

## MINIMUM HOSTEL FACILITY AVAILABLE AS PER MSR

Sr. No	Facility	Available (YES/NO)	Remark Brief and Specific
1.	There should be a separate hostel for the male and female students.	Yes	
2.	<b>Pantry</b> One pantry on each floor should be provided. It should have water cooler and heating arrangements	Yes	
3.	<b>Washing &amp; Ironing Space</b> Facility for drying and ironing clothes should be provided on Each floor.	Yes	
4.	<b>Warden's Room</b> Warden should be provided with a separate office room besides her residential accommodation. Intercom facility with College & hospital shall be provided.	Yes	
5.	<b>Telephone</b> Telephone facility accessible to students in emergency situation shall be made available.	Yes	
6.	Emergency alarm system in Hostel	Yes	
7.	<b>Canteen</b> There should be provision for a canteen for the students, their guests, and all other staff members	Yes	
8.	<b>FDA License</b> Verify Canteen Facility is monitored as per MUHS Circular No. 18/2019 dated – 19/03/2019 )	Yes	
9.	Transport From Hostel to College/Hospital	Yes	
10	C.C.T.V Cameras in Hostel	Yes	
11	Security Facility in Hostel	Yes	
12	Safe Drinking Water in Hostel	Yes	
13	Sport & Recreational Activities in Hostel	Yes	
14	Anti Ragging Measures in Hostel	Yes	
15	Bio Metric Attendance System in Hostel	No	
16	Hostel Student Record in Hostel	Yes	
17	Cleanliness and hygiene: The hostel is kept clean and hygienic at all times, with regular cleaning and	Yes	
18	Daily News Paper & Magazine in Hostel	Yes	
19	Visit Register Record by Dean Principal/Teacher and other Concerns authority in Hostel	Yes	
20	Hostel Students Parent Meeting minutes Register	Yes	
21	Students Health Register in Hostel	Yes	
22	The hostel rooms are spacious with natural light and ventilation in Hostel	Yes	



  
**Principal**  
**Kamal Institute of Nursing**  
**Education, Jath, Dist-Sangli**

23	Facility	Available (YES/NO)	Remark Brief and Specific
24	Student is provided with a study table, chair. Wardrobe or Cupboards	Yes	
25	Available books and Magazines for reading in Hostel	Yes	
26	Safe disposal of wastes in Hostel	Yes	
27	Provision For Equipped Sick Room in Hostel	Yes	
28	Provision For Guest Room in Hostel	Yes	
29	Laundry facilities: The hostel provides laundry facilities Which allows students to wash their clothes and dry it.	Yes	
30	Counseling services: The hostels have arrangements for providing counseling and support services to students who may need help with academic, personal, or emotional issues.	Yes	
31	Gymnasium Facility with Equipment in Hostel	Yes	
32	Yoga Meditation Facility in Hostel	Yes	
33	Health Services To students like Vaccination, An annual medical examination, Free medical care during illness.	Yes	
34	Provision of Hot water Supply in Hostel	Yes	
35	Independent Generator Supply capacity (mention in KV)	Yes	
36	ATM Facilities Near hostel	No	
37	Secure Wi-Fi internet connectivity through high end firewall And Hi-speed secured browsing in Hostel	Yes	
38	Provision for Residential Accommodations/Quarters For Teaching and Non-Teaching Staff Mention brief in Remark	Yes	
39	Feed Back/ Compliant Register in Hostel	Yes	

#### Accommodation In Hostel

Total No of Students In College		Stay In Hostel	Percentage	Day Scholar	Percentage	Make a Clear Remark about hostel utilization
Boys	26	0	0	26	100%	
Girls	43	23	53.00%	20	47%	
Total	69	23	53.00%	46		
Average Percentage		Hostel = 53.00%		Day Scholar = 47.00%		



  
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**Kamal Institute of Nursing**  
**Education, Jath, Dist-Sangli**



**Registration Certificate**  
**Government of Maharashtra**  
**Food And Drug Administration**  
**Food Safety and Standards Authority of India**  
**Registration Certificate under FSS Act, 2006**



/ Registration Number: 21522087003213



- |  |  |
|--|--|
| 1. Name and permanent address of Food Business Operator (FBO)            | M/S. KAMAL ORTHOPEDIC CENTER<br>CANTEEN (MR. BHARAT BANDA SABALE)<br>NIGADI CORNERE, SATARA ROAD, JATH ,<br>Jath, Sangli, Maharashtra-416404 |
| 2. Address of location where food business is to be conducted / premises | NIGADI CORNERE, SATARA ROAD, JATH,<br>Jath, Sangli, Maharashtra - 416404   |
| 3. Kind of Business  | Club/Canteen   |
| 4. Photo Identity Card   | N/A  |



This Registration certificate is issued under and is subject to the provisions of FSS Act, 2006 all of which must be complied with by the petty food business.

Place / Sangli

Registering Authority

Issued On / 19-10-2022 (New Registration)

Valid Upto: 18-10-2027 (For details, refer Annexure)

**Annexures:**

1. Product Annexure
2. Validity Annexure
3. Registration Id Card

**Note:**

1. Application for renewal of Registration Certificate can be filed as early as 180 days prior to expiry date of Registration Certificate. You can file application for renewal or modification of Registration Certificate by login into FSSAI's Food Safety Compliance System(<https://foscos.fssai.gov.in>) with your user id and password or call us at 1800112100 for any clarification.
2. This Registration Certificate is only to commence or carry on food businesses and not for any other purpose.
3. This is computer generated Registration Certificate and doesn't require any signature or stamp by authority.
4. This Registration Certificate is allowed to conduct food businesses activities having annual turnover upto Rs. 12 Lacs only.

  
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 Education



Product Annexure

**Registration Certificate**  
**Government of Maharashtra**  
**Food And Drug Administration**  
**Food Safety and Standards Authority of India**  
**Registration Certificate under FSS Act, 2006**



/ Registration Number: 21522087003213

Detail(s) of Food Item

[Note:Only standardised food products are allowed to be manufactured as per the list available on FoSCoS.]

<b>Other then Manufacturer Unit</b>	
<b>Sl. No</b>	<b>Name of the food category</b>
1	18- Indian Sweets and Indian Snacks & Savouries products
2	16 - Prepared Foods
3	14 - Beverages, excluding dairy products



MAHARASHTRA STATE GOVERNMENT  
CERTIFICATE OF REGISTRATION



Form 23A

Regn. No. MH10K9157

Regd. Owner: UMAJIRAO SANAMADIKAR MEDICAL FOUND. MH6132065

SD/W of: N/A

Purpose: ALT

Regn. Date: 05/07/2011

Colour: TYELLOW

Fuel: DIESEL

Vehicle Class: Bus TR

Body Type: SCHOOL BUS

Manufacturer: EICHER MOTORS LTD

Chassis No.: MC217LRF0BE226146

Engine No.: E483CDBE534421

Model No.: EICHER 10.90 S BUS

Hypothecated To:

Manufacturing Dt: 05/2011

Seat. Capacity: 038 No. Of Cyc: 04

Stand. Capacity: 00 Owner Serial: 01

Tax Paid Up To: See Tax Recpt

Regd. Validity: See F Cert

Address: KAMAL AURTHOPEDIK CENTRE SATARA ROAD,  
JATH TAL JATH Sangli MH416404

Unladen Wt: 002500

Cubic Capacity: 000095

Wheel Base: 000000

G.V.W: 008850

DY RTO SANGLI  
Issuing Authority

Signature Of Issuing Authority

GOVERNMENT OF MAHARASHTRA

Motor Vehicle Department

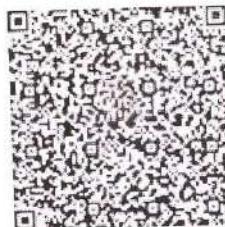
SANGLI

FORM 38

[See Rule 62(1)]

CERTIFICATE OF FITNESS

(Applicable in the case of transport vehicles only)



Vehicle No: MH10K9157(Bus) is certified as complying with the provisions of the Motor vehicles Act, 1988 and the rules made there under.

Registration No	: MH10K9157
Application No	: MH240912V3396787
Inspection Fee Receipt No	: MH240912C0160158
Receipt Date	: 12-Sep-2024
Chassis No	: MC217LRF0BE226146
Engine No	: E483CDBE534421
Seating Capacity	: 38 (Including Driver)
Type of Body	: SCHOOL BUS
Manufacturing Year	: 2011
Category of Vehicle	: HPV
Inspected on	: 23-Sep-2024
Printed on	: 23-Sep-2024 13:51:57

Certificate will expire on : 20-Oct-2025  
Next Inspection Due Date : 22-Aug-2025

Inspected by (NAJNEEN BAGWAN)

Signature of Inspecting Authority  
SANGLI

नाजीन बागवान  
मोटर वाहन निरीक्षक  
पा. पा. का. सांगली



# The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: SUNITAGUPTA  
Date: Thu, Sep 14, 2023 15:49:14 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

## MOTOR INSURANCE CERTIFICATE CUM POLICY SCHEDULE PCCV-4 (more) wheeled vehicles-capacity > 6 and 3 wheelers-carrying passengers-capacity > 17 PACKAGE POLICY - ZONE C

Road Side Assistance included in this policy - Toll free No. 8447642311  
\*Conditions Apply

THE ORIENTAL INSURANCE CO. LTD  
AMRAI ROAD, SANGLI  
91 23227912373369

Policy No	: 162600/31/2024/1024	Prev Policy No	: 162600/31/2023/1240
Cover Note No	: -	Cover Note Dt	: -
Insured's Code	: 139463943	Issue Office Code	: 162600
Insured's Name	: UMAJIRAO SANAMADIKAR MEDICAL FOUND (GSTIN: 0)	Issue Office Name	: DO SANGALI (GSTIN: 27AAACT0627R4ZW)
Address	: KAMAL AURTHOPEDIK CENTRE SATARA ROAD JATH TAL- JATH DIST- SANGLI	Address	: KRISHNA COMMERCIAL COMPLEX NEAR L.I.C BUILDING AMRAI ROAD SANGLI MAHARASHTRA 416416
	SANGLI MAHARASHTRA 416404		
Tel /Fax /Email	: 0 / / 9822338014 / NA	Tel /Fax /Email	: (0233) 2373369 / / reema.kulkarni@orientalinsurance.co.in

Lead/Breakin No : AXISVATION/

### Agent/Broker Details

Dev.Off.Code	: NG0000000122 B.C. PUJARI
Agent/Broker	: BA0000028169 Mr. Suresh R. Koli
Address	: MANGALWAR PETH,MANGALWAR PETH,JATH , TAL. JATH, DIST. SANGLI,SANGLI,MAHARASHTRA,416404
Tel /Fax /Email	: 02344-246787//sureshrkoli@gmail.com



Period of Insurance : FROM 00:00 ON 20/09/2023 TO MIDNIGHT OF 19/09/2024

Collection No & Dt	: DC_I_IND 3189001753 - 13/09/2023	GST INVOICE NO	: 2722413165	UIN :	0
Gross Premium	: 47,228	GST :	8,502	Stamp Duty :	.5
Geographical Area	Total : 55,730				
	Area Extension :				

### Particulars of Insured Vehicle:

Registration Mark & Place	Engine No. & Chassis No.	Make - Model	Type Of Body	Type Of Fuel	G.V.W	Year Of Manf.	Seating Cap (incl Driver)	Cubic Capacity
MH 10 K 9157	E483CDBE534421	Eicher 10.90 (F ACV 3760)	Bus body			2011	37 + 1	2500
Sangli - Sangli	MC217LRF0BE226146		DIESEL					

### Particulars of Trailer

Chassis No.	Registration No.	Manufacturer	Make

Place : SANGLI  
Date : 13/09/2023



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THE ORIENTAL INSURANCE CO. LTD  
AMRAI ROAD, SANGLI  
91 23227912373369

# The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: SUNITAGUPTA  
Date: Thu, Sep 14, 2023 15:49:14 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 162600/31/2024/1024

## Limitations as to Use

The Policy covers use only under a permit within the meaning of the Motor Vehicle Act 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act 1988.

**Driver:** Any person including insured : Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of passengers at the time of accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limit of Liability:** Under Section II-1(i) in respect of any one accident: as per Motor Vehicles Act, 1988.

Under Section II-1 (ii) in respect of any one claim or series of claims arising out of one event is Rs. 750000

P.A. Cover under Section III for Owner - Driver (CSI) : Rs. 0

\*This insurance excludes all pre-existing damages

## Insured's Declared Value (IDV)

For the Vehicle	For Trailers	Non Electrical Accessories	Electrical Accessories	Value of CNG LPG Kit	Total Value
1,45,800					1,45,800

## SCHEDULE OF PREMIUM

A. OWN DAMAGE		B. LIABILITY	
BASIC OD COVER	3,085.46	ADD :BASIC TP COVER	46,792.00
LESS :BO UNDERWRITER DISCOUNT	2,314.00	BASIC TP TOTAL	46,792.00
BASIC OD TOTAL	771.46	ADD :LL-PAID DRIVER, CONDUCTOR,CLEANER-IMT-40	50.00
OD TOTAL	771.00	TP TOTAL	46,842.00
LESS :NO CLAIM BONUS-GR27	385.73	TOTAL PREMIUM	47,228.00
MOTOR TOTAL OD	386.00	ADD :CGST	4,251.00
		ADD :SGST	4,251.00
		STAMP DUTY	0.50
		TOTAL AMOUNT	55,730.00

\* NCB discount - 50 %

## Deductibles under Section-I : Compulsory Deductible 1500

Subject to IMT Endorsement Printed herein/attached to : IMT-23, IMT-36, IMT-22, IMT-40

Details of IMT Endorsements are also available on the Company's Web Portal [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in)

Hypothecation Agreement with: -

Hire Purchase/Lessor Agreement with: -

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

Place : SANGLI

Date : 13/09/2023



IRDA-REGNO-558



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THE ORIENTAL INSURANCE CO. LTD  
AMRAI ROAD, SANGLI  
2322791, 2373369

# Food Safety Compliance System (FoSCoS)

<https://foscos.fssai.gov.in>

## Form A

[See [Regulation 2.1.1](#), [Regulation 2.1.7](#)]

### Application for Registration under food safety and Standards Act,2006

<b>Application No:</b>	30250130118982577	<b>Application Type:</b>	New Registration
<b>Name of Applicant / Company:</b>	ASHALATA SACHIN UBALE	<b>Application Date:</b>	N/A
<b>Designation:</b>	Individual	<b>Kind of Business:</b>	Food Services - Club/ Canteen

#### Address of Premises Where Food Business Is Located

<b>Address:</b>	Walsang road, Tangadi Mala,Jath	<b>State:</b>	Maharashtra
<b>District/Region/Zone:</b>	Sangli	<b>Sub-Division/Station/ Division(Railways):</b>	Jath
<b>Village:</b>	N/A	<b>Pan No:</b>	AKLPU2475L
<b>Pin Code:</b>	416404	<b>Name:</b>	ASHALATA SACHIN UBALE
<b>Nearest Landmark:</b>	N/A	<b>DOB:</b>	08-11-1989
		<b>Gender:</b>	FEMALE

#### Correspondence Address Details

<b>Address:</b>	Walsang road, Tangadi Mala,Jath	<b>State:</b>	Maharashtra
<b>District/Region/Zone:</b>	Sangli	<b>Sub-Division/Station/ Division(Railways):</b>	Jath
<b>Village:</b>	N/A	<b>Pin Code:</b>	416404

#### Contact Details

<b>Telephone No:</b>	N/A	<b>Fax:</b>	N/A
<b>Mobile No:</b>	9096244303	<b>Email-ID:</b>	N/A
<b>Contact Person:</b>	ASHALATA SACHIN UBALE	<b>Aadhaar No:</b>	91XXXXXXXXX42

#### Other Details

**In case of New business – intended date of start:** 30-01-2025

**Source of Water Supply:** Private

**Sanction Electricity Load or HP Used:** No

**Number of years applied for:** 1

#### Detail(s) of Food Item

**[Note:**Only standardised food products are allowed to be manufactured as per the list available on FoSCos.]

Other than Manufacturer Unit	
Sl. No	Name of the food category
1	16 - Prepared Foods
2	01 - Dairy products and analogues, excluding products of food category 2.0

#### Document(s) Details

S.No.	Documents Description	Uploaded Document

#### Other Document(s) Details

S.No.	Documents Description	Uploaded Document
	No Record Found	

#### I/We declare that:

- I/We have read,understood and shall abide all provisions of FSS Act,2006 and Rules, Regulations made therein and orders issued from time to time applicable to declared food business.
- I/We assure that articles of food mentioned in form satisfy the requirements of FSS Act 2006, Rules and Regulations made thereunder.
- I/We shall comply with the general hygiene and sanitary requirements as mentioned in the Schedule 4 of the FSS (Licensing and Registration of Food Businesses) Regulations, 2011.
- Expected Annual turnover of the food business is under Rs.12 Lacs. I will apply for License as and when annual turnover of food businesses exceeds Rs. 12 Lacs.
- I have read/understood the punishment provision under Section 61 of FOOD SAFETY AND STANDARDS ACT, 2006."61. Penalty for false information. If a person, in connection with a requirement or direction under this Act, provides any information or produces any document that the person knows is false or misleading, he shall be liable to penalty which may extend to ten lakh rupees."

I do hereby solemnly affirm and declare that all information and particulars furnished here by me are true and correct to the best of my knowledge.

Declaration || Condition of License || Inspection Checklist

घोषणा || अनुज्ञाप्ति की शर्तें || निरीक्षण जांच सूची



**Government of Maharashtra**  
**Food And Drug Administration**  
**Food Safety and Standards Authority of India**  
**Food Safety Compliance System (FoSCoS)**  
<https://foscos.fssai.gov.in>



**Receipt**

<b>Reference No:</b>	30250130118982577	<b>Date:</b>	30-01-2025
<b>Name of Company/ Organization:</b>	ASHALATA SACHIN UBALE	<b>Category of License:</b>	Registration [Maharashtra] [New Registration]
<b>Premises Address:</b>	Walsang road, Tangadi Mala,Jath, Jath, Sangli, , Maharashtra, 416404		
<b>Kind of Business:</b>	Food Services - Club/Canteen		
<b>Mode of Payment:</b>	PayUBiz		
<b>Registration Fee</b>	Rs 100 (1 Year(s))		
<b>Total Fee Paid:</b>	Rs 100.00		
<b>Transaction No.:</b>	769781276497250		



**Note:**

1. FSSAI doesn't contact applicants over telephone for License/ Registration. Queries relating to License/Registration are only raised online. License related complaints may be reported at helpdesk - 1800110100 and [foscos-notification@fssai.gov.in](mailto:foscos-notification@fssai.gov.in).
2. In case you receive queries by authorities on your application, You are required to respond within 30 days to avoid rejection of your application by login into FSSAI's Food Safety Compliance System (<https://foscos.fssai.gov.in>) with your user id and password or call us at 1800112100 for any clarification.
3. You must keep a copy of Form A (application) for any kind of communication with the authorities till obtaining Registration Certificate.
4. GST applicability on this transaction is on reverse charge basis