

Achievements which led to institutional excellence

Name of teacher	Award achieved	Year	By
Dr. Abhijit Awari	Appointed on Board of Studies of MUHS, Nashik	2023	Maharashtra University Health Sciences, Nashik
Dr. Sunita Nighute	Appointed on Board of Studies of MUHS, Nashik	2023 ,	Maharashtra University Health Sciences, Nashik
	Appointed on Board of studies of MGM	2024	MGM Health Sciences, Mumbai.
Dr. Urmila Dravid	Awarded Ph.D. from MUHS, Nashik	2023	Maharashtra University Health Sciences, Nashik
Dr. Sadhana Khaparde	Appointed on Board of Studies of MUHS, Nashik	2024	Maharashtra University Healthy Sciences, Nashik.




Prof. Dr. Sunil Natha Mhaske
 Dean
 DVVPF's Medical College & Hospital



महाराष्ट्र आयोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासरुल, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539151/6659151 ■ Student Helpline: 0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: election@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस., एम.डी. (न्यायवेद्यकशास्त्र), डॉ. एन.बी., एलएल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.

Registrar

Ref. No. MUHS/ELN/A-78/2023

Date: 21/03/2023

To,

DR. AWARI ABHIJIT KISANRAO,

DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL COLLEGE,
OPP. GOVT. MILK DAIRY,
VADGAON GUPTA, M.I.D.C.,
DIST. AHMEDNAGAR - 414 111

Sub.: -Election to the authority of the University...

Sir/Madam,

I have pleasure to inform you that, you are **elected unopposed** as a member of the Board of Studies in **Para Clinical Medical Subjects for Group of Under Graduate and Post Graduate Subjects u/s 36(2)(b)** of the Maharashtra University of Health Sciences Act, 1998 (MUHS Act, 1998).

The term of the members of authority of the University as per Section 39 of the MUHS Act, 1998 is for the period of five years from the date of its first meeting, irrespective of the date on which a member enters upon such office. For the purpose of Term of office, Cessation and disqualification of membership, you are kindly requested to peruse Section 39, 40 and 41 of the MUHS Act 1998.

Your membership shall be governed by the Provisions of the MUHS, Act, 1998 and statutes, ordinances, rules, regulations and direction promulgated, thereunder.

You are requested to bring 3 passport size recent photographs while attending the first B.O.S. Meeting.

With warm regards.

Yours faithfully,

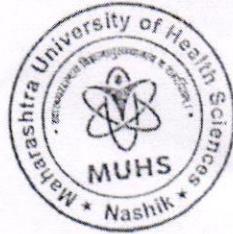


Dr. Rajendra Shivaji Bangal
Registrar

Copy to :- 1. The Dean, DVVPS, MEDICAL COLLEGE AHMEDNAGAR
2. Dy. Registrar (Academic Section U.G. & P.G.)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
B.O.S. IN PARA-CLINICAL MEDICAL SUBJECTS (UG & PG)

SR. NO.	NAME OF THE MEMBER'S	NAME OF THE COLLEGE / ADDRESS	U/S	PHONE NO.
1	DR. MORE SANJAYKUMAR RAJARAM (CHAIRMAN)	DR. SCGMC. VISHNUPURI NANDED. - 431 601	36(2)(B)	9970054432 drsanjaykumarmore@gmail.com
2	DR. AWARI ABHIJIT KISANRAO (FACULTY MEMBER) PG Teacher	DVVPS, MEDICAL COLLEGE AHMEDNAGAR - 414 111	36(2)(B)	7057027826 abhijit.awari1975@gmail.com
3	DR. JAYANTI SHASHTRI	MUHS, NASHIK	36(2)(A)	9820549156
4	DR. TAMBOLI S.B.	PROFESSOR & HEAD DEPT. OF PHARMACOLOGY GRANT GOVE, MEDICAL COLLEGE MUMBAI- 400 008	36(3)(A)	9822377584 microbiopharma116@gmail.com
5	DR. SANDEEP B. KOKATE (FACULTY MEMBER)	ASSO. PROFESSOR DEP. OF MICROBIOLOGY GOVT. MEDICAL COLLEGE NAGPUR- 440 003	36(3)(B)	9833216792 drsandeepkokate@gmail.com
6	DR. DEEPANJALI LOMTE (FACULTY MEMBER)	ASSO. PROFESSOR SHREE.BHAUSAHEB HIRE, GOVT MEDICAL COLLEGE, DHULE- 424001	36(3)(C) III(B)	9422270411 dlomte@gmail.com
7	DR. UMESH SIDHESHWAR KANADE	PROFESSOR DEPT. OF PATHOLOGY VILASRAO DESHMUKH GOVT. MEDICAL COLLEGE, NEAR RAJASTHANI SCHOOL, GANDHI CHOWK, LATUR- 413 512	36(3)(C)	9422468107 kanadeumesh31@gmail.com





महाराष्ट्र आयोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुल, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539151/6659151 Student Helpline: 0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: election@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगल

एम.बी.बी.एस., एम.डी. (च्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.
कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.
Registrar

Ref. No. MUHS/ELN/A-78/2023

Date: 21/03/2023

To,

DR. NIGHUTE SUNITA GOVIND,
DR. VITHALRAO VIKHE PATIL
FOUNDATION'S MEDICAL COLLEGE,
OPP. GOVT. MILK DAIRY,
VADGAON GUPTA, M.I.D.C.,
DIST. AHMEDNAGAR - 414 111

Sub.: -Election to the authority of the University...

Sir/Madam,

I have pleasure to inform you that, you are **elected unopposed** as a member of the Board of Studies in **Pre Clinical Medical Subjects for Group of Under Graduate and Post Graduate Subjects u/s 36(2)(b)** of the Maharashtra University of Health Sciences Act, 1998 (MUHS Act, 1998).

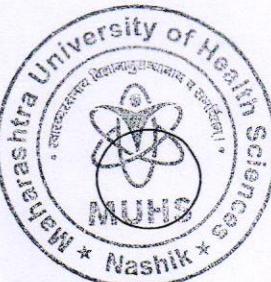
The term of the members of authority of the University as per Section 39 of the MUHS, Act, 1998 is for the period of five years from the date of its first meeting, irrespective of the date on which a member enters upon such office. For the purpose of Term of office, Cessation and disqualification of membership, you are kindly requested to peruse Section 39, 40 and 41 of the MUHS Act 1998.

Your membership shall be governed by the Provisions of the MUHS, Act, 1998 and statutes, ordinances, rules, regulations and direction promulgated, thereunder.

You are requested to bring 3 passport size recent photographs while attending the first B.O.S. Meeting.

With warm regards.

Yours faithfully,


Dr. Rajendra Shivaji Bangal
Registrar

Copy to :- 1. The Principal, DVVPFS, MEDICAL COLLEGE AHMEDNAGAR
2. Dy. Registrar (Academic Section U.G. & P.G.)



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A++' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mamuhs.com | Website : www.mamuhs.com

MGM/01/A-105/2024/58-B

Date: 01/03/2024

To

Dr. Sunita Nighute (Awari)
Professor & HOD, Dept. of Physiology
DVVPFs Medical College, Ahmednagar

Sub: Nomination as Member of Board of Studies – Preclinical, MGMIHS.

Dear Madam,

I am directed to inform you that Hon'ble Vice Chancellor of the MGM Institute of Health Sciences in exercise of the powers vested on him under Rule No. 2.2 (b) & 1.4 I & II of MGMIHS Rules and Regulations and as per MoA of MGMIHS (as per prevailing UGC Regulations), is pleased to nominate you as **Member of Board of Studies – Preclinical** for a period of 03 years from the date of nomination.

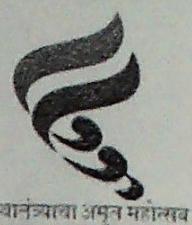
Please complete the enclosed consent form and return to the office of the Registrar. You are requested to accept this nomination and attend the meetings.

Notice of the Meeting / Agenda of the Board of Studies will be sent to you by concerned Board of Studies - Chairperson, as and when it is convened.


Dr. Rajesh B. Goel
Registrar
Registrar
MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209
Encl: Consent Form

Copy to:

1. Hon'ble Vice Chancellor, MGMIHS, Navi Mumbai
2. Hon'ble Pro Vice Chancellor, MGMIHS, Navi Mumbai
3. Dean Faculty (Medical-UG), (Medical-PG) & (Nursing & AHS), MGMIHS, Navi Mumbai
4. Finance Officer, MGMIHS, Navi Mumbai
5. Deputy Registrar, MGMIHS, Aurangabad



डॉ. संदीप सिताराम कडू

एम.बी.बी.एस., एम.डी. (व्यायावैद्यकशास्त्र), एम.बी.ए.,
पी.जी.बी.एच.एम., एम.बी.डी.एम., एल.एस., सी.एफ.एम.जे.

परीक्षा नियंत्रक

Dr. Sandeep Sitaram Kadu

M.B.B.S., M.D. (Forensic Medicine), M.B.A.,
P.G.D.H.H.M., P.G.D.M.L.S., C.F.M.J.

Controller of Examinations

MUHS/XPG-6/Ph.D. / १०९ | /2023

Date: १३ /06/2023

Ph.D. Notification

It is hereby notified that Hon'ble Vice-Chancellor, Maharashtra University of Health Sciences in anticipation of the University Authority, has accepted the thesis submitted by the following candidate and declared her eligible for the award of the degree of '**Doctor of Philosophy**' (Ph.D.) of the Maharashtra University of Health Sciences, Nashik in the subject concerned. The degree will be issued in due course. The relevant details are indicated below:

Name of Candidate	:	Urmila Rajkumar Dravid
Permanent Registration No.	:	2713100074
Faculty	:	Medicine
Subject	:	Medical Biochemistry
Title of Thesis	:	"Study to know the Relationship between the Saliva and Serum Enzyme Levels in Generalized Periodontitis."
Name of Guide	:	Dr. Shankar M. Pawar
Name of Research Centre	:	Government Medical College, Miraj.
Date of Ph.D. Viva Voce	:	01 st June, 2023



(Dr. Sandeep Sitaram Kadu)
Controller of Examinations

Copy forwarded to:

1. The Secretary, UGC, Bahadur Shah Zafar Marg, New Delhi- 110 002.
2. The Secretary, Association of Indian Universities, AIU House, 16-kotla Marg, New Delhi- 110 002.
3. The Head, Human Resource Development Group, CSIR Complex, Library Avenue, Pusa New Delhi 110012.
4. The Editor, University News, AIU, AIU House, 16-kotla Marg, New Delhi- 110 002.
5. The Member Secretary, Indian Council of Social Sciences Research, 35, Firoz Shah Road, New Delhi.
6. The Director, Information and Library Network Centre, Inflibent Centre Road, Opp. TCS, Infocity, Gandhinagar, Gujarat- 382421.
7. The Secretary/Director, Scientific & Industrial Research, CSIR, Anusandhan Bhawan, 2, Rafi Marg, New Delhi.
8. The Indian Sciences Abstract Section, Indian National Scientific Documentation Centre, Hillside Road, New Delhi.
9. The Hon'ble Vice-Chancellor Office, Maharashtra University of Health Sciences, Nashik.
10. The Controller of Examinations Office, Maharashtra University of Health Sciences, Nashik.
11. To, Dean/Principal/Director, Government Medical College, Miraj.
12. To, Urmila Rajkumar Dravid, Government Medical College, Miraj.
13. To, In charge Result Section, MUHS, Nashik



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुल, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
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Website: www.muhs.ac.in, E-mail: election@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एल.एल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.

Registrar

Ref. No. MUHS/ELN/A- ०८ /2024

Date: २९/०१/२०२४

NOTIFICATION NO - ११ /2024

Sub. : Filling of vacancies of the various authorities / bodies of the University...

It is notified for information of all concerned that the Standing Committee in its meeting held on 05/12/2023 and 16/01/2024 has nominated following person (s) as member(s) of Academic Council / Board of Studies of the different faculty, the details of which are given in Table below.

The person(s) so nominated shall hold the office for such period of the member in whose place(s) he/she has been nominated would have held it, without any prejudice to Section 40 of the Act.

TABLE

Sr. No	Name of the member and his address	Name of the Authority /Body	Position of the person Member /Chairman /Dean	Nature of membership on the authority (Section of the Act)	Term of membership up to
01	Dr. Girish Vitthalrao Thakur, Dean, Government Medical College, Jalgaon	Academic Council (Medical Faculty)	Member (ST Category)	28 (2) (f)	06/07/2028
02	Dr. Surekha Yeshwant Bhedasgaonkar, Dean, Vasantdada Patil Dental College and Hospital, Kavalapur, Sangli	Academic Council (Dentistry Faculty)	Member (Women Category)	28 (2) (f)	06/07/2028
03	Dr. Sadhana Harshwardhan Khaparde, Professor and HOD, Dr. Vitthalrao Vikhe Patil Foundation, Ahemednagar		Member (HOD)	36 (2) (b)	12/04/2028
04	Dr. Chandrakant Sahebrao Waghmare, Professor and HOD, Dr. V.M. Govt. Medical College, Solapur	BOS in Para-Clinical Subjects (UG&PG)	Member (Faculty)	36 (2) (b)	12/04/2028
05	Dr. Rajendra Bhanudas Surpam, Professor and HOD, Government Medical College, Chandrapur		Member (HOD)	36 (2) (b)	12/04/2028
06	Dr. Usha Manjunath Nayak, Professor and HOD, K.J. Somaiyaa Medical College & Hospital, Research Centre, Sion, Mumbai		Member (HOD)	36 (2) (b)	12/04/2028
	Dr. Prabha Bhaskarao Khaire (More), Professor and HOD, Government Medical College, Chhatrapati Sambhajinagar	BOS in Clinical Subjects (Medicine and Allied Subjects) (UG&PG)	Member (HOD)	36 (2) (b)	12/04/2028





Dr. Vithalrao Vikhe Patil Foundation's
**Medical College & Hospital,
Ahmednagar**

**NAAC A+, NABH, NABL & ISO Accreditated
Best Medical College Award by MUHS, Nashik**



Institutional Achievements

Name Of the Award/ Certificate	Year	By
ISO Certification	2023	Geotek Global Certification Pvt.Ltd. 9001:2015
NABH CERTIFICACATE	2022	National accreditation board for hospital & health care providers, New Delhi
NABL Certificate	2023	National accreditation board for testing & calibration laboratories, Guru gram – 122003, Haryana
SOLAR PLANT	2022	Ministry of New and Renewable Energy (MNRE), Government of India.
NAAC ACCREDITATION	2022	NAAC Council, Bangalore
PET Scan unit	2022	Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar
Eat right campus certification	2022	Food Safety and Standards Authority of India (FSSAI)
Best Medical College Award	2023	Maharashtra University of Health Sciences, Nashik



National Accreditation Board for
Testing and Calibration Laboratories

NABL

CERTIFICATE OF ACCREDITATION

DR. VIKHE PATIL MEMORIAL HOSPITAL UNIT OF DR. VITHALRAO VIKHE PATIL FOUNDATION

has been assessed and accredited in accordance with the standard

ISO 15189:2012

**"Medical laboratories - Requirements for quality and
competence"**

for its facilities at

VEDGAON GUPTA ,VILAD GHAT, P.O.M.I.D.C., AHMEDNAGAR, MAHARASHTRA, INDIA

in the field of

Medical Testing

Certificate Number: **MC-5519**

Issue Date: **14/02/2023**

Valid Until: **13/02/2025**

This certificate remains valid for the Scope of Accreditation as specified in the annexure subject to continued
satisfactory compliance to the above standard & the relevant requirements of NABL.
(To see the scope of accreditation of this laboratory, you may also visit NABL website www.nabl-india.org)

Name of Legal Identity : **DR. VITHALRAO VIKHE PATIL FOUNDATION**

Signed for and on behalf of NABL



N. Venkateswaran
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATION

Dr. Vikhe Patil Memorial Hospital

Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital
Opposite Government Milk Dairy, Post : MIDC, Vadgaon Gupta
Ahmednagar - 414111, Maharashtra



has been assessed and found to comply with NABH
Entry Level -Hospital requirements.

This certificate is valid for the Scope as specified in the
annexure subject to continued compliance with the
Entry Level requirements.

Valid from : January 04, 2022
Valid thru : January 03, 2024



Certificate No.
PEH-2022-1760

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITP Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



NABH as an organisation is ISQua Accredited

SI No. 006573





SI No. 006569

006569



National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

National Accreditation Board for Hospitals & Healthcare Providers
5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co

SCOPE OF SERVICES

ENTRY LEVEL - HOSPITAL

Dr. Vikhe Patil Memorial Hospital

Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital
Opposite Government Milk Dairy, Post : MIDC, Vadgaon Gupta
Ahmednagar - 414111, Maharashtra

Certificate No. PEH-2022-1760

Valid from : January 04, 2022
Valid thru : January 03, 2024

Clinical Services

- Anesthesiology
- Cardiac Surgery
- Cardiology
- Dentistry
- General Medicine
- General Surgery
- Neurosurgery
- Obstetrics & Gynecology (Including High Risk Pregnancy)
- Ophthalmology
- Orthopaedic Surgery (Including Joint Replacement)
- Otorhinolaryngology
- Pediatrics
- Plastic Surgery
- Psychiatry (Only OPD)
- Radiation Oncology
- Respiratory Medicine

Surgical Oncology

- Urology

Diagnostic Services

- 2D Echo
- CT Scanning
- DSA Lab
- EEG
- Mammography
- MRI
- Spirometry
- Tread Mill Testing
- Ultrasound
- X-Ray

Laboratory Services

- Clinical Bio-Chemistry
- Clinical Microbiology and Serology
- Clinical Pathology
- Cytopathology
- Haematology

Histopathology

Pharmacy

Transfusions Services

- Blood Transfusions Services
- Blood Bank

Professions Allied to Medicine

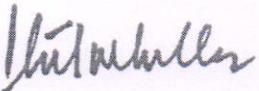
- Ambulance
- Audiometry
- Physiotherapy

PEH-2022-1760



NABH as an organisation is ISQua Accredited

NABH


Dr. Atul Mohan Kochhar
Chief Executive Officer

Certificate Of Registration

Geotek Global Certification Pvt. Ltd.

hereby certify that the organization

Dr. Vitthalrao Vikhe Patil Foundation's Medical College & Hospital

Address : Opp. Government Milk Dairy, Vadgaon Gupta, Post MIDC, Viladghat, Ahmednagar 414111, Maharashtra, India

has implemented and maintains an **Educational Organizations Management System** for

Scope :

Services Delivery of Medical Education for Under Graduate, Post Graduate and Allied Courses as per Maharashtra University of Health Science Syllabus

An audit was performed and proof has been furnished that the management system fulfils the requirements of international standard detailed below ...

Standard : ISO 21001:2018
Certificate No. : 22.GGCS.IN.211311
Certification Date : 09th January 2023
Cert. Expiry Date : 08th January 2026



Geotek Global
Certification Pvt. Ltd.



International Management
Accreditation Board

Reg. No. IN.EOMS.0514

Chief Executive Officer

Geotek Global Certification Pvt. Ltd.
102, Raj Legacy, Near Bramhand Phase 5, Off. GB Road,
Thane (West), Pin 400607, Maharashtra, India

Geotek Global Certification Pvt. Ltd. is accredited by International Management Accreditation Board (Singapore)
51, Goldhill Plaza, #07-10/11, Singapore 308900

The continual validity of the certificate is conditional to compliance with the terms and the conditions of Geotek Global Certification Pvt. Ltd. - Certification Scheme Regulation. Validity of the certificate may be verified on following websites : www.geotek.co.in and accreditation body's website : www.imacb.com

NAAC

Institutional Assessment and Accreditation

(Effective from July 2017)

Accreditation - (Cycle: 1)

**DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL
COLLEGE AND HOSPITAL, AHMEDNAGAR, Ahmednagar,
Maharashtra, 414111**

Track ID : MHCogn109968

AISHE-ID : C-13832

Visit dates : 07 - 03 - 2022 to 08 - 03 - 2022

Grade Sheet



NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

An Autonomous Institution of the University Grants Commission

P.O. Box No. 1075, Nagarbhavi, Bengaluru - 560 072, INDIA

PROFORMA INVOICE

 <p>Telemed Systems 1st Floor, Niwaran Scan Center Opp. Nana-Nani Park Latur-413512 GSTIN/UIN: 27AAGFT4507K1ZY State Name : Maharashtra, Code : 27</p>	Invoice No. PI/TMS/22-23/041	Dated 23-Mar-2023
	Delivery Note	Mode/Terms of Payment
	Supplier's Ref.	Other Reference(s)
	Buyer's Order No.	Dated
	Despatch Document No.	Delivery Note Date

Buyer
Sai Nuclear Imaging
 Att. Dr Sushil Nemane
 Ahmednagar
 State Name : Maharashtra, Code : 27

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
	Gamma Camera <i>Simens dual head e cam</i>	9022	1 Nos	53,57,142.86	Nos	60,00,000.00
				6	%	3,60,000.00
				6	%	3,60,000.00
	Total		1 Nos			?

Amount Chargeable (in words)

**Indian Rupees Sixty seven lakh
twenty thousand only.**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
9022	60,00,000.00	6%	3,60,000.00	6%	3,60,000.00	7,20,000.00
Total	60,00,000.00		3,60,000.00		3,60,000.00	7,20,000.00

Tax Amount (in words) : **Indian Rupees seven lakh twenty thousand only.**

Company's VAT TIN : **27AAGFT4507K1ZY**
 Company's PAN : **AAGFT4507K**

Company's Bank Details
 Bank Name : **HDFC Bank**
 A/c No. : **50200064633985**
 Branch & IFS Code : **31-1 M G Road, Latur & HDFC0000360**

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for Telemed Systems

 Authorised Signatory

SUBJECT TO LATUR JURISDICTION This

is a Computer Generated Invoice

DR VIKHE PATIL MEMORIAL HOSPITAL

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1. Introduction:

Nuclear medicine is the specialty of medicine using unsealed radioisotopes for either diagnosis or treatment of patients. The specialty can be grossly divided into 3 sub streams according to techniques involved i.e. (i) General nuclear medicine (ii) PET/CT & (iii) Radionuclide therapy.

2. Purpose

1. The Department of Nuclear medicine of the hospital provides comprehensive services in the following sub specialities:

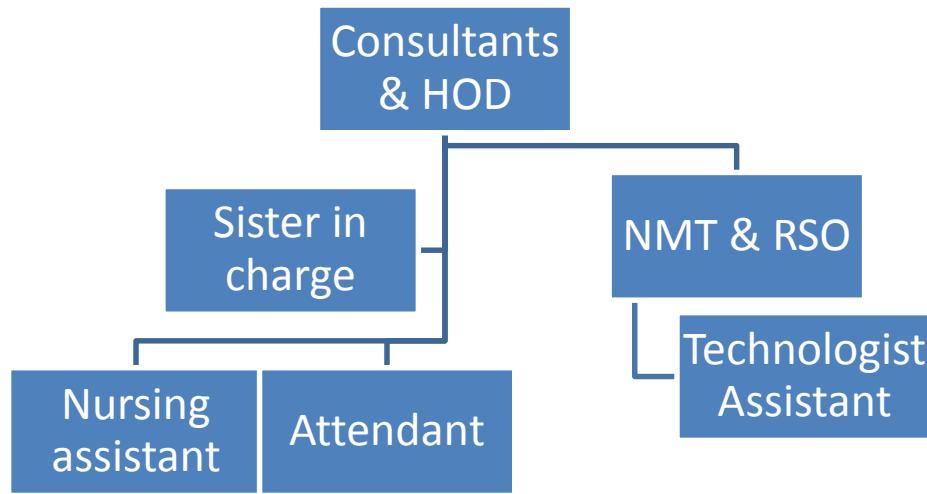
- i. General nuclear medicine: A gamma ray emitting radio-pharmaceutical is administered to the patient. This radio-pharmaceutical mimics the physiological processes in body & emits gamma rays during the same. These gamma rays are captured by specialized instrument called gamma camera & clinical images are generated. The images so generated & processed & interpreted by nuclear medicine physician.
- ii. Positron emission tomography with computed tomography (PET/CT): In PET/CT imaging a positron emitting radiopharmaceutical is injected in patient's body. This positron forms two annihilation photons which are captured by PET scanner. The images formed by PET scanner are processed & interpreted by the physician.
- iii. Radionuclide therapy: For radionuclide therapy radio-pharmaceuticals are tagged with beta particle emitting radioisotope. The radiopharmaceutical carries this radioisotope to the desired place in patients body & exerts radiation induced therapeutic effects.

2. Scope: Provision of comprehensive services in following areas

- i. General nuclear medicine
- ii. Positron emission tomography
- iii. Radionuclide therapy

3. Abbreviations:

- 1.** IP: In patient
- 2.** OP: Out patient
- 3.** NM: Nuclear Medicine
- 4.** Rph: Radiopharmaceutical
- 5.** NMT: Nuclear medicine technologist
- 6.** RN: Radionuclide
- 7.** PET/CT: Positron emission tomography / computed tomography
- 8.** RSO: Radiation safety officer
- 9.** AERB: Atomic Energy Regulatory Board



4. Hierarchy:

5. Duties and responsibilities of the staff:

5.1 Nuclear medicine physician:

The nuclear medicine physician shall

- (a) have the responsibility of dosage administration and maintenance of records providing name of the patient, nature of procedure, radiopharmaceutical prescribed, quantity prescribed, name of the nuclear medicine physician with signature and date, and name of the person administering the radiopharmaceutical with signature and date;
- (b) prevent any possibility of misadministration and promptly report to the licensee and the competent authority in the event of any misadministration, adverse reaction or death of a patient administered with radioactivity;
- (c) consider factors such as proper choice of radiopharmaceuticals, monitoring of procedure and immobilisation of the patient in order to minimise absorbed dose to the patient;
- (d) consider justification of diagnosis/therapy on pregnant patients/ lactating mothers in order to limit the exposure to the foetus/infant not exceeding an absorbed dose of 1 mGy;
- (e) consider appropriate measures for dose fractionisation, in order to minimise non-stochastic effects following radionuclide therapy;
- (f) adopt specific dosimetric consideration in paediatric patients to ascertain the risk-benefit ratio;
- (g) inform patient on safety measures to be observed to avoid radiation exposure to the family members and others;
- (h) ensure that where the quantity of radioactivity administered to a patient is in excess of the limits specified by AERB for radiopharmaceuticals emitting gamma radiation or for radiopharmaceuticals emitting beta radiation as given in Table-1, (i) patient is hospitalised and kept isolated, (ii) spread of contamination prevented and (iii) exposure of staff, other patients and public minimised;
- (i) instruct nursing and ancillary staff on radiation safety and precautions in nursing / management of therapy patients;
- (j) obtain an informed consent from the relatives of the patient, prior to administration of therapeutic dose; and
- (k) instruct on the time duration for avoidance of pregnancy following radionuclide therapy such that the absorbed dose to the conceptus shall not exceed 1 mGy

5.2 Nuclear medicine technologist:

The nuclear medicine technologist shall

- (a) ensure proper functioning of all nuclear medicine equipment, carry out periodic calibrations, quality assurance checks and maintenance;
- (b) ensure the radiopharmaceutical quality requirements, the route of administration and the accuracy of dosage before giving it to a patient and take precautions to avoid misadministration;
- (c) avoid spillage of radioactivity or contamination of the patient, premises, persons and material by exercising care during dispensing/administration of radioactivity;
- (d) report to RSO and the nuclear medicine physician of any mishap in dispensing / administration of dosage to the patient or any unusual incident; and
- (e) assist the RSO in maintaining records of sources and radioactive waste as specified in AERB manual.

5.3 Radiation Safety Officer:

RSO shall

- (a) advise and assist the licensee to organise a radiation protection programme appropriate for the facility and ensure that staff observe safe work practices;
- (b) ensure safety, security and containment of radioactive sources, carry out radiation and contamination monitoring of work areas, patient waiting areas, radioactive waste disposal sites and public areas, and maintain record;
- (c) ensure that radiation monitoring instruments are kept in proper working condition and are calibrated at regular intervals;
- (d) establish procedures for management of emergency situations and conduct periodic drills to ensure their effectiveness;
- (e) report any unusual incident in writing to the licensee, with a copy endorsed to the competent authority and take remedial measures to mitigate consequences of the incident and to prevent recurrence;
- (f) maintain records of the doses of workers, the inventory of sources received, used and disposed off, any unusual incident, cause of such incident and remedial measures taken;
- (g) ensure segregation and monitoring of the waste prior to interim storage or final disposal;
- (h) advise and assist the licensee in ensuring regulatory compliance for obtaining authorisation from the competent authority for procurement, use, transport or disposal of radioactive material;
- (i) inform the competent authority of his/her leaving the institution;
- (j) advise and assist the licensee in transport of radioactive material / radioactive waste in the public domain;
- (k) ensure urgent processing of personnel dosimeters in cases of suspected overexposure; and
- (l) display advisory notices in the nuclear medicine departments to avoid unintentional exposures to pregnant women/lactating mothers. RSO attached to therapy centers shall, in addition to the above shall
 - (i) ensure that patients administered with radioisotopes for in-patient therapy are hospitalised in the approved isolation wards;
 - (ii) carry out regular monitoring of therapy patients, patient areas and nurse's station areas;
 - (iii) ensure that effective dose to the patient's comforter shall not normally exceed 5 mSv during the period of a patient's treatment;
 - (iv) ensure that dose to any family member other than comforter does not exceed 1 mSv/year, prospectively estimated prior to discharge of the patient;
 - (v) ensure that radiation level at 1 m from patient being discharged does not exceed 50 μ Sv/h at the time of discharge. Provide detailed instructions in English and local language on the safety precautions to be followed by the comforter and other family members so as to keep the doses below the levels specified in (iii) and (iv) respectively;
 - (vi) ensure that activity limit for discharge of patients administered with beta emitting radionuclides is as given in AERB manual
 - (vii) ensure sampling and monitoring of effluents from therapy wards prior to their release to public sewers;
 - (viii) ensure liquid effluents released to public sewer does not exceed authorised discharge limits;
 - (ix) maintain a separate logbook for data on monitoring of therapy patients from the time of hospitalisation until discharge from the ward;
 - (x) segregate and monitor patient linen prior to interim storage or reuse;
 - (xi) provide personnel monitoring to patient's comforter(s), if required, and maintain appropriate records;
 - (xii) give appropriate instructions for radiation safety and precautions to patient comforters in management of therapy patients;
 - (xiii) restrict entry of visitors to isolation wards;
 - (xiv) issue necessary written instructions at the time of discharge of therapy patients to minimise radiation exposure of family members especially to children and pregnant women; and
 - (xv) decide, in consultation with the physician-in-charge, the safety precautions to be followed, regarding disposal of cadavers containing radionuclides in accordance with the procedures approved by the competent authority.

5.4. Sister in charge:

Sister in charge shall be responsible for

- a) Providing & supervising all possible nursing care to patients referred to the department of Nuclear medicine.
- b) Maintaining proper duty roaster for nursing staff & attendants in the department
- c) Regular survey & updating the non-radioactive pharmaceuticals used in department
- d) Daily survey of crash cart & patient monitoring instruments used in the department

e) Maintain proper dialogue & mediate communications between physician & other nursing staff whenever required

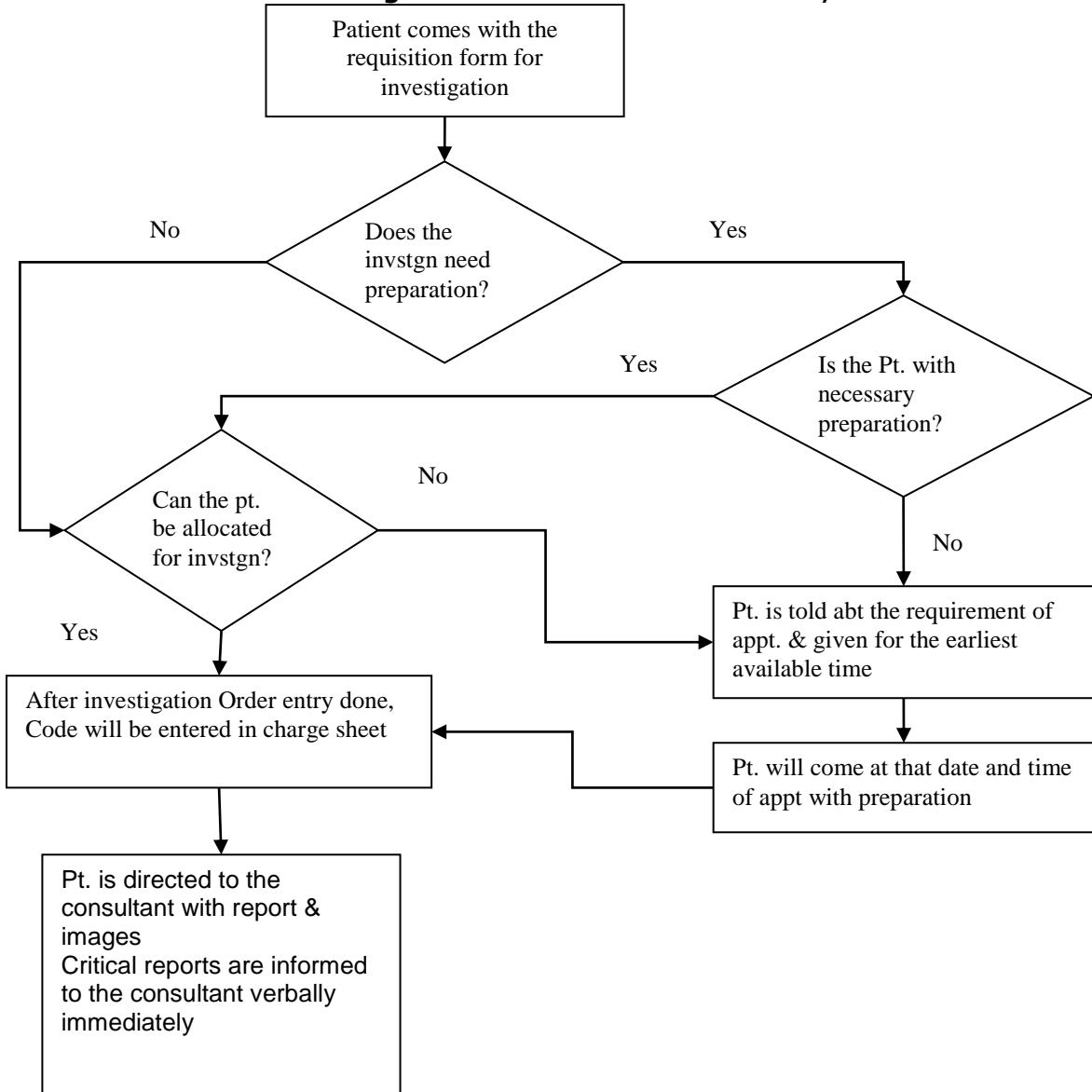
1. Technologist assistant: The technologist assistant shall work under supervision of NMT & provide required assistance in dispensing of radiopharmaceuticals, scan preparation & image acquisition.

6. POLICIES & PROCEDURES OF THE DEPARTMENT:

1. The Nuclear medicine Department operates within all applicable legislation, regulations and Registration requirements.
2. All laws, regulations, directives, guidelines and registration requirements of Atomic Energy Regulatory Board (AERB) & Health & Family Welfare Office, Maharashtra will be met and followed.
3. The hospitals Radiology Department have a valid and current Radiology AERB Registration & they are posted in public view.
4. All staff members are provided with Thermo luminescent Dosimeter to measure (Radiation received during working hours) Occupational exposure
5. All required records are maintained by the department in accordance with AERB guidelines.

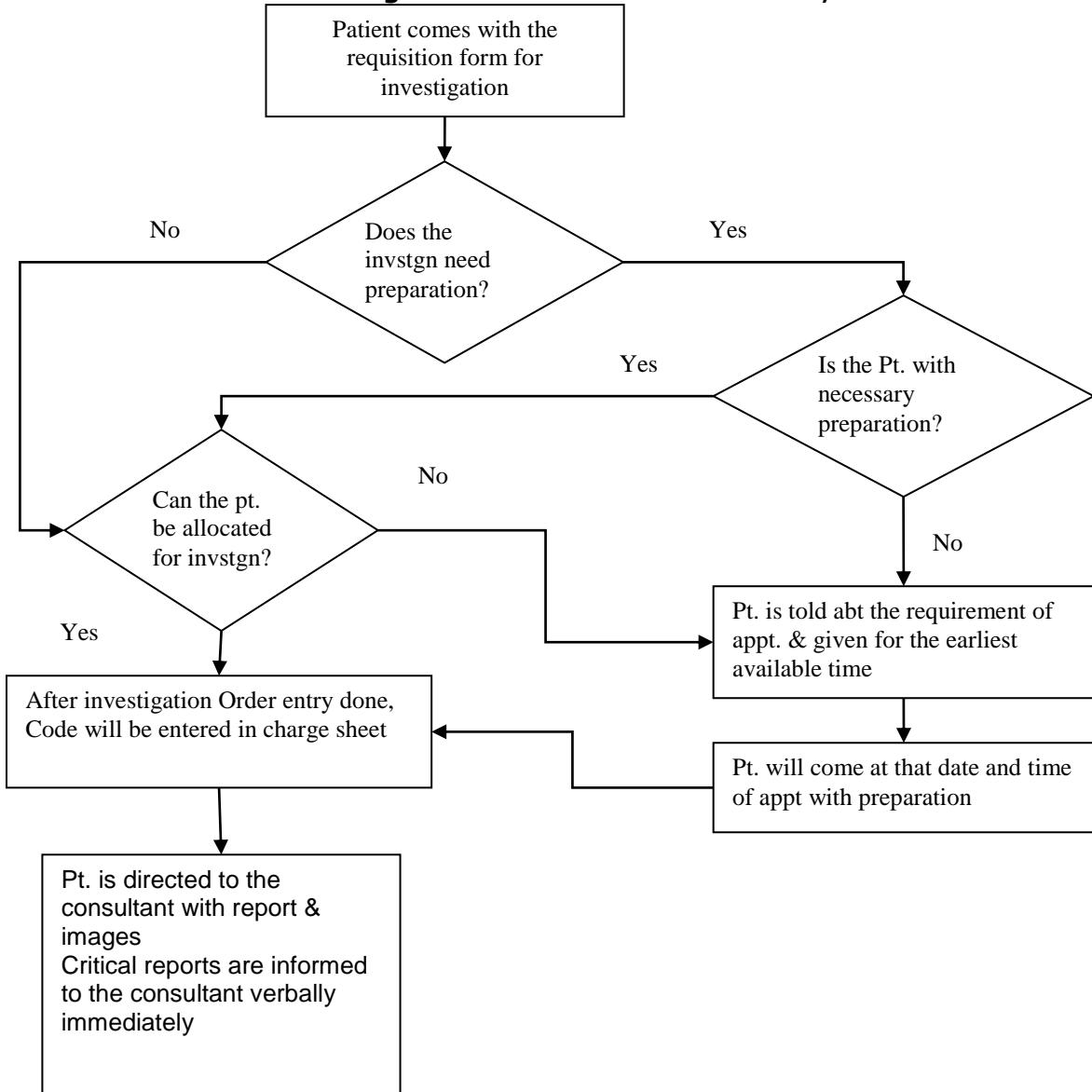
6.1 Departmental Procedures

i. Out Patient with Consultation: For general nuclear medicine scans;

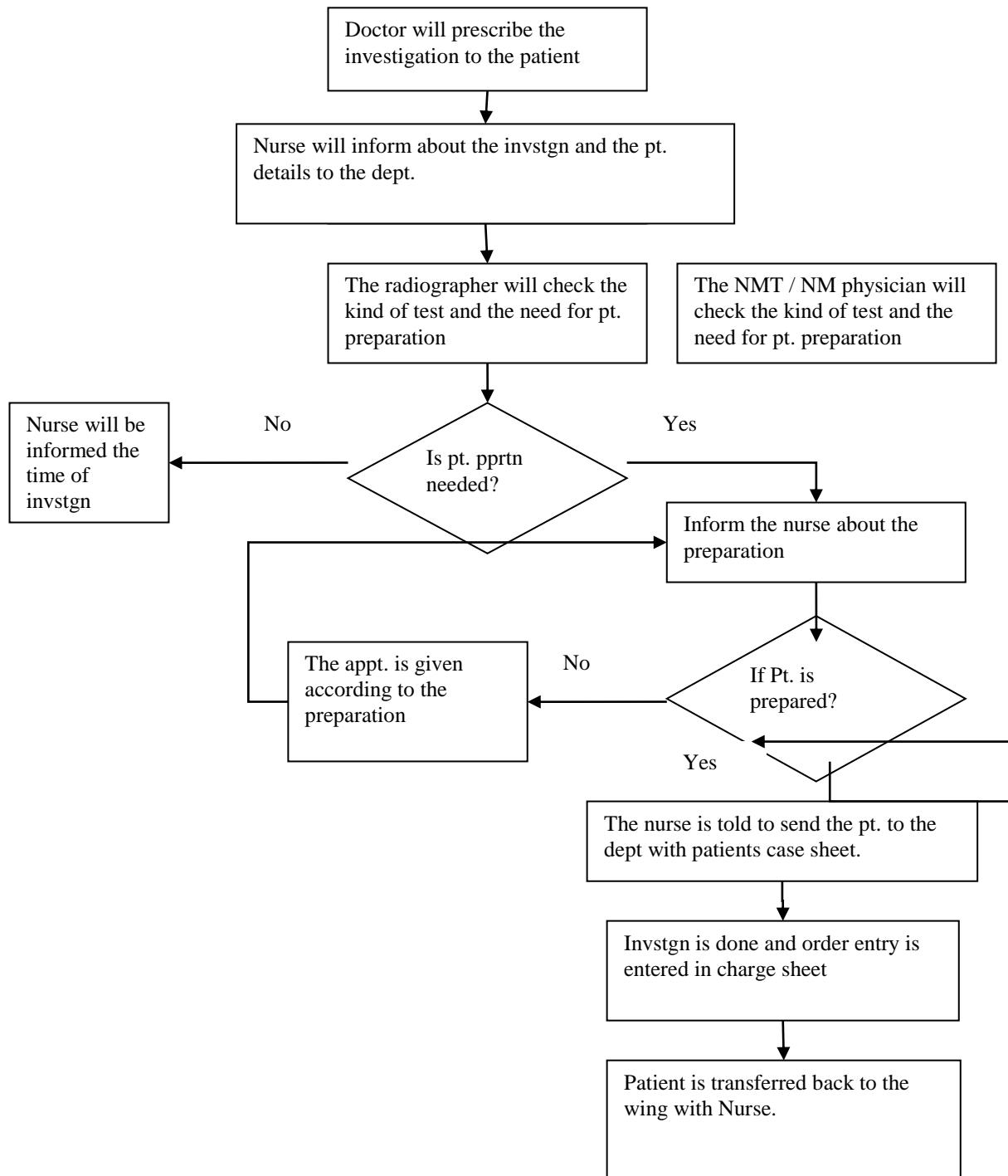


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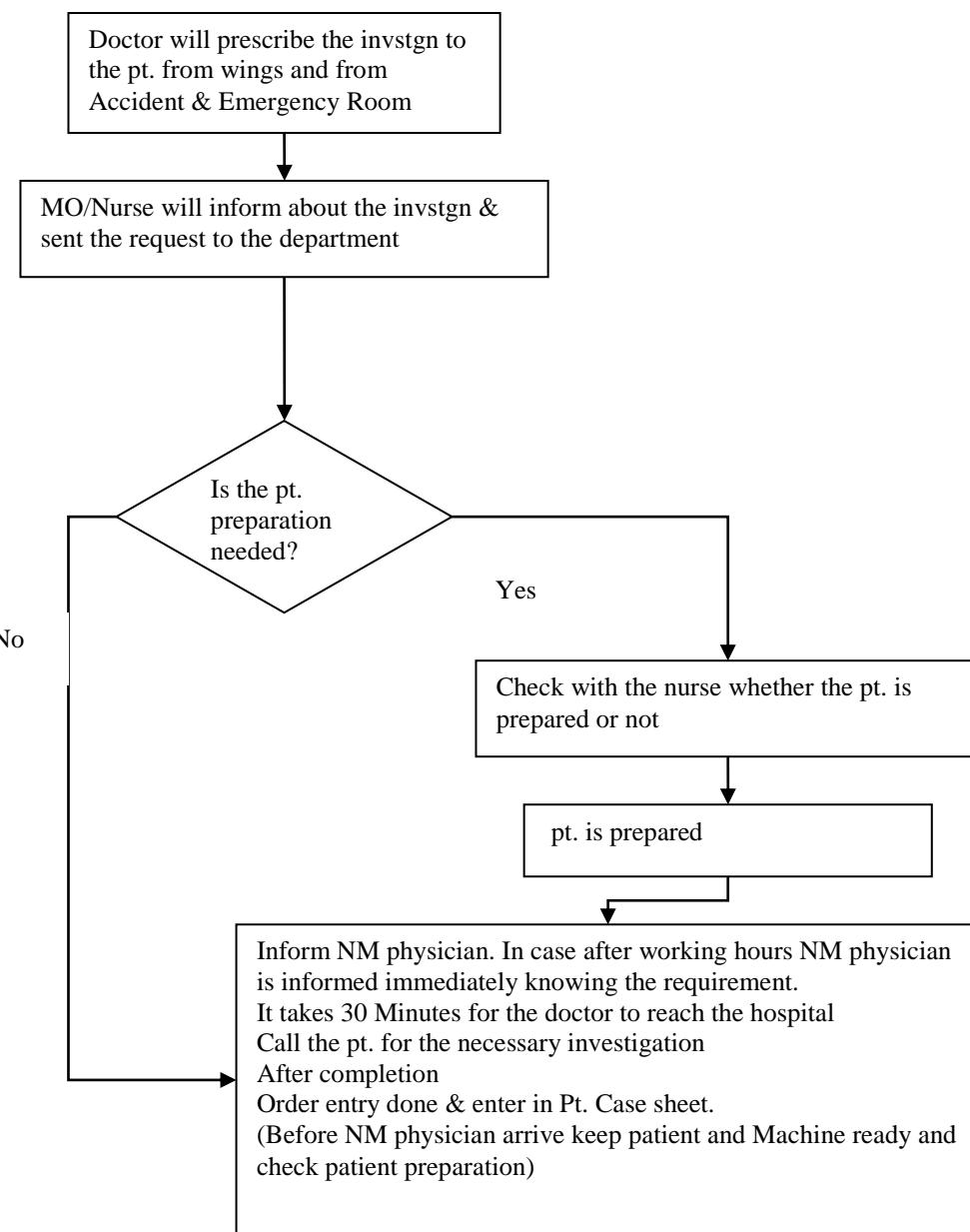
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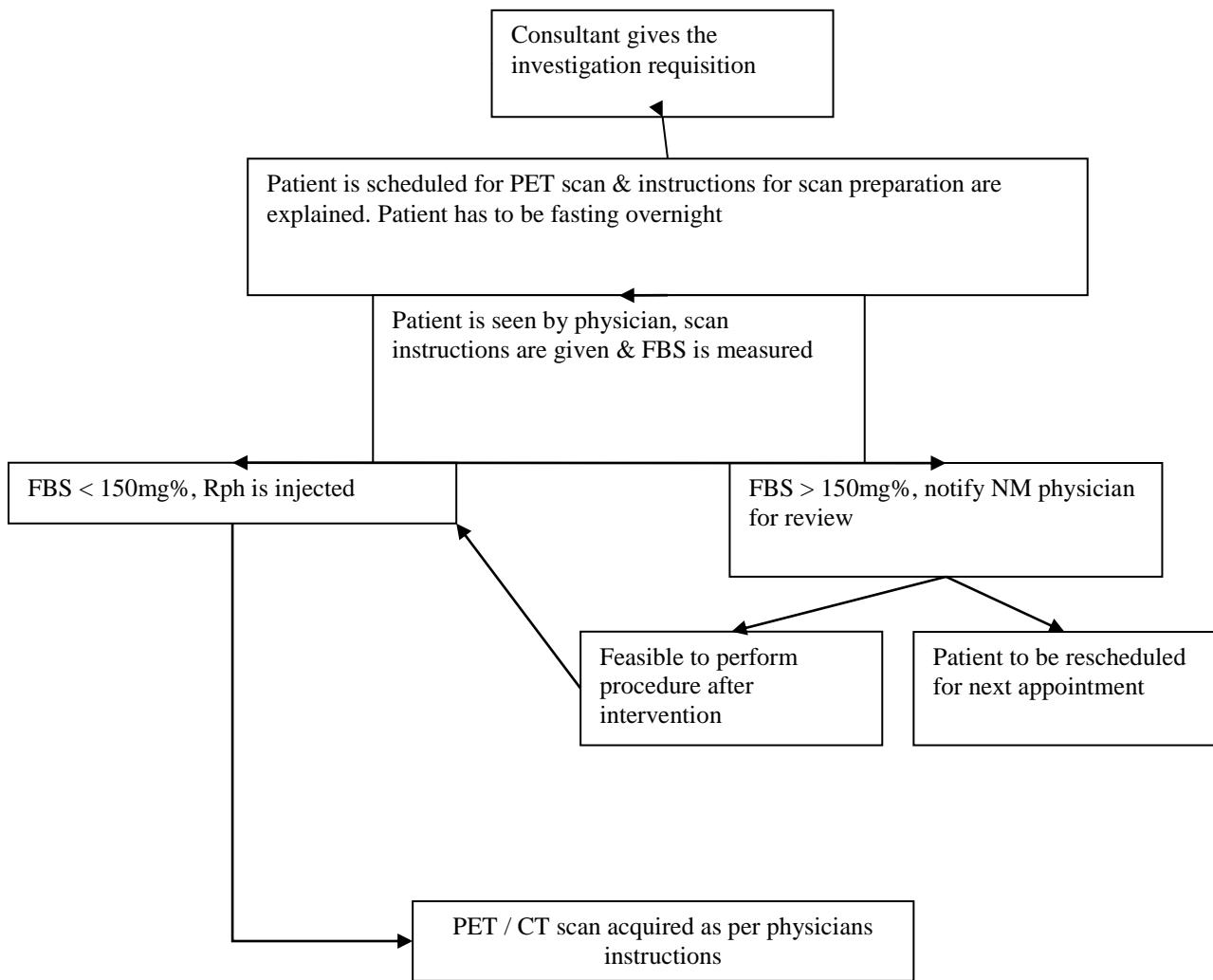
6.2 IN PATIENTS



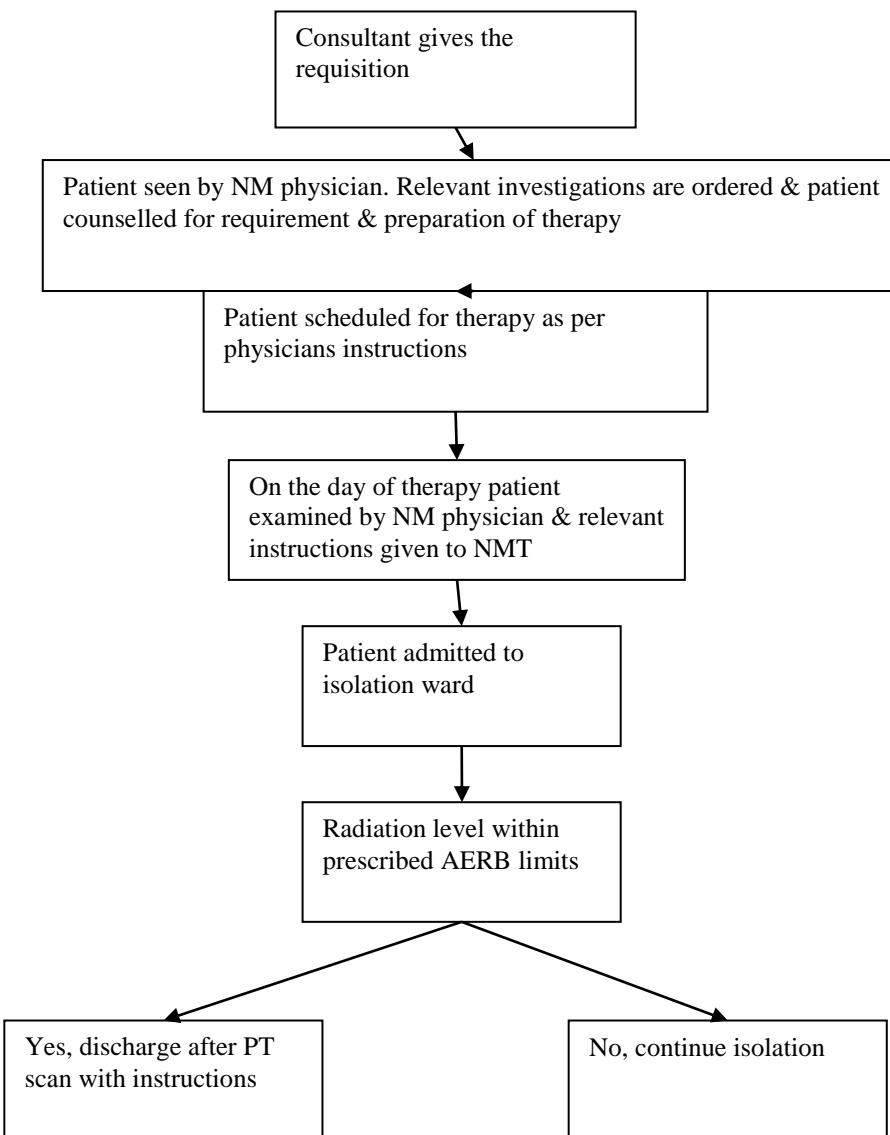
6.3 In-patients / Emergency patients (For all NM Procedures) After Duty Hours

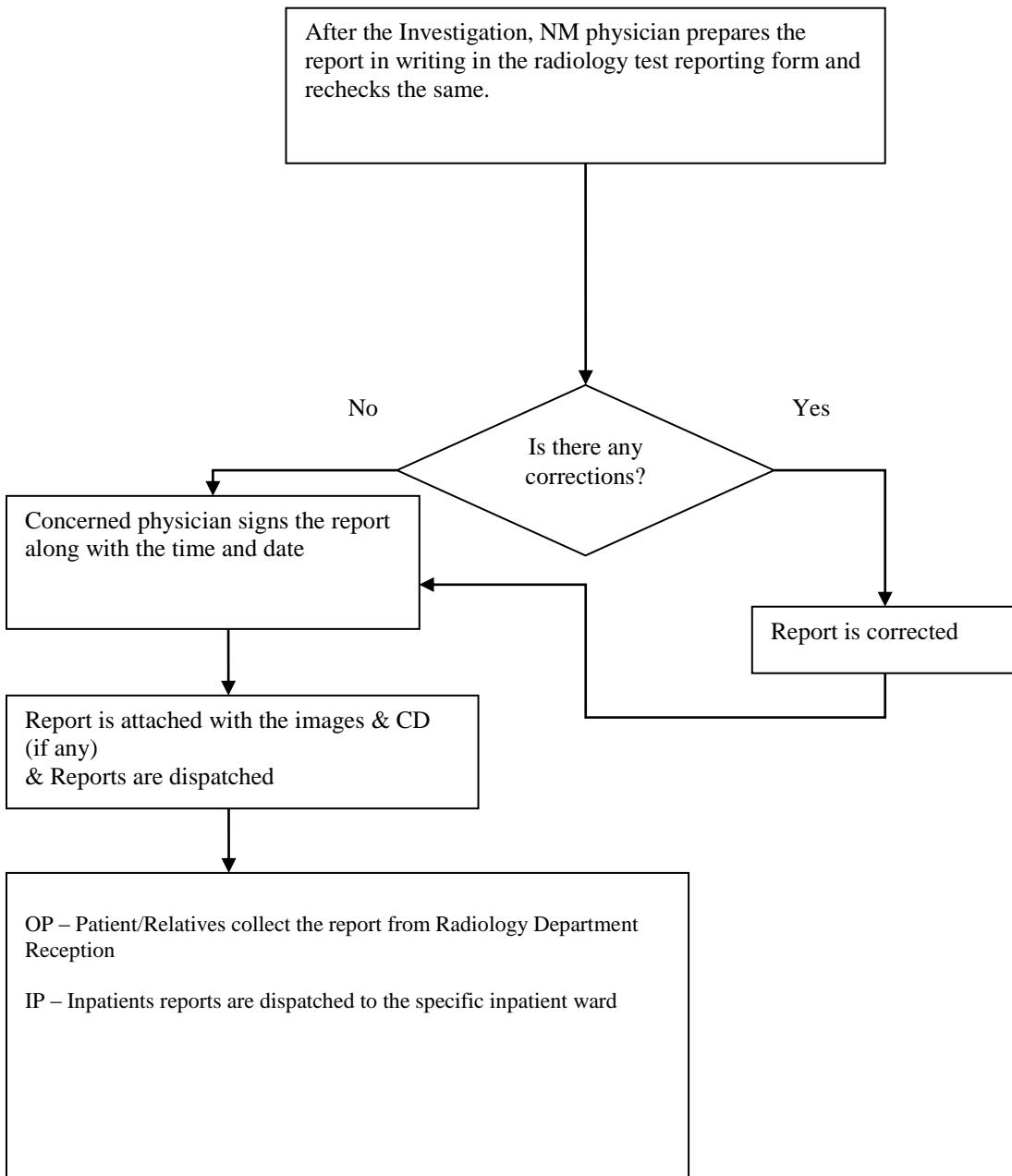


6.4 For PET/CT scans:



6.5 For high dose I-131 treatment:





7. SAFETY MEASURES ADOPTED FOR THE STAFF & DEPARTMENT:

Radiation safety of the staff as well as general population is given utmost importance at the Department of Nuclear medicine, ABC hospital, Aurangabad. The department is equipped with relevant technologies & employs stringent work practices to ensure radiation safety of its staff in accordance with AERB safety code for nuclear medicine facility (AERB SAFETY CODE NO. AERB/RF-MED/SC-2 (Rev. 2)).

- The facility is designed in accordance to AERB guidelines & the layout is approved by AERB.
- The site has been licensed to carry out nuclear medicine exposure after radiation safety survey by onsite AERB inspection.
- All staff members are provided with TLD for routine monitoring & record keeping of occupational radiation exposure received.
- All staff members are trained in basic principles of radiation safety & work under supervision of qualified radiation worker.
- All radiation handling areas are lined by concrete / lead shielding of sufficient thickness as per AERB guidelines.

- All areas in radiation facility are routinely surveyed by RSO to monitor background radiation exposure rate & records are maintained.
- Annual report concerning radiation safety is submitted to AERB.

8. QUALITY OBJECTIVES:

The main objective of quality control is to enhance the quality of results by checking the precision, accuracy and consistency of tests done. Validation of examination procedure technically and clinically will be done by qualified and well trained radiologist. Quality Assurance is done with the following monitoring

a. Tracking Turnaround time and waiting times

- i. Methodology: turnaround time is tracked by manually tracking the in and out time of the patient for each modality in the department
- ii. A suitable sample (7 days) will be taken for this study.

b. Grading of images is done by the Radiologist

- i. Grading is done by the following criteria

- Positioning - 1
- Artefacts. - 1
- Image intensity & counts - 1

ii. Grading - scores

- Total score of 3 for each Patient to be documented for images.
- In case the quality is graded 1, image is to be repeated on NM physicians opinion and more care to be taken during repeat acquisition.
- Grading score should not be less than 90%.
- Below 90 % reason should be evaluated & discussed with NM physician and to be rectified immediately.

c. Reject rates for images:

It should not be less than 3% of the Monthly consumption.

9. Confidentiality of Reports: Confidentiality of patients and their test reports are ensured through the following:

1. In the course of Performing work responsibilities all information with regard to patient, their family, their physician and / or the hospital is kept confidential.
2. All the staff of the department is cautioned not to discuss any such information with others.
3. Personnel are expected and ensured to conduct themselves with professional dignity at all times.
4. NM physician is the only persons authorized to inform reports to the doctors.

10. Patient Education and Safety:

- a. All patients are welcomed and explained about the process of the diagnostic investigation in detail before starting the process.
- b. All Patients are explained when and how their reports can be collected.
- c. While undergoing the investigation, all necessary precautions related to patient safety is explained & followed.
- d. Special care is taken while undergoing Investigations of infants/neonatal and Geriatric patients. The parent / next to the kin of such patients are kept informed of the process before investigations are started.
- e. Attention of the patient/ customers will be drawn to the hygiene and safety aspects before undergoing the Investigation.

- All areas in radiation facility are routinely surveyed by RSO to monitor background radiation exposure rate & records are maintained.
- Annual report concerning radiation safety is submitted to AERB.

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- e. Attention of the patient/ customers will be drawn to the hygiene and safety aspects before undergoing the Investigation.

- f. Consent will be taken whenever required in the appropriate forms.
- g. All necessary steps will be taken to reduce /minimize /eliminate discomfort /pain while conducting the Investigation.
- h. In the course of performing work responsibilities all information with regard to patient, their family, their physician and / or the hospital is kept confidential. The staff of the department is cautioned not to discuss any such information with others.

11. Reporting of Imaging Test Results:

- a. All reports of imaging test (except PET/CT) conducted before 1230 noon will be dispatched to the front office of the department (for OPD cases) or to the respective inpatient wards (for IPD cases) before 1400 hrs on the same day.
- b. All test reports (except PET/CT) conducted after 1230hrs will be dispatched to the front office of the department (for OP patients) or to the respected inpatient wards (for IP patients) before 10 :00 hrs in the morning the next day.
- d. Reports of all PET/CT scans done for OP will be dispatched next day morning before 10:00 hrs in the morning.
- e. Reports of PET/CT scan done for IP before 1300 hrs will be dispatched to the respective inpatient wings prior to 1500 hrs on the same day .Reports of PET/CT scans done for IP after 1300 hrs will be dispatched to the respective inpatient wings next day morning before 10 :00am
- f. All critical reports are verbally informed to the concerned consultant immediately by the NM physician.
- g. In case of any unavoidable delay, patients are kept informed for the reason for the delay and by what time the investigations/delivery of reports are likely to be completed.
- h. Any patient query regarding the reports will be dealt with immediately and clearly explained, and further consultation arranged.
- i. No test results are given to Patient verbally or over telephone.
- i. Patient Reports are to be treated as completely confidential.

Reporting of Emergency Cases:

- 1. In case of an emergency report, the NM physician will see the image and give a verbal report to the referring consultant by phone.
- 2 . If the patient is referred or wants to go to some other hospital (on request or against medical advice), Reports will be generated within 30 minutes.

12. Criteria for Fixing of Appointments:

- i. According to "First Come First Serve" basis for routine NM investigations.
- ii. According to the number of patients available on that particular day for the investigation.
- iii. According to the availability of the radiopharmaceutical.
- iv. Depending on the time gap required for the preparation
- v. Considering the patients existing health conditions.

Please note that even in case of given appointments patients from the critical care areas of the hospital like the Emergency Department, OT and other patients requiring emergency imaging investigation etc are given priority for all procedures.

13. Maintenance of Equipment:

13.1 Guideline Instructions: General

- a. All staff will clean the Machine in their Posted unit. Staff will conduct daily check on its working condition daily & do regular warm up. Shutdown of machine should be done after working hours.
- b. Night Shift person is responsible for the machine till the handover to the next day Morning shift person.
- c. Never keep any fluids over or near equipments.
- d. Monitor Housekeeping staffs during cleaning mainly with wet mops.
- e. Monthly cleaning record should be maintained for all equipments in Instrument History card.
- f. In case of continuous power fluctuation shut down all the Machines, till proper power supply is observed.
- g. In daily Briefing Working condition & Breakdowns of machine should be handed over without fail.

13.2 Infection control:

- h. Machines should be cleaned with Antiseptic Solution after handling infectious patients.

13.3 Breakdown management:

- i. During breakdowns shutdown and restart the unit, check all Input & cables for loose connections. In case this fails, complaint should be logged into Instrument History Card and Work order should be raised and given to the Biomedical In charge mentioning the Machine Name, time of breakdown.
- j. The Biomedical engineer will inspect the machine & take necessary action as per their protocol.
- k. It is the duty of the Radiographer to inform the Head of the Department of Nuclear medicine, Registration Counter ,ED , ICCU and other patient care areas the breakdown time and follow up on rectification till it's working time every 12 Hours the status of the breakdown .
- l. In case of Major Breakdown the Chief Executive Officer should be informed.
- m. After rectification service report is received and filed & the same is entered in Instrument History Card.
- n. Incident Report is raised for all Breakdowns more than 24 hours.

14. THE TRAINING OF DEPARTMENTAL STAFF :

The training of staff (for both existing and new staff) is of utmost importance to prepare professionals who have high specific knowledge in their area and who could give the best quality of care to their patients. Therefore training in Radiology is a very complex and difficult task mainly due to wide spectrum of radiological applications in the total care process and variety of imaging modalities .Hence the department lays special emphasis on training of the employees to acquaint them with the knowledge and skill pertaining to their job. The approach to training of the staff adopted by the department is as follows:

- a. One week department Induction for every new employee (Transferred or Fresh Recruit) joining the department.
- b. One week department Induction to learn department policy & procedures and safety training will be conducted for the new employee in the department.
- c. Training in Safety procedures to follow if equipment malfunction occur.
- d. Training relating to the operation of any new equipment is given prior to the usage of the equipment by company engineers to ensure its proper and safe handling.
- e. All professional personnel are expected to be competent and proficient in all performance of all procedures by the end of the training program.
- f. The training program will serve as verification of initial personnel competency and ability to satisfactorily perform patient care and services.
- g. Those areas felt to be requiring additional focus by the trainee will be identified as personal goals, for which improved performance will be emphasized.
- h. All staffs should attend and do regular training.

Departmental Orientation programme for the new employees (Fresh recruits or transferred; emphasizes on the following):

- a. Overview to various equipments operated by the department in detail
- b. Radiation safety & quality Assurance Practices
- c. Basic unit maintenance and trouble shooting
- d. Documentation and record keeping.
- e. Uses of TLD badge & how to use Hand out given.
- f. Turn Around time for different types of cases (Normal , Urgent etc).
- g. Safety procedure and Policy of the department.
- h. Various forms and Reporting formats used by the department

15. DEPARTMENTAL INVENTORY MANAGEMENT:

The responsibility for proper management of the departmental inventory rests with the NMT & sister in charge.

- a. A stock book for the various items including the medicines / Rph used by the department is maintained.
- b. Physical verification of the stock is done every alternate day by the NMT.
- c. Replenishment of stock is done using the appropriate indent request book.
- d. All medicines subject to expiry are returned to the pharmacy store and indent request for fresh Stock is placed.

16. REPORTING FORMAT FOR DAILY / MONTHLY STATISTICS:

The NMT & NMT assistant are responsible for completion and submission of the daily statistic to the Head of the Department of Nuclear medicine in the specified format .The Head of the Department of NM monitors the performance of the department and forwards a monthly report about the same to the CEO.

Format for Reporting Daily Activities

IP	
DATE	
Gamma camera procedures	
I-131 scans	
Low dose I-131 therapy	
High dose I-131 therapy	
PET/CT scan	
Total patients	
OP	
Gamma camera procedures	
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Gamma camera procedures	
Total patients	

17. QUALITY PLAN

Quality Indicator:

a. Indicator: Turnaround time for reports

Date	Pt. Name	MRN	Procedure Done	Received request time	Patient taken for procedure	Duration In Minutes

b.

Benchmark:

a. Other quality initiatives:

Reject rates for NM images

18. FORMS AND REGISTERS:

18.1 Patient related forms

S No:	Form
1	Request Form with consent for procedures
2	Request form with consent for I-131 therapy

18.2 Registers

19. LIST OF EQUIPMENTS IN THE DEPARTMENT:

Radiation detectors:

Imaging instruments:

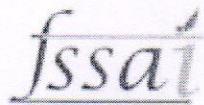
- Gamma camera: 1
- PET/CT scanner: 1

Non-imaging instruments:

- GM survey meter: 2
- Area survey monitor: 1
- Dose calibrator: 3
- Direct digital dosimeter: 2

Others:

- Fume hood: 2



FOOD SAFETY AND STANDARDS
AUTHORITY OF INDIA

Inspiring Trust, Assuring Safe & Nutritious Food
Ministry of Health and Family Welfare, Government of India

Dr. Vittalrao Vikhe Patil Foundations Medical
College, Thane Zone-10

is certified as



as per guidelines established by
Food Safety and Standards Authority of India



Very Good

Shri Arun Singhal
Chief Executive Officer
FSSAI



Auditing Partner
ASTRALEUS SERVICES PRIVATE
LTD

Training Partner
Sagar Mohan Patil

Implementation Partner
STATE FDA MAHARASHTRA

Valid up to: 19 January 2024

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



Best College Award Nashik Revenue Division Certificate



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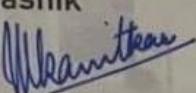
*Dr. Vithalrao Vikhe Patil Foundation's Medical
College & Hospital, Ahmednagar*

for its excellent performance in 2022 – 2023 under the Faculty of Medicine
affiliated to MUHS.

This is Awarded on 10th day of June 2023 at Silver Jubilee Function of
Maharashtra University of Health Sciences, Nashik

Dr. Rajendra S. Bangal
Registrar

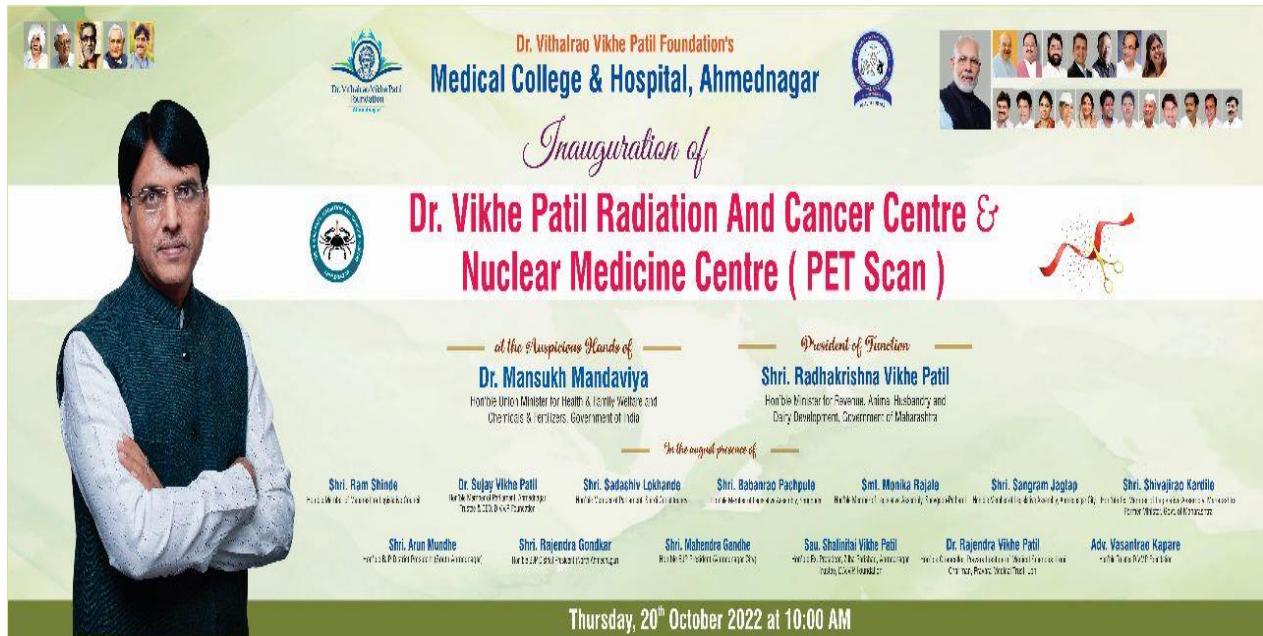
Prof. Dr. Milind B. Nikumbh
Pro Vice-Chancellor


Lt. Gen. Madhuri Kanitkar (Retd)
Vice-Chancellor

Pet Scan Photos



Pet Scan Photos













GPS Map Camera

Ahmednagar, Maharashtra, India

Off, Manmad Rd, Opp government Milk Dairy, Vilad Ghat, Ahmednagar, Pimpalgaon Malvi,
Maharashtra 414111, India

Lat 19.179037°

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23/06/23 10:49 AM GMT +05:30





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