



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड म्हासल, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004 Tel:
(0253) 2539156/197, Student Helpline: (0253) 2539111/6659111
Website: www.muhs.ac.in, E-mail: fccc@muhs.ac.in



Application for Continuation of Affiliation for Fellowship/Certificate Course(s)

(As per provision of the Maharashtra University of Health Sciences Act, 1998 and University Rule/Guidelines)

To,

**The Registrar,
Maharashtra University of Health Sciences,
Vani-Dindori Road, Mhasrul,
Nashik 422 004**

Sir,

We are here with submitting the application with a request under section 64(3) of the Maharashtra University of Health Sciences Act, 1998, for Continuation of our Institute for renewal of Fellowship/Certificate Course in Homeopathic Cosmetology and Aesthetics with an Intake Capacity of 21 students, from the academic year 2024-25

Following are the particulars:

- **Purpose of Present inspection:** (Tick whichever applicable and strike-out whichever not applicable)

(Renewal of Affiliation /Continuation/Compliance Verification)

- **Date of last inspection of the department:** _____
(Write Not Applicable for first inspection)

- **Purpose of Last Inspection:** Starting of New courses

- **Result of last Inspection:** Granted permission to start the Course
(Copy of University Letter to be attached)

- **Certificate Course In Homeopathic Cosmetology and Aesthetics
Co-ordinator Details:**

Name: Dr Sheetal Sawant

Mobile/Telephone no.: 99672 30986

e-mail id: drsheetal.sawant@drbatras.com

Professional Teaching Experience Certificate for Fellowship Courses Director

Title of the Course applied for:- Certificate Course in Homeopathic Cosmetology and AestheticsThis to Certify that Dr Samir Awinash Chaukar has worked in the Department of Dr Batra's Academy Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	Jan 1993	Till date	29 years	4 months
Demonstrator, Y.M.T Homeopathic College, Mumbai	1/12/1993	30/11/1996	3 years	
Lecturer, Y. M. T. Homeopathic College, Mumbai	1/12/1996	14/8/1999	2 years	8 months
Lecturer, Y. M. T. Homeopathic College, Mumbai	16/6/2000	15/9/2001	1 year	3 months
Reader, Y. M. T. Homeopathic College, Mumbai	16/9/2001	15/9/2004	3 years	
Professor, Y. M. T. Homeopathic College, Mumbai	16/9/2004	11/9/2008	4 years	
Head- Training and Chief Homeopathic Consultant	Sep 2008	Dec 2014	6 years	3 months
Dean, Dr Batra's Academy	Jan 2015	Till date	8 years	9 months

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Head -Training and Chief Homeopathic Consultant	Sep 2008	Dec 2014	6 years	3 months
Dean/Mentor, Dr Batra's Academy	Jan 2015	Till date	8 years	9 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date

Sign & Stamp

Dean/Principal/Head of Institute

Date

(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)

Name: Dr Samir Awinash Chaukkar Age: 53 years (Date of Birth) 14/10/1969

PG Degree Recognized	Subject	Year	Institution	University
	HMM	2005	YMT Homeopathic medical college Mumbai	Mumbai University

Teaching Experience

Designation	Institution	From	To	Total Exp.
Demonstrator	Y.M.T.Hom.College, Mumbai	1/12/1993	30/11/1996	3 years
Lecturer	Y.M.T.Hom.College, Mumbai	1/12/1996	14/8/1999	2 years 8 months
	Y.M.T.Hom.College, Mumbai	16/6/2000	15/9/2001	1 year 3 months
Reader	Y.M.T.Hom.College, Mumbai	16/9/2001 – 15/9/2004		3 years
Professor	Y.M.T.Hom.College, Mumbai	16/9/2004- 11/9/2008		4 years
Head- Training/Dean	Dr Batra's Academy, Mumbai	12/9/2008- till date		15 years
		Total		29 years

2. Management/Society/Inst. Information:

Management Society/Inst. Information:			
01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Dr Batra's Positive Health Clinic Pvt. Ltd	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob: 9892166616	Tele:022-33671200
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: U8090MH2010PTC198397.	
		ii) Society's Registration Act.1860: NA.	
		iii) Year of establishment:27/12/2009	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No	
03	Hospital Information :		
	i) Name of the Hospital	Palvi Hospital, Ulhasnagar	
	ii) Nursing Home Registration No.	UMC/MHD/BNH Act/96/21	
	iii) Establishment Year	20/8/2021	
04	i) Name of the Training Centre /Institute where course is to be conducted:	Dr Batra's Academy, Mumbai	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob:9892166616	
	iv) E-mail ID:	Tele:022-33671236	
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course: Fellowship Course in Homeopathic Dermatology. Approved Intake Capacity-50	
		Certificate Course in Homeopathic	

		management of Respiratory diseases and allergies -28 Certificate Course in Homeopathic Cosmetology and Aesthetics-21
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) – 1) Certificate Course in Palliative Homeopathic Oncology Required Intake Capacity- 50
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes NEFT/AXIS P00417425 833/01220 82316794_ 199
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes
07	Budgetary provision for the FC/CC/DC for the next 03 years	Yes
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated 27 th April 2022
		Copy of Management Resolution attached?
		*Yes

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area:
	i) Whether the land is owned by the Applicant Institute/Training Centre/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes Mark as Appendix 'E'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: Dated At (Place): Copy of Land Registration Certificate attached? * No. – Mark as Appendix 'F'
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs Copy of Loan/Mortgage Deed attached? No. – Mark as Appendix 'G'
	b) Building:	1000. sq. ft.
	i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No – Mark as Appendix 'H'

3. Central Library

- Journals:

- Total number of Books in library:

582

- Books pertaining to concerned Fellowship subject:

42

- Purchase of latest editions of concerned books in last 3 years: -

1	Journals		Total	concerned Fellowship subject
2	Indian		5	
3	Foreign			

- Year / Month up to which latest Indian Journals available :

- Year / Month up to which latest Foreign Journals available : **July 2022**

- Internet / Med pub / Photocopy facility:

available

- Library opening times:

10-5 PM

- Reading facility out of routine library hours:

available

(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

Not available

- Play grounds Gymnasium

5. **Hostel Accommodation: NA**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of						
Students						
Status of Cleanliness						

6. **Residential accommodation for Staff / Paramedical staff : NA**

7. **Ethical Committee (Constitution) :** YES

8. **Medical Education Unit (Constitution) :** **NO**
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :**
(such as Herbal garden / Panchakarma Unit /Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)- **NA**

HOSPITAL INFORMATION

1. Name of the Hospital: Palvi General Hospital, Ulhasnagar

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	3		1
IPD (Total No. of Patients admitted)	5	IPD (Total No. of Patients admitted)	0

3. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	30
No of Beds in ICU	6
No of Beds in IRCU	
No of Beds in SICU	
No of Major O.T.	
No of Minor O.T.	

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM	20	50
• Daily admissions	2-3	6-8
• Daily admissions in Dept.		
• Through casualty at 10am • Bed occupancy in the Dept.		
• Number of patients in ward (IPD) at 10AM		
• Percentage bed occupancy at 10Am		

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :
(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
☐		
☐		
☐		
☐		
☐		

5 Casualty:/ Emergency Department:

Space	3500 sq feet
Number of Beds	30
No. of cases (Average daily OPD and Admissions):	25-30
Emergency Lab in Casualty (round the clock):	available
Emergency OT and Dressing Room	NA Dressing room available
Staff (Medical/Paramedical)	15
Equipment available	Ventilator, Bypack

6 Blood Bank:OUTSOURCED

(i)	Valid FDA License(copy of certificate be annexed)	Yes
(ii)	Blood component facility available	Yes
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes
(iv)	Nature of Blood Storage facilities (as per specifications)	Outsourced to prime diagnostics
(v)	Number of Blood Units available on inspection day	outsourced
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily On Inspection day

7. Central Laboratory:

- Controlling Department: YES
- No of Staff : 2
- Equipment Available : Attach separate List
- Working Hours: 24 HOURS

- 8 Central supply of Oxygen / Suction: Available
- 9 Central Sterilization Department Available
- 10 Ambulance (Functional) Out sourced- Available
- 11 Laundry: Outsourced
- 12 Kitchen Outsourced
- 13 Incinerator: Functional / Non functional Outsourced
- 14 Bio-Medical waste disposal Outsourced
- 15 Generator facility Available
- 16 Medical Record Section: Computerized
Used / Not used
- ICD X classification

Sign & Stamp
Head of the Department

Training Centre Date: Date:

Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of

ANNEXURE "D"**DEPARTMENTAL INFORMATION**

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: Homeopathic management of Allergies and Respiratory Diseases

2. Date on which independent department of: functioning concerned specialty was created and started- NA

Mentor's details (From start of department till date) :

Sr. No	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr Samir Chaukar	Full Time	Dean/Mentor	MD Hom	18 years
2	Dr Sheetal Sawant	Full Time	Coordinator	MD Hom	12 years
3	Dr Poonam Dand	Full Time	Mentor	MD Hom	13 years
3	Dr Falguni Joshi	Full Time	Mentor	MD Hom	15 years
4	Dr Gurumayun Chand	Full Time	Mentor	MD Hom	5 years

3. Whether Independent Department of concerned Certificate subject exists in the Institution :

Yes/No: Yes

since when: 2022

4. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	70 sq feet	Available	
Clinics	600 sq feet	Available	
Laboratory Space	Out sourced	Available	
Seminar room	450 sq feet	Available	
Department Library	180 sq feet	Available	
PG common room		NA	Not Available
Pre-clinical lab (where ever applicable)		NA	Not Available
Patient waiting room		Available	
Total area	1300feet		

5. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship Course during the last 3 yrs:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2022-23	Certificate Course in Homeopathic Cosmetology and Aesthetics	21	21

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

1. List of Non-teaching Staff in the department:

Sr. No.	Name	Designation
1	Mr Vishal Bhalerao	Admin and Clerk
2	Mrs Maitreyi Dubey	Librarian

2. List of Equipment(s) in the department of concerned Fellowship subject:

Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1	Aesthetic Bed		Functional	1
2	Chemical Peels		Functional	1
3	Cotton Gauzes		Functional	1
4	Prilox Surgical gloves face mask Surgical spirit or alcohol swab		Functional	1

3. Intensive care Service provided by the Department: NA

4. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Sakinaka	Mon-Sunday	10-8 pm	Annexure Attached	Dr Swaroop Sampat
2	Chowpatty	Mon-Sunday	10-8 pm	Annexure	Dr Sultan Ali

3	Borivali	Mon-Sunday	10-8 pm	Attached Annexure Attached	Dr Sejal Parekar
4	Thane	Mon	10- 8pm	Annexure Attached	Dr Ram

5. Services provided by the Department:

1. Services

- 1) Chemical peels
- 2) HIFU
- 3) Radio cautery
- 4) Warts and tags removal
- 5) Hair mesotherapy , PRP
- 6) Diode laser, Q switch
- 7) (b) **Ancillary Services-** Counselling, Dietary, Nutritional Guidance

(f) **Others:** Charitable Clinics- **Free Clinics of Dr Batras**

6. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	Yes	Yes
2	Equipment's	Yes	Yes
3	Teaching Space	Yes	Yes
4	Waiting area for patients	Yes	Yes

7. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	Available
Staff (Steno /Clerk).	Yes/No	Professors	Available
Computer/ Typewriter	Yes/No	Associate Professors	Available
Storage space for files	Yes/No	Assistant Professor	Available
		Residents	Available

8. Clinical Load of Dept.: No of Surgeries / Procedures- NA
Submission of data to National Authorities if any : NA

ANNEXURE – “E”

Information of Director of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Dr Samir Awinash Chaukkar
02.	Date of Birth	:	14 th October 1969
03.	Address	:	A/504, Shivam Apts, Behind Anand Nagar, Dahisar East, Mumbai 400068
04.	Tel. No./ Mob. No.	:	9892166616/8767702498
05.	E-mail id	:	drsamir.chaukkar@drbatras.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	BHMS(Mumbai), MD(Hom), FCHD
08.	Teaching Experience/ Health Sciences: Professional Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	Ex-Professor- Dept. of Homeopathic Materia Medica- Y.M.T.Homeopathic College , Navi Mumbai Chief Homeopathic Consultant- Dr Batra's Clinic Dean- Dr Batra's Academy, Mumbai Consulting Homeopath- Dr Batra's Clinics, Mumbai
09.	Present Appointment	:	Dean, Dr Batra's Academy , Mumbai
10.	Publications (List & Proof)	:	Comparative Materia Medica for students- published by B.Jain publishers
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date: -

Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:

Training Centre Round Seal

ANNEXURE – “F”

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr Samir Chaukkar
02.	Date of Birth	: 14/10/1969
03.	Address	: A/504, Shivam Apts, Behind Anand Nagar, Dahisar East, Mumbai 400068
04.	Tel. No./ Mob. No.	: 9892166616
05.	e-mail id	: drsamir.chaukkar@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD(Hom)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 29 years 29 years
09.	Present Appointment	: Dean-Dr Batra's Academy Mumbai
10.	Publications (List & Proof)	: Comparative Materia Medica for students- published by B.Jain publishers
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
 Head of the Department
 Date:

Sign & Stamp
 Dean/ Principal/ Director of Training Centre
 Date:

Training Centre Round Seal

ANNEXURE - "G"

Information of Co-ordinator of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Coordinator	: Dr Sheetal Sawant
02.	Date of Birth	: 28/4/1981
03.	Address	: L 002 Country Park Society, Dattapada road, Borivali East, Mumbai 400068
04.	Mob. No.	: 9967230986
05.	E-mail id	: drsheelal28@gmail.com
06.	Nationality	: Indian
07.	Qualification in details: (attach documentary proof)	: MD (Hom), Fellowship in Homeopathic Dermatology (MUHS)
08.	Present Appointment	: Coordinator- Certificate Course in Cosmetology - Dr Batra's Academy
09.	Any other relevant information	Working with Dr Batra's as Chief Homeopathic consultant since 2012

Date:

Sign & Stamp
Head of the Department
Centre
Date:



Training Centre Round Seal

S. D. Sawant
Sign. of
Co-ordinator

Sign & Stamp
Dean/ Principal/ Director of Training

Date:



**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

We, the Chancellor, the Pro-Chancellor,
the Vice-Chancellor, the Members of the
Management Council and the Academic
Council of the Maharashtra University of
Health Sciences, Nashik,
certify that

i/Smt. SAWANT SHEETAL DEEPAK

Y.M.T. Homoeopathic Medical College &
Hospital, Navi Mumbai

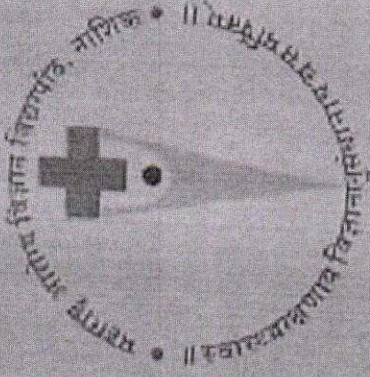
having been examined and found
duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

In Nov-2009
the said Degree has been
conferred on him / her.
In testimony whereof is set
the seal of the said University.

108164056
May 2010

Nilima Kharasgaon
VICE-CHANCELLOR



**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरू,
व्यवस्थापन परिषद व विद्यापरिषद सदस्य
प्रमाणित करतो की,
नवी मुंबई येथील वाय.एम.टी.चे
होमिओपॅथीक मेडीकल कॉलेज व
हॉस्पिटल चे/च्या

सावंत शीतल दिपक

हे/ह्या नोव्हेंबर-२००९ मध्ये
**एम.डी.होमिओपॅथी
(रेपर्टरी)**

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना
ही पदवी प्रदान करण्यात येत आहे.
याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.



नीलिमा झीनसगार
कुलगुरू



10702003

MAHARASHTRA COUNCIL OF HOMOEOPATHY

235, Peninsula House, 3rd Floor, D.N. Road, Fort, Mumbai - 400 001.

REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

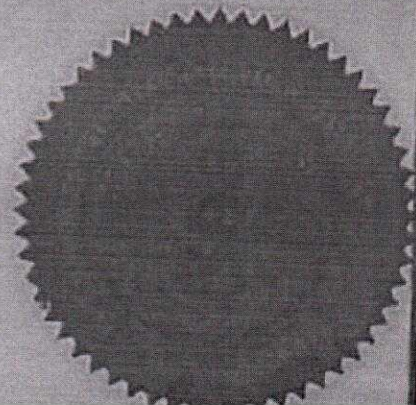


Certificate No. **298**

Date **11-01-2013**

I, hereby certify that the following qualification has been duly registered in the State Register of the Council

NAME	ADDITIONAL QUALIFICATION
Dr. Sanant Sheetal Deepak.	M.D. Homoeopathy (Bachelor)
Regn. No. 42649.	M.O.H.S. No. 42649, 1st Nov. 2009, Ser. No. 44053.



[Signature]
REGISTRAR

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 42649

Date of Registration 18-5-2009



THIS IS TO CERTIFY THAT

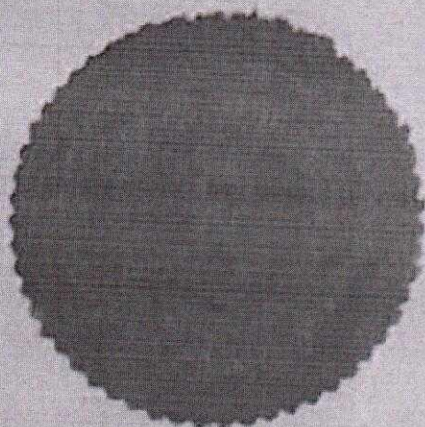
Dr. (~~Shri~~/Smt./Kumari) Sanant Sheetal

Deepak

has been duly registered under the Mumbai Homoeopathic Practitioners' Act, 1959 (Mumbai XII of 1960).

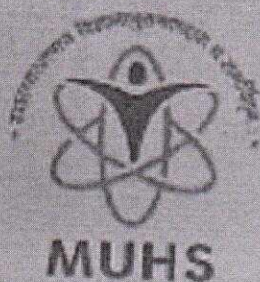
In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Mumbai and the signature of the Registrar.

Subject to the provisions of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the Register.



T. Rangam

Signature of the Registrar



Dr Batra's
ACADEMY
Building Tomorrow



Dr Batra's® Academy Pvt Ltd, Mumbai

This is to certify that

Dr. Sheetal D Sawant

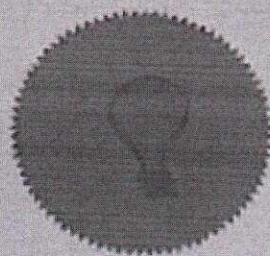
of Dr Batra's® Academy, Mumbai
has successfully completed the

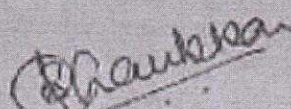
Fellowship Course in Homeopathic Dermatology (F.C.H.D.)
(From 18-3-2015 to 15-2-2016)

under the aegis of
Maharashtra University of Health Sciences, Nashik (MUHS)

The said certificate has been awarded
to him/her on 10th April 2016


Dr. Mukesh Batra
Founder & Director
Dr Batra's Academy




Dr. Samir Chavhan
Dean
Dr Batra's Academy

Dr. Keshinath Gerkal
Registrar
Maharashtra University of
Health Sciences, Nashik

ANNEXURE - "F"

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center.

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	DR. FALGUNI JOSHI
02.	Date of Birth	01/05/1975
03.	Address	B-10/403 Verna Nagar CHS, Mumbai-80
04.	Tel No / Mob No.	9833216032
05.	e-mail id	dr.falguni@gmail.com
06.	Nationality	Indian
07.	Qualification in details (attach documentary proof)	M.D (Horn)
08.	Teaching Experience / Health Sciences Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Certificate Course)	Asso prof - 124-6m. Asst prof - 34-1m Demon - 54-180 } 20yrs. 4mths. Letter attached
09.	Present Appointment	
10.	Publications (List & Proof)	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: - 10/11/22

Falguni Joshi
Name & Sign. of Mentor

For the use of affiliated Training Center:

Dr. Falguni Joshi

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Centre

Date:

Sign & Stamp
Dean/ Principal/ Director of Training

Date:

Nagpur University



Bachelor of Homoeopathic Medicine and Surgery

(Faculty of Medicine)

*This degree of Bachelor of Homoeopathic
Medicine and Surgery is awarded
to Falguni Pravinchandra Joshi
on having passed the examination for
the said Degree in Summer 1997*

Nagpur :

Dated : September 14, 1998



B. B. Chandra
Vice-Chancellor

231970700020781000412X

2019/4/13 19:46

MAHARASHTRA COUNCIL OF HOMOEOPATHY

235, Peninsula House, 3rd Floor, D.N. Road, Fort, Mumbai - 400 001.



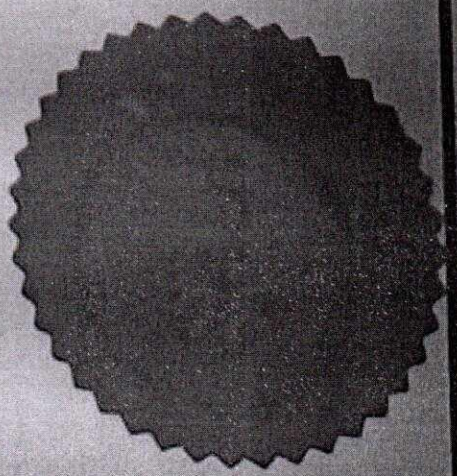
REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. 342.....

Date 22-01-2013.

I, hereby certify that the following qualification has been duly registered in the State Register of the Council

NAME	ADDITIONAL QUALIFICATION
Dr. Joshi Falguni Pravinchandra. Reg. No. 27300	M.D. Homoeopathy (Homoeopathic Repertory). M.U.H.S. Nashik, held in Nov. 2008. seat No. 93702.



Ad REGISTRAR

1560

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Mumbai

Similia Similibus Curentur

Certificate No. 27300Date of Registration: 24.04.2019

This is to certify that Dr. (Miss.) Jashi Falguni Pravinchandra
has been duly registered under the Mumbai Homoeopathic Practitioners' Act, 1959 (Mumbai XII of 1960).

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

Subject to the provisions of the Act, this certificate is valid until it is duly cancelled and the name of
the practitioner is removed from the Register.

THIS IS A TRUE
XEROX COPY

T. Bhatnagar
Signature of the Registrar

G.P. P. Form 1997

2019/4/13 19:43

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor,
the Vice-Chancellor, the Members of the
Management Council and the Academic
Council of the Maharashtra University of
Health Sciences, Nashik,
certify that

JOSHI FALGUNI
PRAVINCHANDRA

Shri/Smt

of Y.M.T. Homoeopathic Medical College &
Hospital, Navi Mumbai

having been examined and found
duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

in Nov-2008
the said Degree has been
conferred on him/her.
In testimony whereof is set
the seal of the said University.

FORM 3100231702

25th Nov 2008

mmoshadde
VICE-CHANCELLOR



09310116

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

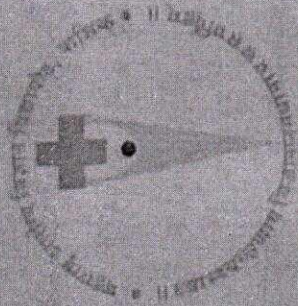
आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरू,
व्यवस्थापन परिषद व विद्यापरिषद सदस्य
प्रमाणित करतो की,
नवी मुंबई येथील वाय.एम.टी.चे
होमिओपॅथीक वैद्यकीय महाविद्यालय व
रुग्णालया चे/च्या

जोशी फाल्गुनी प्रविणचंद्र

हे/हया नोव्हेंबर - २००८ मध्ये
एम्.डी. होमिओपॅथी
(रेपर्टरी)

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना
ही पदवी प्रदान करण्यात येत आहे.
याची माक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.

मुद्रा फडके
कुलगुरू



1060

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Mumbai

Similia Similibus Curetur

Certificate No. 27300

Date of Registration : 14.5.1960

This is to certify that Dr. (Miss.) Joshi Falguni Ravinchandra.

has been duly registered under the Mumbai Homoeopathic Practitioners' Act, 1959 (Mumbai XII of 1960).

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

Subject to the provisions of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the Register.



THIS IS COLOUR
XEROX COPY

Joshi Falguni
Signature of the Registrar

G.P.P. Form 1997

2019/4/13 19:43

ANNEXURE - "F"

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01	Name of the Mentor	DR POONAM D B
02	Date of Birth	08/11/1977
03	Address	KHARGHAR 410210 NAVI MUMBAI
04	Tel. No / Mob. No.	9892304005
05	e-mail id	drpoonam.dandb@gmail.com
06	Nationality	INDIAN
07	Qualification in details (attach documentary proof)	MD (HOM)
08	Teaching Experience / Health Sciences Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	15 YRS 10 MONTHS LETTER - ATTACHED
09	Present Appointment	
10	Publications (List & Proof)	ATTACHED
11	Post Graduate Teaching experience (Attach documentary evidence)	—
12	Any other relevant information	—

Date: 10/11/2022

Name & Sign. of Mentor
DR POONAM D B

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility
prescribed by the University vide clause no.7 of the University Direction No. 05/2017
(Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Centre
Date:

Sign & Stamp
Dean/Principal/Director of Training
Date:



MAHARASHTRA COUNCIL OF HOMOEOPATHY BOMBAY

This is to certify that

Poonam

the withinsigned

Smt./Kum. Dand Poonam Dinesh

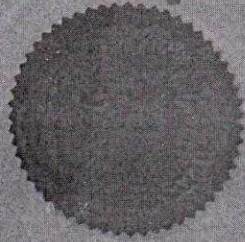
having been examined in the Subjects listed below for the Diploma in Homoeopathic Medicine and Surgery and passed the Final Examination held in June 1999 and having found qualified for the same, the Diploma in Homoeopathic Medicine and Surgery

D.H.M.S.

is hereby conferred on him/her at BOMBAY on the 9th day of April 2007. In Testimony whereof are set the seal and signatures of the President and Registrar of the said Council. ✓ She has completed Internship from 28-08-1999 to 25-02-2000.

1. Anatomy
2. Physiology
3. Homoeopathic Philosophy and Organon
4. Homoeopathic Materia Medica Pharmacy and Dispensing.
5. Pathology

6. Forensic Medicine
7. Social & Preventing Medicine
8. Practice of Medicine
9. Surgery **Obst**
10. Midwifery and Gynaecology
11. Homoeopathic Materia Medica Therapeutics and Repertory



Chand

PRESIDENT
MAHARASHTRA COUNCIL OF HOMOEOPATHY

REGISTRAR

MAHARASHTRA COUNCIL OF HOMOEOPATHY

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

We, the Chancellor, the Pro-Chancellor,
the Vice-Chancellor, the Members of the
Management Council and the Academic
Council of the Maharashtra University of
Health Sciences, Nashik,

certify that

Shri/Smt. DAND POONAM DINESH

of DHONDUMAMA SATHE
HOMOEOPATHIC MEDICAL
COLLEGE, PUNE

having been examined and found
duly qualified for the

Graded Bachelor of

Homoeopathic Medicine

& Surgery

in October-2002

the said Degree has been

conferred on him/her

In testimony whereof is set
the seal of the said University

PRN 1901289013

30th April 2004

VICE-CHANCELLOR



॥ स्वास्थ्याश्वास विज्ञानसुखनाथ व समर्पित ॥



04060063

महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे

कुलपति, प्रकुलपति, कुलगुरू,

व्यवस्थापन परिषद व विद्यापरिषद सदस्य

प्रमाणित करतो की,

पुणे येथील धोंडुमामा साठे

होमिओपॅथीक मेडिकल कॉलेज चे/च्या

दंड पूनम दिनेश

हे/ह्या ऑक्टोबर-२००२ मध्ये

श्रेणीकृत समचिकित्सा-वैद्यक
आणि शल्यचिकित्सा स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना

ही पदवी प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा

येथे अंकित करण्यात येत आहे.

[Signature]

कुलगुरू

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor, the Members of the Management Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik, certify that

Shri / Smt. DAND POONAM DINESH

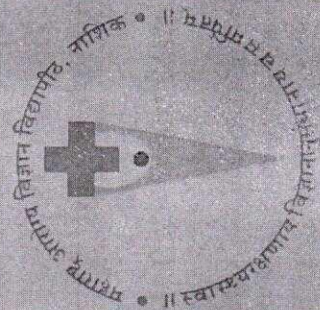
of Dr. G. D. Pol Foundation's Y.M.T.
Homoeopathic Medical College-Hospital (P.G.
Institute), Kharghar, Navi Mumbai
having been examined and found
duly qualified for the

*Doctor of Medicine in Organon of
Medicine with Homoeopathic
Philosophy*

In Nov-2010
the said Degree has been
conferred on him / her.
In testimony whereof is set
the seal of the said University.

PRN 3109110928
13th May 2011

VICE-CHANCELLOR



"11700006"

महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु,
व्यवस्थापन परिषद व विद्यापरिषद सदस्य
प्रमाणित करतो की,

खारघर, नवी मुंबई येथील डॉ. जी. डी.
पोळ फाऊंडेशनचे वाय.एम.टी.चे
होमिओपॅथीक मेडिकल कॉलेज व

दंड पुनम दिनेश

हे/हया नोव्हेंबर-२०१० मध्ये

एम.डी.होमिओपॅथी (ऑर्गेनन् ऑफ
मेडिसीन विथ होमिओपॅथीक
फिलॉसॉफी)

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना
ही पदवी प्रदान करण्यात येत आहे.
याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.



Signature

कुलगुरु

Signature

ANNEXURE - "F"

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. GURUMAYUM CHAND SHARMA
02.	Date of Birth	: 02-03-1986
03.	Address	: # 5 DC-120, 1st Floor, Datta Banaswadi-Bangalore-43
04.	Tel. No./ Mob. No.	: 9972998727
05.	e-mail id	: drchand4you@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS, MD(HOM)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 2 years as Asst. Prof Dept of Surgery, JIMS HMC Hyderabad 11 months as Training Subject Co-ordinator Sree Spa Training Institute, Mangalore
09.	Present Appointment	: CMC Dr. Badra's Kammanahalli Branch
10.	Publications (List & Proof)	: 1) Importance of Placebo in Homeopathy 2) Homeopathic Management of Renal Colic
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: - 14/06/2022

Name & Sign. of Mentor

DR. GURUMAYUM CHAND SHARMA

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Centre
Date:

Sign & Stamp
Dean/ Principal/ Director of Training
Date:

Sl. No. N 006518

Form B (Rule 6)

Registration No. A. 10768

The Karnataka Board of Homoeopathic System of Medicine

 Certificate of Registration

This is to Certify that Dr. GURUMAYUM CHAND SHARMA

has been duly registered under the Section 22 of the Karnataka Homoeopathic Practitioners Act 1961 (Karnataka Act 35 of 1961)

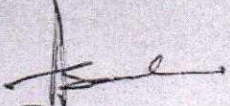
On witness whereof are herewith affixed the seal of the Karnataka Board of Homoeopathic System of Medicine and the signature of the Registrar.

Subject to the provisions of the Karnataka Homoeopathic Practitioners Act, 1961, this certificate has been issued.

Bangalore

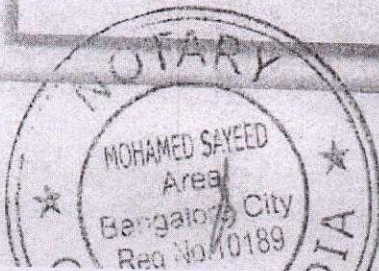
Date 13-07-2010




Registrar

General Hospital Jayan
Bangalore-43

ATTESTED TRUE COPY



MOHAMED SAYEED, B.Sc., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA

28 NOV 2017

ಕ್ರ.ಸಂ. 051602



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ಗುರುಮಯ್ಯುಮ್ ಚಂದ್ ಶರ್ಮಾ

ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಆಕ್ಟೋಬರ್ 2017ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ
ಡಾಕ್ಟರ್ ಆಫ್ ಮೆಡಿಸಿನ್ ಇನ್ ಹೋಮಿಯೋಪತಿ (ಆರ್‌ಗನನ್)
ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು 12ನೇ ಏಪ್ರಿಲ್ 2018 ರಂದು ನಡೆದ 20 ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

*We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor and the
members of the Senate and the Syndicate confer*

DOCTOR OF MEDICINE IN HOMOEOPATHY (ORGANON)
on

Dr. GURUMAYUM CHAND SHARMA

*in recognition of fulfillment of the requirements for the said
Post Graduate Degree in the examination held during OCTOBER 2017*

Given under the seal of the University, in the

20th Convocation held on 12 April 2018



Dr. M.K. Ramesh
Vice Chancellor

Bengaluru Date : 12/04/2018

Reg. No. :14HO102

College : FR. MULLER HOMOEOPATHIC MEDICAL COLLEGE, MANGALORE

ಕರ್ನಾಟಕ ಹೋಮಿಯೋಪತಿ ಮಂಡಳಿ
KARNATAKA BOARD OF HOMOEOPATHIC SYSTEM OF MEDICINE,
ಧನ್ವಂತರಿ ರಸ್ತೆ, ಬೆಂಗಳೂರು - 560 009, ಕರ್ನಾಟಕ
Dhanvantri Road, Bangalore - 560 009, Karnataka
Ph. No. 080 - 22873195

ADDITIONAL ENTRY OF QUALIFICATION

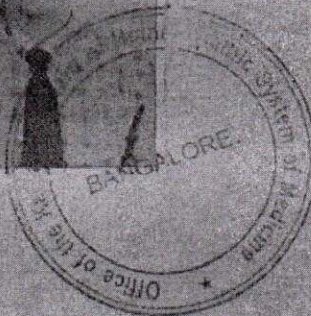
This is to certify that **Dr. GURUMAYUM CHAND SHARMA** bearing Reg.No.**A-10768** has been entered in the Register of P.G. Qualification in Karnataka Board of Homoeopathic System of Medicine, Bangalore as under section 22 (3) of the Karnataka Homoeopathic Practitioners Act, 1961 (Karnataka Act 35 of 1961).

He has obtained **DOCTOR OF MEDICINE IN HOMOEOPATHY (Organon)** from **Rajiv Gandhi University of Health Sciences, Karnataka,** in the year **October 2017.**

The qualification is valid as per Schedule II of Homoeopathy Central Council Act 1973.



Date: 06-01-2018.





REGISTRAR
Karnataka Board of Homoeopathic
System of Medicine, Bangalore-9

Sl. No. N 001518

Form B (Rule 6)

Registration No. A. 10768

The Karnataka Board of Homoeopathic System of Medicine

 Certificate of Registration

This is to Certify that Dr. GURUMAYUM CHAND SHARMA

has been duly registered under the Section 22 of the Karnataka Homoeopathic Practitioners Act 1961 (Karnataka Act 35 of 1961)

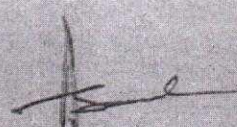
On witness whereof are herewith affixed the seal of the Karnataka Board of Homoeopathic System of Medicine and the signature of the Registrar.

Subject to the provisions of the Karnataka Homoeopathic Practitioners Act, 1961, this certificate has been issued.

Bangalore

Date 13-07-2010




Registrar

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY DR. BATRAS POSITIVE HEALTH CLINIC PRIVATE LIMITED HELD ON 27th APRIL 2022 AT THE REGISTERED OFFICE ADDRESS OF THE COMPANY AT 11.00A.M.

"RESOLVED THAT a Fellowship and Certificate Courses in MUHS (Maharashtra University of Health Sciences) at an Academy situated at Second floor, H. Kantilal compound, Sakinaka, Kurla Andheri Road, Mumbai- 400072 be and is hereby commenced.

"RESOLVED FURTHER THAT Dr. Samir Chaukkar, Dean of Dr Batras Academy(a unit of Dr Batras Positive Health Clinic Pvt Ltd)of the Company, whose specimen signature is appended here below, be and is hereby authorised to take all the necessary actions and to sign all the necessary applications, forms, documents etc. only for obtaining all approvals from Maharashtra University of Health Sciences for grant of recognition to above courses of the Academy for and on behalf of the Company and to represent the Company before various departments of State Government, Local Government and Municipal Authorities, for the said purposes."

"RESOLVED FURTHER THAT the aforesaid authority shall remain in force till an objective of authorising Dr. Samir Chaukkar is accomplished or till the date, the same is withdrawn by the management, whichever is earlier."



Dr. Bindu Sharma

(Director)

DIN-00334750

Registered Address-

A-302, ROYAL CLASSIC,

NEXT TO CITY MALL,

NEW LINK ROAD,

ANDHERI EAST,

MUMBAI, 400058.



Dr. Samir Chaukkar
(Dean - Dr Batras Academy)

// CERTIFIED TO BE TRUE COPY //

DR BATRAS POSITIVE HEALTH CLINIC PVT LTD
UNIT- ACADEMY
ACADEMY PROVISIONAL P&L FOR 23-24

PARTICULARS	No of Student	Fees	AMOUNT	(AMT IN LACS)
UNIVERSITY COURSES				
Fellowship Course in Homeopathic Dermatology	50	75450	3772500	37.73
Certificate Course in Homeopathic Cosmetology	21	50000	1050000	10.50
Certificate Course in Respiratory ailments and Allergies	4	50000	200000	2.00
Total Revenue			5022500	50
DETAILS OF EXPENSES				
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES				
Fellowship Course in Homeopathic Dermatology		19200	960000	9.60
Certificate Course in Homeopathic Cosmetology		12500	262500	2.63
Certificate Course in Respiratory ailments and Allergies		12500	50000	0.50
SALARY			2310000	23.1
LECTURE FEES			375000	3.8
OTHER ADMIN EXP			150000	1.5
TOTAL EXPENSES			4107500	41.1
PROFIT FOR THE YEAR			915000	9.2

DR BATRAS POSITIVE HEALTH CLINIC PVT LTD
UNIT- ACADEMY
PROFIT & LOSS A/C
 (AMT IN LACS)

PERTICULARS	19-20	20-21	21-22
<u>UNIVERSITY COURSES</u>			
Fellowship Course in Homeopathic Dermatology	37.20	33.37	27.22
Other Courses			
Total Revenue	37.20	33.37	27.22
<u>DETAILS OF EXPENSES</u>			
No. of Students	46	40	31
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES	8.83	7.68	5.95
OTHER EXP			
SALARY	13.20	13.80	15.40
LECTURE FEES	1.95	1.15	0.70
OTHER ADMIN EXP	1.20	1.40	1.50
TOTAL EXPENSES	25.18	24.03	23.55
PROFIT FOR THE YEAR	12.02	9.34	3.67



DR BATRAS POSITIVE HEALTH CLINIC PVT LTD
UNIT- ACADEMY
ACADEMY PROVISIONAL P&L FOR 22-23

PARTICULARS	No of Student	Fees	AMOUNT	(AMT IN LACS)
UNIVERSITY COURSES				
Fellowship Course in Homeopathic Dermatology	25	75450	1886250	18.86
Certificate Course in Homeopathic Cosmetology	25	41000	1025000	10.25
Certificate Course in Homeopathic Oncology	25	41000	1025000	10.25
Certificate Course in Respiratory ailments and Allergies	25	41000	1025000	10.25
Certificate Course in Homeopathic Pediatrics	25	5000	125000	1.25
Certificate Course in Homeopathic Oncology	25	5000	125000	1.25
Certificate Course in GP Homeopathy	25	5000	125000	1.25
Certificate Course in Mental Health	25	5000	125000	1.25
Total Revenue			5461250	55
DETAILS OF EXPENSES				
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES				
Fellowship Course in Homeopathic Dermatology		19200	480000	4.80
Certificate Course in Homeopathic Cosmetology		6000	150000	1.50
Certificate Course in Homeopathic Oncology		6000	150000	1.50
Certificate Course in Respiratory ailments and Allergies		6000	150000	1.50
Certificate Course in Homeopathic Pediatrics		0	0	0.00
Certificate Course in Homeopathic Oncology		0	0	0.00
Certificate Course in GP Homeopathy		0	0	0.00
Certificate Course in Mental Health		0	0	0.00
OTHER EXP				
SALARY			1740000	17.4
LECTURE FEES			700000	7.0
OTHER ADMIN EXP			300000	3.0
TOTAL EXPENSES			3670000	36.7
PROFIT FOR THE YEAR			1791250	17.9



DR BATRAS POSITIVE HEALTH CLINIC PVT LTD
UNIT- ACADEMY
ACADEMY PROVISIONAL P&L FOR 23-24

PARTICULARS	No of Student	Fees	AMOUNT	(AMT IN LACS)
UNIVERSITY COURSES				
Fellowship Course in Homeopathic Dermatology	35	75450	2640750	26.41
Certificate Course in Homeopathic Cosmetology	35	41000	1435000	14.35
Certificate Course in Homeopathic Oncology	35	41000	1435000	14.35
Certificate Course in Respiratory ailments and Allergies	35	41000	1435000	14.35
Certificate Course in Homeopathic Pediatrics	35	5000	175000	1.75
Certificate Course in Homeopathic Oncology	35	5000	175000	1.75
Certificate Course in GP Homeopathy	35	5000	175000	1.75
Certificate Course in Mental Health	35	5000	175000	1.75
Total Revenue			7645750	76
DETAILS OF EXPENSES				
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES				
Fellowship Course in Homeopathic Dermatology		19200	672000	6.72
Certificate Course in Homeopathic Cosmetology		6000	210000	2.10
Certificate Course in Homeopathic Oncology		6000	210000	2.10
Certificate Course in Respiratory ailments and Allergies		6000	210000	2.10
Certificate Course in Homeopathic Pediatrics		0	0	0.00
Certificate Course in Homeopathic Oncology		0	0	0.00
Certificate Course in GP Homeopathy		0	0	0.00
Certificate Course in Mental Health		0	0	0.00
SALARY				
LECTURE FEES			1740000	17.4
OTHER ADMIN EXP			700000	7.0
			300000	3.0
TOTAL EXPENSES			4042000	40.4
PROFIT FOR THE YEAR			3603750	36.0



DR BATRAS POSITIVE HEALTH CLINIC PVT LTD
UNIT- ACADEMY
ACADEMY PROVISIONAL P&L FOR 24-25

PARTICULARS	No of Student	Fees	AMOUNT	(AMT IN LACS)
UNIVERSITY COURSES				
Fellowship Course in Homeopathic Dermatology	50	75450	3772500	37.73
Certificate Course in Homeopathic Cosmetology	50	41000	2050000	20.50
Certificate Course in Homeopathic Oncology	50	41000	2050000	20.50
Certificate Course in Respiratory ailments and Allergies	50	41000	2050000	20.50
Certificate Course in Homeopathic Pediatrics	50	5000	250000	2.50
Certificate Course in Homeopathic Oncology	50	5000	250000	2.50
Certificate Course in GP Homeopathy	50	5000	250000	2.50
Certificate Course in Mental Health	50	5000	250000	2.50
Total Revenue			10922500	109
DETAILS OF EXPENSES				
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES				
Fellowship Course in Homeopathic Dermatology		19200	960000	9.60
Certificate Course in Homeopathic Cosmetology		6000	300000	3.00
Certificate Course in Homeopathic Oncology		6000	300000	3.00
Certificate Course in Respiratory ailments and Allergies		6000	300000	3.00
Certificate Course in Homeopathic Pediatrics		0	0	0.00
Certificate Course in Homeopathic Oncology		0	0	0.00
Certificate Course in GP Homeopathy		0	0	0.00
Certificate Course in Mental Health		0	0	0.00
SALARY			1740000	17.4
LECTURE FEES			700000	7.0
OTHER ADMIN EXP			300000	3.0
TOTAL EXPENSES			4600000	46.0
PROFIT FOR THE YEAR			6322500	63.2

