

Maharashtra University of Health Sciences, Nashik  
Inspection Committee Report for Academic Year 2026-2027

**Clinical Material in Hospital**

Name of College/Institute...Ideal Institute of Nursing, At. Posheri, Taluka – Wada, Dist: -  
Palghar - 421303..... Faculty.....Nursing.....

**HOSPITAL DETAILS**

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MOU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) <b>To be made available on web site</b>	Yes	Adequate
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: <b>Copy to be made available on web site</b>	Yes	Adequate
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual .....480 beds.....	Yes	Adequate
c.	Average Bed Occupancy in % : (Minimum 75%) .....90%.....	Yes	Adequate
d.	Clinical facilities for PG to be verified:-(As per MSR)	NA	
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD(current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)	Yes	Adequate
<ul style="list-style-type: none"> <li>• As per Central Council Norms/ University Norms, above Infrastructure must be available at College.</li> <li>• If Infrastructure is available, then mark "Adequate"&amp; do not attach any Documents it should be available on college website</li> <li>• In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report</li> </ul>			

Here we declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief  
Any Other, Please Specify:-

---



---



---

Date:- 06/03/2026

Dean/ Principal Stamp & Signature

PRINCIPAL  
IDEAL INSTITUTE OF NURSING  
AT POST - POSHERI, TALUKA - WADA,  
DIST. - PALGHAR, MH-421303



आरोग्य विभाग जिल्हा परिषद पालघर,

दुरध्वनी क्रमांक - ०२५२५२०५४२० ई-मेल- dhopalghar@rediffmail.com

Certificate of Registration Under Section 5 of the

Bombay Nursing Home Registrion Act 1949

रजिस्टर सर्टिफिकेट सन १९४९ च्या दि बॉम्बे नर्सिंग होम रजिस्ट्रन अॅक्टच्या

कलम ५ अन्वये दिलेले

( नियम ५ अन्वये ) (Under Rule 5)

दि बॉम्बे नर्सिंग होम रजिस्ट्रेशन अॅक्ट १९४९ अन्वये श्री/श्रीम ..... यांचे  
येथील ..... नर्सिंग होम मॅटर्निटी होम रजिस्ट्रेशन केले असुन  
सदरचे नर्सिंग होम व मॅटर्निटी होम चालवण्यास परवाना देत आहे

This is to Certify that IDEAL FOUNDATION has been Registered Under the  
Bombay Nursing Home Registration Act, 1949 in Respect of IDEAL GENERAL  
HOSPITAL Speciality hospital Situated at Posheri Village Tal- Wada, Dist Palghar has  
been Authorized to carry on the Said Nursing Home.

रजिस्ट्रेशन क्र	प्रसूतीसाठी -	खाटा
Registration No - PAL/82/2023	Maternity	Cots - 80
रजिस्ट्रेशन दिनांक	इतर रुग्णासाठी	खाटा
Registration Date - 04/09/2023	General	Cots - 555

ठिकाण -

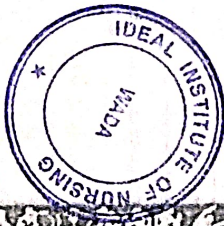
Place- Palghar

सर्टिफिकेट दिल्याचा दिनांक -

Date of Issue of Certificate - 18/09/2023

सदरचे सर्टिफिकेट दिनांक - पर्यंत कार्यवाहित राहिल

This Certificate Shall Be Valid From - 18/09/2023 to 31/03/2026



हा आरोग्य अधिकारी, जि.प.पालघर  
HEALTH OFFICER, Z.P.PALGHAR

IDEAL INSTITUTE OF NURSING  
AT POST - POSHERI, TALUKA - WADA,  
DIST. - PALGHAR, MH-421303