

M.VAHED HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL



Al.Po.Anwa Pada Tq.Bhokardan Dist.Jalna-431112

Date: 1/9/22

Sr No. MVHMC 9/22/3

To,
Chavan Vaishali Subhash
Wadi Budruk
Tq, Bhokardan

Sub: Appointment letter.

Dear :-

With reference to your application and subsequent interviews with us .It has been decided to Appoint you as Nurse With a mutually agreed upon total consolidated salary with no claims of any other present or future benefits. Service tax or Govt. tax will be deducted as per rule.

Your appointment is subject to the following terms and conditions:-

1. You will join your duties within 15 days from appointment
2. Your appointment is for a period of **Eleven Months** from the date of joining and you will automatically. be deemed to be relieved on completion of Eleven months. If you wish to resign, you need to give 1 month of a notice i.e. you will be relived after receipt of you resignation letter 1 months of notice period.
3. You will carry out all the duties, functions and responsibilities assigned to you by head of the department or principal.
4. You services may be terminated at any time without notice and without assigning any reason.
5. You will be bound by the discipline and conduct rules. With or regulations and procedure of the institute
6. This is the full time engagement with the institute , you will not be permitted to do any full time or part time work of any nature elsewhere with or remuneration.
7. This appointment does not carry any superannuation or service termination benefits.
8. The Management reserves the rights to amend, alter, modify or vary any of the conditions passed without assigning any reasons.
9. You shall have to produce certified copies of all qualifying examinations passed from SSC onwards and recent passport size two color photographs.
10. You will abide by all present and future rules and reguiations that may come in force during your service period.

Yours faithfully,

Authorized signatory

रियाजुल उलूम वेलफेअर ट्रस्ट
अन्वा पादा तालुका भोकरदन जिल्हा

JOINING REPORT

TO,

THE PRINCIPLE

M.VAHED HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL

ANWA PADA 43112

SUBJECT= JOINING REPORT

R/SIR

With reference to appointment order I am submitting herewith MY joining report from today, I shall abide to term and condition, and will give my best.

I feel that I can make a significant contribution for our hospital. Thus, I am grateful for the opportunity you have presented me with.

वतनी कुतिल एकेन

Thanking you

Shankar

1/9/22

Accepted & allowed
to join.



PRINCIPAL

**M.VAHED HOMOEOPATHIC
MEDICAL COLLEGE**

& RESEARCH CENTER'S

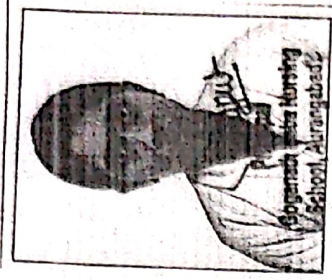
At. Po. Anwa Pada Tq. Bhokardan
Dist. Jalna-431112



1800026761

Maharashtra Nursing Council Mumbai

65077



Signature
of the Holder

No. 201450

We, hereby Certify that

MS. CHAVAN VAISHALI SUBHASH

Has Completed a Prescribed course of training in theory and practice
for **REVISED AUX. NURSE MIDWIFERY (F.H.W.)** affiliated to

at **GOGANATH BABA ANM NSG. SCH., CHITEGAON, AURAGABAD**
Maharashtra Nursing Council, Mumbai from **11/08/2014 to 16/10/2018**
and has passed the prescribed examination held in **JULY 2018**
with **Second Class** and qualified as a **AUX. NURSE MIDWIFE (F.H.W.)**
Dated the **07th** day of **January** in the year **2019** at **Mumbai**



CD-10261



Signed on behalf of the Maharashtra Nursing Council

President/Administrator

Registrar

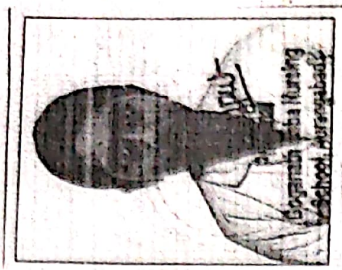
Schedule "K"
[See by-law 18(6)]

ctp

1800026761

Maharashtra Nursing Council Mumbai

84785



Certificate of Registration

Registration No. XVIII- 69840

This is to certify that

MS. CHAVAN VAISHALI SUBHASH

Having passed the examination of **REVISED AUX. NURSE MIDWIFERY (F.H.W.)** has been duly registered under the Maharashtra Nurses Act, 1966 (Mah. N. Act of 1966), in part **IV** of the Register for Aurangabad Region in Section **XVIII** as a registered **AUX. NURSE MIDWIFE (F.H.W.)**

In witness whereof are herewith affixed the seal of the Maharashtra Nursing Council, Mumbai, and the signature of the President & Registrar.

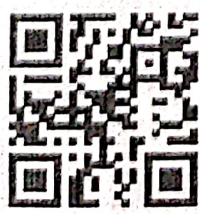
Subject to the provisions of the said Act, this certificate is

Valid upto **30/03/2022**

Dated the **07th January 2019**

Shubhan
Registrar

President / Administrator



CD-18419

- 1) Renewal of Registration, Change of Name & Change of Address is responsibility of the holder of this Certificate.
- 2) This Registration Certificate is issued on the basis of previous Registration Certificate of State Nursing Council.
- 3) Addition/ Alteration/ Attestation or any infringement of this instruction, on the front side of this Certificate will result in the cancellation.



महाराष्ट्र शासन
जिल्हा सामान्य रुग्णालय जळगाव
जिल्हा पेठ, जळगाव
जिल्हा जळगाव - ४२५००१



जिल्हा शल्य चिकित्सक - (०२५७) २२२६६११

जा.क्र./सारुज/जिशचि/ 20216 /२०२१

ई-मेल : CS :- csjal_mh@yahoo.co.in



जिल्हा शल्य चिकीत्सक कार्यालय सामान्य रुग्णालय, जळगाव
दिनांक - २४ / ०९ / २०२१

अनुभव प्रमाणपत्र

दाखला देण्यात येतो की, ~~वैशाली सुभाष चव्हाण~~ यांनी कोविड १९ अंतर्गत कंत्राटी पध्दतीने तात्पुरत्या स्वरूपात दिनांक - २१/०४/२०२१ ते दिनांक - ०२/०७/२०२१ पर्यंत ~~डॉ. रमी. एन्. रमी. पाळधी~~ येथे ~~ए.एन.एम.~~ या पदावर कामकाज केलेले आहे.

त्यांचे विनंती अर्जावरून दाखला देण्यात येत आहे.

डॉ. एन. एस. चव्हाण
नोडल ऑफिसर कोविड १९
तथा
जिल्हा शल्य चिकित्सक
सामान्य रुग्णालय, जळगाव



Maharashtra Nursing Council Mumbai

Sr. No. : 43778



Certificate of Passing The Examination

Seat No. 1996

This is to certify that,

MISS CHAVAN VAISHALI SUBHASH

appeared from

GOGANATH BABA ANM NURSING SCHOOL CHITEGAON AURANGABAD

and passed the examination of

AUXILIARY NURSING & MIDWIFERY (SECOND YEAR)

conducted by

Maharashtra Nursing Council, Mumbai

in the month of

JULY 2018.



Registrar

Maharashtra Nursing Council, Mumbai

Signature Of Holder

Dated : 16-10-2018



Maharashtra Nursing Council Mumbai

Sr No : 162333

STATEMENT OF MARKS

SEAT NO. 3426

PRN :- 2014/563/67/3

CENTRE CODE :- 259

A.Y :- 2016-17

AUXILIARY NURSE MIDWIFERY SECOND YEAR held in the month of July 2017

NAME OF INSTITUTE:- GOGANATH BABA ANM NURSING SCHOOL CHITEGAON AURANGABAD

NAME OF CANDIDATE:- MISS CHAVAN VAISHALI SUBHASH

SUBJECT CODE	TITLE OF SUBJECTS	MAXIMUM MARKS	MINIMUM MARKS	MARKS/GRADE OBTAINED
2002	MIDWIFERY	100	50	60E
2003	HEALTH CENTRE MANAGEMENT	100	50	50E
2004	MIDWIFERY (PRACTICAL-I)	200	100	Ab
2005	PRIMARY HEALTH CARE NURSING AND HEALTH CENTRE MANAGEMENT (PRACTICAL-II)	200	100	Ab

		TOTAL MAX.MARKS	RESULT WITH %	TOTAL MARKS OBTAINED
Distinction	80.00% & above			
First Division	70.00% to 79.99%			
Second Division	60.00% to 69.99%	200		110
Pass	50.00% to 59.99%		FAIL	

R. NO. EXM/OPR/1718/1258

Date : 23-11-2017



Shubhas

REGISTRAR

MAHARASHTRA NURSING COUNCIL, MUMBAI

IMPORTANT

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council

AB : Absent E : Exemption



Sr.No. 103840

Maharashtra Nursing Council, Mumbai

महाराष्ट्र परिचर्या परिषद, मुंबई

STATEMENT OF MARKS

गुणपत्रक

SEAT NO. 1205

PRN :- 2014/563/67/3

CENTRE CODE : 259

A.Y : 2015-16

REVISED AUXILLARY NURSE MIDWIFERY (FHW) FIRST YEAR held in the month of January 2016

NAME OF INSTITUTE: GOGANATH BABA ANM NURSING SCHOOL CHITEGAON AURANGABAD

NAME OF CANDIDATE :- MISS CHAVAN VAISHALI SUBHASH

SUBJECT CODE	TITLE OF SUBJECTS	MAXIMUM MARKS	MINIMUM MARKS	MARKS/GRADE OBTAINED
1001	COMMUNITY HEALTH NURSING	100	50	52E
1002	HEALTH PROMOTION	100	50	52E
1003	PRIMARY HEALTH CARE NURSING			E
1004	CHILD HEALTH NURSING	100	50	42
1005	COMMUNITY HEALTH NURSING AND HEALTH PROMOTION (PRACTICAL-I)			E
1006	CHILD HEALTH NURSING (PRACTICAL-II)			E

		TOTAL MAX.MARKS	RESULT WITH %	TOTAL MARKS OBTAINED
Distinction	80.00% & above			
First Division	70.00% & 79.99%			
Second Division	60.00% & 69.99%	300		146
Pass	50.00% & 59.99%			
			FAIL	

REGISTRAR

MAHARASHTRA NURSING COUNCIL, MUMBAI

DATE : 02-05-2016

IMPORTANT

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council.

AB : Absent E : Exemption
R. NO. 7.111

PREPARED BY RSM

CHECKED BY CRP

Sr.No. 130483



Maharashtra Nursing Council, Mumbai

महाराष्ट्र परिचर्या परिषद, मुंबई

SEAT NO. 5378

STATEMENT OF MARKS

PRN - 2014/563/67/3

CENTRE CODE : 259

गुणपत्रक

A.Y. : 2015-16

AUXILIARY NURSE MIDWIFERY FIRST YEAR held in the month of June 2016

NAME OF INSTITUTE : GOGANATH BABA ANM NURSING SCHOOL CHITEGAON AURANGABAD

NAME OF CANDIDATE : MISS CHAVAN VAISHALI SUBHASH

SUBJECT CODE	TITLE OF SUBJECTS	MAXIMUM MARKS	MINIMUM MARKS	MARKS/GRADE OBTAINED
1001	COMMUNITY HEALTH NURSING			E
1002	HEALTH PROMOTION			E
1003	PRIMARY HEALTH CARE NURSING			E
1004	CHILD HEALTH NURSING	100	50	51
1005	COMMUNITY HEALTH NURSING AND HEALTH PROMOTION (PRACTICAL-I)			E
1006	CHILD HEALTH NURSING (PRACTICAL-II)			E
Distinction		80.00% & above		
First Division		70.00% & 79.99%		
Second Division		60.00% & 69.99%		
Pass		50.00% & 59.99%		
		TOTAL MAX. MARKS	RESULT WITH %	TOTAL MARKS OBTAINED
		100		61

PASS

R. NO. EXM/OPR/1617/2514

REGISTRAR

MAHARASHTRA NURSING COUNCIL, MUMBAI

CHECK BY: GAT

DATE :

04-10-2016

IMPORTANT

PREPARED BY: GSM

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council.

AB : Absent E : Exemption



Maharashtra Nursing Council Mumbai

Sr. No. : 22281

STATEMENT OF MARKS

SEAT NO. 1996

PRN :- 2014/563/67/3

CENTRE CODE :- 259

A.Y :- 2017-18

EXAM NAME:- AUXILIARY NURSING & MIDWIFERY (SECOND YEAR) held in the month of July 2018

NAME OF INSTITUTE:- **GOGANATH BABA ANM NURSING SCHOOL CHITEGAON
AURANGABAD**

NAME OF CANDIDATE:- **MISS CHAVAN VAISHALI SUBHASH**

SUBJECT CODE	TITLE OF SUBJECTS	MAXIMUM MARKS	MINIMUM MARKS	MARKS/GRADE OBTAINED
2002	MIDWIFERY			E
2003	HEALTH CENTRE MANAGEMENT			E
2004	MIDWIFERY (PRACTICAL-I)	200	100	144
2005	PRIMARY HEALTH CARE NURSING AND HEALTH CENTRE MANAGEMENT (PRACTICAL-II)	200	100	149

RESULT :-	PASS	TOTAL MAX.MARKS	TOTAL MARKS OBTAINED
Distinction	80.00% & above	400	293
First Division	70.00% to 79.99%		
Second Division	60.00% to 69.99%		
Pass	50.00% to 59.99%		

R. NO. EXM/OPR/1819/1554

Date : 16-10-2018



Subhas

REGISTRAR

MAHARASHTRA NURSING COUNCIL, MUMBAI

IMPORTANT

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council

AB : Absent E : Exemption

Sr.No. 130483



Maharashtra Nursing Council, Mumbai

महाराष्ट्र परिचर्या परिषद, मुंबई

SEAT NO. 5378

STATEMENT OF MARKS

PRN - 2014/563/673

CENTRE CODE : 259

गुणपत्रक

A.Y. : 2015-16

AUXILIARY NURSE MIDWIFERY FIRST YEAR held in the month of June 2016

NAME OF INSTITUTE : GOGANATH BABA ANM NURSING SCHOOL CHITEGAON AURANGABAD

NAME OF CANDIDATE : MISS CHAVAN VAISHALI SUBHASH

SUBJECT -CODE	TITLE OF SUBJECTS	MAXIMUM MARKS	MINIMUM MARKS	MARKS/GRADE OBTAINED
1001	COMMUNITY HEALTH NURSING			E
1002	HEALTH PROMOTION			E
1003	PRIMARY HEALTH CARE NURSING			E
1004	CHILD HEALTH NURSING	100	50	61
1005	COMMUNITY HEALTH NURSING AND HEALTH PROMOTION (PRACTICAL-I)			E
1006	CHILD HEALTH NURSING (PRACTICAL-II)			E
Distinction		80.00% & above		
First Division		70.00% & 79.99%		
Second Division		60.00% & 69.99%		
Pass		50.00% & 59.99%		
		TOTAL MAX.MARKS	RESULT WITH %	TOTAL MARKS OBTAINED
		100		61

REGISTRAR

MAHARASHTRA NURSING COUNCIL, MUMBAI

PASS

R. NO. EXM/OPR/1617/2534

DATE :

04-10-2016

CHECK BY: GAT

IMPORTANT

PREPARED BY: SSM

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council.

AB : Absent E : Exemption



Maharashtra Nursing Council, Mumbai

महाराष्ट्र परिचर्या परिषद, मुंबई

Sr.No.

86179

SEAT NO. 6629

STATEMENT OF MARKS

PRN :- 2014/563/67/3

CENTRE CODE : 259

गुणपत्रक

A.Y : 2014-15

REVISED AUXILLARY NURSE MIDWIFERY (FHW) FIRST YEAR held in the month of July 2015

NAME OF INSTITUTE: GOGANATH BABA ANM NURSING SCHOOL CHITEGAON AURANGABAD

NAME OF CANDIDATE :- MISS CHAVAN VAISHALI SUBHASH

SUBJECT CODE	TITLE OF SUBJECTS	MAXIMUM MARKS	MINIMUM MARKS	MARKS/GRADE OBTAINED
1001	COMMUNITY HEALTH NURSING	100	50	46
1002	HEALTH PROMOTION	100	50	45
1003	PRIMARY HEALTH CARE NURSING	100	50	56E
1004	CHILD HEALTH NURSING	100	50	44
1005	COMMUNITY HEALTH NURSING AND HEALTH PROMOTION (PRACTICAL-I)	200	100	146 E
1006	CHILD HEALTH NURSING (PRACTICAL-II)	200	100	143E

Distinction	80.00% & above
First Division	70.00% & 79.99%
Second Division	60.00% & 69.99%
Pass	50.00% & 59.99%

TOTAL MAX.MARKS	RESULT WITH %	TOTAL MARKS OBTAINED
800		480


REGISTRAR

FAIL

DATE .01-01-2016

MAHARASHTRA NURSING COUNCIL, MUMBAI

IMPORTANT

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council.

AB : Absent E : Exemption

R. NO. 4,469

PREPARED BY: RBM

CHECKED BY: CRP



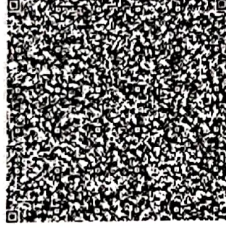
भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक: / Enrolment No.: 2006/21501/05921

To
वैशाली नितेश पारखे
Vaishali Nitesh Parkhe
W/O Nitesh Parkhe
Mu.Wadi Khurd Po.Wadi Bk
Tq.Bhokardan Dist Jalna
Wadi Khurd,
Jalna Maharashtra - 431114
7066271756

Signature Not Verified
Please verify the details of the Aadhaar Card using the UIDAI website.



आपला आधार क्रमांक / Your Aadhaar No. :

6802 6196 1542
VID : 9167 8926 1514 2617

माझे आधार, माझी ओळख



भारत सरकार
Government of India



वैशाली नितेश पारखे
Vaishali Nitesh Parkhe
जन्म तारीख/DOB: 17/10/1996
महिला/ FEMALE

6802 6196 1542
VID : 9167 8926 1514 2617

माझे आधार, माझी ओळख



माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देशभरात वैध आहे
- आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते
- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्यावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - mAadhaar App वापरा

- Aadhaar is valid throughout the country.
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- Carry Aadhaar in your smart phone – use mAadhaar App.

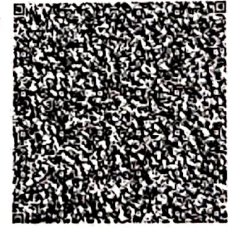


भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



पत्ता:
W/O नितेश पारखे, मु.वाडी खु.वाडी बु. त.भोकरदन जि.
जालना, वाडी खुर्द, जालना,
महाराष्ट्र - 431114

Address:
W/O Nitesh Parkhe, Mu.Wadi Khurd Po.Wadi
Bk, Tq.Bhokardan Dist Jalna, Wadi Khurd.,
Jalna,
Maharashtra - 431114



6802 6196 1542
VID : 9167 8926 1514 2617

1847 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
EYYP3499C



नाम / Name
PARKHE VAISHALI NITESH

पिता का नाम / Father's Name
SUBHASH CHAVHAN

जन्म की तारीख /
Date of Birth
17/10/1996



01022019

PAN Application Receipt Stamp Card
Validation: Primary Stamp