



**PIMPRI CHINCHWAD MUNICIPAL CORPORATION  
PIMPRI, PUNE 411 018.**

**FORM 'C'**  
(See Rule 5)  
New

**Certificate of Registration under section 5 of the Bombay Nursing  
Homes Registration Act, 1949.**

Application Id - 2025494  
Registration No. - 972  
MMC No. - ACM-0208

Application Date - 10/03/2025  
Registration Date - 18/04/2025

Registration From Date - 10/03/2025

Registration End Date - 31/03/2027

This is to certify that **Shri/ Smt:- SANDESH KURLE AND SHAM AHIRRAO**  
has been registered under the Bombay Nursing Homes Registration Act, 1949,  
in respect of

Qualification - MBBS MS  
ORTHOPEDECS AND DHMS

Hospital Name - LSFPEFS LOKMANYA HOMEOPATHIC HOSPITAL AND LIFE BRIDGE MULTI SPECIALITY  
HOSPITAL LLP

Hospital Address - Sr. No. 8/2, Walhekarwadi Road, Chinchwade Nagar, Chinchwad, Pune - 411033.

No of Beds - 51

Hospital Type - Hospital

Hospital Sub Type - Multispeciality

Hospital Category - Private

Sub Category - Partner

Registration Fee - Rs. 388828

Amt in Rs - Three Lakh Eighty Eight Thousands Eight  
Hundred and Twenty Eight Rupees

Hospital Zone - Talera

Receipt Date - 18/04/2025

**LAXMAN  
PANDURANG  
GOPHANE**

Digitally signed by LAXMAN  
PANDURANG GOPHANE  
Date: 2025.04.22 18:30:39  
+05'30'

**(Dr.Laxman P. Gophane)**  
**Medical Officer of Health**  
Pimpri Chinchwad Municipal Corporation  
Pimpri 411 018.



# LATE SHREE FAKIRBHAI PANSARE EDUCATION FOUNDATION'S LOKMANYA HOMOEOPATHIC MEDICAL COLLEGE


Near Elpro Company, Behind Prof. Ramkrishna More Auditorium, Chinchwad, Pune - 411033.  
Ph.: (020) 27357552, 27352503, E-mail : chincom@rediffmail.com, Website : www.lmfhc.com  
P.T.R. No. : F/37677/PUNE  
Affiliated to Maharashtra University of Health Science, Nashik, Recognised by N.C.H., New Delhi.

## Part II – Hospital Details

Availability of the area in sq.mt as per Bed Strength (UG/PG) & MES-2024

Sr. No	A-Hospital Details Infrastructure	Details on the College Website	Remark
1	Name of Hospital	Yes	
2	Registration details with Renewal (Copy Attached)	In Process	
3	Bed strength, ward distribution as per MES-2024	Yes	
4	Hospital Infrastructure Administration block OPD / IPD details Operation theatre unit Yoga / Physiotherapy rehabilitation unit Central Clinical Laboratory Radiology and Sonography Section Hospital kitchen Hospital Stores Clinical teaching room Skill laboratory Peripheral OPDs	Yes (APPROX 8500 sq. ft.)	
5	Ambulance facility (Own / MOU)	Yes (MOU)	
6	Dispensing Unit (Upload the details) in OPD & IPD DISPENSARY	Yes	
7	Hospital Equipment as per MES-2024 in OPD / IPD	Yes	
8	MOU with super specialty Hospital for clinical training of students and its functioning	Yes	
9	First Aid kit in OPD / IPD	Yes	
10	BMW Certificate (Valid upto-----) (Copy Attached)	Yes	
11	MPCB Certificate (Valid upto-----) (Copy Attached)	In Process	
12	Fire NOC	Yes	
13	EMERGENCY UNIT	Yes	
14	Alcohol Licence / Sprit Licence (Valid upto 31.03.2025) (Copy Attached)	Yes	



  
Dr. Mrs. S. A. Moharil  
I/C PRINCIPAL  
L.S.F.E.F.'s Lokmanya  
Homoeopathic Medical College,  
Chinchwad, Pune-411033

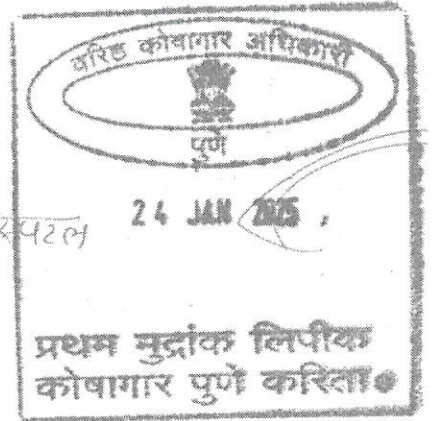


महाराष्ट्र MAHARASHTRA

2024

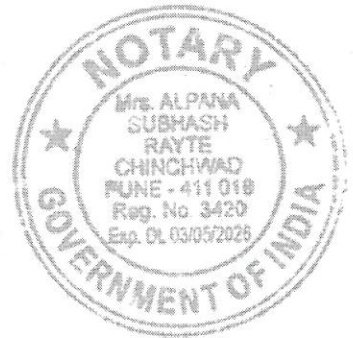
DB 222943

अनु क्र. ३१५७३ दि. ३०/१२/२०२५ मु.सु. रक्कम ५००/-  
वस्तुचा प्रकार प्रविज्ञापन  
दस्त नोंदणी करणारा व्यक्तीचा नाव/वाही.....  
निवृत्त/वेचण.....  
पुढील निवृत्त वेचणाच्या नाव लोकमान्य होमिओपॅथिक हॉस्पिटल  
चिंचवड पुणे-३३  
या व्यक्तीचे नाव.....  
या व्यक्तीचे नाव व पत्ता राजू कृते आकुर्डी  
R.P. Ray  
श्री. गजानन कान्ते बोकाशी  
परपत्रा क्र. १२०१२४६  
कार्यालय, चिंचवड पुणे-३३



|| श्री गजानन प्रसन्न ||

समजुतीचा करारनामा



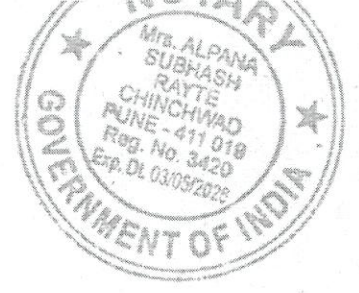
समजुतीचा करारनामा आज दिनांक ३१ माहे जानेवारी वार शुक्रवार सन २०२५  
इ.स.वी.ते दिवशी...



Dr. Mrs. S. A. Mohan

I/C PRINCIPAL

L.S.F.E.F.'s Lokmanya  
Homeopathic Medical College,



२

लाईफ ब्रिज मल्टीस्पेशलिटी हॉस्पिटल

एलएलपी, तर्फे भागीदार

पत्ता सर्व्हे नं. ८/२, केळी वखार जवळ,  
वाल्हेकरवाडी रोड, चिंचवडगाव, पुणे-४११०३३.

१) डॉ. अभिजीत प्रकाश गायकवाड

वय : ३४ वर्षे, धंदा : डॉक्टर

आधार नं. ९३६२ ६३२७ ६६४१

पॅन नं BYRPG5123Q

रा. सर्व्हे नं. ६०/३, गणेश मंदिर जवळ,

विजली नगर, पुणे शहर, पुणे,

चिंचवडगाव, पुणे-४११०३३.

२) डॉ. ऋषिकेश सुनील शेष

वय २७ वर्षे, धंदा : डॉक्टर

आधार नं. ६४२४ ७०३९ ०४७९

पॅन नं HEAPS4582G

रा. लक्ष्मी निवास नं. २, जाधववाडी,

चिखली, पुणे-४१२११४.

३) डॉ. संदेश सिताराम कुर्ले

वय : २८ वर्षे, धंदा : डॉक्टर

आधार नं. ८५५१ ०१९५ ३९६६

पॅन नं DINPK3328F

रा. दळवी नगर जवळ, सर्व्हे नं. १६४/१३,

कुर्ले निवास, दळवी नगर, पुणे-४११०३३.

ता. हवेली जि. पुणे-४११०१९



.....लिहून घेणार



यांसी...

एल एस पी इ एफ एस

लोकमान्य होमिओपॅथिक कॉलेज

तर्फे डायरेक्टर श्री . निहाल आझम पानसरे

वय - ३६ वर्षे धंदा - व्यवसाय

पॅन नं. AUNPP6523C

आधार नं. ३३६१ २१६१ ९६४२

राहणार : पानसरे व्हिला, वंगलो नं. १६६,

सेक्टर नं. २७, ए प्राधिकरण,

निगडी, पुणे-४११०४४ .

.....लिहून देणार

कारणे समजुतीचा करारनामा लिहून देतोत की,

१) मिळकतीचे वर्णन :- तुकडी पुणे पोट तुकडी तालुका हवेली पैकी मे .संव रजिस्ट्रार साहेब हवेली तसेच तालुका पंचायत समिती हवेली यांच्या हद्दीतील आणि पिंपरी चिंचवड महानगरपालिका यांचे हद्दीतील गाव मौजे चिंचवड गाव सर्व्हे नं. ८/२, केळी वखार जवळ, असेल्या इमारतीमधील लाईफ ब्रिज मल्टीस्पेशलिटी हॉस्पिटल एलएलपी अशी हि मिळकत प्रस्तुत समजुतीचा करारनाम्याचा विषय असुन त्याच्या अटी व शर्ती खालीलप्रमाणे :-

येणेप्रमाणे मिळकत असुन त्यामधील आम्हास जाण्यायेण्याच्या असलेल्या वागणुकीच्या व वंहिवाटीच्या हक्कासहित काही एक हक्क व अधिकार राखुन न ठेवता दरोवस्त असे .

२) अटी व शर्ती :-

खालील अटी व शर्तीमध्ये लिहून देणार असे एल एस पी इ एफ एस लोकमान्य होमिओपॅथिक कॉलेज तर्फे डायरेक्टर श्री . निहाल आझम पानसरे यांना नमुद केले आहे तसेच लिहून घेणार असे लाईफ ब्रिज मल्टीस्पेशलिटी हॉस्पिटल एलएलपी, तर्फे भागीदार तर्फे भागीदार १) डॉ . अभिजीत प्रकाश गायकवाड २) डॉ . ऋषिकेश सुनील शेष ३) डॉ . संदेश सिताराम कुर्ले यांना नमुद केले आहे .



अ) प्रस्तुत लिहून घेणार हे लिहून देणार यांना ५ वर्षाकरीता वर नमुद हॉस्पिटल मध्ये ५० वेड ची सुविधा उपलब्ध करून देणार असुन, ते लिहून घेणार यांनी मान्य व कबुल केलेले आहे.

बी) प्रस्तुतचा समजुतीचा करारनामा झाल्यानंतर लिहून देणार व लिहून घेणार यांच्यामध्ये नव्याने भागीदारीमध्ये सुरु होणारे हॉस्पिटल याचे रजिस्ट्रेशन (नोंदणी) हि लाईफ ब्रिज मल्टीस्पेशलिटी हॉस्पिटल एल एल पी व एल एस पी इ एफ एस लोकमान्य होमिओपॅथिक हॉस्पिटल या नावाने दोघांनी करण्याचे मान्य व कबुल केलेले आहे.

सी) सदर मिळकतीमध्ये असलेले लिहून देणार यांचे एल एस पी इ एफ एस लोकमान्य होमिओपॅथिक कॉलेजमधील मुलांना ट्रेनिंग साठी, ओपीडी, आयपीडी साठी वापरण्यास दिलेले आहे.

डी) लिहून घेणार हे लिहून देणार यांचे असलेले एल एस पी इ एफ एस लोकमान्य होमिओपॅथिक कॉलेज यांना सदर मिळकतीमध्ये कॅम्प घेणेसाठी परवानगी देणार आहेत. तसेच सदर मिळकतीमध्ये कॅम्प घेण्याअगोदर लिहून घेणार यांची परवानगी आवश्यक आहे हे लिहून देणार यांना मान्य व कबुल आहे.

ई) सदर मिळकतीमध्ये लिहून घेणार यांचे असलेले हॉस्पिटलच्या टेरेस एरिवामध्ये लिहून देणार जे काही वाढीव बांधकाम करणार आहेत ते लिहून देणार यांनी स्वखर्चाने करावयाचे आहे. तसेच सदर बांधकाम केल्यानंतर त्याच्यावर अतिक्रमण विभागाने काही कारवाई केल्यास त्यास लिहून देणार हे जबाबदार राहतील हे लिहून देणार यांना मान्य व कबुल आहे त्यावावत लिहून घेणार यांचा काही संबंध नाही. तसेच सदर मिळकत लिहून देणार यांनी खाली केल्यानंतर लिहून घेणार हे लिहून देणार यांना सदर बांधकामावावत काहीही रक्कम देणे लागत नाही.

एफ) वर नमुद मिळकतीमध्ये लिहून घेणार यांचे हॉस्पिटलमध्ये असलेल्या फार्मसि एरियामध्ये लिहून देणार यांच्या कॉलेजला औषधे ठेवण्यासाठी सुविधा उपलब्ध करून देण्यात येईल.

एच) लिहून देणार व लिहून घेणार यांचेमध्ये स्टाफचे पगार करण्यासाठी एक कॉमन बँकचे खाते उघडण्यात येईल. तसेच सदर लिहून घेणार यांचे हॉस्पिटलचे असलेले खाते यामध्ये लिहून देणार यांना कोणत्याही प्रकारचा हस्तक्षेप करता येणार नाही, तसेच लिहून देणार व लिहून घेणार यांना स्टाफच्या सलरी खात्यामध्ये परवानगी राहिल.



आय) सदर मिळकतीमध्ये लिहून घेणार यांचे असलेल्या हॉस्पिटलमधील नफ्यामध्ये लिहून देणार यांच्या कॉलेजचा काहीही संबंध राहणार नाही. तसेच वार्षिक नफ्यामध्येही लिहून देणार यांचा काहीही संबंध राहणार नाही.

जे) सदर मिळकतीमध्ये लिहून देणार यांचे कॉलेजकडून, किंवा स्टाफकडून अथवा मुलांकडून कोणत्याही प्रकारचे नुकसान झाल्यास त्याची भरपाई लिहून देणार यांनी करावयाची आहे.

के) लिहून देणार यांनी लिहून घेणार यांना एकुण र.रु. ३०,००,०००/- एवढे डिपॉझिट दिलेले आहे ते पुढील प्रमाणे :-

र.रु. १५,००,०००/- दि. ३०/०१/२०२५ रोजी बँक ऑफ इंडिया शाखा पिंपरी, पुणे चा चेक क्र. ५६४७३६ अन्वये चेक स्वरूपात दिले तकार नाही.

र.रु. १५,००,०००/- दि. ०३/०२/२०२५ रोजी बँक ऑफ इंडिया शाखा पिंपरी, पुणे चा चेक क्र. ५६४७३७ अन्वये चेक स्वरूपात दिले तकार नाही.

एकुण र.रु. ३०,००,०००/- (अक्षरी र.रु. तीस लाख फक्त)

वर नमुद डिपॉझिट रक्कम हि परत बोलीची (रिफंडेवल) असुन ती लिहून घेणार यांनी लिहून देणार यांना विना व्याज परत देण्याची आहे. तसेच सदर चेक पास करण्याची जबाबदारी लिहून देणार यांची राहिल.

एल) सदर मिळकतीचे भाडे हे प्रति महिना र.रु. १,५५,०००/- (अक्षरी एक लाख पंचावन्न हजार) एवढे राहणार असुन, त्यावर दरवर्षी १० टक्के वाढ राहणार आहे लिहून देणार यांना मान्य व कवुल आहे.



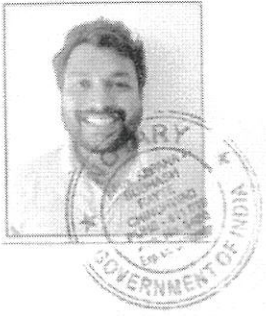

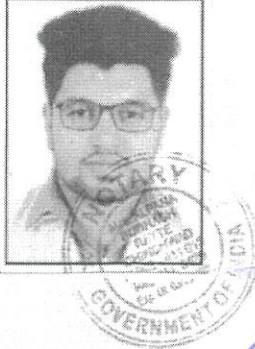

एम) सदर मिळकतीमध्ये येणारे लाईट वील, लिहुन घेणार व लिहुन देणार या दोघांमध्ये ५०/५० टक्के म्हणजेच निम्मा राहिल.

येणेप्रमाणे सदरचे समजुतीचा करारनामा आंम्ही राजीखुषीने स्वखुषीने कोणतेही नशापान न करता व कोणतेही दडपणास वळी न पडता खालील साक्षीदारासमक्ष त्यावर समजुन उमजुन आमच्या सहया व अंगठे करून पुर्ण करून दिले असे.

दिनांक ३१/०१/२०२५

चिंचवड पुणे १९



फोटो	अंगठा	सही
		<p style="text-align: center;"><u>एस</u></p> <p>एल एस पी इ एफ एस लोकमान्य होमिओपैथिक कॉलेज तर्फे भागीदार तर्फे डायरेक्टर श्री . निहाल आझम पानसरे समजुतीचा करारनामा लिहून देणार</p>
		<p style="text-align: center;"><u>अभिजीत</u></p> <p>लाईफ विज मल्टीस्पेशलिटी हॉस्पिटल एलएलपी, तर्फे भागीदार १) डॉ. अभिजीत प्रकाश गायकवाड समजुतीचा करारनामा लिहून घेणार</p>
		<p style="text-align: center;"><u>शेष</u></p> <p>लाईफ विज मल्टीस्पेशलिटी हॉस्पिटल एलएलपी, तर्फे भागीदार २) डॉ. ऋषिकेश सुनील शेष समजुतीचा करारनामा लिहून घेणार</p>

Lokmanya Homoeopathic Medical College  
Chinchwad, Pune-411001

न  
न  
न  
ट  
णे  
णे  
...  
...  
गार  
ची  
ख  
हून  
ध्ये  
तेही  
वर



*फुले*

लाईफ व्रिज मल्टीस्पेशलिटी  
हॉस्पिटल

एलएलपी, तर्फे भागीदार

३) डॉ. संदेश सिताराम कुर्ले

समजुतीचा करारनामा लिहुन घेणार

साक्षीदारः

१) सही *[Signature]*  
नाव Dr. Sonali Moharil  
पत्ता LSFPEF'S LHMC  
Chinchwad - 33

२) सही *[Signature]*  
नाव Dr. Jayesh Kehrisagon  
पत्ता LSFPEF'S LHMC, Chinchwad.

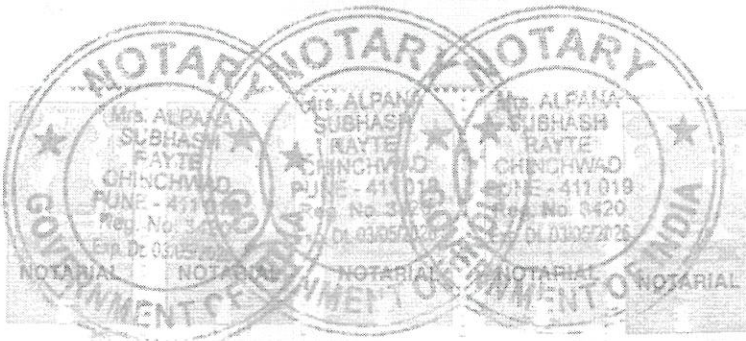
Noted & Registered  
at Serial Number-  
Adv. ALPANA S. RAYTE

258  
2025  
31/1/2025

BEFORE ME

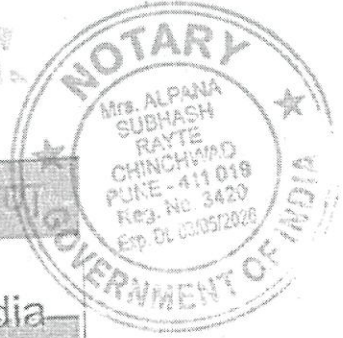
*[Signature]*

Mrs. ALPANA SUBHASH RAYTE  
ADVOCATE & NOTARY  
GOVT. OF INDIA  
Mohar Nagar, Chinchwad, Pune - 411 019  
☎ 020-27463772  
Mob 9822410429 / 932-9794922



31 JAN 2025





भारतीय विशिष्ट ओळख प्राधिकरण  
**भारत सरकार**  
 Unique Identification Authority of India  
 Government of India

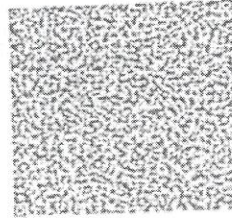
नोंदविण्याचा क्रमांक / Enrollment No. : 0664/10656/37646

22/10/2013  
 To  
 Rushikesh Sunil Shep  
 रुधिकेश सुनील शेप  
 Laxmi Niwas, Gat No.577, Pant Nagar, Colony No.2,  
 Jadhavwadi, Chikhali,  
 VTC: Pune City, PO: Rupeenagar,  
 Sub District: Pune City, District: Pune,  
 State: Maharashtra, PIN Code: 412114,  
 Mobile: 7774918182

95212511



KA952125116FH



आपला आधार क्रमांक / Your Aadhaar No. :

**6424 7039 0479**

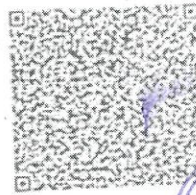
माझे आधार, माझी ओळख



भारत सरकार  
 Government of India



रुधिकेश सुनील शेप  
 Rushikesh Sunil Shep  
 जन्म तारीख / DOB: 19/05/1997  
 पुरुष / Male



6424 7039 0479

माझे आधार, माझी ओळख





भारत सरकार

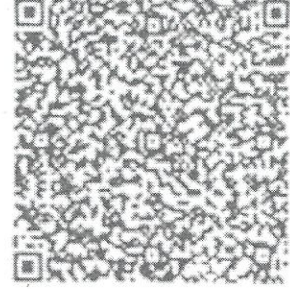
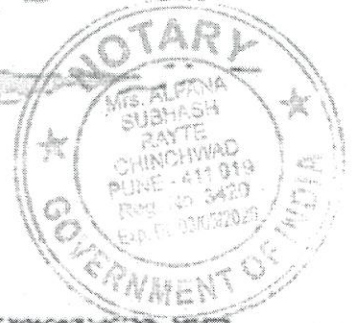
Government of India



अभिजीत प्रकाश गायकवाड  
Abhijit Prakash Gaikwad

जन्म वर्ष / Year of Birth : 1991

पुरुष / Male



9362 6327 6641

आधार - सामान्य माणसाचा अधिकार



*Signature*



भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

S/O: प्रकाश गायकवाड, सर्वे नं. Address: S/O: Prakash Gaikwad,  
60/3, गणेश मंदिर जवळ, बिजलीनगर, servey no. 60/3, Near Ganesh  
शहर, पुणे, चिंचवडगाव, महाराष्ट्र, Mandir, Bijalinagar, Pune City,  
Pune, Chinchwadgaon,  
41033 Maharashtra, 411033

9362 6327 6641



1947  
00 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in





आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 2006/00704/17649

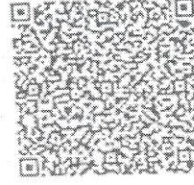
To,  
संदेश सीताराम कुर्ले  
Sandesh Sitaram Kurle  
NEAR DALVI NAGAR S.NO 164/13 KURLE NIVAS DALVI  
NAGAR  
Pune City  
ChinchwadgaOn Pune  
Maharashtra 411033

18/04/2012

Ref: 324 / 07E / 457068 / 457185 / P



UE4199418371N



आपला आधार क्रमांक / Your Aadhaar No. :

**8551 0195 3966**

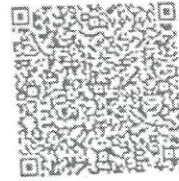
आधार – सामान्य माणसाचा अधिकार



भारत सरकार  
GOVERNMENT OF INDIA



संदेश सीताराम कुर्ले  
Sandesh Sitaram Kurle  
जन्म वर्ष / Year of Birth : 1995  
पुरुष / Male



**8551 0195 3966**

आधार – सामान्य माणसाचा अधिकार



AR  
ALPANA  
SUBHASH  
RAYTE  
CHINCHWAD  
PUNE - 4  
REG. No. 3420  
Exp. Dt. 01/09/2025  
ERNI

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SANDESH SITARAM KURLE

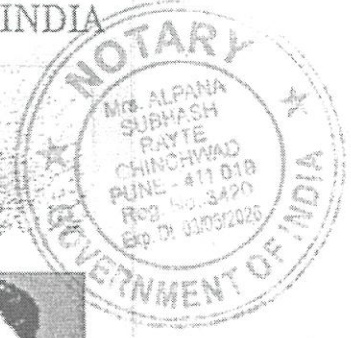
SITARAM KURLE

09/09/1995

Permanent Account Number

DINPK3328F

*Kurle*  
Signature



22112013

आयकर विभाग

INCOME TAX DEPARTMENT



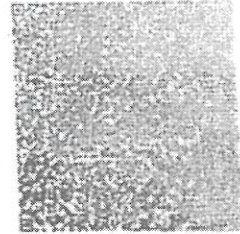
भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

HEAPS4582G



नाम / Name  
RUSHIKESH SUNIL SHEP

पिता का नाम / Father's Name  
SUNIL SHEP

जन्म की तारीख  
Date of Birth  
18/05/1987

*Shep*  
हस्ताक्षर / Signature

26102016

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

ABHIJIT PRAKASH GAIKWAD

PRAKASH MOGAL GAIKWAD

28/03/1991

Permanent Account Number

BYRPG5123Q

*Prakash*  
Signature



22112016



ARY  
ALPANA  
SUBHASH  
RAYTE  
CHINCHWAD  
PUNE - 411 018  
Reg. No. 3420  
Exp. Dt. 05/02/2025  
ERNMET


आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

PANSARE NIHAL AZAMBHAI  
AZAMBHAI FAKIRBHAI PANSARE

01/08/1988  
Permanent Account Number  
AUNPP6523C

Signature



NOTARY  
ALPANA  
SUBHASH  
RAYTE  
CHINCHWAD  
PUNE - 411 018  
Reg. No. 3420  
Exp. Dt. 05/02/2025  
GOVT. OF INDIA

भारत सरकार  
GOVERNMENT OF INDIA

निहाय अजम पानसरे  
Nihal Azam Pansare

जन्म वर्ष / Year of Birth : 1988  
पुंस्य / Male




3361 2161 9642 Color Xerox Copy

आधार - सामान्य माणसाचा अधिकार

भारतीय विशिष्ट ओळख प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पदा पानसरे विला, बंगला नं - 165,  
सेक्टर नं - 27 अ, प्राधिकरण, निवडी,  
प्राधिकरण, पुणे शहर, पो.सी.एन.टी.,  
पुणे, पुणे शहर, महाराष्ट्र, 411044

Address: Pansare villa, Bungalow  
no - 165, sector no - 27 A,  
Pradhikaran, Nigdi, Pradhikaran,  
Pune City, P.c.n.t., Pune, Pune  
City, Maharashtra, 411044

Color Xerox Copy

1947  
1800 780 1247

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru - 560 001

S.P.R.F.'s Loknanya Homeopathic Medical College  
Chinchwad, Pune-42



महाराष्ट्र MAHARASHTRA

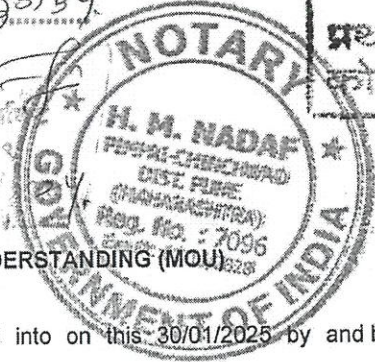
© 2024 ©

CZ 856961

27 JAN 2025

एक मुद्रांक लेखक ..... ५००  
 मुद्रांक देणाऱ्याचे नाव व पत्ता ..... श्रीनिवासा  
 वस्तु नोंदणी क्रमांक .....  
 मुद्रांक विवरण देणाऱ्याचे नाव व पत्ता ..... श्री. क. मा. २५, होमिओपथीक, रॉड, चिंचवड -  
 पत्ता नं. .... दि. २५/१३ पुणे ४११०३३  
 नाव व पत्ता ..... श. ज. कु. २ - आ. कु. ३/१५  
 देणाऱ्याची सही .....  
 मुद्रांक देणाऱ्याची सही/पत्ता/पत्ता .....  
 परवाना क्रमांक .....

चरित्र कोषागार अधिकारी  
 पुणे  
 22 JAN 2025  
 प्रथम मुद्रांक लिपीकरण  
 कोषागार पुणे करिता



MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding (MOU) is made and entered into on this 30/01/2025 by and between:

- [Late Shree Fakirbhai Pansare Education Foundation's Lokmanya Homoeopathic Medical College  
Near Elpro Company,  
Behind Prof. R. More Auditorium ,  
Chinchwad, Pune-411033 hereinafter referred to as 'Hospital/Healthcare Facility'.
- [Shivanjali Ambulance services ], located at Pimpri Chinchwad Pune 411033], hereinafter referred to as 'Ambulance Service Provider'.

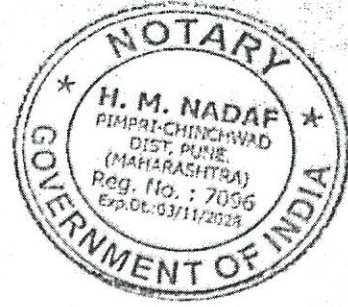
1. PURPOSE

The purpose of this MOU is to establish a mutual agreement for providing ambulance services to patients in need of emergency and non-emergency medical transportation.

2. SCOPE OF SERVICES

The Ambulance Service Provider agrees to:

- Provide fully equipped ambulances for emergency and non-emergency transportation.
- Ensure the availability of trained paramedics and drivers.
- Operate 24/7 ambulance services as per hospital requirements.
- Maintain proper hygiene, sanitation, and medical equipment in the ambulance.
- Follow all applicable laws, regulations, and safety protocols.



The Hospital agrees to:

- Provide a designated parking area for ambulances.
- Inform the service provider in case of patient transportation requirements.
- Assist with patient coordination and documentation as needed.

3. DURATION

This MOU shall be effective from 30/01/2025 and will remain in force until 30/01/2028 unless terminated earlier by either party with [One month ] written notice.

4. CONFIDENTIALITY

Both parties agree to maintain confidentiality regarding patient details, medical conditions, and any sensitive information exchanged during the service period.

5. TERMINATION

This MOU may be terminated under the following conditions:

- Mutual agreement by both parties.
- Breach of any terms and conditions mentioned in this MOU.
- Non-compliance with legal and safety standards.

6. DISPUTE RESOLUTION

Any disputes arising under this MOU shall be resolved amicably through mutual discussions. If unresolved, the matter shall be referred to arbitration as per the laws of [Jurisdiction].

7. GOVERNING LAW

This MOU shall be governed and interpreted in accordance with the laws of [Country/State].

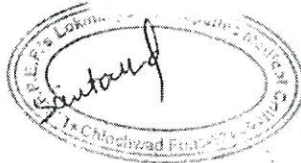
8. SIGNATURES

For [Party A's Name]

Authorized Representative: DR Sonali Moharil

Designation: Medical Superintendent

Date: 30/01/2025



For [Party B's Name]

Authorized Representative: Santosh Darade

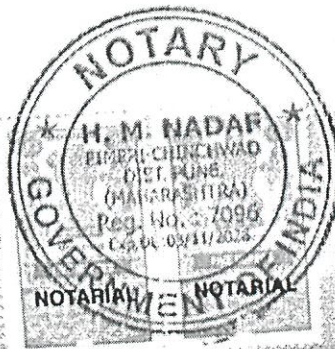
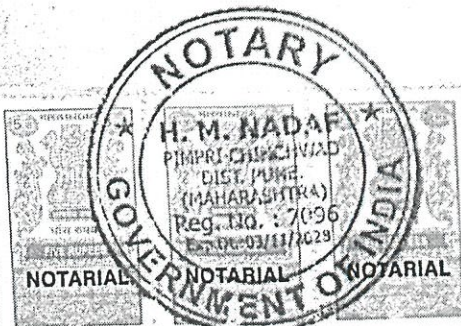
Date: 30/01/2025

ATTESTED BY

H. M. NADAF  
ADVOCATE & NOTARY  
GOVT. OF INDIA

Pimpri-Chinchwad, Dist. Pune (MAH.)

30 JAN 2025





# LATE SHREE FAKIRBHAI PANSARE EDUCATION FOUNDATION'S LOKMANYA HOMOEOPATHIC MEDICAL COLLEGE

Near Elpro Company, Behind Prof. Ramkrishna More Auditorium, Chinchwad, Pune - 411033.  
Ph.: (020) 27357552, 27352503, E-mail : chincom@rediffmail.com, Website : www.lmfhc.com  
P.T.R. No. : F/37677/PUNE  
Affiliated to Maharashtra University of Health Science, Nashik, Recognised by N.C.H., New Delhi.

## DISPENSING UNIT

OPD Dispensing unit is on 1<sup>st</sup> floor. Pharmacist 1, Dispenser 1 take care of it.

IPD Dispensing unit is on 2<sup>nd</sup> floor. Pharmacist 1, Dispenser 1 take care of it.

I/C Principal

**Dr. Mrs. S. A. Mohari**  
I/C PRINCIPAL  
L.S.F.P.E.F.'s Lokmanya  
Homoeopathic Medical College,  
Chinchwad, Pune-411033



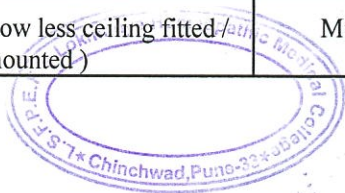


# LATE SHREE FAKIRBHAI PANSARE EDUCATION FOUNDATION'S LOKMANYA HOMOEOPATHIC MEDICAL COLLEGE

Near Elpro Company, Behind Prof. Ramkrishna More Auditorium, Chinchwad, Pune - 411033.  
Ph.: (020) 27357552, 27352503, E-mail : chinchom@rediffmail.com, Website : www.lmfhc.com  
P.T.R. No. : F/37677/PUNE  
Affiliated to Maharashtra University of Health Science, Nashik, Recognised by N.C.H., New Delhi.


## LSFPEF'S Lokmanya Homoeopathic Hospital and Life Bridge Multi Specialty Hospital LLP (Instruments & Equipments List)

Sr. No.	Name of the Equipment	Required (As per MES 2024)	Available in the Hospital
1	Anterior vaginal Wall retractor	Adequate	2
2	Artery forceps	Adequate	26
3	Auto Clave HP Vertical ( 2 bin )	Minimum 1	1
4	Autoclave equipment for sterilization / Sterilizer	Minimum 1	1
5	Bladder sound ( Urethral dilators ) of different sizes	Minimum 1	3
6	Cusco's Speculum	As needed	3
7	Diathermy Machine ( Electric Cautery )	As needed	1
8	Disposable syringes ( 5-10cc )	As needed	100
9	Enema Pot	Minimum 1	1
10	Focus lamp Ordinary	Minimum 1	1
11	Foley's Catheter	As needed	10
12	Formalin dispenser	Minimum 1	1
13	General Surgical Instrument Set Piles, Fistula, Fissure	Minimum 1	1
14	Instrument Trays of Various Sizes	Adequate	6
15	Instrument Trolley	As needed	4
16	IV stands	As needed	20
17	Kidney tray	As needed	10
18	Knife and scissor	As needed	28
19	L.P. Tray	Adequate	1
20	Magill's forceps ( two sizes )	Adequate	2
21	Metallic or disposable insemination cannula	Adequate	1
22	Operation table Hydraulic Minor with stand	Minimum 1	1
23	OT Spot light ( Shadow less ceiling fitted / stand mounted )	Minimum 1	1



24	Oxygen Cylinder	Minimum 1	9
25	Oxygen Mask with Circuit	Minimum 1	5
26	Plastic aprons, gloves and mask	Adequate	50
27	Shadow less lamp ceiling type major or minor	1	1
28	Shadow less Lamp Stand model	Minimum 1	1
29	Sims speculum in small, medium and large size	Adequate	1
30	Sphygmomanometer	Minimum 1	2
31	Sterile cotton	As needed	2
32	Sterile gloves	As needed	10
33	Sterilizer Small ( Instruments )	As needed	2
34	Sterilizer Big ( Instrument )	As needed	-
35	Sterilizer Medium ( Instrument )	Minimum 1	1
36	Stethoscope	Minimum 1	4
37	Suction Apparatus - Electrical	Minimum 1	3
38	Suturing Set	Minimum 1	3
39	Swab holders	Minimum 1	6
40	Thermometer	Minimum 1	4
41	Tongue depressors	Minimum 1	2
42	Toothed forceps	Minimum 1	10
43	Two long ( 8 inch ) and two short ( 6 inch ) Artery forceps	Minimum 1	17
44	Two Uterine sound	Minimum 1	3
45	Urethral Dilator Set	Minimum 1	1
46	Vaginal Examination set	Minimum 1	2
47	Vulsellum	Minimum 1	1



  
**Dr. Mrs. S. A. Moharil**  
 I/C PRINCIPAL  
 L.S.F.P.E.F.'s Lokmanya  
 Homeopathic Medical College.  
 Chinchwad, Pune-411033

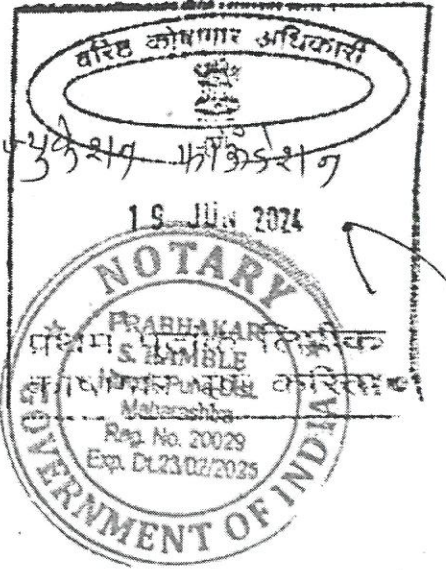


महाराष्ट्र MAHARASHTRA

© 2023 ©

CL 587851

अनु.क्र. २५१२९ दि. २७/७/२४ ५००  
 वरतनाचा प्रकार कुरांगनाम  
 वरत भोंवणी करणार वाढेत का ? होय/नाही.  
 निचमतीचे दर्जा  
 मुद्रांक दिवत घेणाऱ्याचे नाव कॅप्टन फकिरभाई पानसरे  
 नाव चिंचवड  
 मुद्रांक घेणाऱ्याचे नाव पि.नि. वैद्यकीय विभाग  
 हस्तोपकरणे नाव दिलीप पायपूर  
 श्री. ए.वी. शिंदे  
 परतना क्र. २२०११५२  
 विद्युलवाडी, आबुर्डी, पणे-१५



MEMORANDUM OF UNDERSTANDING

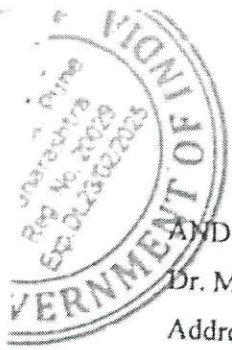
This Memorandum of understanding (MOU) is drawn on the 22 Day of July 2024

BETWEEN

Pimpri Chinchwad Municipal Corporation Through its Medical Officer of Health, Dr. Laxman Gophane Having its office at 2nd Floor, main Building, Bombay-Pune Road, Pimpri, Pune-411018

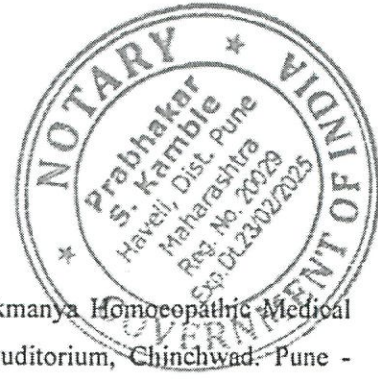
.....Party of the FIRST PART





AND Through its Principal,  
Dr. Mrs. Nandini S. Joshi

Address: Late Shree Fakirbhai Pansare Education Foundation's Lokmanya Homoeopathic Medical College, Near Elpro Company, Behind Prof. Ramkrishna More Auditorium, Chinchwad, Pune - 411033.



.....Party of the SECOND PART

WHEREAS, Pimpri Chinchwad Municipal Corporation is a corporate body constituted under the provision of Maharashtra Municipal Corporation Act (previously known as BMC Act, 1949) and its Medical officer of health having the authority to execute contracts on behalf of the Corporation whereas the Corporation owns and manages various hospitals within its territorial jurisdiction.

And

Whereas Late Shree Fakirbhai Pansare Education Foundation's Lokmanya Homoeopathic Medical College established in the year 1992 duly recognized by Indian Central Council of Homoeopathy & Maharashtra Council of Homoeopathy Mumbai and affiliated to Maharashtra University of Health Sciences, Nashik (MUHS) and approved by Government of Maharashtra vide G.R. No. PSO-1307/PR. No.27/07/Education-1 dated 14/09/2007 and Principal of LSFPEF's-LHMC having being given powers to enter into agreement vide svmc/svcon/policy dated 30<sup>th</sup> July 2012 for affording practical training of students of the courses at Yashwantrao Chavan Memorial Hospital under Pimpri Chinchwad municipal corporation.

And whereas the corporation there upon in its standing Committee Meeting passed resolution No.6017 dated 13/02/2014 allowing Late Shree Fakirbhai Pansare Education Foundation's Lokmanya Homoeopathic Medical college in states to use PCMC Hospitals for practical training for its students of Homoeopathy (BHMS).

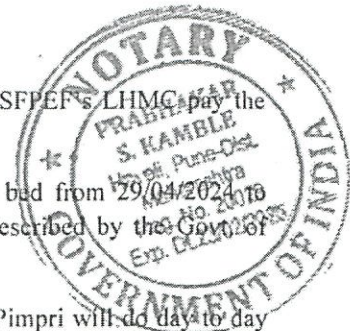
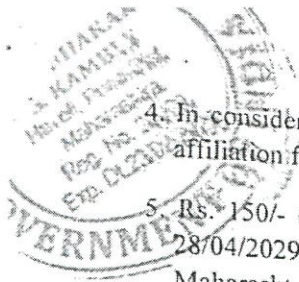
Now therefore following terms and conditions have been prescribed and those have been accepted by both the parties.

1. LSFPEF's Lokmanya Homoeopathic Medical college, Chinchwad has Paid deposit Rs.50,000/- (vide DD No.191812, date 18/07/2024, receipt no. B/354 date 19/07/2024.
2. The Corporation hereby allows LSFPEF's Lokmanya Homoeopathic Medical College, Chinchwad to make use of Yashwantrao Chavan Memorial Hospital Pimpri to impart practical training to its BHMS under Graduate students & Post Graduate students. The Corporation will not pay any remuneration to LSFPEF's LHMC students on this account.

The LSFPEF's LHMC will not claim any type of fund or grant from the Corporation for this educational activity.

3. After completion of Degree Course (UG) by the students, Corporation will accommodate them in the said hospital for their internship (The said fees will be paid as per the rate prescribed by the Govt. of Maharashtra vide GR No. MED-1602/CR.382/01/Edu-2 Dated-08/01/2003 as Rs.417/- per intern per month).

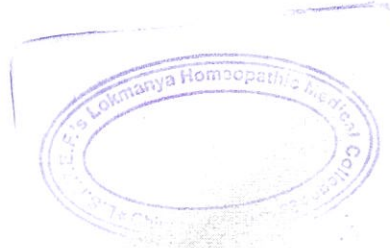


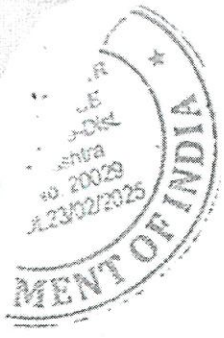


4. In consideration for the facility of practical training made available, LSFPEF's LHMC pay the affiliation fees to the Corporation from LSFPEF's LHMC.

5. Rs. 150/- (Rupees One Hundred Fifty only) per students/per day/per bed from 29/04/2024 to 28/04/2029 will be paid as clinical exposure fees. (As per the rate prescribed by the Government of Maharashtra, No. HSP-2015/196/Shikana/Edu-1 Dated- 12/12/2017)

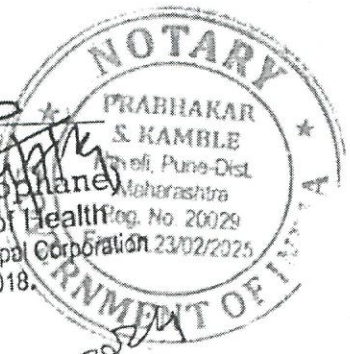
6. The Medical Superintendent-Yashwantrao Chavan Memorial Hospital, Pimpri will do day to day supervision.
7. The clinical instructors/ clinical tutor - Pune will do the day today supervision during posting in concern hospital.
8. LSFPEF's LHMC will ensure that the students will maintain discipline during the tenure of training in the hospital.
9. LSFPEF's LHMC has to ensure that the student BHMS attend the hospital regularly and in time for the duty hours.
10. This MOU is valid for Period of from date of 29/04/2024 from date of 28/04/2029.
11. LSFPEF's LHMC (BHMS) will be responsible for all the claims, correspondence or expenses payable to consequences of any accident or injuries sustained by any student in the hospital.
12. It is agreed by & between the parties that any dispute arises in terms of this. Agreement Commissioner, PCMC has the authority to terminate this agreement without any prior notice. Maharashtra University of Health Sciences, Nashik and College practical examinations for LSFPEF's LHMC students will be conducted on timely basis. 15 days prior notice will be given for such examination. Similarly Govt. of Maharashtra, Central Council of Homoeopathy & Maharashtra Council of Homoeopathy, and Maharashtra University of Health Sciences, Nashik members shall visit for inspection. The YCMH staff should extend support services and cooperation.
13. It is specifically agreed and understands that this MOU shall not unilaterally terminated by any Party.
14. In case of any dispute, difference and question arises at any time between the parties in respect of this MOU, the commissioner PCMC shall be the sole. Arbitrator and decision of the said arbitrator shall be binding on the both the parties.
15. It is assumed that the parties have to sign this MOU on the day and year mentioned above in lieu of acceptance of terms or contract.
16. Party of the second part shall abide by all prevailing labour Laws and indemnifies party of the first part from any action/claim arising out of present agreement.
17. Any dispute arises between the parties in respect of the said agreement shall be the subject matter of Pimpri/Pune courts only.





1. Name: Dr. Laxman Gophane  
 Designation: Assi. Medical health Officer  
 Address: Pimpri Chinchwad Municipal Corporation,  
 2nd Floor, Main Building, Mumbai-Pune Road,  
 Pimpri, Pune - 411018.

Sign: *[Signature]*  
 PRABHAKAR S. KAMBLE  
 Notary, Pune-Dist. Maharashtra  
 Reg. No. 20029  
 23/02/2025  
 Medical Officer of Health  
 Pimpri Chinchwad Municipal Corporation  
 Pimpri - 411 018.



2. Name: Dr. Nandini S. Joshi  
 Designation: Principal  
 Address: LSFPEF's Lokmanya Homeopathic Medical College  
 Near Elpro Company, behind Prof. Ramkrishna More  
 Chinchwad, Pune- 411 033.

Sign: *[Signature]*  
 Dr. Mrs. N. S. Joshi  
 PRINCIPAL  
 L.S.F.P.E.F.'s Lokmanya  
 Homoeopathic Medical College  
 Chinchwad, Pune-411033

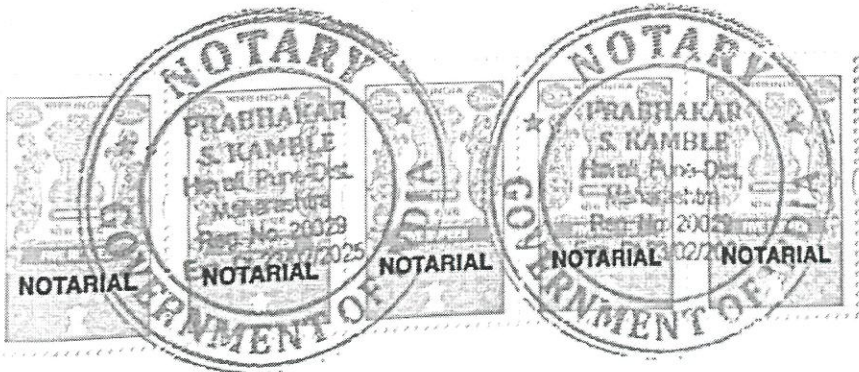
In the presence of:

1. Name: Mrs. Jyoti M. Mali  
 Designation: Office Assistant  
 Address: Talegaon Dabhade, Pune-410 507.

Sign: *[Signature]*  
 (Mob. No. 9960752317)

2. Name: Mr. Rahim Aziz Chaus  
 Designation: Jr. Clerk  
 Address: Bhosari, Pune - 411039.

Sign: *[Signature]*  
 (Mob. NO. 9028799779)



BEFORE ME *[Signature]*  
 PRABHAKAR S. KAMBLE  
 ADVOCATE & NOTARY  
 GOVERNMENT OF INDIA  
 Green Fields C2/1 Pimpri Pune - 18

15 JUL 2024

*[Signature]*  
 Dr. Mrs. S. A. Moharil  
 I/C PRINCIPAL  
 L.S.F.P.E.F.'s Lokmanya  
 Homoeopathic Medical College  
 Chinchwad, Pune-411033





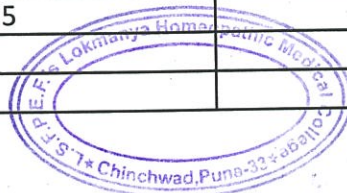
# LATE SHREE FAKIRBHAI PANSARE EDUCATION FOUNDATION'S LOKMANYA HOMOEOPATHIC MEDICAL COLLEGE

Near Elpro Company, Behind Prof. Ramkrishna More Auditorium, Chinchwad, Pune - 411033.  
Ph.: (020) 27357552, 27352503, E-mail : chinchom@rediffmail.com, Website : www.lmfhc.com  
P.T.R. No. : F/37677/PUNE

Affiliated to Maharashtra University of Health Science, Nashik, Recognised by N.C.H., New Delhi.

## First Aid Box

Sr. No	Name of the First Aid Items	Quantity
1	Homoeopathic Medicines And Mother Tinctures	1 dram each, 15ml dilution/tincture
		1. Calendula 30C, 200C, mother tincture
		2. Arnica 300, 200C, 1M
		3. Aconite 30C, 200C, 1M
		4. Bell 30C, 200C, 1M
		5. Hypericum 30C, 200C, 1M, mother tincture
		6. Ledum pal 30C, 200C, 1M
		7. Urtica 30C, 200C
		8. Cantharis 30C, 200C, mother tincture.
		9. Cactus G 30C, 200C
		10. Plantago mother tincture
		11. Arsenicum Album 30C, 200C, 1M
		12. Camphora 30C, 200C, 1M
		13. Carbo Vegetabilis 30C, 200C, 1M
		14. Symphytum 30C, 200C, 1M
		15. Antimonium Tartaricum 30C, 200C, 1M
		16. Gelsemium 30C, 200C, 1M
		17. Rhus tox 30C, 200C, 1M
		18. Nux Vomica 30C, 200C, 1M
		19. Ignatia 300, 200C, 1M
		20. Cochicum 30C, 200C, 1M
21. Opium 300, 200C, 1M		
2	Denatured Alcohol	30ml
3	Hydrogen Peroxide	30ml
4	Calendula Ointment	1
5	Arnica Ointment	1
6	Rhus Tox Ointment	1
7	Hypericum Ointment	1
8	Ruta Ointment	1
9	Dettol/ Savlon	30ml
10	Betadine Ointment	1
11	Betadine Solution	30ml
12	Roller Gauze	1 pkt
13	Cotton	1 pkt
14	Bandage	1 box
15	GSM Sticking	1
16	Micropore	1
17	Syringes 2cc/5cc	5 each
18	Gloves Size 6,7,8 (non sterile) 5	5 pairs
19	Mask	5
20	Scissors Small	



**Dr. Mrs. S. A. Moharil**

I/C PRINCIPAL

L.S.F.P.E.F.'s Lokmanya  
Homoeopathic Medical College,  
Chinchwad, Pune-411033



QMS-ISO-9001:2015  
EMS-ISO-14001:2015  
Reg. No. R191/8395

## PASSCO Environmental Solutions Pvt. Ltd.

Unit 1 : PCMC

Site Add.: Gat No. 458, 460 & 461, Moshi Waste Depo, Moshi,  
Tal. Haveli, Pune 412105. Email Id: pespl.pcmc@passco.in  
R.O.: Narayani, 34/4, Behind Eisen Pharmaceuticals, Erandwane  
Pune - 411004

Phone No:+91 -20 -66024765, 25467096 Email  
Id:helpdesk@passco.in



Unique Registration No.: P1/PL050013



### Provisional Registration Certificate



Outward No.: P1/2024/000406

Date: 20-May-2024

This is to certify that, **L.S.F.P.E.F.'S LOKMANYA HOMOEOPATHIC MEDICAL COLLEGE(P00552)** at NEAR **ELPRO COMPANY, BEHIND RAMKRISHNA MORE AUDITORIUM, CHINCHWAD, PUNE - 411033** is registered with PASSCO Environmental Solutions Pvt. Ltd., Pune for Management of Bio Medical Waste in accordance with, the provision of Bio Medical Waste Management Rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

1. Authorized Person of HCE (Name and Designation)	DR. JAYESH J. KSHIRSAGAR MEDICAL OFFICER
2. Bombay Nursing Home Act Registration Details	Not Applicable
a. BNH Registration Number	
b. BNH Issue Date	
c. Total Number of Beds	
d. BNH Validity(Form 'C')	
3. Common Treatment Facility Registration Details	
a. Date of Registration	18-Jul-2017
b. No. of Beds Registered	Not Applicable
c. Registration Validity	31-Mar-2025
4. Renewal of CTF Membership(if applicable)	
a. Renewal Date	31-Mar-2025
b. No. of Beds Registered	Not Applicable
5. MPCB Consent (Establish/ 1 <sup>st</sup> Operate/Renewal) Details	
a. Consent/ CCA Number	Not Available
b. Issue Date	Not Available
c. Validity up to	Not Available



Mr. Mayur Ghule  
Authorised Signatory

Note : MPCB approved Registration Certificate will be issued only after receiving valid details of MPCB Consent'.

**Dr. Mrs. S. A. Moharil**

I/C PRINCIPAL

L.S.F.P.E.F.'s Lokmanya  
Homoeopathic Medical College,  
Chinchwad, Pune-411033



**FORM R. S. II**

**LSFPEF'S LPMC  
Dept. of Hom.  
Pharmacy**



**Dr. Mrs. S. A. Moharil  
I/C PRINCIPAL  
L.S.F.P.E.F.'s Lokmany  
Homoeopathic Medical College,  
Pune-411033**

uplicate copy issued in lieu of old licence  
 issued by the collector of Pune valid upto  
 15-1-1993 on Form No. 1 (b) of the  
 1987 Act. See rule 5 (1) (b) of the  
 1987 Act. License fee  
 Rs. 120536/-



Collector of Pune

No 119/92-93

Licensed No. 119/92-93

licence for the possession and use of rectified spirit including absolute alcohol for industrial, medicinal, scientific and educational purposes. 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, to

The Principal MRS  
Homeopathic Medical College, Chinchwad

hereinafter called "the licensee") on payment of a fee of Rs. 100/-

advance, authorising him to buy, possess and use rectified spirit including absolute alcohol (hereinafter called "spirit" during the period from

Date of issue to 31-3-1993

his premises situated at Chinchwad, Pune-33,

hereinafter referred to as "the licensed premises"), subject to the following conditions, namely:

1. The licensee shall not use the spirit for any purpose except for 30-53  
Laboatory Purpose

2. (1) The licence shall not buy spirit except on a requisition countersigned by an Officer of the State Excise Department duty authorised in that behalf.

(2) The licensee shall not buy spirit in any one-months exceeding 30 litres yearly  
(30) Thirty litres Ret-91T yearly

bulk litres / quart bottles) in the aggregate.

3. The licensee shall not have in his possession more than 30 Thirty  
litres of Ret-91T  
 (bulk litres / quart bottles-) of spirit at any one time

LSPEF'S LHM  
 Dept. of Hom.  
 Pharmacy

4. The licensee shall keep all the spirit received by him in a place the licensed premises approved by the local inspector of State Excise under lock and key and all issues spirit from the said place shall be in the presence of the licensee or a person duly authorised by him writing in that behalf

5. (1) The licensee shall maintain such accounts as may be prescribed by the Commissioner of State Excise under the Act. The accounts shall be kept in a bound book, paged and stamped with the seal of the Collector.

(2) The licensee shall keep, along with the account book, requisitions and transport passes relating to the spirit received at licensed premises

(3) The licensee shall submit such returns as may be prescribed by the Commissioner of Excise and Prohibition under the Act

(4) The licensee shall furnish to the Collector such other information relating to the subject matter of this licence as the Collector may from time to time require.

6. The licensee shall pay to Government such cost of the State Excise staff if it is appointed of State Excise for supervision over the use of rectified spirit, as may be fixed by the Commissioner.

7. The licensed premises, the spirit kept therein and the account books, requisition and transport passes referred to in condition 5 and licence shall at all times be open to inspection by the Collector, or the State Excise or Police Officer not lower in rank than a Sub-Inspector State Excise or Police, as the case may be, or by any other officer empowered under section 77 (a) of the Bombay Prohibition Act, 1930 who may be deputed or authorised by Collector or the Superintendent State Excise in this behalf.

8. The accounts requisitions and transport passes referred to in condition 5 and the licence shall preserved by the licensee during the whole of the period of this licensee.

Granted this 12th day of Oct 1939

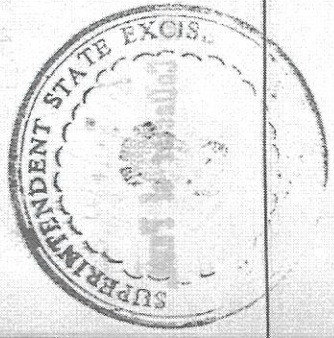


Sd/-  
For collector, PWD

Certified that this Licence bearing No. 119/92-93

has been renewed from time to time on recovery of Prescribed

Licence fee, for the Period ending. 31-3-93



*[Signature]*  
For Collector of PWD

Form R.S. II Lic. No. 119/93-94

This licence is renewed

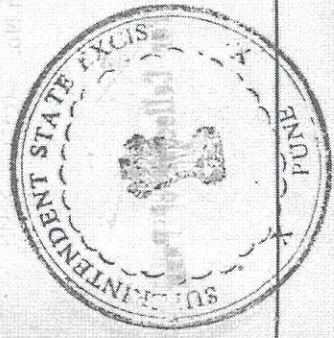
from 1-4-93 to 31-3-94

on recovery of licence fee Rs 100.15

vide challan No 12/1139

dated 23-3-93

*[Signature]*  
For Collector of PWD



No. 119 / 2024-25.  
The licence is renewed for the period  
from 11.11.2024 to 31.10.2025.  
on the same condition on payment of  
renewal fee Rs 225/-  
Paid under challan No. ....  
GRN No. MH017064618202324M  
Dated: 11.11.2024

*[Signature]*  
For Collector of Pune  
Dy. Supdt. State Excise Pune

The licence is renewed for the period  
from .....  
on the same condition on payment of  
renewal fee Rs .....  
GRN No. ....  
Dated: .....

*[Signature]*

**Dr. Mrs. S. A. Moharil**  
I/C PRINCIPAL  
L.S.F.P.E.F.'s Lokmanya  
Nambode Nathic Medical College  
Chinchwad, Pune-411033

for  
on  
ren  
pa.  
G.  
Dat

Dy. Supdt. State Excise Pune  
For Collector of Pune

