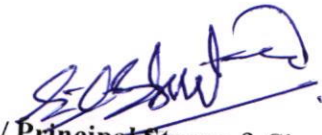


**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK****Trust Deed / Bylaws/ Registration Certificate  
(Trust / Hospital (Bombay Nursing Act))**

**Faculty** : **B.A.M.S.**  
**Name of College/Institute** : **P. R. Pote Patil College of Medical Sciences  
Ayurved, Amravati**

1	Name of Trust / Society	<b>P. R. Pote Patil Education &amp; Welfare Trust's</b>
2	Registration Certificate	Trust/Society:- ई-५११ (अमरावती) दिनांक ०६/१२/२००७
		Hospital (Bombay Nursing Act):- जा.क्र./जिप/आवि/दनु/२२८१/२२ कार्यालय आरोग्य विभाग जि.प.अमरावती दिनांक ०१/०४/२०२२
3	Name of the College/ Institute (As per First Affiliation letter)	<b>P. R. Pote Patil College of Medical Sciences Ayurved</b>
4	Address	<b>Pote Patil Road, Kathora Bk, Amravati 444 602</b>
5	Email ID	<b>prpotemedical@gmail.com</b>
6	Telephone/ Mobile No.(s)	<b>0721-2970111/ 9422140500 / 9326175856</b>
7	Website	<b>https://www.prpotepatilayurved.ac.in</b>
8	College Code	<b>125124</b>

  
**Dean/ Principal Stamp & Signature**  
**Principal**  
**P. R. Pote Patil College of Medical  
Sciences Ayurved, Amravati**