

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2026-2027
Clinical Material in Hospital

Name of the College/Institute- Shree Siddheshwar College of Physiotherapy, Solapur.
Name of the Parent Hospital: - Shree Siddheshwar Cancer Hospital & Research Center

| Sr. No | Particulars to be verified | Actual Available | Lacuna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|----------------|---------------------|----------------|---|------------------|----|----|---|-----------------|----|----|---|-------------|----|----|---|--------------|----|----|---|------------|----|----|---|-------------|----|----|---|--------------|----|----|---|-----------|----|----|---|-----------|----|----|----|----------------|----|----|----|-----------|----|----|--------------|--|------------|------------|----------|---|
| a. | There must be a parent / attached Hospital with minimum 300 beds as per Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the specialty areas including Intensive care to provide practical experience to the student. (Refer Sr.No. C for Beds as per Intake Capacity) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | The student to patient ratio should be minimum 1:5 the first part being student & second part patient | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | The desirable breakup of beds shall be as follows: Student Patient Ratio (as per M.S.R., it must be 1:5) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S.No</th> <th>Specialty</th> <th>For 51 to 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <tr><td>1</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>2</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>3</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>4</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr> <tr><td>5</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>6</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>7</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>8</td><td>PICU+NICU</td><td>10</td><td>15</td></tr> <tr><td>9</td><td>ICCU+RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit/ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr><td colspan="2" style="text-align: center;">Total</td><td>300</td><td>450</td></tr> </tbody> </table> | S.No | Specialty | For 51 to 60 Intake | For 100 Intake | 1 | General Medicine | 60 | 90 | 2 | General Surgery | 60 | 90 | 3 | Orthopedics | 60 | 90 | 4 | Obst & Gynac | 30 | 60 | 5 | Pediatrics | 30 | 60 | 6 | Medical ICU | 10 | 15 | 7 | Surgical ICU | 10 | 15 | 8 | PICU+NICU | 10 | 15 | 9 | ICCU+RICU | 10 | 10 | 10 | Burns Unit/ICU | 10 | 05 | 11 | Emergency | 10 | 10 | Total | | 300 | 450 | Adequate | - |
| S.No | Specialty | For 51 to 60 Intake | For 100 Intake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | General Medicine | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | General Surgery | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Orthopedics | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Obst & Gynac | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Pediatrics | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Medical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Surgical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PICU+NICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ICCU+RICU | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Burns Unit/ICU | 10 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Emergency | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | 300 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Student : Bed Ratio (Undergraduate): _____ | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Average Bed Occupancy in % _____ | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | Whether separate Registration room is available at OPD? <i>f) Number of total patients registered in last year:</i> <i>g) Number of New Patients registered on daily average:</i> <i>h) Number of old Patients registered on daily average:</i> <i>i) Average Number of patients attending OPD (current year)</i> <i>j) Whether records of patient registration are well maintained:</i> | Adequate 'Data enclosed below' | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | Indoor Physiotherapy Department Ares as per Clinical Load and Intake: (as per M.S.R.) Clinical load, Total strength of Hospital beds, Outdoor Physiotherapy load per specialty, Indoor Physiotherapy load per specialty, student : patient ratio per specialty | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. | Outdoor Physiotherapy Department Areas as per Clinical Load and Intake (as per M.S.R.) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Physiotherapy OPD services (as per M.S.R.): The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least 12 Months prior application & shall maintain required OPD and IPD records for verification. | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • As per Central Council Norms/University Norms, above Infrastructure must be available at college. • If Infrastructure is available, then mark "Adequate" & do not attach any documents • In case of "Inadequate" it must be marked as "Inadequate with evidence. • If attached Hospitals provide valid MOU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verified by the LIC Committee Members

Dean/Principal Stamp & signature

Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

Shri Siddheshwar Devasthan,
Shree Siddheshwar College of Physiotherapy, Solapur

PATIENT STATISTICS: JAN – DEC 2025
LIC INSPECTION 2026

| Name of the hospital | Total no. of patients attended the OPD in last one year | Total no. of patients attended the IPD in last one year |
|---|---|---|
| Shri Siddheshwar Cancer Hospital & Research Center | 844 | 4172 |
| Ashwini Sahakari Rugnalaya Ani Sanshodhan Kendra | 57204 | 15300 |
| Dr. Chidgupkar Hospital | 3900 | 1008 |
| Shree Siddheshwar Physiotherapy & Rehabilitation Center | 11993 | - |
| V-Excel Disability School | 2920 | - |
| Hrudayam Super Speciality Hospital | 9100 | 4980 |
| Chaturthi Super-speciality Hospital | 5400 | 3300 |
| Darasha Maternity Hospital | - | 2550 |
| Nimbark Brijdham Ashram (Old age Home) | 4380 | - |




Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

Shri Siddheshwar Devasthan,
Shree Siddheshwar College of Physiotherapy, Solapur

HOSPITAL INFORMATION DETAILS: LIC INSPECTION 2026

| Name of the Hospital | Shri Siddheshwar Cancer Hospital & Research Center | Ashwini Sahakari Rughalaya Ani Sanshodhan Kendra | Dr. Chidgupkar Hospital | Shree Siddheshwar Physiotherapy & Rehabilitation Center | V-Excel Disability School | Hrudayam Super Speciality Hospital | Chaturthi Super Speciality Hospital | Darasha Maternity Hospital |
|---|--|--|-------------------------|---|----------------------------|------------------------------------|-------------------------------------|----------------------------|
| Whether hospital is parent / attached Hospital? | Parent Hospital | Attached Hospital | Attached Hospital | Own OPD | Attached Disability School | Attached Hospital | Attached Hospital | Attached Hospital |
| Total no. of beds | 50 | 305 | 81 | - | - | 50 | 80 | 50 |
| Distance of Parent/Attached Hospital (Govt./Civil/Private) from the College | 3.6KM | 1.6KM | 2.4KM | 0KM | 3.8KM | 1.8KM | 2.2KM | 2 KM |
| Total built up area in the hospital: | 9,579 Sq.ft. | 39,217 Sq.ft. | 18,399 Sq.ft. | 29434 Sq.ft. | 1,296 Sq.ft. | 2,854 Sq.ft. | 1,392 Sq.ft. | 4,707 Sq.ft. |
| Whether Hospital is registered under any act under Local Authority: | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Student patient ratio | 1:5 | 1:5 | 1:5 | 1:5 | 1:5 | 1:5 | 1:5 | 1:5 |
| Average bed occupancy in % | 70-80% | 80-85% | 70-80% | 100% | 90-95% | 85-90% | 70-80% | 80-90% |
| whether separate registration room is available at OPD | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Casualty Available and Functional | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Whether records of patient registration are well maintained | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |



T. D. ...
Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur

Maharashtra University of Health Sciences, Nashik
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| 4 | Obst & Gynac | | | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 | Medical ICU | | | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Surgical ICU | | | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PICU+NICU | | | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ICCU+RICU | | | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Burns Unit/ICU | 10 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Emergency | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | 300 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Student : Bed Ratio (Undergraduate): _____ | 1:5 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Average Bed Occupancy in % _____ | 70 – 80 % | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | Whether separate Registration room is available at OPD? | 4172+844 IPD+OPD | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | f) <i>Number of total patients registered in last year:</i> | 8-10/Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | g) <i>Number of New Patients registered on daily average:</i> | 10-15/Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | h) <i>Number of old Patients registered on daily average:</i> | 350/month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | i) <i>Average Number of patients attending OPD (current year)</i> | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | j) <i>Whether records of patient registration are well maintained:</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | Indoor Physiotherapy Department Areas as per Clinical Load and Intake: (as per M.S.R.) Clinical load, Total strength of Hospital beds, Outdoor Physiotherapy load per specialty, Indoor Physiotherapy load per specialty, student : patient ratio per specialty | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. | Outdoor Physiotherapy Department Areas as per Clinical Load and Intake (as per M.S.R.) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Physiotherapy OPD services (as per M.S.R.): <i>The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least 12 Months prior application & shall maintain required OPD and IPD records for verification.</i> | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none"> As per Central Council Norms/University Norms, above Infrastructure must be available at college. If Infrastructure is available, then mark "Adequate" & do not attach any documents In case of "Inadequate" it must be marked as "Inadequate with evidence. If attached Hospitals provide valid MOU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verified by the LIC Committee Members



Dean/Principal Stamp & signature
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



**SHRI SIDDHESHWAR
CANCER HOSPITAL
& RESEARCH CENTRE**

Hotgi Road, Near Dainik "Sanchar", Solapur - 3. Maharashtra, INDIA ☎: 0217-2607433, 44

■ Web Site : www.siddhcancer.com ■ email : shrisiddhcancer@gmail.com

No.

To
Shree Siddheshwar College of Physiotherapy, Solapur
City Survey No.6095/4, Siddheshwar Peth,
Solapur - 413001



Subject : Your Letter Ref no. SSCOP/2026/253 Dated 03/02/2026 Providing additional information for MHUS LIC inspection 2026 following details.

Respected sir,

| Sr No | Particular | Details |
|-------|--|---|
| 1 | OPD Patient Strength till Jan-2026 | 911 Patient |
| 2 | IPD Patient Strength till Jan-2026 | 4542 Patient |
| 3 | Annual Occupancy | 70% to 80 % |
| 4 | Bed Strength | 50 Bed |
| 5 | Laboratories | We Have our own Laboratory, we do all the routine investigation with histopathology |
| 6 | Casualty Department | Yes |
| 7 | Local authority Registration Certificate (Municipality / Corporation) | Solapur Municipal Corporation, Registration No.LMS2020005233 |
| 8 | Ambulance | Owned |

Enclosed : 1) Solapur Muncipal Corporation Registration Certificate copy

2) Patient Strength Monthly Chart April 26 to Jan 26



T. Kulkarni
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

A. Solde

Medical Supdt.
Shree Siddheshwar Cancer
Hospital & Research Center
Hotgi Road, Solapur-413003



सोलापूर महानगरपालिका, सोलापूर
आरोग्य विभाग (प्रपत्र-सी)
महाराष्ट्र शुश्रूषागृह नोंदणी अधिनियम
१९४९ चे कलम ५ अन्वये)

Solapur Municipal Corporation, Solapur
Health Department (Form C)
Under Section 5 of the Maharashtra
Nursing Home Registration Act 1949

नर्सिंग होम नोंदणी प्रमाणपत्र

प्रमाणपत्र देण्यात येते की,

डॉ. श्री/श्रीमती : डॉ. एस. एम. करंजखेडे
शैक्षणिक अर्हता : एमबीबीएस
यांची, महाराष्ट्र शुश्रूषागृह नोंदणी अधिनियम १९४९ खाली आ. संख्या
संस्थेचे नाव : श्री सिद्धेश्वर कॅन्सर हॉस्पिटल सोलापूर
संस्थेचा पत्ता : 276/1 काडादी नगर संचार प्रेस होटगी रोड सोलापूर
उपरोक्त नर्सिंग होम कायदांतर्गत नोंदणी करण्यात आलेली आहे. तसेच सादर रुग्णालय/
दवाखाना चालविण्यासाठी त्यांना हे प्रमाणपत्र देणेत येत आहे.
नोंदणी क्रमांक : LMS2020005233
नोंदणी दिनांक : 24 - 03 - 2023
प्रसुतीसाठी : 0
इतर रुग्णांसाठी : 50
ठिकाण : सोलापूर
वैध प्रमाणपत्र कालावधी : दि.01/04/2023 ते दि. 31/03/2026 पर्यंत



The certificate is issued,

Dr. Mr. / Mrs : Dr. S. M. Karajkhede
Educational Qualification : MBBS
Register Organization Under Maharashtra Nursing Home
Registration Act 1949
Organization Name : Shri Siddheshwar Cancer Hospital Solapur
Organization Address : 276/1, Kadadi Nagar, Sanchar Press, Hotagi Road, Solapur .



Registered under the above Nursing Home Act. Certificates Provide to run
the hospital / clinic prescribed.
Registration Number : LMS2020005233
Registration Date : 24 - 03 - 2023
For Delivery : 0
For other Patients : 50
Place : Solapur
Valid Period : From 01/04/2023 To 31/03/2026



Basvaraj Lohare
Principal

Shree Siddheshwar College of
Physiotherapy, Solapur

Digitally signed by DS SOLAPUR
MUNICIPAL CORPORATION 1
Date: 2023.03.24 16:11:54 +05:30
Reason: Issued by MOH (Dr.
Basvaraj Lohare)
Location: License
Department, Solapur Municipal
Corporation, Solapur

परवाना क्रमांक / License Number :

LMS2020005233

दिनांक / Date :

24 - 03 - 2023

नर्सिंग होम
(मुंबई नर्सिंग होम ऍक्ट 1949)
शर्ती अटी व नियम

- 1) नोंदणी प्रमाणपत्र हॉस्पिटल, दवाखान्याच्या दर्शनी भागात विसेल अशा ठिकणी लावणे बंधनकारक आहे.
- 2) आपल्या आरोग्यसंस्थेत दाखल संसर्गजन्य रग्णांची माहिती (Noticeable diseases) तातडीने छत्रपती शिवाजी महाराज सर्वोपचार रुग्णालय सोलापूर व आरोग्य विभाग, सोलापूर महानगरपालिकेत कळविणे गरजेचे आहे.
- 3) जन्म मृत्यू नोंदी संबंधित माहिती वेळेवर कळविणे आपल्यावर बंधनकारक आहे.
- 4) कुटुंब कल्याण (पु / स्त्री) शस्त्रक्रिया आपल्याकडे झाल्यास त्याची आकडेवारी सोलापूर महानगरपालिकेच्या कुटुंब कल्याण विभागास कळविणे आपल्यावर बंधनकारक आहे.
- 5) संस्थेत कार्यरत नर्सिंग स्टाफ मुंबई नर्सिंग मिडवार्ड ऍक्ट 1954 नुसार प्रशिक्षित असण्याच्या अटीवर नोंदणी देण्यात आली आहे.
- 6) बायोमेट्रिकल वेस्ट नियम 1998 क्र. 32 व 41/2006 चे पालन करणे बंधनकारक आहे.
- 7) आपल्या संस्थेत अग्निशमन प्रतिबंधक कायदा अंतर्गत योग्यत्या उपायोजना करून अग्निशामक साधने व प्रशिक्षित कर्मचारी नियुक्त करणे बंधनकारक आहे.
- 8) सदर आरोग्य संस्थेत मुंबई नर्सिंग होम रजिस्ट्रेशन ऍक्ट 1949 अंतर्गत व महाराष्ट्र शुश्रुषागृह नोंदणी नियम २०१९ अन्वये वेळोवेळी लागू केलेल्या शर्ती, अटी व नियम बंधनकारक राहतील, त्याचे उल्लंघन झाल्याचे आढळून आल्यास हे नोंदणी प्रमाणपत्र रद्द करण्यात येऊन आपणांवर नमूद कायदांतर्गत पुढील कारवाई करण्यात येईल याची नोंद घ्यावी.
- 9) ऑनलाईन परवाना देणेची कार्यपध्दती अवलंबिल्यानंतर वेळोवेळी शर्ती नियम अटी या मध्ये केलेले बदल परवानाधारकावर बंधनकारक राहतील.
- 10) परवान्याचे नूतनीकरण मुदतीत न केल्यास मुदत समाप्तीनंतर सदरचा परवाना आपोआप रद्द होईल. व्यवसाय चालू असल्यास संबंधित व्यावसायिकाने परवाना मागणी करीता आवश्यक त्या कागदपत्रांसह फेर अर्ज सादर करणे बंधनकारक राहिल.

| पावती क्र. / Receipt Number | पावती दिनांक / Receipt Date | फी र. रु. / Fee in Rs. | दंड र. रु. / Fine in Rs. |
|--------------------------------|--------------------------------|---------------------------|-----------------------------|
| LIC-REN-202301114 | 24 - 03 - 2023 | 10500 | 0 |



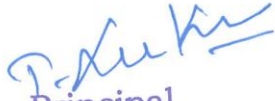
(Signature)

Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

Shri Siddheshwar Cancer Hospital & Research Center, Solapur
Near Dalnik Sanchar, Hotagi Road, Solapur-413003

| Sr NO | Month / Year | New OPD | lpd |
|-------|--------------|---------|------|
| 1 | Jan-25 | 81 | 387 |
| 2 | Feb-25 | 51 | 341 |
| 3 | Mar-25 | 63 | 347 |
| 4 | Apr-25 | 55 | 355 |
| 5 | May-25 | 64 | 370 |
| 6 | Jun-25 | 74 | 406 |
| 7 | Jul-25 | 87 | 351 |
| 8 | Aug-25 | 64 | 328 |
| 9 | Sep-25 | 78 | 301 |
| 10 | Oct-25 | 75 | 331 |
| 11 | Nov-25 | 82 | 267 |
| 12 | Dec-25 | 70 | 388 |
| 13 | Jan-26 | 67 | 370 |
| | Total | 911 | 4542 |



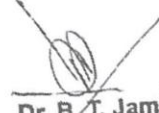

Principal
Shree Siddheshwar College of
Physiotherapy, Solapur


Shri Siddheshwar Cancer Hospital and Research Center, Solapur

Para Medical Staff List

| Sr.no | Name of Staff | Qualification | Designation |
|----------------------|---------------------------------|-----------------------|-------------------|
| 01. | Smt.Mangal Mahadev Jadhav | A.N.M | Matron |
| 02. | Smt.Vijaya Hemant Kulkarni | G.N.M | In-charge |
| 03. | Smt.Suvarna Karbasayya Swami | A.N.M | Sister |
| 04. | Smt.Sandhya Maruti Mhatre | A.N.M | Sister |
| 05. | Smt.Shweta Ram Waghmare | A.N.M | Sister |
| 06. | Smt.Yogita Milind Landage | Paramedical | Sister |
| 07. | Smt.Urmila Vitthalrao Mule | G.N.M | Sister |
| 08. | Smt. Disha Rajiv Yadav | G.N.M | Sister |
| 09 | Smt.Vaishali Ramesh Rathod | Paramedical | Sister |
| 10. | Smt.Bhagyshri Vijaysingh Thakur | Paramedical | Sister |
| 11. | Smt.Jyoti Sachin Devkate | G.N.M | Sister |
| 12. | Smt. Simran Shantraj Baligeri | A.N.M | Sister |
| 13. | Shri Pandit Poshappa Devsani | 12 th Pass | OT Assistant |
| 14. | Shri Akash Ranjit Chaudhari | O.T Tech. course | OT Assistant |
| 15. | Shri Iqbal Mahiboob Mujawar | G.N.M | Brother |
| 16. | Shri Jeevan Sadashiv Salunkhe | G.N.M | Brother |
| 01. | Rajendra Gurushant Sankad | B.sc (DIPRIIP) | Medical Physicist |
| 02. | Mahadev Somnath Patil | B.sc (RTT) | R T Technician |
| 01 | Laxmi Mohan Sawant | B.A (X-ray Tech) | X-ray Technician |
| Pathology Lab | | | |
| 01 | Shivandand Bhimsha Hugar | DMLT | Lab Technician |
| 02 | Rajashri Shivanand Zurale | B.sc DMLT | Lab Technician |
| 03 | Deepa Balu Sabale | B.sc DMLT | Lab Technician |
| 04 | Bhagyashri Prashik Chalawade | B.sc DMLT | Lab Technician |




Dr. B. T. Jamadar
MBBS (DPH)
Medical Supritendent
Shri Siddhashwar Cancer
Hospital & Resarch Canter


Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2026-2027
Clinical Material in Hospital

Name of the College/Institute- Shree Siddheshwar College of Physiotherapy, Solapur.

Name of the Attached Hospital: - Ashwini Sahakari Rugnalaya Ani Sanshodhan Kendra Niy., Solapur

| Sr. No | Particulars to be verified | Actual Available | Lacuna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----------------|---------------------|----------------|---|------------------|----|----|---|-----------------|----|----|---|-------------|----|----|---|--------------|----|----|---|------------|----|----|---|-------------|----|----|---|--------------|----|----|---|-----------|----|----|---|-----------|----|----|----|----------------|----|----|----|-----------|----|----|--------------|--|------------|------------|----------|---|
| a. | There must be a parent / attached Hospital with minimum 300 beds as per Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the specialty areas including Intensive care to provide practical experience to the student. (Refer Sr.No. C for Beds as per Intake Capacity) | 305 Beds | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | The student to patient ratio should be minimum 1:5 the first part being student & second part patient | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | The desirable breakup of beds shall be as follows: Student Patient Ratio (as per M.S.R., it must be 1:5) <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>S.No</th> <th>Specialty</th> <th>For 51 to 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <tr><td>1</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>2</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>3</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>4</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr> <tr><td>5</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>6</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>7</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>8</td><td>PICU+NICU</td><td>10</td><td>15</td></tr> <tr><td>9</td><td>ICCU+RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit/ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr> <td colspan="2" style="text-align: center;">Total</td> <td>300</td> <td>450</td> </tr> </tbody> </table> | S.No | Specialty | For 51 to 60 Intake | For 100 Intake | 1 | General Medicine | 60 | 90 | 2 | General Surgery | 60 | 90 | 3 | Orthopedics | 60 | 90 | 4 | Obst & Gynac | 30 | 60 | 5 | Pediatrics | 30 | 60 | 6 | Medical ICU | 10 | 15 | 7 | Surgical ICU | 10 | 15 | 8 | PICU+NICU | 10 | 15 | 9 | ICCU+RICU | 10 | 10 | 10 | Burns Unit/ICU | 10 | 05 | 11 | Emergency | 10 | 10 | Total | | 300 | 450 | Adequate | - |
| S.No | Specialty | For 51 to 60 Intake | For 100 Intake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | General Medicine | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | General Surgery | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Orthopedics | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Obst & Gynac | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Pediatrics | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Medical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Surgical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PICU+NICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ICCU+RICU | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Burns Unit/ICU | 10 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Emergency | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | 300 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Student : Bed Ratio (Undergraduate): _____ | 1:5 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Average Bed Occupancy in % _____ | 80 – 85 % | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | Whether separate Registration room is available at OPD? a) <i>Number of total patients registered in last year:</i> b) <i>Number of New Patients registered on daily average:</i> c) <i>Number of old Patients registered on daily average:</i> d) <i>Average Number of patients attending OPD (current year)</i> e) <i>Whether records of patient registration are well maintained:</i> | 15300+57204 IPD+OPD 100-120/Day 80-90/Day 4767/month Yes | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | Indoor Physiotherapy Department Ares as per Clinical Load and Intake: (as per M.S.R.) Clinical load, Total strength of Hospital beds, Outdoor Physiotherapy load per specialty, Indoor Physiotherapy load per specialty, student: patient ratio per specialty | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. | Outdoor Physiotherapy Department Areas as per Clinical Load and Intake (as per M.S.R.) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Physiotherapy OPD services (as per M.S.R.): <i>The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least 12 Months prior application & shall maintain required OPD and IPD records for verification.</i> | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • As per Central Council Norms/University Norms, above Infrastructure must be available at college. • If Infrastructure is available, then mark "Adequate" & do not attach any documents • In case of "Inadequate" it must be marked as "Inadequate with evidence. • If attached Hospitals provide valid MOU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verified by the LIC Committee Members



Dean/Principal Stamp & signature
 Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur

Estd. - 1983



Quality care with a Human touch

NABH ACCREDITED

Reg. No. MSCS/CR/273/2008 Dt. 28.04.2008

QR/CNSG/006

Ashwini Sahakari Rugnalaya Ani Sanshodhan Kendra Niy., Solapur

(Multi-State Co-operative Society)

Survey No. 7107/1, Tank Plot No. 180, North Sadar Bazar, SOLAPUR - 413 003.
(MAHARASHTRA) EPABX: Ph.: (0217) 2319900 - 06

E-mail : ashwinihosp.solapur@gmail.com • Website : www.ashwinihospital.co.in



Ref. No.: 3036/25-26.

Date : 10/02/2026

To,
Principal
Shree Siddheshwar College of Physiotherapy,
SOLAPUR.

Sub. :- Providing Hospital Information.

Ref. :- Your Letter outward no: SSCOP/2026/255, & dt 03/02/2025.

Dear Sir,

We are in receipt of your above referred letter and noted the content. As per your requirement for MUHS LIC Inspection - 2026 for B.P. Th course, we submit herewith following additional information.

| Sr. No. | Particulars | Period | Remarks |
|---------|--|--|---------------------|
| 1) | OPD Patient Strength | 01/02/2025 to 31/01/2026 | 61977 |
| 2) | IPD Patient Strength | 01/01/2025 to 31/01/2026 | 16580 |
| 3) | Annual Occupancy | 01/01/2025 to 31/01/2026 | Daily Average - 215 |
| 4) | Bed Strength (as per SMC Registration) | | 305 |
| 5) | Laboratories | Pathology, Microbiology, Molecular Lab | 3 |
| 6) | Casualty Department | | YES |
| 7) | Ambulance | | Owned |
| 8) | Autharity Registration | | SMC (attached) |

Please accept above information and acknowledge for the same.

Thanking you,




Encl. :- As Above.

Yours faithfully,


(Sachin Bijjargi)

Administrative Officer


Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



आरोग्य विभाग (प्रपत्र-सी)
महाराष्ट्र शुश्रूषागृह नोंदणी अधिनियम
१९४९ चे कलम ५ अन्वये

Health Department (Form C)
Under Section 5 of the Maharashtra
Nursing Home Registration Act 1949

प्रमाणपत्र देण्यात येते की,

डॉ. श्री./श्रीमती

शैक्षणिक अर्हता

: एमएस, एमसीएच, (पेड, शस्त्रक्रिया)

यांची, महाराष्ट्र शुश्रूषागृह नोंदणी अधिनियम १९४९, खाली आ. संख्या

संस्थेचे नाव

संस्थेचा पत्ता

: 40 उत्तर सदर बाजार

उपरोक्त नर्सिंग होम कायद्यांतर्गत नोंदणी करण्यात आलेली आहे. तसेच सादर रुग्णालय /
दवाखाना चालविण्यासाठी त्यांना हे प्रमाणपत्र देणेत येत आहे.

नोंदणी क्रमांक

नोंदणी दिनांक

प्रसूतीसाठी

इतर रुग्णांसाठी

ठिकाण

वैध प्रमाणपत्र काळावधी

: 28 - 03 - 2024

: 10

: 295

: सोलापूर

: दि.01/04/2024 ते दि. 31/03/2027 पर्यंत

The certificate is issued,

Dr. Mr. / Mrs

Educational Qualification

: MS, M.CH, (Paed, Surgery)

Register Organization Under Maharashtra Nursing Home
Registration Act 1949

Organization Name

Organization Address

: 40, North Sadar Bazar

Registered under the above Nursing Home Act. Certificates Provide to run
the hospital / clinic prescribed.

Registration Number

Registration Date

For Delivery

For other Patients

Place

Valid Period

: 28 - 03 - 2024

: 10

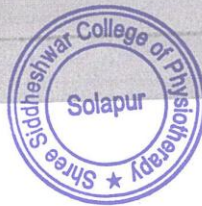
: 295

: Solapur

: From 01/04/2024 To 31/03/2027



Digitally signed by DS SOLAPUR
MUNICIPAL CORPORATION 1
Date: 2024.04.04 11:15:54 +05:30
Reason: Issued by MOH (Dr.
Manjiree Kulkarni)
Location: License
Department, Solapur Municipal
Corporation, Solapur



Principal

Shree Siddheshwar College of
Physiotherapy, Solapur

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2026-2027
Clinical Material in Hospital

Name of the College/Institute- Shree Siddheshwar College of Physiotherapy, Solapur.

Name of the Attached Hospital: - Dr. Chidgupkar Hospital, Solapur

| Sr. No | Particulars to be verified | Actual Available | Lacuna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------|---------------------|----------------|---|------------------|----|----|---|-----------------|----|----|---|-------------|----|----|---|--------------|----|----|---|------------|----|----|---|-------------|----|----|---|--------------|----|----|---|-----------|----|----|---|-----------|----|----|----|----------------|----|----|----|-----------|----|----|--------------|--|------------|------------|-------------|---|
| a. | There must be a parent / attached Hospital with minimum 300 beds as per Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the specialty areas including Intensive care to provide practical experience to the student. (Refer Sr.No. C for Beds as per Intake Capacity) | 81 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | The student to patient ratio should be minimum 1:5 the first part being student & second part patient | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | The desirable breakup of beds shall be as follows: Student Patient Ratio (as per M.S.R., it must be 1:5) <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>S.No</th> <th>Specialty</th> <th>For 51 to 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <tr><td>1</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>2</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>3</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>4</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr> <tr><td>5</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>6</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>7</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>8</td><td>PICU+NICU</td><td>10</td><td>15</td></tr> <tr><td>9</td><td>ICCU+RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit/ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr><td colspan="2">Total</td><td>300</td><td>450</td></tr> </tbody> </table> | S.No | Specialty | For 51 to 60 Intake | For 100 Intake | 1 | General Medicine | 60 | 90 | 2 | General Surgery | 60 | 90 | 3 | Orthopedics | 60 | 90 | 4 | Obst & Gynac | 30 | 60 | 5 | Pediatrics | 30 | 60 | 6 | Medical ICU | 10 | 15 | 7 | Surgical ICU | 10 | 15 | 8 | PICU+NICU | 10 | 15 | 9 | ICCU+RICU | 10 | 10 | 10 | Burns Unit/ICU | 10 | 05 | 11 | Emergency | 10 | 10 | Total | | 300 | 450 | Orthopedics | - |
| S.No | Specialty | For 51 to 60 Intake | For 100 Intake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | General Medicine | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | General Surgery | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Orthopedics | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Obst & Gynac | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Pediatrics | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Medical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Surgical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PICU+NICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ICCU+RICU | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Burns Unit/ICU | 10 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Emergency | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | 300 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Student : Bed Ratio (Undergraduate): _____ | 1:5 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Average Bed Occupancy in % _____ | 70-80% | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | Whether separate Registration room is available at OPD? f) <i>Number of total patients registered in last year:</i> g) <i>Number of New Patients registered on daily average:</i> h) <i>Number of old Patients registered on daily average:</i> i) <i>Average Number of patients attending OPD (current year)</i> j) <i>Whether records of patient registration are well maintained:</i> | 1008+3900 IPD+OPD 5-8/day 10-15/day 325/month Yes | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | Indoor Physiotherapy Department Areas as per Clinical Load and Intake: (as per M.S.R.) Clinical load, Total strength of Hospital beds, Outdoor Physiotherapy load per specialty, Indoor Physiotherapy load per specialty, student : patient ratio per specialty | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. | Outdoor Physiotherapy Department Areas as per Clinical Load and Intake (as per M.S.R.) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Physiotherapy OPD services (as per M.S.R.): <i>The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least 12 Months prior application & shall maintain required OPD and IPD records for verification.</i> | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • As per Central Council Norms/University Norms, above Infrastructure must be available at college. • If Infrastructure is available, then mark "Adequate" & do not attach any documents • In case of "Inadequate" it must be marked as "Inadequate with evidence. • If attached Hospitals provide valid MOU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verified by the LIC Committee Members




 Dean/Principal Stamp & signature
Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur

DR. CHIDGUPKAR HOSPITAL PVT. LTD.

Samrat Chowk, Budhwar Peth, Solapur - 413 002.
Phone : 0217-2326841, Mobile : 9850888500
www.chidgupkarhospital.com
E-mail : chpsolapur@rediffmail.com

To

Principal

Shree Siddheshwar College of Physiotherapy, Solapur.

Sub: Providing Hospital Information.

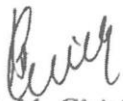
Dear Sir,

We are received of your reference letter no- SSCOP/2026/254 Date 14.02.2026 letter and noted the content. As per your requirement for MUHS Inspection for B.P.Th. Course, we submit here with following additional information.


| SNO | Particulars | Period | Remark |
|-----|------------------------------|---------------------------------|------------------|
| 1 | Para medical staff | | ATTACHE HEREWITH |
| 2 | OPD Patient Strength | 01.02.2025 To 14.02.2026 | 4067 |
| 3 | IPD Patient Strength | 01.02.2025 To 14.02.2026 | 1048 |
| 4 | Annual Occupancy | 01.02.2025 To 14.02.2026 | |
| 5 | Icu Bed Strength | - | 8 |
| 6 | Laboratories | Apollo diagnosis, pathology lab | Yes |
| 7 | Casualty department | Yes | - |
| 8 | Local authority registration | Registration certificate | Yes |
| 9 | Ambulances | - | - |

Please accept above information and acknowledge for same

Thanking you,


Dr. S. M. Chidgupkar
M. S. (Ortho.)
Orthopedic Surgeon
Regd. No. 34954




Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



सोलापूर महानगरपालिका, सोलापूर
आरोग्य विभाग (प्रपत्र-सी)
महाराष्ट्र शुशुपागृह नोंदणी अधिनियम
१९४९ चे कलम ५ अन्वये)

Solapur Municipal Corporation, Solapur
Health Department (Form C)
Under Section 5 of the Maharashtra
Nursing Home Registration Act 1949

नर्सिंग होम नोंदणी प्रमाणपत्र

प्रमाणपत्र देण्यात येते की,

डॉ. श्री./श्रीमती : डॉ. शेखर एम.चिडगुपकर, डॉ. मीनल चिडगुपकर, डॉ. अशित
शैक्षणिक अर्हता : एमबीबीएस
यांची, महाराष्ट्र शुशुपागृह नोंदणी अधिनियम १९४९ खाली आ. संस्था
संस्थेचे नाव : डॉ. चिडगुपकर हॉस्पिटल प्रायव्हेट लिमिटेड
संस्थेचा पत्ता : 190 बुधवार पेठ
उपरोक्त नर्सिंग होम कायदांतर्गत नोंदणी करण्यात आलेली आहे. तसेच सादर रुग्णालय /
दवाखाना चालविण्यासाठी त्यांना हे प्रमाणपत्र देणेत येत आहे.
नोंदणी क्रमांक : LMS2020005413
नोंदणी दिनांक : 19-07-2023
प्रतुतीसाठी : 0
इतर रुग्णांसाठी : 50
टिकाण : सोलापूर
द्वेष प्रमाणपत्र कालावधी : दि.01/04/2023 ते दि. 31/03/2026 पर्यंत



The certificate is issued,

Dr. Mr. / Mrs : Dr. Shekhar M. Chidgupkar, Dr. Meenal
Chidgupkar, Dr. Asit Chidgupkar
Educational Qualification : MBBS
Register Organization Under Maharashtra Nursing Home
Registration Act 1949
Organization Name : Dr. Chidgupkar Hospital Pvt. Ltd.
Organization Address : 190, Budhwar Peth



Registered under the above Nursing Home Act. Certificates Provide to run
the hospital / clinic prescribed.
Registration Number : LMS2020005413
Registration Date : 19-07-2023
For Delivery : 0
For other Patients : 50
Place : Solapur
Valid Period : From 01/04/2023 To 31/03/2026

Digitally signed by DS SOLAPUR
MUNICIPAL CORPORATION
Date: 2023.07.19 10:51:20 +05:30
Reason: Issued by MOH (Dr
Basvaraj Lohare)
Location: License
Department, Solapur Municipal
Corporation, Solapur



Dr. S. M. Chidgupkar
M. S. (Ortho)
Orthopedic Surgeon
Regd. No. 34954

Principal



Shree Siddheshwar College of
Physiotherapy, Solapur

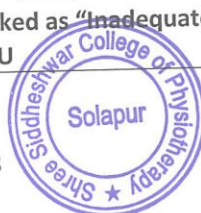
Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2026-2027
Clinical Material in Hospital

Name of the College/Institute- Shree Siddheshwar College of Physiotherapy, Solapur.

Name of the College OPD: - Shree Siddheshwar Physiotherapy & Rehabilitation Center, Solapur

| Sr. No | Particulars to be verified | Actual Available | Lacuna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|---|------------------|------------|---------------------|----------------|---------------------|----------------|---|------------------|----|----|---|-----------------|----|----|---|-------------|----|----|---|--------------|----|----|---|------------|----|----|---|-------------|----|----|---|--------------|----|----|---|-----------|----|----|---|-----------|----|----|----|----------------|----|----|----|-----------|----|----|--|--------------|------------|------------|
| a. | There must be a parent / attached Hospital with minimum 300 beds as per Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the specialty areas including Intensive care to provide practical experience to the student. (Refer Sr.No. C for Beds as per Intake Capacity) | OWN OPD | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | The student to patient ratio should be minimum 1:5 the first part being student & second part patient | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | The desirable breakup of beds shall be as follows : Student Patient Ratio (as per M.S.R., it must be 1:5) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| S.No | Specialty | | | For 51 to 60 Intake | For 100 Intake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | General Medicine | | | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | General Surgery | | | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Orthopedics | | | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Obst & Gynac | | | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Pediatrics | | | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Medical ICU | | | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Surgical ICU | | | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PICU+NICU | | | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ICCU+RICU | | | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Burns Unit/ICU | 10 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Emergency | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 300 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Student : Bed Ratio (Undergraduate): _____ | 1:5 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Average Bed Occupancy in % _____ | 100% | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | Whether separate Registration room is available at OPD? | 11993 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | k) Number of total patients registered in last year: | 12-15/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | l) Number of New Patients registered on daily average: | 25-28/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | m) Number of old Patients registered on daily average: | 1100/month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | n) Average Number of patients attending OPD (current year) | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | o) Whether records of patient registration are well maintained: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | Indoor Physiotherapy Department Areas as per Clinical Load and Intake: (as per M.S.R.) Clinical load, Total strength of Hospital beds, Outdoor Physiotherapy load per specialty, Indoor Physiotherapy load per specialty, student : patient ratio per specialty | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. | Outdoor Physiotherapy Department Areas as per Clinical Load and Intake (as per M.S.R.) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Physiotherapy OPD services (as per M.S.R.): <i>The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least 12 Months prior application & shall maintain required OPD and IPD records for verification.</i> | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none"> As per Central Council Norms/University Norms, above Infrastructure must be available at college. If Infrastructure is available, then mark "Adequate" & do not attach any documents In case of "Inadequate" it must be marked as "Inadequate with evidence. If attached Hospitals provide valid MOU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verified by the LIC Committee Members



Dean/Principal Stamp & signature
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2026-2027
Clinical Material in Hospital

Name of the College/Institute- Shree Siddheshwar College of Physiotherapy, Solapur.

Name of the Attached Hospital: - Hrudayam Multi Super Speciality Hospital

| Sr. No | Particulars to be verified | Actual Available | Lacuna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|--|----------------|---------------------|----------------|---|------------------|----|----|---|-----------------|----|----|---|-------------|----|----|---|--------------|----|----|---|------------|----|----|---|-------------|----|----|---|--------------|----|----|---|-----------|----|----|---|-----------|----|----|----|----------------|----|----|----|-----------|----|----|--------------|--|------------|------------|----------|---|
| a. | There must be a parent / attached Hospital with minimum 300 beds as per Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the specialty areas including Intensive care to provide practical experience to the student. (Refer Sr.No. C for Beds as per Intake Capacity) | 50 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | The student to patient ratio should be minimum 1:5 the first part being student & second part patient | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | The desirable breakup of beds shall be as follows : Student Patient Ratio (as per M.S.R., it must be 1:5) <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>S.No</th> <th>Specialty</th> <th>For 51 to 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <tr><td>1</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>2</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>3</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>4</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr> <tr><td>5</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>6</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>7</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>8</td><td>PICU+NICU</td><td>10</td><td>15</td></tr> <tr><td>9</td><td>ICCU+RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit/ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr><td colspan="2">Total</td><td>300</td><td>450</td></tr> </tbody> </table> | S.No | Specialty | For 51 to 60 Intake | For 100 Intake | 1 | General Medicine | 60 | 90 | 2 | General Surgery | 60 | 90 | 3 | Orthopedics | 60 | 90 | 4 | Obst & Gynac | 30 | 60 | 5 | Pediatrics | 30 | 60 | 6 | Medical ICU | 10 | 15 | 7 | Surgical ICU | 10 | 15 | 8 | PICU+NICU | 10 | 15 | 9 | ICCU+RICU | 10 | 10 | 10 | Burns Unit/ICU | 10 | 05 | 11 | Emergency | 10 | 10 | Total | | 300 | 450 | Adequate | - |
| S.No | Specialty | For 51 to 60 Intake | For 100 Intake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | General Medicine | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | General Surgery | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Orthopedics | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Obst & Gynac | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Pediatrics | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Medical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Surgical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PICU+NICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ICCU+RICU | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Burns Unit/ICU | 10 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Emergency | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | 300 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | Student : Bed Ratio (Undergraduate): _____ | 1:5 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | Average Bed Occupancy in % _____ | 85-90% | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. | Whether separate Registration room is available at OPD? p) Number of total patients registered in last year: q) Number of New Patients registered on daily average: r) Number of old Patients registered on daily average: s) Average Number of patients attending OPD (current year) t) Whether records of patient registration are well maintained: | 4980+9100 IPD+OPD 10-15/day 15-20/day 750/month Yes | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | Indoor Physiotherapy Department Areas as per Clinical Load and Intake: (as per M.S.R.) Clinical load, Total strength of Hospital beds, Outdoor Physiotherapy load per specialty, Indoor Physiotherapy load per specialty, student : patient ratio per specialty | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. | Outdoor Physiotherapy Department Areas as per Clinical Load and Intake (as per M.S.R.) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | Physiotherapy OPD services (as per M.S.R.): The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least 12 Months prior application & shall maintain required OPD and IPD records for verification. | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none"> • As per Central Council Norms/University Norms, above Infrastructure must be available at college. • If Infrastructure is available, then mark "Adequate" & do not attach any documents • In case of "Inadequate" it must be marked as "Inadequate with evidence. • If attached Hospitals provide valid MOU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verified by the LIC Committee Members




 Dean/Principal Stamp & signature
Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2026-2027
Clinical Material in Hospital

Name of the College/Institute- Shree Siddheshwar College of Physiotherapy, Solapur.

Name of the Attached Hospital: - Chaturthi Super Speciality Hospital

| Sr. No | Particulars to be verified | Actual Available | Lacuna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|---|----------------|---------------------|----------------|---|------------------|----|----|---|-----------------|----|----|---|-------------|----|----|---|--------------|----|----|---|------------|----|----|---|-------------|----|----|---|--------------|----|----|---|-----------|----|----|---|-----------|----|----|----|----------------|----|----|----|-----------|----|----|--------------|--|------------|------------|----------|---|
| j. | There must be a parent / attached Hospital with minimum 300 beds as per Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the specialty areas including Intensive care to provide practical experience to the student. (Refer Sr.No. C for Beds as per Intake Capacity) | 80 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. | The student to patient ratio should be minimum 1:5 the first part being student & second part patient | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. | The desirable breakup of beds shall be as follows : Student Patient Ratio (as per M.S.R., it must be 1:5) <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>S.No</th> <th>Specialty</th> <th>For 51 to 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <tr><td>1</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>2</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>3</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>4</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr> <tr><td>5</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>6</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>7</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>8</td><td>PICU+NICU</td><td>10</td><td>15</td></tr> <tr><td>9</td><td>ICCU+RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit/ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr><td colspan="2">Total</td><td>300</td><td>450</td></tr> </tbody> </table> | S.No | Specialty | For 51 to 60 Intake | For 100 Intake | 1 | General Medicine | 60 | 90 | 2 | General Surgery | 60 | 90 | 3 | Orthopedics | 60 | 90 | 4 | Obst & Gynac | 30 | 60 | 5 | Pediatrics | 30 | 60 | 6 | Medical ICU | 10 | 15 | 7 | Surgical ICU | 10 | 15 | 8 | PICU+NICU | 10 | 15 | 9 | ICCU+RICU | 10 | 10 | 10 | Burns Unit/ICU | 10 | 05 | 11 | Emergency | 10 | 10 | Total | | 300 | 450 | Adequate | - |
| S.No | Specialty | For 51 to 60 Intake | For 100 Intake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | General Medicine | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | General Surgery | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Orthopedics | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Obst & Gynac | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Pediatrics | 30 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Medical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Surgical ICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PICU+NICU | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ICCU+RICU | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Burns Unit/ICU | 10 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Emergency | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | 300 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. | Student : Bed Ratio (Undergraduate): _____ | 1:5 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. | Average Bed Occupancy in % _____ | 70-80% | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o. | Whether separate Registration room is available at OPD? u) Number of total patients registered in last year: v) Number of New Patients registered on daily average: w) Number of old Patients registered on daily average: x) Average Number of patients attending OPD (current year) y) Whether records of patient registration are well maintained: | 3300+5400 IPD+OPD 8-12/day 10-15/day 630/month Yes | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p. | Indoor Physiotherapy Department Ares as per Clinical Load and Intake: (as per M.S.R.) Clinical load, Total strength of Hospital beds, Outdoor Physiotherapy load per specialty, Indoor Physiotherapy load per specialty, student : patient ratio per specialty | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q. | Outdoor Physiotherapy Department Areas as per Clinical Load and Intake (as per M.S.R.) | Adequate | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Verified by the LIC Committee Members




 Dean/Principal Stamp & signature
 Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur



महाराष्ट्र MAHARASHTRA

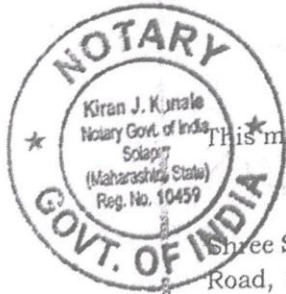
2021

YU 194069

सोलापूर अ.क. - ७५७७ दिनांक २९/७/२०२१
श्री. विष्णू वि. कारमपुरी
यांनी रु. चा जनरल स्टॅम्प मागितले वरून
हा. रुपये चा स्टॅम्प व भरतीस
रुपये चा स्टॅम्प दिला.
या कारणा करिता दिला



श्री. विष्णू वि. कारमपुरी
मुद्रांक परवाना नं. ९९/१९९०
मुद्रांक विक्रेता, शहर सोलापूर



MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on 14th August 2021

Between

Shree Siddheshwar Cancer Hospital, Solapur [Address- Sainath Nagar, Hotgi Road, Solapur, Maharashtra 413004, affiliated to Bombay Nursing Home Act, 1949.] which is represented by its Secretary, Dr. Rajendra Ghuli, herein named as party one

Noted and Registered at
Serial No. 1996
Date 24/08/2021



Kiran J. Kanale
Notary Govt. of India
Solapur
(Maharashtra State)
Page No. 01

Principal
Shree Siddheshwar College of
Physiotherapy, Solapur


And
 Proposed Shree Siddheshwar Physiotherapy College [City Survey No. 6095/4, Plot No. 14,15,16 and City Survey No. 6095/69, Siddheshwar Peth, Near Panch Katta, Solapur, Maharashtra 413001, would be affiliated to MUHS Nashik represented by the Trust's President, Shri Dharmraj Kadadi, herein named as party two

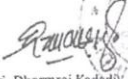
The parties hitherto agree as follows:

1. Party one declares that Shree Siddheshwar Cancer Hospital, Solapur is a 50 bedded hospital.
2. Party one agrees to provide to party two the affiliation of its hospital for the use of Academicals requirements.
3. Party one agrees that, it will not enter into similar agreement with any other institution/s or department/s offering or intend to offer Physiotherapy programs.
4. The prospective students will be allowed to undergo training in the following specialty wards


- | | |
|-----------------------------|---------------------|
| • Medicine | • ICU/ ICCU |
| • Surgery | • Burns and Plastic |
| • Pediatrics | • Orthopedics |
| • Gynecology and Obstetrics | • Eye/ENT |
| • Psychiatry | |

5. Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS, Nashik norms and takes the overall responsibility for smooth conduct of the program.
6. This agreement is to be in effect at least for five years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect.
7. This agreement may be terminated by either parties by giving 3 months advance notice in writing.
8. The officials representing Shree Siddheshwar Cancer Hospital, Solapur and Shree Siddheshwar Physiotherapy College are signing this MOU to achieve the beneficial objectives of Physiotherapy Program.

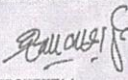

 (Dr. Rajendra Ghuli),
 Secretary,
 Shree Siddheshwar Cancer
 Hospital, Solapur.


 (Shri. Dharmraj Kadadi),
 President,
 Shree Siddheshwar Devasthan
 Solapur.





 Kiran J. Kanale
 Notary Govt. of India
 Solapur
 (Maharashtra State)
 Page No. 02

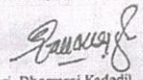
Shri. Dharmraj Annaraj Kadadi, President, Shri Siddheshwar Devasthan Trust, Solapur, Shri Siddheshwar Temple, Siddheshwar Peth, Solapur - 413001 District - Solapur, State- Maharashtra and Dr. Rajendra Ghuli, Secretary,, Shree Siddheshwar Cancer Hospital, Solapur , Sainath Nagar, Solapur, Maharashtra 413004


 DEPONENT(s)

VERIFICATION

We, the above named deponent(s) do hereby verify that the facts stated in the above affidavit are true to our knowledge. No part of the same is false and no material has been concealed there from. Verified at Solapur on this the 24/08/2021.


 (Dr. Rajendra Ghuli),
 Secretary,
 Shree Siddheshwar Cancer
 Hospital, Solapur.



 (Shri. Dharmraj Kadadi),
 President,
 Shree Siddheshwar Devasthan
 Solapur.

DEPONENT(s)
 Solemnly affirmed and signed before me by the deponent on this 24th Day of August, 2021 at my office.


 Kiran J. Kanale
 Advocate B.A.L.L.B.
 Notary Govt. of India
 Kanale Place 52, Ptg. Lines,
 Dullarin Chowk, Solapur-413001
 Ph. 0217-2317799, Fax: 2316527




Dr. Rajendra Ghuli
 Shri. Dharmraj Kadadi
 Signed before me
 who is identified by
 Shri. Kiran J. Kanale


 Explained and
 Identified by




 Kiran J. Kanale
 Notary Govt. of India
 Solapur
 (Maharashtra State)
 Page No. 03


 Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur



महाराष्ट्र MAHARASHTRA

2021

YU 194067

मलापूर अ.क्र. ७५५५ दिनांक. २७/७/२०२१
श्री. श्री. दिशेलेकर कुमरभाऊ - सोलापूर
यांनी रु. चा जनरल स्टॅम्प मागितलेवरून
हा. रूपये चा स्टॅम्प व भरतीस
रूपये. चा स्टॅम्प दिला.



या कारण करिता दिला



श्री. विष्णू वि. कारमपुरी
मुद्रांक परवाना नं. ६९/१९९०
मुद्रांक विक्रेता, शहर सोलापूर



MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on 14th August, 2021
Between

Ashwini Sahakari Rugnalaya ani Sanshodhan Kendra Niy., Solapur
[Address- Survey No-7107/1 Tank Plot No-180, North Sadar Bazaar,
Solapur, Maharashtra 413003, affiliated to Bombay Nursing Home Act,
1949.] which is represented by Dr. Vijay K. Patil Vice-Chairman, herein
named as party one

| | |
|-------------------------|----------|
| Noted and Registered at | |
| Serial No. | 2006 |
| Date | 24/08/21 |



Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

Kiran J. Kanale
Notary Govt. of India
Solapur
(Maharashtra State)
Page No. 01

And

Proposed Shree Siddheshwar Physiotherapy College [City Survey No. 6095/4, Plot No. 14,15,16 and City Survey No. 6095/69, Siddheshwar Peth, Near Panch Katta, Solapur, Maharashtra 413001, would be affiliated to MUHS Nashik] represented by the Trust's President Shri. Dharmraj Kadadi, herein named as party two

The parties hitherto agree as follows:

- Party one declares that Ashwini Sahakari Rugnalaya ani Sanshodhan Kendra Niy., Solapur is a 300 bedded hospital.
- Party one agrees to provide to party two the affiliation of its hospital (100 beds) for the use of Academicals requirements.
- Party one agrees that, it will not enter into similar agreement with any other institution/s or department/s offering or intend to offer Physiotherapy programs.
- The prospective students will be allowed to undergo training in the following specialty wards
 - Medicine
 - Surgery
 - Pediatrics
 - Gynecology and Obstetrics
 - Psychiatry
 - ICU/ ICCU
 - Burns and Plastic
 - Orthopedics
 - Eye/ENT
- Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS, Nashik norms and takes the overall responsibility for smooth conduct of the program.
- This agreement is to be in effect at least for five years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect
- This agreement may be terminated by either parties by giving 3 months advance notice in writing.
- The officials representing Ashwini Sahakari Rugnalaya ani Sanshodhan Kendra Niy., Solapur and Shree Siddheshwar Physiotherapy College are signing this MOU to achieve the beneficial objectives of Physiotherapy Program.

(Dr. Vijay K. Patil),
Vice-Chairman,
Ashwini Sahakari Rugnalaya
ani Sanshodhan Kendra Niy
Solapur.

(Shri. Dharmraj Kadadi),
President,
Shree Siddheshwar Devasthan
Solapur.



Shri. Dharmraj Annaraj Kadadi, President, Shri Siddheshwar Devasthan Trust, Solapur, Shri Siddheshwar Temple, Siddheshwar Peth, Solapur - 413001 District - Solapur, State- Maharashtra and Dr. Vijay K. Patil, Vice-Chairman, Ashwini Sahakari Rugnalaya ani Sanshodhan Kendra Niy., Solapur [Address- Survey No-7107/1 Tank Plot No-180, North Sadar Bazaar, Solapur, Maharashtra 413003

[Signature]

**DEPONENT(S)
VERIFICATION**

We, the above named deponent(s) do hereby verify that the facts stated in the above affidavit are true to our knowledge. No part of the same is false and no material has been concealed there from. Verified at Solapur on this the 24/08/2021.

[Signature]

[Signature]

(Dr. Vijay K. Patil),
Vice-Chairman,
Ashwini Sahakari Rugnalaya
ani Sanshodhan Kendra Niy
Solapur.

(Shri. Dharmraj Kadadi),
President,
Shree Siddheshwar Devasthan
Solapur.

DEPONENT(S)

Solemnly affirmed and signed before me by the deponent on this 24th Day of August 2021 at my office.

[Signature]
Kiran J. Kanale
Advocate BALLB
Notary Govt. of India
"Kanale Plaza" 82, Pk. Lines,
Dufferin Chowk, Solapur-413001
Ph. 0217-2317798. Post- 2318027



Dr. Vijay K. Patil,
Shri. Dharmraj Kadadi,
Signed before me
who _____ identified by
Shri. *[Signature]*

[Signature]
Explained and
Identified by



[Signature]
Kiran J. Kanale
Notary Govt. of India
Solapur
(Maharashtra State)
Page No. 03

[Signature]
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



महाराष्ट्र MAHARASHTRA

2021

YU 194071

नालापूर अ.क्र. - 9459 दिनांक. 29/7/2021

श्री. श्री. सिद्धेश्वर कुबेरभाऊ - सोलापूर
यांनी रु. ५००००
हा. रूपये ५००००
रुपये. ५००००

या स्टॅम्प व भरतीस ५००००
हा स्टॅम्प दिला. ५००००
या कारणा करिता दिला ५००००



श्री. विष्णू वि. कारमपुरी
मुद्रांक परवाना नं. ६९/१९९०
मुद्रांक विक्रेता, शहर सोलापूर



MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on 14 August 2021

Between

Dr. Chidgupkar Hospital Pvt. Ltd, Solapur [Address- 190 Samrat chowk Budhavar Peth, Solapur, Maharashtra 413001, affiliated to Bombay Nursing Home Act, 1949.] which is represented by Dr. S. M. Chidgupkar, Medical Director, herein named as party one

| | |
|-------------------------|------------|
| Noted and Registered at | |
| Serial No. | 19915 |
| Date | 24/08/2021 |



S. M. Chidgupkar
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur

Kiran J. Kanale
Kiran J. Kanale
Notary Govt. of India
Solapur
(Maharashtra State)
Page No. 01

And

Proposed Shree Siddheshwar Physiotherapy College [City Survey No. 6095/4, Plot No. 14,15,16 and City Survey No. 6095/69, Siddheshwar Peth, Near Panch Katta, Solapur, Maharashtra 413001, would be affiliated to MUHS Nashik represented by the Trust's President Shri. Dharmraj Kadadi, herein named as party two

The parties hitherto agree as follows:

1. Party one declares that Dr. Chidgupkar Hospital Pvt. Ltd, Solapur is a 50 bedded hospital.
2. Party one agrees to provide to party two the affiliation of its hospital for the use of Academicals requirements.
3. Party one agrees that, it will not enter into similar agreement with any other institution/s or department/s offering or intend to offer Physiotherapy programs.
4. The prospective students will be allowed to undergo training in the following specialty wards
 - Medicine
 - Surgery
 - Pediatrics
 - Gynecology and Obstetrics
 - Psychiatry
 - ICU/ ICCU
 - Burns and Plastic
 - Orthopedics
 - Eye/ENT
5. Party two will provide the academic staff and necessary infrastructure for Physiotherapy course as per the MUHS, Nashik norms and takes the overall responsibility for smooth conduct of the program.
6. This agreement is to be in effect at least for five years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Physiotherapy institution till the present agreement / MOU is in effect.
7. This agreement may be terminated by either parties by giving 3 months advance notice in writing.
8. The officials representing Dr. Chidgupkar Hospital Pvt. Ltd, Solapur and Shree Siddheshwar Physiotherapy College are signing this MOU to achieve the beneficial objectives of Physiotherapy Program.

[Signature]
(Dr. S. M. Chidgupkar),
Medical Director,
Dr. Chidgupkar Hospital
Pvt. Ltd., Solapur.

[Signature]
(Shri. Dharmraj Kadadi),
President,
Shree Siddheshwar Devsthan,
Solapur



Shri. Dharmraj Annaraj Kadadi, President, Shri Siddheshwar Devasthan Trust, Solapur, Shri Siddheshwar Temple, Siddheshwar Peth, Solapur - 413001 District - Solapur, State- Maharashtra and Dr. S. M. Chidgupkar, Medical Director, Dr. Chidgupkar Hospital Pvt. Ltd, Solapur, Budhavar Peth, Solapur, Maharashtra 413001

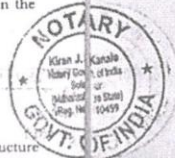
**DEPONENT(S)
VERIFICATION**

We, the above-named deponent(s) do hereby verify that the facts stated in the above affidavit are true to our knowledge. No part of the same is false and no material has been concealed there from. Verified at Solapur on this the 24th 7/08/2021.

[Signature]
(Dr. S. M. Chidgupkar),
Medical Director,
Dr. Chidgupkar Hospital
Pvt. Ltd., Solapur.

[Signature]
(Shri. Dharmraj Kadadi),
President,
Shree Siddheshwar Devsthan,
Solapur

DEPONENT(S)
Solemnly affirmed and signed before me by the deponent on this 24th Day of August 2021 at my office.



[Signature]
Kiran J. Kanale
Advocate B.A.L.L.B.
Notary Govt. of India
Karnale House, 52, P.B. Lines,
Dufferin Chowk, Solapur-413001
Ph. 0217-2317798, Post: 2319527



[Signature]
Mr. S.M. Chidgupkar
Shri. Dharmraj Kadadi
Signed before me
who is identified by
Shri. *[Signature]*

[Signature]
Explained and
Identified by



[Signature]
Kiran J. Kanale
Notary Govt. of India
Solapur
(Maharashtra State)
Page No. 05

[Signature]
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



Shri Siddheshwar Devasthan's Solapur,

SHREE SIDDHESHWAR COLLEGE OF PHYSIOTHERAPY, SOLAPUR.

(Affiliated to MUHS, Nashik)

City Survey No. 6095/4, Plot No. 14,15,16 and City Survey No. 6095/69, Siddheshwar Peth,
Near PanchKatta, Solapur, State: Maharashtra - 413001.

▪ Email Id: ssamchsol@gmail.com

▪ Website: www.sscop.edu.in

Ref No. SSCOP/2026/274

Date: 26/02/2026

To

Dr. Lata M. Patil
Medical Officer

Darasha Maternity Hospital, Solapur

Subject: Intimation of Clinical & Physiotherapy Service Tie-up

Respected Maam,

This is to officially state that **Shree Siddheshwar College of Physiotherapy, Solapur** has initiated a professional association with your esteemed hospital, **Darasha Maternity Hospital, Solapur** to provide physiotherapy services and clinical exposure to our students.

As part of our academic and social responsibility, our college students and faculty members will be visiting your hospital daily to provide physiotherapy assessments, treatment, exercise guidance, and health education to antenatal & postnatal women for better maternal and child health. These services will be provided without any charges as part of the community outreach and clinical training.

This association is aimed at:

1. Promoting health, mobility, & functional independence among antenatal & postnatal females.
2. Providing preventive and rehabilitative physiotherapy care.
3. Offering practical clinical exposure to our students under the supervision of qualified faculty.
4. Fulfilling our institution's commitment towards community health services.

We look forward to your continued cooperation in this initiative.

Thanking you.

Yours Faithfully,

P. Anurag
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur
26/02/2026.



We allow the students to
Come

[Signature]
मेडिकल ऑफिसर
दाराशा प्रसुतीगृह

P. Anurag
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



Shri Siddheshwar Devasthan Solapur,

SHREE SIDDHESHWAR COLLEGE OF PHYSIOTHERAPY, SOLAPUR.

(Affiliated to MUHS, Nashik)

City Survey No. 6095 / 4, 6095 / 69, Siddheshwar Peth, Near Panch Katta,
Solapur - 413001. Maharashtra ■ Phone : 0217-2748760

■ Email Id : ssamchsol@gmail.com ■ Website : www.sscop.edu.in

Ref. No. : SSCOP/2026/272

Date : 24 / 02 / 2026

To,
The Trustee / Management,
Nimbark Brijdham Ashram,
Solapur.

Subject: Intimation of Clinical & Physiotherapy Service Tie-up

Respected Sir,

This is to officially state that **Shree Siddheshwar College of Physiotherapy, Solapur** has initiated a professional association with your esteemed Old Age Home, Solapur, for the purpose of providing physiotherapy services and clinical exposure to our students.

As a part of our academic and social responsibility, our college interns and faculty members will be visiting your Old Age Home on a weekly basis to provide physiotherapy assessment, treatment, exercise guidance, rehabilitation services, and health education to the residents. These services will be provided without any professional charges as part of community outreach and clinical training.

This association is aimed at:

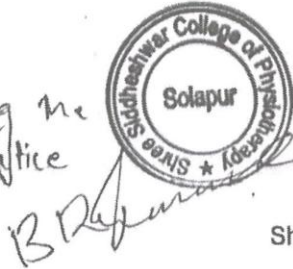
1. Promoting health, mobility, and functional independence among elderly residents.
2. Providing preventive and rehabilitative physiotherapy care.
3. Offering practical clinical exposure to our students under supervision of qualified faculty.
4. Fulfilling our institution's commitment towards community health services.

The schedule of visits will be mutually decided and coordinated with your management for smooth functioning of services.

We look forward to your continued cooperation in this noble initiative for the welfare of senior citizens.

Thanking you.

We are allowing the
students to practice
with us.



Yours faithfully,

P. Shukla
Principal

Shree Siddheshwar College of Physiotherapy
Shree Siddheshwar College of
Physiotherapy, Solapur



P. Shukla
Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



महाराष्ट्र MAHARASHTRA

2024

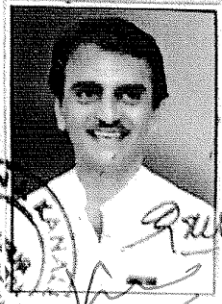
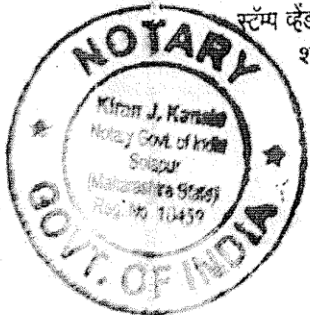
DF 974309

हालात अ. क्र. 40223 दिनांक 28/02/2026
श्री/सौ./श्रीमती श्री. रविंद्रकांत काळे यांचे कोषागार कार्यालय सोलापूर
धानी जवरल मुद्रांक रु. 1200
मागितले करून हा रु. 1200 (दो मुद्रांक दिने)

| | |
|-------------------------|------------|
| Noted and Registered at | |
| Serial No. | 2947 |
| Date | 28/02/2026 |

12 FEB 2026
मुद्रांक प्रमुख तिथीक/सचनेच्यामाल
श्री. रविंद्रकांत 2156

प्रशांत चिन्नप्पा बोधदुल
सुट्ट्य व्हॅडर/परवाना नं. 989/2028 कोषागार क्र. 906
शहर मुद्रांक विक्रेता, सोलापूर.



MEMORANDUM OF UNDERSTANDING (MoU)

Between
Shree Siddheshwar College of Physiotherapy
And
Chaturthi Super Speciality Hospital

This Memorandum of Understanding (MoU) is made and entered into on this 28th day of February 2026,

BY AND BETWEEN

Shree Siddheshwar College of Physiotherapy, located at City Survey No.6095/4, Plot No.14,15,16 and City Survey No.6095/69, Siddheshwar Peth, Near Panch Katta, Solapur., represented by Mr. Dharmraj Kadadi, President, hereinafter referred to as "the College",
Principal
Shree Siddheshwar College of Physiotherapy, Solapur
Kiran J. Kanale
Notary Govt. of India
Solapur
(Maharashtra State)





AND

Chaturthi Super Speciality Hospital a Neuro Super-Specialty Hospital located at MW62+GH9, Old Employment Chowk, Solapur, Maharashtra 413001, represented by Dr. Amar Sharanappa Vibhute, Managing Director, hereinafter referred to as "the Hospital".

The College and the Hospital shall collectively be referred to as "the Parties."

The purpose of this MoU is:

- To provide **clinical exposure and hands-on training** to Physiotherapy students.
- To facilitate **observational and practical learning** in Neuro and Super Speciality cases.
- To collaborate for patient care and academic development.
- Promote academic, clinical, and research collaboration in the field of physiotherapy and rehabilitation.

Objectives

1. To provide structured clinical postings in all departments Patients in Hospital
2. To enhance students' competence in **Neuro Rehabilitation, ICU physiotherapy, post-operative care, and multidisciplinary management.**
3. To support the Hospital in delivering comprehensive rehabilitation services to patients.
4. To encourage collaborative research and evidence-based clinical practice.

The collaboration shall include:

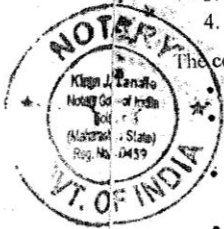
- Posting of physiotherapy students as per university curriculum and agreed schedule.
- Patient assessment, treatment planning, and therapy under supervision of qualified physiotherapists and medical staff.
- Participation in ward rounds, case discussions, clinical meetings, and discharge planning.
- Maintenance of clinical records and documentation under hospital protocols.
- Organization of academic programs, workshops, CME activities, and research initiatives jointly.

Responsibilities of the College

- To send students for clinical postings after obtaining prior approval from the Hospital.
- To ensure students maintain professional conduct, wear proper uniform and ID cards, and adhere to hospital policies.
- To depute qualified faculty members for supervision and coordination.
- To ensure students follow patient confidentiality, infection control, and ethical guidelines.
- To maintain academic records and evaluation of students during postings.

Responsibilities of the Hospital

- To provide adequate clinical exposure and supervised learning opportunities.
- To permit students to assist and perform physiotherapy procedures under supervision.
- To allow access to relevant departments including wards, ICUs, and rehabilitation units as appropriate.
- To provide guidance from experienced physiotherapists and medical consultants.
- To issue posting completion/attendance certification, if required.



[Signature]
Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur

[Signature]
Kiran J. Kanale
 Notary Govt. of India
 Solapur

Notary Registered at:
 Serial No. 2947
 Date 28/02/2026



Duration and Validity

This MoU shall be valid for a period of **Five (5) years** from the date of signing and renewed by mutual written consent of both Parties.

Financial Terms

This MoU does not create any automatic financial obligation between the Parties. Any remuneration, service charges, or shared revenue model (if applicable) shall be mutually agreed upon in writing.

Confidentiality and Ethical Compliance

Both Parties agree to maintain strict confidentiality of patient records, hospital data, and academic information. All clinical activities shall comply with institutional ethics, biomedical waste management rules, and applicable healthcare regulations.

Termination

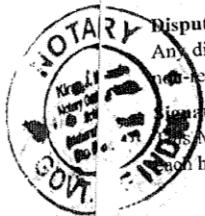
Either Party may terminate this MoU by providing **30 days' written notice**. However, ongoing student postings or patient care activities shall be completed responsibly.

Dispute Resolution

Any dispute arising from this MoU shall be resolved amicably through discussion. In case of non-resolution, the matter shall fall under the jurisdiction of courts at **Solapur**.

Signatures

This MoU is signed on this **28th day of February 2026**, at **Solapur**, in two original copies, each having equal legal validity.



For Shree Siddheshwar College of Physiotherapy

Mr. Dharmraj Kadadi,

President

Signature: _____

Witness: 1. Dr. Sunesh Kumar T. P. _____

Mr. Dharmraj A. Kadadi
 Dr. Amar S. Vibhute

Signed before me

who _____ Identified by
 Shri. P. T. K. _____

Principal
 Shree Siddheshwar College of
 Physiotherapy, Solapur

For Chaturthi Super Speciality Hospital

Dr. Amar Sharanappa Vibhute

Managing Director

Signature: _____

2. Mr. Anil Mhetre _____

Kiran J. Kanale

Advocate B.A.L.L.B.
 Notary Govt. of India
 Kanale Plaza 82, Rly. Lines,
 Dufferin Chowk, Solapur-413001.
 Ph: 0217-2317799, Res: 2318527

Explained and
 Identified by



Kiran J. Kanale
 Notary Govt. of India



महाराष्ट्र MAHARASHTRA

DF 970354

तालुका अ. क्र.

श्री/सौ./श्रीमती

पानी जनरल मुद्रांक क्र.

भागितलेखन हा क्र.

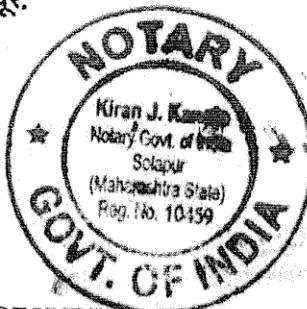
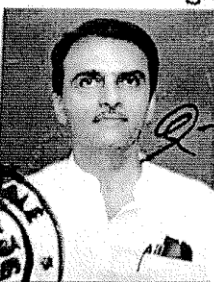
प्रतीस क्र.

40286 28/02/2026

कोषागार कार्यालय सोलापूर
04 FEB 2026

Noted and Registered at
Serial No. 2949
Date 28/02/2026

प्रशांत चिन्नप्पा बोधदुल
स्टॅम्प व्हेंडर/परवाना नं. 984/2028 कोषागार क्र. 906
शहर मुद्रांक विक्रेता, सोलापूर.



MEMORANDUM OF UNDERSTANDING (MoU)

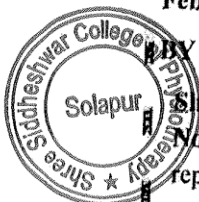
Between
Shree Siddheshwar College of Physiotherapy
And
Hrudayam Super Speciality Hospital & Research Center
This Memorandum of Understanding (MoU) is made and entered into on this 28th day of February 2026,

BY AND BETWEEN

Shree Siddheshwar College of Physiotherapy, located at City Survey No. 6095/4, Plot No. 14, 15, 16 and City Survey No. 6095/69, Siddheshwar Peth, Near Panch Katta, Solapur, represented by Mr. Dharmraj Kadadi, President, hereinafter referred to as "the College",

Principal

Shree Siddheshwar College of Physiotherapy, Solapur
Kiran J. Kana
Notary Govt. of India
Solapur
(Maharashtra State)
Page No. 01



AND

Hrudayam Super Speciality Hospital & Research Center, a Cardiac and Multi-Specialty Hospital located at 8372 /g, 146/2, opp. Vijay Clinic, Railway lines, Solapur, Maharashtra 413001, represented by Dr. Shailesh Patil, Managing Director, hereinafter referred to as "the Hospital".

The College and the Hospital shall collectively be referred to as "the Parties."

The purpose of this MoU is to establish a collaborative partnership to:

- Provide **clinical exposure and hands-on training** to undergraduate and postgraduate physiotherapy students.
- Deliver **physiotherapy assessment and treatment services** to patients in various departments of the Hospital.
- Promote academic, clinical, and research collaboration in the field of physiotherapy and rehabilitation.

Objectives

1. To provide structured clinical postings in all departments Patients in Hospital
2. To enhance students' competence in **cardiac rehabilitation, ICU physiotherapy, post-operative care, and multidisciplinary management.**
3. To support the Hospital in delivering comprehensive rehabilitation services to patients.
4. To encourage collaborative research and evidence-based clinical practice.

The collaboration shall include:

- Posting of physiotherapy students as per university curriculum and agreed schedule.
- Patient assessment, treatment planning, and therapy under supervision of qualified physiotherapists and medical staff.
- Participation in ward rounds, case discussions, clinical meetings, and discharge planning.
- Maintenance of clinical records and documentation under hospital protocols.
- Organization of academic programs, workshops, CME activities, and research initiatives jointly.


Responsibilities of the College


- To send students for clinical postings after obtaining prior approval from the Hospital.
- To ensure students maintain professional conduct, wear proper uniform and ID cards, and adhere to hospital policies.
- To depute qualified faculty members for supervision and coordination.
- To ensure students follow patient confidentiality, infection control, and ethical guidelines.
- To maintain academic records and evaluation of students during postings.

Responsibilities of the Hospital

- To provide adequate clinical exposure and supervised learning opportunities.
- To permit students to assist and perform physiotherapy procedures under supervision.
- To allow access to relevant departments including wards, ICUs, and rehabilitation units as appropriate.
- To provide guidance from experienced physiotherapists and medical consultants.
- To provide completion/attendance certification, if required.




Principal
Shree Siddheshwar College of
Physiotherapy, Solapur


Kiran J. Kanale
Notary Govt. of India

Noted and Registered at
Serial No. 2949
Date 28/02/2026



Duration and Validity

This MoU shall be valid for a period of **Five (5) years** from the date of signing and may be renewed by mutual written consent of both Parties.

Financial Terms

This MoU does not create any automatic financial obligation between the Parties. Any remuneration, service charges, or shared revenue model (if applicable) shall be mutually agreed upon in writing.

Confidentiality and Ethical Compliance

Both Parties agree to maintain strict confidentiality of patient records, hospital data, and academic information. All clinical activities shall comply with institutional ethics, biomedical waste management rules, and applicable healthcare regulations.

Termination

Either Party may terminate this MoU by providing **30 days' written notice**. However, ongoing student postings or patient care activities shall be completed responsibly.

Dispute Resolution

Any dispute arising from this MoU shall be resolved amicably through discussion. In case of non-resolution, the matter shall fall under the jurisdiction of courts at **Solapur**.

Signatures

This MoU is signed on this **28th** day of February 2026, at Solapur, in two original copies, each having equal legal validity.

For Shree Siddheshwar College of Physiotherapy

For Hrudayam Super Speciality Hospital & Research Center

Mr. Dharmraj Kadadi,

Dr. Shailesh Patil,

President

Managing Director

Signature:

Signature:

Date: Mr. Dharmraj A. Kadadi, Date: _____

Signed before me

Identified by
Shri K. J. Kanale

Kiran J. Kanale
Advocate B.A.L.L.B.
Notary Govt. of India
Karnale Plaza 62, 1st Floor,
Gulshan Chowk, Solapur-413001
0217-2317799, Regd. 2318827

Explained and
Identified by

Witness: 1. Dr. Sureshkumar T.

2. Mr. Anil Mhetre



Principal
Shree Siddheshwar College of
Physiotherapy, Solapur



Kiran J. Kanale
Notary Govt. of India
Solapur
Karnale Plaza Solapur

AND

V-Excel Educational Trust, located at A-25/A20, Indira Nagar, Vijapur Road, Solapur, Maharashtra - 413003, represented by Mrs. Sunita Vaidya, Center Head, hereinafter referred to as "the Trust".

The College and the Trust are hereinafter collectively referred to as "the Parties."

The purpose of this MoU is to establish a collaborative partnership between Shree Siddheshwar College of Physiotherapy and V-Excel Educational Trust for providing clinical exposure, practical training, and learning opportunities to physiotherapy students in the field of paediatric rehabilitation and developmental disabilities.

The objectives of this MoU are to:

1. Provide physiotherapy students with hands-on clinical experience in assessing and treating children with developmental disabilities.
2. Facilitate students' understanding of multidisciplinary approaches in child rehabilitation.
3. Support the Trust in offering physiotherapy services to children to enhance their functional independence and quality of life.
4. Encourage joint programs, workshops, and community awareness initiatives related to child development and rehabilitation.

This collaboration shall include, but not be limited to:

- Clinical postings of physiotherapy students at the Trust's premises under supervision.
- Participation of students in assessment, therapy planning, and implementation for children with developmental conditions such as cerebral palsy, autism spectrum disorders, Down syndrome, and learning disabilities.
- Faculty guidance and evaluation of student performance.
- Joint organization of training programs, seminars, and outreach activities related to paediatric physiotherapy.
- Maintenance of documentation, reports, and confidentiality of all clinical data.


Responsibilities of the College

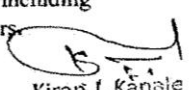
- To send students for clinical postings according to the academic schedule and with prior permission from the Trust.
- To ensure students adhere to the Trust's rules, maintain discipline, and follow confidentiality and ethical guidelines.
- To depute qualified faculty members for supervision and coordination during postings.
- To provide necessary physiotherapy tools or aids if required for clinical practice.
- To document and evaluate student participation and clinical performance.

Responsibilities of the Trust

- To provide access to the institution's facilities for clinical training and learning.
- To allow students to observe, assist, and perform therapy sessions under supervision.
- To coordinate with the College regarding student schedules, conduct, and feedback.
- To facilitate interaction between students and the multidisciplinary team including occupational therapists, speech therapists, psychologists, and special educators.
- To ensure safety and comfort of the children during therapy sessions.




Principal
Shree Siddheshwar College of
Physiotherapy, Solapur


Kiran J. Kanale
Notary Govt. of Indi
Solapur
Maharashtra State

| | |
|------------|------------|
| Serial No. | 2948 |
| Date | 28/02/2026 |



Duration and Validity

This MoU shall remain valid for a period of **Five (5) years** from the date of signing and may be renewed or modified upon mutual consent of both Parties.

Financial Terms

This MoU does not create any financial obligation for either Party. Any specific expenses or financial arrangements for joint programs, research, or workshops shall be made only with **mutual written consent**.

Termination

Either Party may terminate this MoU by giving **30 days' written notice** to the other Party. Both Parties shall ensure that any ongoing clinical postings or commitments are completed smoothly prior to termination.

Confidentiality

Both Parties agree to maintain strict confidentiality of all information, medical records, and data related to children and their families, obtained during the course of this collaboration.

Dispute Resolution

Any dispute or disagreement arising out of or in connection with this MoU shall be resolved amicably through mutual discussions. In case of non-resolution, the matter shall be subject to the jurisdiction of the courts at **Solapur**.

Signatures

This MoU is signed on this **18th day of February, 2026**, at **Solapur**, in two originals, each retaining equal legal validity.



For Shree Siddheshwar College of Physiotherapy
Shri. Dharmraj Kadadi
President

Signature: [Signature]

Witness: 1. Dr. Suresh Kumar T. R. [Signature]

For V-Excel Educational Trust
Mrs. Sunita Vaidya,
Center Head

Signature: [Signature]

2. Mr. Anil Mhatre [Signature]

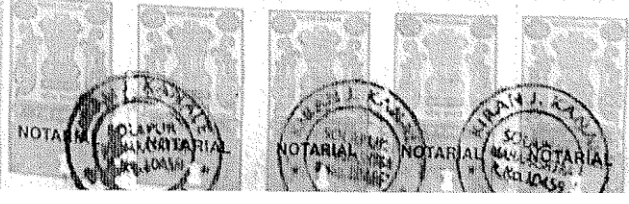
[Signature]
Principal

Shree Siddheshwar College of Physiotherapy, Solapur

Signed before me
 who [Signature] identified by
 Shri [Signature]

[Signature]
Kiran J. Kanale
 Advocate B.A.L.L.B.
 Notary Govt. of India
 'Kanale Plaza' 82, Roy. Lines,
 Dufferin Chowk, Solapur-413001
 Ph: 0217-2317799, Res: 2316527

[Signature]
 Explained and Identified by



[Signature]
Kiran J. Kanale
 Notary Govt. of India
 Solapur