

ANNEXURE- III

**Maharashtra University of Health
Sciences, Nashik**

**Trust Deed / Bylaws/ Registration
Certificate(Trust / Hospital (Bombay
Nursing Act))**

Faculty - Nursing

Name of College/Institute - Institute of Nursing Education. Mumbai

| | | |
|--|---|--|
| Name of Trust / Society | | |
| Registration Certificate | | Trust / Society Hospital (Bombay Nursing Act) :- Not applicable |
| Name of the Institute(As per First Affiliation letter) | : | Institute of Nursing Education. Mumbai |
| Address | : | Bai Motlibai Building, Sir J.J.Group of Hospital Campus, Byculla. Mumbai -400008 |
| Email ID | : | mumbai.ine@gmail.com |
| Telephone / Mobile No.(s) | : | 02223744655 |
| Website | : | www.inemumbai.org |
| College Code | : | 151122 |

Dean/ Principal Stamp & Signature

Principal
Institute of Nursing Education
Mumbai - 400 008.