



An ISO 9001 : 2015 & NABH accredited Health Care Institute

# Orange City Hospital & Research Institute®

A Unit of Ravi Nair Hospitals Private Limited

19, PANDEY LAYOUT, VEER SAWARKAR SQUARE, NAGPUR-440 015, MAHARASHTRA, INDIA.

Tel.: 0712-6634800 / 6634921 • 24 x 7 Health Helpline : 9225260606 • Fax : 0712-2221152

Email : ochri\_ngp@bent.in • Website : www.ochri.com • Fb Page : Orange City Hospital & Research Institute, Nagpur.  
(Subject to Nagpur Jurisdiction Only)

*Saving Lives : Saving Families.*

13<sup>th</sup> Nov 2021

OCHRI/AMM/2021/422

To

The Principal  
Sumantai Wasnik Institute of Nursing  
Dhabha, Nagpur - 440023

Respected Sir,


This is in reference to your letter dated 26.11.2021 received on 29.11.2021 regarding documents of our hospital.

As per your request we are submitting the following documents.

1. Affiliation letter/MOU: **Issued**
2. NMC Regn Letter: **Attached**
3. Maharashtra Pollution Control Board: **Attached**
4. Details of Bed-Strength-bifurcation of beds: **Attached** Bed occupying: **35% (2020)**
5. Average daily IPD and OPD: **2379 and 16,797 respectively for the year 2020.**
6. Ambulance available: **02**

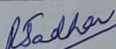
With best wishes and warm regards, I remain,

Yours faithfully

  
DR. USHA NAIR  
MANAGING DIRECTOR

Copy to:

The Board, RNHPL	ED(A)	CGM(A)	Sumantai Wasnik Institute of Nursing - File
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PRINCIPAL  
SUMANTA! WASNIK  
INSTITUTE OF NURSING  
NAGPUR



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# Orange City Hospital & Research Institute®

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OCHRI/AMM/2021/422

13<sup>th</sup> Dec 2021

To

The Principal  
Sumantai Wasnik Institute of Nursing  
Dhabha, Nagpur - 440023

Respected Sir,

This is in reference to your letter dated 26.11.2021 received on 29.11.2021 regarding permission for clinical posting of your Basic B Sc Nursing and RANM Nursing students for the session 2022 – 2023.

Looking into your interest to provide clinical experience to Basic B.Sc nursing and RANM Nursing students of your college, we are pleased to intimate that requisite permission for the same is herewith provisionally granted for the session 2022-2023.

Following terms and conditions are to be agreed upon.

Your institute shall pay Rs.200/- per student/per month in advance as clinical fee to us.

It is made to understand that your students are rendering themselves for said period for their own academic uplift on purely voluntary basis. Remuneration / Stipend of any kind is not permissible.

Students will report on daily basis to Sr.Jessy Abraham Nursing In-charge

Students will be permitted to be stationed at the allotted wards from 8am to 4pm under supervision of your Faculty members & reporting to respective WSS.

- Students cannot retain or carry with them any kind of hospital's literary works, documentations, formats, symbols, images, names, designs used by hospital including photographs of OCHRI. Please note that such a step will be treated as a transgression.
- No individual certificate of any kind will be issued for the same.
- This permission can be withdrawn at any given time without specifying any reasons.
- Students will be bound to comply with rules and regulations of the hospital to prevent any shortcoming to hospital working.

Students may report to Sr. Jessy Abraham Nursing I/c; subject to your willingness for above said terms and written confirmation in this regard. OCHRI. Best wishes.

Yours truly,

For Ravi Nair Hospital Pvt Ltd

Dr. USHA NAIR  
Managing Director

Copy with compliments for kind information, confirmation, and records to :

- The Board, RNHPL | ED (A)/ CGM (A) | Nursing Incharge.

PRINCIPAL  
SUMANTA! WASNIK  
INSTITUTE OF NURSING  
NAGPUR

(3)

**NAGPUR MUNICIPAL CORPORATION, NAGPUR**  
(HEALTH DEPARTMENT)



**FORM-C**

Certificate of Registration under Section 5 of Bombay Nursing Home  
Registration Act, 1949 (rule 5)

**Nursing Home Registration Certificate**

This is to certify that Shri/Smt. Dr. USHA NAIR (MBBS) has been registered under the Bombay Nursing Home Registration Act 1949, in respect of ORANGE CITY HOSPITAL & RESEARCH INSTITUTE (A UNIT OF RAVI NAIR HOSPITALS PVT. LTD.) situated at 19, PANDE LAY-OUT, VEER SAWARKAR SQUARE, NAGPUR and has been authorized to carry on the said nursing home.

Registration No. : 387

Maternity : 22 Beds

Date of Registration : 05/05/1987

Other Nursing : 128 Beds

Place : Nagpur

Date of issue of certificate : 01/04/2021

This certificate of registration shall be valid up to 31<sup>st</sup> March 2024.



(Dr. Sanjay Chilkar)  
Registering Authority  
Health Officer  
Nagpur Municipal Corporation

This Certificate of Registration should be displayed at prominent place.

*Prasad*  
PRINCIPAL  
SUMANTA WASNIK  
INSTITUTE OF NURSING  
NAGPUR

# MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781/24014701

Fax: 24024068 /24023515

Website: <http://mpcb.gov.in>

E-mail: [mpcb@vsnl.net](mailto:mpcb@vsnl.net)



Kalpataru Point, 2<sup>nd</sup> - 4<sup>th</sup> Floor,  
Opp. Cine Planet Cinema,  
Near Sion Circle, Sion (E)  
Mumbai - 400 022

4

Red/LSI

Date: 03/06/2019.

Consent No: Format 1.0/BO/PSO/CC-1906000103

To,  
M/s. Orange City Hospital & Research Institute  
Veer Sawarkar Square,  
Khamla Rd-Ring Road Junction,  
Dist. Nagpur - 440015

**Sub : Combined Consent to Operate & BMW Authorization under RED Category.**

**Ref :** 1. Your BMW Authorization & Consent application resubmitted to MPCB, HQ, Sion, Mumbai on 12/04/2019  
2. Minutes of 1<sup>st</sup> CC- meeting held on 02.05.2019

### Consent to Operate

under Section 25/26 of the Water (Prevention & Control of Pollution) Act, 1974 & under Section 21 of the Air (Prevention & Control of Pollution) Act, 1981, Authorization under Rule 5 of the Hazardous Wastes Rules 2016 and Biomedical Waste Management Rules 2016 is considered and the consent is hereby granted subject to following terms and conditions and as detailed in the schedule I, II, III, IV & V annexed to this order:

1. The conditional consent to operate is granted for period from 01.07.2018 to 01.07.2021
2. The capital investment of the HCE is Rs. 23.32 Crore.  
(As per C. A. Certificate submitted)
3. The Consent is valid for the Activity of -

Sr. No.	Activity	Beds
1	Hospital	150 Nos.
	a) Total Plot Area	2100.00 sq. mtrs
	b) Total Built up Area	3250.00 sq. mtrs

4. Conditions under Water (P&CP), 1974 Act for discharge of effluent:

Sr. no.	Description	Permitted quantity of discharge (CMD)	Standards to be achieved	Disposal
1.	Trade effluent	10.0	As per Schedule -I	On land for gardening
2.	Domestic effluent	75.0	As per Schedule -I	

5. Conditions under Air (P& CP) Act, 1981 for air emissions:

Sr. no.	Description of stack / source	Number of Stack	Standards to be achieved
1.	D.G. Set (250.0 & 140.0 KVA)	2 No.	As per Schedule - II

M/s Orange City Hospital, Nagpur

Page 1 of 9

*R. Sankar*  
PRINCIPAL  
SUMANTA WASNIK  
INSTITUTE OF NURSING  
NAGPUR

6. Non-Hazardous Solid Wastes:

Sr. No.	Type of Waste	Quantity	UOM	Disposal
1	Sludge from Sewage Water treatment	As per Actual	MT/Year	--

7. This Board reserves the right to review, amend, suspend, revoke etc. this consent and the same shall be binding on the industry.

8. This consent should not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies.

9. This consent is issued subject to conditions mentioned below,

- i) The " authorized Person " M/s. Orange City Hospital and Research Institute, Nagpur shall comply with the provisions of the Environment (Protection) Act, 1986, and Rules made there under.
- ii) Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
- iii) If the built up area exceeds more than 20,000 sq. mtrs. and if the hospital is commissioned after 14.09.2006, the project proponent shall comply EIA Notification 14.09.2006 by obtaining Environment Clearance.
- iv) You shall submit details of Management and Handling of outdated, discarded, unused Cytotoxic drugs generated in the Cancer centers, research and health care in the format prescribed by CPCB which is available on [www.cpcb.nic.in](http://www.cpcb.nic.in) alongwith Annual Report to MPCB with a copy to CPCB before 30<sup>th</sup> June every year.
- (iv) You shall manage the Mercury Waste in the HCE in environmentally sound manner (including storage, spilled collection, transportation and disposal) as per CPCB guidelines published on CPCB website [www.cpcb.nic.in](http://www.cpcb.nic.in) dated: 07.09.2010 as detailed in document entitled "Environmentally Sound Management of Mercury Waste in Health Care Facilities".
- (v) You shall ensure phase out of chlorinated plastic bags, gloves and blood bags by HCEs within two years;
- (vi) You shall establish Bar code system within one year.
- (vii) You shall ensure that the liquid waste is treated and disposed by all the occupier or operator of a CBWTF in accordance with the Water Act, 1974;
- (viii) You shall maintain day to day basis and display the monthly record including Annual report on its website within two years from the date of notification.
- (ix) As per report of SRO Nagpur-I, Bank Guarantee of Rs.2,50,000/- is eligible for release for providing separate BMW storage facility and installation of STP.

M/s Orange City Hospital, Nagpur

*Basavaraj*

- 5
- (x) You shall submit separate Bank Guarantee of Rs.1,50,000/- towards compliance of condition mentioned at Annexure - IV to Regional Office, Nagpur within 30 days.
- (xi) You shall submit compliance of Bank Guarantee conditions every six months to Regional Officer, Nagpur for verification purpose.
- (xiii) You shall submit application for renewal of Combined Consent and Biomedical Waste authorization before 120 days along with appropriate fees

For and on behalf of the  
Maharashtra Pollution Control Board

( E. Ravendiran, IAS )  
Member Secretary

Received Consent / Authorization fee of -

Sr. No.	Amount (₹)	Dr no.	Date
1	15,000/-	TXN1903000824	08.03.2019
2	1,50,000/-	TXN1803002266	17.03.2018
3	15,000/-	TXN1803002279	17.03.2018

Copy to:

1. Regional Officer - MPCB, Nagpur and Sub-Regional Officer - Nagpur-I, MPCB - They are directed to ensure the compliance of the CCA conditions.
2. Chief Accounts Officer, MPCB, Mumbai- for information.

Maharashtra Pollution Control Board

*R. S. D. K.*  
**PRINCIPAL**  
**SUMANTA WASHNIK**  
**INSTITUTE OF NURSING**  
**NAGPUR**

M/s Orange City Hospital, Nagpur

MPCB Web Portal

ecmpcb.in/dashboard

Mednet | Inbox (12) - ochri... | REMEDINET | IHX | Log in - NTPC (HMS) | https://haapp5.hdfc... | https://epreauth.f... | Compress PDF onli... | Paramount Login

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Applications | Dashboard | Change Password | Industry Documents | Logout

Industries

Ticketing system has been rolled out for your convenience. Kindly find the guidelines here [click here](#)

Bank Guarantee module has been rolled out for your convenience. Kindly find the guidelines here [click here](#)

Select Unit: All Units | Select Plant: All Plants | Filter Applications | View Unit Information

My Applications

Sr No.	UAN No.	Application Name	Application IIN	Application Date	Amount	Documents
1	MPCB-CONSENT-0000112937	CONSENT		20-04-2021	Rs 225000	Documents Payments Download
		<b>Status: In Process</b>				
2	MPCB-CONSENT-0000057617	CONSENT		29-09-2018	Rs 150000	Documents Payments Download
		<b>Download certificate</b>				
		<b>Status: Approved</b>				

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MPCB Web Portal

ecmpcb.in/application\_forms/dashboard

Mednet | Inbox (12) - ochri... | REMEDINET | IHX | Log in - NTPC (HMS) | https://haapp5.hdfc... | https://epreauth.f... | Compress PDF onli... | Paramount Login

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Applications | Dashboard | Change Password | Industry Documents | Logout

Industries

My Applications

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-BMW_ANNUAL_REPORT-000005433	BIO-MEDICAL WASTE ANNUAL REPORT	29-06-2021	<b>Submitted</b>	Download   MPCB Documents
2	MPCB-BMW_AUTH-0000034066	BIO-MEDICAL WASTE AUTHORIZATION	20-04-2021	<b>Submitted</b>	Download   Payment   MPCB Documents
3	MPCB-BMW_ANNUAL_REPORT-0000003293	BIO-MEDICAL WASTE ANNUAL REPORT	25-06-2020	<b>Submitted</b>	Download   MPCB Documents
4	MPCB-BMW_AUTH-0000017997	BIO-MEDICAL WASTE AUTHORIZATION	29-09-2018	<b>Approved</b>	Download   Payment   MPCB Documents
		<b>Download certificate</b>			
5	MPCB-BMW_AUTH-0000014267	BIO-MEDICAL WASTE AUTHORIZATION	16-03-2018	<b>Reject</b>	Download   Payment   MPCB Documents
		<b>Download certificate</b>			

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*R. Sankar*

**PRINCIPAL**  
**SUMANTA WASNIK**  
**INSTITUTE OF NURSING**  
**NAGPUR**

# ORANGE CITY HOSPITAL & RESEARCH INSTITUTE

Categories of beds available with number of total beds in different type of wards.

WARD	No. of Beds
Casualty/Emergency Ward	06
ICCU	32
NICU	04
PICU	04
Peadiatric Ward	10
Gynec Ward	22
Private Ward	22
General Ward	50
Total Beds	150

operation beds are around

Note: Our present operation beds are around 125

*R. Badkar*  
PRINCIPAL  
SUMANTA WASNIK  
INSTITUTE OF NURSING  
NAGPUR



SUMANTAI WASNIK INSTITUTE OF NURSING

NAGPUR

DETAILS OF AFFILIATED HOSPITAL

1} Name of affiliated Hospital:- ORANGE CITY HOSPITAL & RESEARCH INSTITUTE

Address:- 19, PANDEY LAYOUT, VEER SAWARKAR SQUARE, NAGPUR.

Telephone Number: 0712-6634800 / 6684816

mob No: 9225 260606

Distance from college:-----10-----Kms.

Number of Beds registered as per BNH Act :- 150

2} Total constructed area of Hospital Building:- 22,000 Sq ft

3} Hospital Administration Block :-

Medical

- Deputy Superintendent room :- YES
- Medical officers room :- YES
- Matron room :- YES
- Assistant Matron room :- YES
- Reception :- YES
- Registration room :- YES
- Others :- YES.

*R. Saalke*

PRINCIPAL  
SUMANTAI WASNIK  
INSTITUTE OF NURSING  
NAGPUR

4} Out Patient Department (OPD) :- YES

Total area of OPD Complex ----- 1000 ----- Sq ft

No of OPD'S ----- 11 CHAMBERS -----

5} In Patient Departments (IPD) :-

Total area of IPD Complex ----- 12,000 ----- Sq ft

No of IPD'S Department ----- 150 -----

Bed Distribution :- REFER ENCLOSED SHEET

6} Operation Theatres Block :- YES

Total area of OT Block ----- 1200 ----- Sq ft

No of OT'S available ----- 4 -----

7} Casualty facilities :- YES

State Government Permission Letter YES

SUMANTA WASNIK  
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NAGPUR

*Sumanta Wasnik*  
PRINCIPAL  
SUMANTA WASNIK  
INSTITUTE OF NURSING  
NAGPUR

8} Central Clinical Laboratory :- YES

Pathology, Biochemistry and Microbiology :- YES

Attached Toilet :- YES (Available/Not Available)

ECG Facility :- YES

Other investigations facilities :- YES

9} Radiology and Sonography section :- YES

10} Labour Room :- YES (Available/Not Available)

With all facilities

Date :-

Place :-

*Sumanta Wasnik*  
**Principal**  
SUMANTA WASNIK  
INSTITUTE OF NURSING  
NAGPUR

*DR. USHA NAIR*

**DR. USHA NAIR**  
M.B.B.S., REGD. NO. 80966  
DIRECTOR  
Orange City Hospital & Research Institute

1	No of beds	150
2	Average no of patients attending OPD per month	1561
3	Average no of deliveries per month	7
4	Average no of abnormal deliveries per month	NIL

Sr no	Ward	No of beds
1	Medical ward	
2	Surgical ward	
3	Casualty	
4	Major OT	
5	Minor OT	
6	Dental	
7	Eye/ENT	
8	Burns and plastic	
9	Neonatology with nursery	
10	Communicable disease	
11	Community health nursing	
12	Cardiology	
13	Oncology	
14	Neurology/ neuro surgery	
15	ICU/ICCU	
16	Pediatric ward	
17	Gynecology ward	
18	Ortho	
19	Any other	

\* REFER ENCLOSED SHEET

*P. Sadhan*  
PRINCIPAL  
SUMANTA WASNIK  
INSTITUTE OF NURSING  
NAGPUR

# ORANGE CITY HOSPITAL & RESEARCH INSTITUTE

## Categories of beds available

WARD	No. OF BEDS
Casualty/Emergency ward	6
ICCU	32
NICU	4
PICU	4
Pediatric Ward	10
Suite Room	2
Gynec Ward	10
Super Deluxe Room	10
Single Room	5
Twin Room	8
Semi-Private	9
General Ward bed	50
<b>Total Beds</b>	<b>150</b>

Note: Our present operation beds are around 125

*Sadhar*  
 PRINCIPAL  
 SUMANTA WASNIK  
 INSTITUTE OF NURSING  
 NAGPUR



# INDIAN YOUTH WELFARE MULTIPURPOSE SOCIETY'S SUMANTAI WASNIK INSTITUTE OF NURSING

DHABHA, NAGPUR - 440023

Tel. No. : 0712-6505666

e-mail : swcon1@yahoo.in  
sumantaiwasnikinstitute@gmail.com

Website : http://www.swconnagpur.org

Ref. No. SWCON/3062/2022

Date : 27/04/2022

To,

The Matron Madam  
Orange city  
Hospital

Nagpur

**Subject :-** Regarding requesting to provide information regarding your hospital for the purpose of filling it in the MUHS, Nashik Inspection format for our college....

Respected Sir/Madam,

With due respect, this is to bring to your kind notice that, Inspection by MUHS, Nashik University is due for our college.

As part of requirement for filling in the inspection proforma, the information about your hospital is required.

I request you to kindly provide the information about your esteemed hospital in the attached format.

I will be highly obliged to you if you will kindly do the needful at your earliest convenience.

Thanking you

Yours sincerely

Principal  
PRINCIPAL  
SUMANTAI WASNIK  
INSTITUTE OF NURSING  
NAGPUR

Enclosures:- Format to be filled



Principal  
SUMANTAI WASNIK  
INSTITUTE OF NURSING  
NAGPUR

28/4/2022  
1:48 PM