PEG.No. 5

EED ACOU

FOR P. S. BHANDARI & ASSOCIATES CHARTERED ACCOUNTANTS

PHENDARI & A.C.

21338567.00 17342143.00

( PARTNER )

17342143.00

PARTICULARS     AMOUNT       DSS TRANSERRED FROM     0.00       SSS TRANSERRED FROM     0.00       T & LOSS ACCOUNT     0.00       EST ON PARTER'S CAPITAL     0.00       KASHID     0.00       Y TO PARTNERS     2657723.00       KASHID     2657723.00       Y TO PARTNERS     2657723.00       KASHID     0.000       KASHID     0.000       FOR INCOME TAX @ 31.20 % ON     3393631.00	S. BHANDARI & ASSOCIATES CHARTERED ACCOUNTANTS AHMEDNAGAR	0	SAJANAN HOSF	M/S. GAJANAN HOSPI' PITAL, PLOT NO 8, SARVODAVA CO	M/S. GAJANAN HOSPI' GAJANAN HOSPITAL, PLOT NO 8, SARVODAYA CO. NY, SATBHAI MALA,	 MA,	/
PARTICULARS         AMOUNT         AM			q	ROFIT & LOSS APPROPRI/ FOR THE YEAR ENDED 3	ATION ACCOUNT IST MARCH 2020		
SSS TRANSERED FROM         00         7337124 00 BY NET PROFIT TRANSERED FROM           T & LOSS ACCOUNT         T & LOSS ACCOUNT           T & LOSS ACCOUNT         000         000           KASHD         267723 00         5315445.00           KASHD         26773 00         5315445.00           KASHD         1137409.00         277491.00           KASHD		AMOUNT	AMOUNT 31.03.2020	AMOUNT 31.03.2019	PARTICULARS	AMOUNT	AMOUNT
6 GAJAWAN KASHD         00         00         00         00           1 FHAVANA KASHD         000         000         000         000           1 FHAVANA KASHD         267723 00         5315446.00         267723 00         5315446.00           1 FAVANA KASHD         267723 00         5315446.00         267723 00         5315446.00           1 FAVANA KASHD         2657723 00         5315446.00         2657723 00         5315446.00           1 FAVANA KASHD         2657723 00         1058813.00         1058813.00         1058813.00           1 FAVANA KASHD         10         3395631.00         1058813.00         1058813.00           1 FAVANA KASHD         10         137409.00         274818.00         1137409.00           1 FAVANA KASHD         1137409.00         274818.00         274818.00         1137409.00           FAVANA KASHD         1137409.00         274818.00         274818.00         MS. GAJANAN HOSPITAL           CALANAN KASHD         1137409.00         274818.00         1137409.00         1137409.00         1137409.00           FAVANA KASHD         1137409.00         274818.00         76000.01         1137409.00         1137409.00         1137409.00           FEDACAR         1137409.00         1137409.00 </td <td>0.00 TO NET LOSS TRANSERRED FROM PROFIT &amp; LOSS ACCOUNT TO INTEREST ON PARTER'S CADITAL</td> <td>0.00</td> <td></td> <td>7937124.00 BY NET PRC PROFIT</td> <td>ALOSS ACCOUNT</td> <td></td> <td>8649077.00</td>	0.00 TO NET LOSS TRANSERRED FROM PROFIT & LOSS ACCOUNT TO INTEREST ON PARTER'S CADITAL	0.00		7937124.00 BY NET PRC PROFIT	ALOSS ACCOUNT		8649077.00
Y TO PARTNERS       267723 00 2657723 00 2657723 00 2657723 00 2657723 00 2657723 00 2657723 00 2657723 00 2657723 00 2657723 00 266813 00 0 FBOFIT TRANSERRED TO ERS CAPITAL ACCOUNT 137409 00 4137409 00 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 4137400 41374000 4137400 4137400 4137400 4137400 41374000 4137400	0.00 GAJANAN KASHID 0.00 BHAVANA KASHID	00.0	0.00				
FOR INCOME TAX ((a) 3120 % ON 333631 00 165813.00 OF PROFIT TRANSFERRED TO GF PROFIT TO GF PR	TO SALARY TO PARTNERS 2444317.00 GAJANAN KASHID 2444317.00 BHAVANA KASHID	2657723.00 2657723.00	5315446.00				
OF PROFIT TRANSFERED TO ERRS CAPITAL ACCOUNT GASHID       1137409.00 1137409.00       273818.00         AGHID ASHID       1137409.00       273818.00         AGHID ASHID       AGHID AGHID AGHID ASHID       133713.00         AGHID ASHID       AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGHID AGH	970036.00 TO PROV. FOR INCOME TAX @ 31.20 % ON	3393631.00	1058813.00				
B649077.00       737124.00         FOR P. S. BHANDARI & ASSOCIATES       MIS. GAJANAN HOSPITAL         FOR P. S. BHANDARI & ASSOCIATES       MIS. GAJANAN HOSPITAL         FOR P. S. BHANDARI & ASSOCIATES       MIS. GAJANAN HOSPITAL         FOR P. S. BHANDARI & ASSOCIATES       MIS. GAJANAN HOSPITAL         FOR P. S. BHANDARI & ASSOCIATES       MIS. GAJANAN HOSPITAL         FOR P. S. BHANDARI & ASSOCIATES       MIS. GAJANAN HOSPITAL         FOR P. S. BHANDARI & ANDARI       MIS. GAJANAN HOSPITAL         MIS. CA. PRASAD S. BHANDARI       MIS. GAJANAN HOSPITAL		1137409.00 1137409.00	2274818.00				
FOR P. S. BHANDARI & ASSOCIATES CHARTERED ACCOUNTANTS CHARTERED ACCOUNTANTS CHARTERED ACCOUNTANTS CHARTERED ACCOUNTANTS CA PRASAD S. BHANDARI CA. PRASAD S. BHANDARI (PARTNER) UDIN - 21121971AAAA3523 UDIN - 21121971AAAA3523 (PARTNER) (PARTNER) (PARTNER) (PARTNER)	7937124.00	1 1	8649077.00	7937124.00			8649077 00
FIRM REG. NO. GA. PRASAD S. BHANDARI (PARTNER) (PARTNER) UDIN - 21121971AAAAAA3523 UDIN - 21121971AAAAAA3523	Territoria	EO		DARI & ASSOCIATES		M/S. GAJANAN HOSPITAL	
A CONTRACTOR OF A CONTRACTOR O			A. PRASAD S. B PARTNER ) DIN - 21121971A	HANDARI AAAAA3523		(PARTNER)	
	THE REPORT OF						

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	.00	.50	.50	m	ω	A" J	
	4		4		A	M/S. GAJANAN HOSPITAL AL, PLOT NO 8, SARVODAYA COLON " PARTNER'S CAPITAL ACCOUNT /	5
	477981.00		477981.00		ADDITION	INE CA	)
	1.00	0.00	81.00		N	IO 8, R'S	
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	544	772	772		SAI ARY	TAS	
	00	2657723.00	2657723.00		×	M/S. GAJANAN HOSPITAL GAJANAN HOSPITAL, PLOT NO 8, SARVODAYA COLONY, SATBHAI MALA, SCHEDULE " A " PARTNER'S CAPITAL ACCOUNT AS ON 31.03.2020	
	N			H		ТВF   31.0	
	2274818.00	1137409.00	1137409.00	0.0.1	2	IAI ] 3.20	
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## Ahmednagar Municipal Corporation

FULL OCCUPANCY CERTIFICATE



प्रत्यकी देखा कडावे प्रत्येक

## 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)

#### 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)

1/1

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





Yours faithfully. Assistant Director Town Planning.

Scan QR code for verification of authenticity.

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

## Scanned with CamScanr



{नियम के 6 (A)}

बांधकाम परवाना मंज़्री (अधिकृत)



बांधकाम परवाना क्रमांक

दिनांक

:- BPA\01849\2017-18 :- 06/03/2018

Appendix - F

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

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

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

महोदय / महोदया ,

आपण खालील ठिकाणी अन्वये विकास कार्य करण्यासाठी बांधकाम परवाना मिळ्ण्यासाठी दि : 02/01/2018 रोजी केलेल्या अर्जास अनुसरुन या खालील व पाठीमागे दिलेल्या शर्ती व अटीस पात्र राहून आणि सोबत जोडलेल्या मंजुर बांधकाम नकाशावर लाल रंगाने दर्शविलेल्या सुधारण्यास पात्र राहुन 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 क. / ख.क./ भूखंड क./ 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

1. रस्तारुंदीमुळे सोडावी लागणारी खुली जागा सार्वजनिक रस्त्यात समाविष्ट होईल

- 2. प्रारंभ प्रमाणपत्र बांधकाम परवाणा हा दिल्या तारखेपासून एक वर्ष मुदतीकरिता आधारभुत राहील.ही मुदत संपण्यापुर्वी त्याचे नुतणीकरण करुन घ्यावे लागेल व ते प्रचलित नियमानुसार योग्य असल्यास त्या वेळी केले जाईल
- कोणाचे हक्कावर अगर इजमेंटवर अतिक्रमण करणेचे नाही.
- मंजुर नकाशाप्रमाणे जागेवर आखणी झाल्यावर त्यास पुढील काम करण्यापुर्वी म.न.पा. कडुन प्रमाणित करूनच नंतर पुढील काम करता येईल.
- प्लींथ लेवल पर्यंत (जोत्यापर्यंत )काम झाल्यावर ते बरोबरच असल्याबाबत म.न.पा. कडुन प्रमाणित करूनच नंतर पुढील काम करता येईल.
- 6. वांधकाम समाधांनकारकपणे पुर्ण झाल्याचा दाखला म.न.पा. कडुन प्रमाणित मिळाल्यानंतरच इमारतीचा वापर करता येईल.
- 7. प्रस्तावित विकास अर्बन लॅंड (सिलींग व रेग्युलेशन ) अँक्ट 1976 चे तरतुदीस पात्र राहण्याचा आहे
- 8. महसुल खात्यातर्फे बिगर शेती परवानगी घेतल्याशिवाय कुठल्याही विकास करायचा नाही .
- 9. 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 .
- 10. सदर जागेत किमान वीस झाडे लावणे व जोपासना जरुरी आहे.
- 11. संदर्भित प्रकरणी मालकी हक्क कुळ इ सर्व हक्कासंबधी 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 न्यायालयातुन परस्पर दुर करुन घेणे गरजेचे आहे.
- 12. मंजुरी दिलेल्या सविस्तर नकाशात जो प्रास्तविक बांधकामचा वापर दर्शविलाआहे त्या साठीचा त्याचा वापर करणे आवश्यक आहे.

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



## अहमदनगर महानगरपालिका, अहमदनगर

{नियम के 6 (A)}



दिलेली माहीती चुकीची अथवा दिशाभुल करणारी असल्याचे आढळल्यास सदरचे प्रारंभ प्रमाणपत्र रद्द करण्यात येइल 13. संडास प्लश पध्द्तीचा आहे . इतर सांडपाण्यासह ते म.न.पा. ड्रेनेजला रितसर जोडणे . संडास सेप्टीक टॅक पध्द्तीचा बांधावा त्याचे 14.

पाणी सोकपीट मध्ये मुरावावे इतर सांडपाण्याचा निचरा महानगरपालिकेने दिलेल्या सुचनेनुसार समाधानकारकपणे करावा. स्वतःची मालकी नसलेल्या जागेवर बांधकाम अथवा बांधकामाचे प्रोजेक्शन करता कामा नये . 15.

- 16.
- नियम क्रमांक 25/3/1 प्रमाणे सेप्टीक टॅकची 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 आर्कटिक्ट इंजिनियर क्रॉंन्ट्रॅक्टर यांचे नाव व सविस्तर पत्ते
- 19. ब) जागेचा सर्व्हे नंबर /सि.स..नं /अं.भु क्र. वार्ड नंबर व भुखडांची हद्दी दर्शविणे . 20. क) विकास कामाचा परवानगी नंबर व दिनांक
- 21. ड) मंजुर बांधकामाचे क्षेत्र
- 22. इ) वाणिज्य रहिवास वापराच्या सदनिकांची संख्या .
- 23. फ़) मंजुर नकाशा पहावयास मिळण्याचे ठिकाण व पत्ता
- 24. तसेच या ठिकाणी वाणिज्य अथवा रहिवास अथवा दोन्हीही वापरास सदनिकांचे बांधकाम असेल त्याबाबत वरील अ.क.नं.1 मधील अ ते क ची माहीती दोन सर्व दुर खपाच्या व त्यापैकी एक स्थानिक मराठी वर्तमान पत्रामध्ये जाहिरातीच्या स्वरुपात प्रकाशित करणे आवश्यक
- बहुमजली इमारतीमध्ये तळमजल्यावर पोस्ट विभागाचे सुचनानुसार प्रत्येकी सदनिका निहाय पेटी कायम स्वरुपी ठेवण्यात यावी. 25.
- स्टील्ट पार्कींग प्रस्तावित असल्यास त्याची जमीन पातळी चे छताच्या तळापर्यंतची कमाल उंची 2.20 मीटर असावी. तसेच पार्किंगची 26. जागा कायम खुली ठेवण्यात येवून तीचा पार्किंग म्हणूनच वापर करण्यात यावा.
- 27. पोर्चचे बांधकाम लिंटल लेवलला करावे व ते भुखंडाच्या हद्दीपासुन 1.50 मीटर सोडुन असावी.
- 28. नियोजित व अस्तिवातील इमारतीच्या बांधकामाच्या स्टूक्चरल स्टॅबिलीटीबाबत अर्जदार संबधित इंजिनियर व आर्कटिक 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 जलःपुर्नभरणासाठीची व्यवस्था करणे बंधनकारक आहे. 31. पार्किंग काँमन टेरेस इत्यादींचा वापर फक्त त्या त्या विहीत कारणासाठी करता येइल व तशी लेखी पुर्वसुचना संभाव्य गाळे धारकास देण्याची जबाबदारी प्रर्वतकाची राहील.
- 32. सौर उर्जा सयंत्र बसवुन पारंपारिक उर्जेचा वापर करुन विजेची बचत करण्यात यावी.
- कंपौंडवाल वांधकाम करणेपुर्वी तालुका निरीक्षक भुमी अभिलेख यांचेकडुन भुखंडाची हद्द मोजणी करून घेणे आवश्यक आहे. 33.
- 34. कंपौडवाल बांधकाम करताना वाहत्या पाण्याच्या नैसर्गिक प्रवाहास कोणत्याही प्रकाराचा अडथळा येणार नाही . तसेच कोणत्याही प्रकारचे अतिक्रमण होणार नाही याची द्क्षता घ्यावी
- सदर मंजुर बांधकाम परवानगीत वा मंजुर नकाशा आराखड्यात व कागदपत्रात फेरफार केल्यास तसेच सदर बांधकाम परवानगीचा 35. गैरवापर केल्याचे निदर्शनास आल्यास सर्दर बांधकाम परवानगी तात्काळ रद्द समजण्यात येईल.

येणेप्रमाणे परवाना दिला असे

बांधकाम परवाना क्रमांक :- BPA\01849\2017-18 दिनांक :- 06/03/2018 प्रत माहितीसाठी कर निर्धारण अधिकारी सहाय्यक संचालक, नगररचना अहम अहमदनगर महानगरपालिका, अहमदनगर नगररचना अहमदनगर महानगरपालिका. अहमदनगर अस्मदनगर महानगरपा भिका विभाग लगएएसलमा जिम्राग SIST STATE जा. क्र. / ही. फी. १९८२ 39131090 टिलांक -Dr. Gajanan Mohniraj Kashid

M.B.B.S.M.S. (ENT) Endoscopic Surgeon Reg. No. 2001/08/2834

एस.भागवत २०००/९/१२



प्रति

# अहमदनगर महानगरपालिका, अहमदनगर इमारत वापर प्रमाणपत्र

## (नियम क्र.७.७)

कार्यात्रानन मोरीजीरात्र कारीय व इनर एछ,	-	-5110	ञानानन	मोरीजीरात्र	कारीद	a	वनर	05	,
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अहम्रत्न गर

(तळमञला + पहिला मजला- जिवासी)

	अस प्रमाणित करण्यात यते की स.नं
ALL NO.	पुर्ण केलेले असुन आर्किटेक्ट/इंजिनिअर श्री. सहेडा की घटा हो घटा है . १०१२१२०१४ रोजी बांधुन
	परवाना क

- (1) मंजूर बांधकाम नकाशा व्यतिरिक्त नंतर जादा बांधकाम केल्याचे आढळुन आल्यास कायदेशीर कार्यवाही करणेत येईल.
- इमारतीमध्ये अंतर्गत व बाह्य बदल तसेच कंपाऊड वॉलचे बांधकाम करावयाचे झाल्यास ती महानगरपालिकेची परवानगी घेऊन बांधकाम करणे आवश्यक आहे.
- केलेल्या बांधकामाचा दर्जा निकृष्ठ असल्यास व एखादी दुर्घटना घडल्यास त्याची जबाबदारी महानगरपालिकेची राहणार नाही.
- अत्याच्याची व ड्रेनेजची व्यवस्था योग्य रितीने होत नसल्यास व तशा तकारी आल्यास ती दुरुस्ती करण्याची जबाबदारी आपणावर राहील व न केल्यास इमारत वापर प्रमाणपत्र रद्द करण्यात येईल.
- (भ) नियमानुसार सोडावयाच्या समास अंतरामध्ये कमीतकमी १२ ते १५ झाडे लावुन जोपासण्यांस द्यावी.
- (a) सांडपाणी व्यवस्थेबाबत भविष्यात काही वाद उद्भवल्यास त्याची सर्वस्वी जबाबदारी अर्जदार यांची राहील.
- अस्तर बांधकामाचे सक्षमतेबाबत संबंधीत आर्कीटेक्ट, इंजिनिअर जबाबदार रहतील.
- अ सदर इमारतीचे चहुबाजुने सोडावयाचे सामासिक अंतरामध्ये कसल्याही प्रकारे बांधकाम अथवा बांधकामाचे प्रोजेक्शन करता काम नये.
- भ) पार्किंगसाठी खुले सोडण्यांत आलेले कव्हर्ड पार्किंग क्षेत्र हे कायम स्वरुपी खुले ठेवण्यांत यावे.
- \_ १० सौर उर्जा सयंत्र बसवुन पारंपारिक उर्जेचा वापर करुन विजेची बचत करण्यांत यावी.
- 99) इमारतीच्या छतावरील पावसाचे 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 करण्यात येईल. सोबत नकाशा जोडला आहे.

सोबत नकाशा जोडला आहे.

जा.क. टी.पी./४७४९ दिनांक : १९१८१२०१४ प्रत- वसुली विभाग,म.न.पा.अहमदनगर वॉर्ड क्र. : २६ बील क्र. : ४२२ ६०८८६०० नगर रचनाकार, अहमदनगर महानगरपालिका,अहमदनगर

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



## Ahmednagar Municipal Corporation

FULL OCCUPANCY CERTIFICATE



अगवनी तेना स्टार्थ जनेम

## 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)

#### 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.
- It is responsibility of Developer / Society to keep in Operation the system of Solar Water system & Rain Water Harvesting system. (if applicable)
- It is responsibility of Developer / Society to keep in Operation the system of CCTV, Lift & Organic Waste Disposal.(if applicable)

1/1

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



Charthankar Date: 2022 G 197 22 IST Reason: Approx of the state Location: Ahmedic gar Municipal Corporation



Yours faithfully, Assistant Director Town Planning.

Scan QR code for verification of authenticity.

Scanned with CamScanr

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