



**Permission letter & GPCB of Affiliated Hospital for clinical experience of the students  
Academic Year of: 2023-24**

Sr. No.	NAME OF THE PARENT HOSPITAL	Sanctioned beds (As Per GPCB)	Distance from college (In Km)	Permission Valid from	Permission Valid up to	GPCB Valid from	GPCB Valid up to
1.	Both Hospital (Total 200 beds) Managed by: Mahagujarat Medical Society, Nadiad	125	200 mts	16-10-2017	15-10-2047	12-09-2021	31-03-2026
	1. Sheth H.J. Mahagujarat Hospital MMS Campus, Nadiad						
	2. D.Z. Patel Cardiology Center, College road, MMS Campus, Nadiad	75	200 mts	16-10-2017	15-10-2047	19-12-2022	31-03-2026
<b>LIST OF AFFILIATED HOSPITAL</b>							
1	Dr. N. D. Desai Medical College & Hospital, Nadiad	360	1Km	13-10-2021	12-10-2026	01-06-2018	31-05-2023
2	General Hospital Nadiad	160	1 km	03-03-2023	02-03-2024	04-06-2022	05-06-2027
3	Muljibhai Patel Urological hospital, Virendra Desai Road, Nadiad	160	500 mts	15-10-2021	14-10-2026	10-06-2022	20-06-2027
4	Govt. Mental Hospital , Karelibaug, Vadodara	300	51 km	23-02-2023	22-02-2024	25-02-2021	25-04-2026
5	Kashiben Gordhandas Patel Children Hospital Karelibaug, Vadodara	100	50 km	17-10-2020	16-10-2023	17-02-2023	31-03-2024
6	Santram Eye Hospital, Nadiad	200	2 km	01-11-2018	01-11-2023	20-12-2021	18-11-2026
7	C G General Hospital, Uttarsanda, Nadiad	75	5 Km	09-01-2023	08-01-2028	31-03-2021	31-03-2026
8	Akanksha Hospital, Lambhvel Road, Opp.Guruvilla Bungalows, Lambhvel, Anand, Gujarat 387310	150	22 km	29-02-2020	28-02-2025	13-02-2021	12-02-2026
<b>Total Beds</b>		<b>1705</b>	--				

**LIST OF AFFILIATED PHC/CHC/UHC**

Sr. No.	Name of PHC/CHC/UHC	Distance from college (In Km)
1	Primary Health Centre, Salun, Nadiad, Dist. Kheda	7 Km
2	Community Health Centre, Alindra (Dakor Road), Nadiad, Dist. Kheda	15 km
3	Primary Health Centre, Alindra, (Matar) Nadiad, Dist. Kheda	12 Km
4	Primary Health Centre, Palana, Nadiad, Dist. Kheda	14 km
5	Community Health Centre, Dakor	20 km
6	UHC- Lady Pillar Centre, Nadiad	2 km
7	UHC – Santram Haridas Urban Health Centre, Nadiad	1 km
8	UHC- Urban Health Centre, Mission, Nadiad	2 km



# Dr. N. D. Desai Medical College & Hospital, Nadiad

## Permission 2022-23

**INDIA NON JUDICIAL**  
**Government of Gujarat**  
**Certificate of Stamp Duty**

Certificate No. : IN-GJ/1702/011109/23  
 Certificate Issued Date : 17-Feb-2023 12:11 PM  
 Account Reference : CBOACC (GV) (GSM)07/GJ-KR/SANK/2023-GJ RD  
 Unique Doc. Reference : SURIN-GJ-KR/SOEG/7882599/19/1926  
 Purchased by : NIKUNGHAI BHADREBHAI DESAI  
 Description of Document : Article 6th Agreement (Trust otherwise provided for)  
 Description : FOR MEMORANDUM OF UNDERSTANDING  
 Consideration Price (Rs.) : 0  
 Final Party : DINDHA PATEL COLLEGE OF NURSING  
 Second Party : Not Applicable  
 Stamp Duty Paid By : DINDHA PATEL COLLEGE OF NURSING  
 Stamp Duty Amount (Rs.) : 300  
 (Three Hundred only)

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**MEMORANDUM OF UNDERSTANDING**

1. The Memorandum of Understanding is entered into by the DINDHA PATEL COLLEGE OF NURSING & MEDICAL CARE CENTRE TRUST, NADIAD, DIST. KHEDA, GUJARAT, INDIA (hereinafter referred to as "DPCCT") and the DINDHA PATEL COLLEGE OF NURSING, NADIAD, DIST. KHEDA, GUJARAT, INDIA (hereinafter referred to as "DPC").

2. The purpose of this MOU is to provide for the admission of students of the DPCCT to the DPC for the purpose of their education.

3. The DPCCT shall be responsible for the admission of students to the DPC and for the maintenance of the records of the students.

4. The DPC shall be responsible for the education of the students and for the payment of the fees.

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# Kashiben Gordhandas Patel Children Hospital, Vadodra (Permission for the year 2023-24)

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**FORM - 2**  
Gujarat Pollution Control Board  
Application for Authorization

To: The Prescribed Authority, Gujarat Pollution Control Board, Physicists Bhawan, Sector-10/A, Connaught Place, New Delhi-110028

1. Name of the Applicant: **DR. JAYANT DOSHI**  
 2. Address: **101/11, Newage, Treatment Plant, Alambha, Tal. D. ST. VADODARA, Mobile: 9822004990**  
 3. Details of HCF or CBWTF: **1500**  
 4. No. of Patients treated per month by HCF: **5200**

5. Brief description of the nature of the HCF: **Chemical, Biological, and other clinical laboratory waste**

6. Details of treatment equipment: **Chemical Disinfection (chemical treatment)**

7. Contingency Plan of CBWTF (Attach documents)

8. Details of directions or notices or legal action if any during the period of earlier authorization

9. Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Signature: **Dr. Jayant Doshi**  
 Designation: **Medical Officer, Treatment Plant, Alambha, Tal. D. ST. VADODARA**

Signature By: **S. I. Kazi**  
 Designation: **Secretary**

Date: **23/04/2022**  
 Place: **Vadodra**

NOTE: Application alongwith fees by Pay order/Demand Draft drawn in favour of Gujarat Pollution Control Board should be submitted to the Regional Office of Gujarat Pollution Control Board at Vadodra.

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