

## ANNEXURE XV

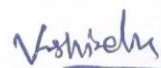
## MINIMUM HOSTEL FACILITY AVAILABLE AS PER MSR

Sr. No	Facility	Available (YES/ NO)	REMARK BRIEF AND SPECIFIC
1.	There should be a separate hostel for the male and female students.	YES	
2.	<b>Pantry</b> One pantry on each floor should be provided. It should have water cooler and heating arrangements	YES	
3.	<b>Washing &amp; Ironing Space</b> Facility for drying and ironing clothes should be provided on each floor.	YES	
4.	<b>Warden's Room</b> Warden should be provided with a separate office room besides her residential accommodation. Intercom facility with College & hospital shall be provided.	YES	
5.	<b>Telephone</b> Telephone facility accessible to students in emergency situation shall be made available.	No	
6.	Emergency alarm system in Hostel	YES	
7.	<b>Canteen</b> There should be provision for a canteen for the students, their guests, and all other staff members	YES	
8.	FDA License Verify Canteen Facility is monitored as per MUHS Circular No. 18/2019 dated – 19/03/2019 )	YES	
9.	Transport From Hostel to College / Hospital	YES	
10	C.C.T.V Cameras in Hostel	YES	
11	Security Facility in Hostel	YES	
12	Safe Drinking Water in Hostel	YES	
13	Sport & Recreational Activities in Hostel	YES	
14	Anti-Ragging Measures in Hostel	YES	
15	Bio Metric Attendance System in Hostel	YES	
16	Hostel Student Record in Hostel	YES	
17	Cleanliness and hygiene: The hostel is kept clean and hygienic at all times, with regular cleaning and	YES	
18	Daily News Paper & Magazine in Hostel	YES	
19	Visit Register Record by Dean Principal / Teacher and other Concerns authority in Hostel	YES	
20	Hostel Students Parent Meeting Minutes Register	YES	
21	Students Health Register in Hostel	YES	
22	The hostel rooms are spacious with natural light and ventilation in Hostel	YES	

23	Facility	Available (YES/ NO)	REMARK BRIEF AND SPECIFIC
24	Student is provided with a study table, chair. Wardrobe or Cupboards	YES	
25	Available books and Magazines for reading in Hostel	YES	
26	Safe disposal of wastes in Hostel	YES	
27	Provision For Equipped Sick Room in Hostel	YES	
28	Provision For Guest Room in Hostel	YES	
29	Laundry facilities: The hostel provides laundry facilities which allows students to wash their clothes and dry it.	YES	
30	Counseling services: The hostels have arrangements for providing counseling and support services to students who may need help with academic, personal, or emotional issues.	YES	
31	Gymnasium Facility with Equipment in Hostel	YES	
32	Yoga Meditation Facility in Hostel	YES	
33	Health Services To students like Vaccination, An annual medical examination, Free medical care during illness.	YES	
34	Provision of Hot water Supply in Hostel	YES	
35	Independent Generator Supply capacity (mention in KV)	YES	
36	ATM Facilities Near hostel	YES	
37	Secure Wi-Fi internet connectivity through high end firewall and Hi-speed secured browsing in Hostel	YES	
38	Provision for Residential Accommodations / Quarters for Teaching and Non-Teaching Staff Mention brief in Remark	YES	
39	<b>Feed Back / Compliant Register in Hostel</b>	YES	

**Accommodation in Hostel**

Total No of Students In College		Stay in Hostel	Percentage	Day Scholar	Percentage	Make a Clear Remark about hostel utilization
Boys	16	0	0%	16	100%	
Girls	60	25	48 %	25	48%	
Total	76	25	48 %	25	48%	
Average Percentage	→	Hostel = 25		Day Scholar = 51		

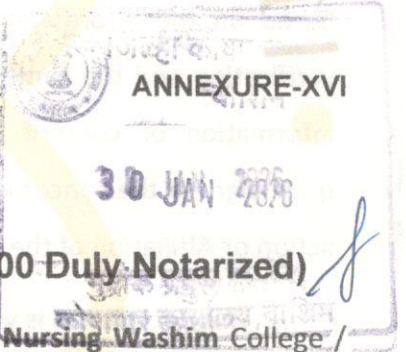
  
**Principal**  
**Rajashri Shahu College of Nursing, Washim-444505**



महाराष्ट्र MAHARASHTRA

2025

DP 469015



DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the **Rajashri Shahu College of Nursing Washim College /** Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexure is true and correct to my knowledge & Belief. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective **Annexure - VII & -----** are not working in / at any other College /Institute or presented themselves at any inspection for the **Academic Year 2026-2027**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure - VII & -----** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the **valid proof of residence** of the said city / town / village. The teachers in the **Annexure - VII & -----** are not practicing in College working hours or out-side the City where the College /Institute is situated.

१. मुद्रांक विक्री नोंदवही अंक व दिनांक : १६५०५ दिनांक ०४/०२/२०२६

२. दस्तावेज प्रकार :

३. दस्त नोंदणी करणार आहेत काय ? : होय/नाही

४. मिळकतीचे थोडक्यात वर्णन :

५. मुद्रांक विकत घेणार्याचे नांव पत्ता व सही :

६. दुस-या पक्षकाराचे नांव :

७. मुद्रांक शुल्क ५०० रुपये

८. परताना धारक मुद्रांक विकेत्याची सही व

पत्ताना कमांक तसेच मुद्रांक विक्रीचे ठिकाणाचा पत्ता

उप-कारण करीता ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारण करीतासाठी

मुद्रांक खरेदी केल्या पासुन ६ महीन्यात वापरणे बंधनकारक आहे

एस. के. खंडाळकर

मुद्रांक विक्रेता, वाशिम

प. क्र. २०/९८

कोड नं. ६५०१००३

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building.

I am further hereby declaring that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 04 day of Feb 2026 at 02.30.pm

Date: 04/02/2026

Place: Washim

Signature of Dean/Principal Name

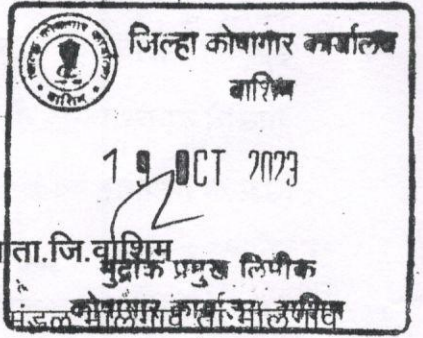
of the Signatory

Vishinthe  
Principal  
Rajashri Shahu College of  
Nursing, Washim-444505  
(With Seal of the College/Institute)

MUHS



महाराष्ट्र MAHARASHTRA करारनामा ( Agreement of School Bus ) 28AA 255477



लिहून देणार- श्री.संतोष काशीराम पाटील वय ४४ वर्ष रा.राजनी चौक , इमानदार पुरा वाशिम ता.जि.वाशिम

लिहून घेणार- श्रीमती.पूजा पुरुषोत्तम पूर्णये ह.मु.व्यकटेश कॉलनी वाशिम ता.जि.वाशिम

अध्यक्ष राजश्री शाहू बहुउद्देशीय आरोग्य व शिक्षण प्रसारक मंडळ कोबागार कार्यालय लिपिक

जि. वाशिम द्वारा संचालित राजश्री शाहू कॉलेज ऑफ बी.एस्सी नर्सिंग, पुसद रोड काकडदाती फाटा, वाशिम ता. जि. वाशिम करीता कारणे करारनामा लिहून देतो की माझे मालकीची स्कूल बसचे वर्णन.

सदर स्कूल बसचे (Description of School- Bus ) वर्णन

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| गाडी क्रमांक- MH ३७ B ६८७६         | महिंद्रा ट्विस्टर २५ BSIII स्कूल बस |
| प्रवासीक्षमता - २५ + ड्रायव्हर सीट | चेचीस नंबर- C३F१६३६२                |
| इंजिन नंबर-BTC४F१८६०४              | वजन-५४४० Kg                         |
| कलर- पिवळा ( yellow)               | इंधन - डिझेल (Diesel)               |
| क्युबिक क्षमता - २६०९cc            | हॉर्स पावर - (B.H.P)                |

Witness as to signature of Executant (s)  
Only Document is Prepared, Revised  
or Advised Upon on legality or any other

Vashtelhe  
Principal  
Rajashri Shahu College of  
Nursing, Washim-444505







सत्यप्रति

*Pr*  
प्रदिप भा. नागडे  
(पं.स. सदस्य मालगांव)

*Vshinelle*

Principal  
Rajashri Shahu College of  
Nursing, Washim-444505

# CERTIFICATE OF REGISTRATION MAHARASHTRA STATE, INDIA

Registered No MH-37 **B 6876**

Registration Date: **9-4-2013**

Registered Owners Name: **Santosh Kashiram Patil**

Son / Wife / Daughter of: **BT- Ruppigani Chavak TO**

Address: **manj. 9/30/2 Chavak  
S nam dar pura W 11, 12  
Washim**

Address (Permanent): **Dist Washim  
Mahindra Navistar Auto motive**

Maker's Name: **MHNL - VEL**

Class of Vehicle: **SCHOOL BUS**

Maker's Class: **SCHOOL BUS**

Wheel - Base (MM): **2500**

Month & Year of Manufacture: **JUN 2012**

Motor Vehicle Is: **Registered 25 Seater School Bus**

Vehicle Description: **25 Seater School Bus**

Type of Body: **25 Seater School Bus**

Original Date of Registration: **9-4-2013**

Certificate valid upto: **300 + 200 + 100 + 100**

Owner Serial Number: **300 + 200 + 100 + 100**

Specimen Singature of Registered Owner: **[Signature]**

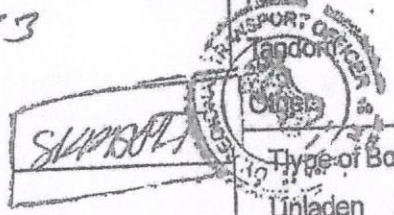
Registered Owner: **[Signature]**

Chasis Number: **C3R 16362**  
 Engine Number: **BT04F18608**  
 Unladen weight (Kg): **3440K**  
 Gross Vehicle Wt. (Kg): **5440K**  
 Colour: **Yellow**  
 Fuel Used: **Petrol / Diesel**  
 Cubic Capacity: **2609**  
 Horse Power (B.H.P.): **80**  
 No. of Cylinders: **One Four**  
 Seating Capacity (Including Driver): **25 + D**

Subject to HPA/HYP/Lease Agreement with **mahindra & mahindra Finance Ltd**  
 Dy. Regional Transport Officer: **WASHIM**  
 Specimen's Signature of Financier: **[Signature]**

Axle	Number of Tyres	Type Description	Registered Axle Wt. (Kg.)
Front	2	1714/13	2500 + 50
Rear	2	1714/13	2500 + 50
Tandem			
Other			

Type of Body	Weight (Kg.)
Unladen	



The Certificate is renewed

Dy. Regional Transport Officer: **WASHIM**  
 Signature of Registering Authority: **[Signature]**

**Principal**  
**Rajashri Shahu College of Nursing, Washim-444505**