

**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 management of Allergies and Respiratory Diseases with an Intake Capacity of 28 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 Komal Dixit

Mobile/Telephone no.: 93236 99400

e-mailid: drkomal.dixit@drbatras.com



## Professional Teaching Experience Certificate for Fellowship Courses Director

Title of the Course applied for:- **Certificate Course in Homeopathic Management of Respiratory diseases and Allergies**

This to Certify that **Dr Samir Awinash Chaukkar** has worked in the Department of **Dr Batra's Academy** Training Centre as per following details

## A) General Experience

| Designation                                     | From      | To         | Total period<br>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<br>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)**

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

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

|                         |                |              |                                                                |                                 |
|-------------------------|----------------|--------------|----------------------------------------------------------------|---------------------------------|
| PG Degree<br>Recognized | Subject<br>HMM | Year<br>2005 | Institution<br>YMT<br>Homeopathic<br>medical college<br>Mumbai | University<br>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  |            | 15years          |
|                     |                            | Total                 |            | 29 years         |

**2. Management/Society/Inst. Information:**

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



|    |                                                                                                                                |                                                                                                                         |
|----|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                | management of Respiratory diseases and allergies -28<br>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) –<br>1) Certificate Course in Palliative Homeopathic Oncology<br>Required Intake Capacity- 50     |
| 05 | Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)                                                                | Paid Fees details Attached: *Yes<br>NEFT/AXIS<br>P00417425<br>833/01220<br>82316794_<br>199                             |
| 06 | Financial position of the Society/ Institute in the preceding 03 years:                                                        | Audited Statements of Accounts for<br>*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 <sup>th</sup> April 2022                                                                        |
|    |                                                                                                                                | Copy of Management Resolution attached?                                                                                 |
|    |                                                                                                                                | *Yes                                                                                                                    |



|    |                                                                                 |  |                                                                                                                                                                        |
|----|---------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 09 | <b>Other Information:</b>                                                       |  |                                                                                                                                                                        |
|    | 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? <b>*Yes</b> Mark as Appendix 'E'                                                               |
|    | ii) Whether the land is registered?                                             |  | *Yes/No. If yes, Registration Number: .....<br>Dated ..... At (Place): .....<br>Copy of Land Registration Certificate attached?<br><b>* No.</b> – 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. ....<br>Copy of Loan/Mortgage Deed attached? <b>No.</b><br>– Mark as Appendix 'G'                               |
|    | b) Building:<br>i) Total built-up area:                                         |  | <b>1000. sq. ft.</b><br>Certified copy of Building Plan attached?<br>*Yes/No<br><br>– Mark as Appendix 'H'                                                             |

### 3. Central Library

- Journals:

- Total number of Books in library:
- Books pertaining to concerned Fellowship subject:
- Purchase of latest editions of concerned books in last 3 years: -

582

42

|   |          |  |       |                              |
|---|----------|--|-------|------------------------------|
| 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:
- Library opening times:
- Reading facility out of routine library hours:  
(Obtain list of books & journals duly signed by Dean)

available

10-5 PM

available

### 4. Recreational facilities:

- Play grounds Gymnasium

Not available



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<br>• 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 |
|--------------------------|-------------------|--------------------------|
| <input type="checkbox"/> | .....             | .....                    |
| <input type="checkbox"/> | .....             | .....                    |
| <input type="checkbox"/> | .....             | .....                    |
| <input type="checkbox"/> | .....             | .....                    |
| <input type="checkbox"/> | .....             | .....                    |



### 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<br>( give distribution in various specialties) | Average daily<br>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  
 • ICD X classification Used / Not used

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 Chaukhar | Full Time            | Dean/Mentor | MD Hom        | 18 years                                                                   |
| 2      | Dr Komal Dixit    | Full Time            | Coordinator | MD Hom        | 12 years                                                                   |
| 3      | Dr Rajesh Shah    | Full Time            | Mentor      | MD Hom        | 10 years                                                                   |
| 3      | Dr Shobha Shah    | Full Time            | Mentor      | MD Hom        | 11 years                                                                   |
| 4      | Dr Navin Pawaskar | Full Time            | Mentor      | MD Hom        | 13 years                                                                   |
| 5      | Dr Munjal Thakkar | Full Time            | Mentor      | MD Hom        | 13 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. 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: ★**

|       |                                                                                                                                |                                    |
|-------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| (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<br>( give distribution in various specialties) | Average daily<br>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) ★** 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

- ICD X classification

Used / Not used

Sign & Stamp  
Head of the Department

Training Centre Date: Date:

Training Centre Round Seal

Sign & Stamp  
Dean/ Principal/ Director of



#### 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<br>(where ever applicable) |             | NA        | Not Available |
| Patient waiting room                        |             | Available |               |
| Total area                                  | *           |           |               |

| Clinic Name      | Clinics Area<br>Sq.ft | Patient waiting<br>room | Aesthetic rooms area                      |
|------------------|-----------------------|-------------------------|-------------------------------------------|
| Chowpatty Clinic | 252 sq.ft             | 88 sq.ft                | 1st floor 24 sq ft/ground floor<br>32sqft |
| Khar Clinic      | 720 sq.ft             | 180 sq.ft               | 80 sq.ft                                  |
| Borivali Clinic  | 1247 sq.ft            | 210 sq.ft               | 95 sq.ft                                  |
| Thane Clinic     | 920 sq.ft             | 240 sq.ft               | 64sq.ft                                   |

#### 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<br>admitted | No. of Valid Mentors available in<br>the dept. (give names) |
|------|--------------------|-----------------------------|-------------------------------------------------------------|
|------|--------------------|-----------------------------|-------------------------------------------------------------|

(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.<br>No. | Name               | Designation     |
|------------|--------------------|-----------------|
| 1          | Ms Pranali Pawar   | Admin executive |
| 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.<br>No. | Name of the<br>Equipment | Specification | Functional / Not Functional | Qty. |
|------------|--------------------------|---------------|-----------------------------|------|
| 1          | Woods lamp               |               | Functional                  | 1    |
| 2          | Video microscope         |               | Functional                  | 1    |



|   |                      |  |            |   |
|---|----------------------|--|------------|---|
| 3 | Meso-therapy Machine |  | Functional | 1 |
| 4 | New hair machine     |  | Functional | 1 |
| 5 | Hydra facial machine |  | Functional | 1 |
| 6 | HVT cap              |  | Functional | 2 |

**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           | May- Mon-Sunday    | 10-8 pm | New Hair-67, Gro hair-48, Skin tightening-2, Skin brightening-7. Skin clearing-2                                                                                                      | Dr Swaroop Sampat<br>Technician- Simone Miranda |
| 2       | Khar               | Mon                | 10-8 pm | New Hair-116, Gro hair-42, Skin tightening-46, Skin brightening-41, Skin clearing-9., Laser Hair removal-36                                                                           | Dr Manisha Mehboobani<br>Technician- Aziz       |
| 3       | Borivali           | Mon-Sunday         | 10-8 pm | New hair : 125 treatment<br>Gro hair : 155 treatment<br>Stm: 27<br>Skin hydra : treatment :66<br>Laser Hair Removal : 21                                                              | Dr Sejal Parekar                                |
| 4       | Thane              | Mon-Sunday         | 10- 8pm | New hair : 12<br>Stm cells : 2<br>Gro hair : 5<br>Dermaheal : 3<br>Skin tightening : 2<br>Skin brightening : 9<br>Skin clearing : 2<br>Skin rejuvenation: 0<br>Laser Hair Removal : 0 | Dr Ram                                          |
| 5       | Chowpatty          | Mon-Sunday         | 10-8 pm | New hair : 52 treatment<br>Gro hair : 46 treatment<br>Skin tightening : 2 treatment<br>Skin brightening : 10 treatment                                                                | Dr Sultan Ali                                   |



|  |  |  |  |                                                                                |  |
|--|--|--|--|--------------------------------------------------------------------------------|--|
|  |  |  |  | Skin clearing : 1 treatment<br>Dermaheal 16 treatment<br>Stemcell 11 treatment |  |
|--|--|--|--|--------------------------------------------------------------------------------|--|

**5. Services provided by the Department:**

**1. Services**

- i Chemical Peels**
- ii Hydrafacial**
- iii Mesotherapy**
- iv. Skin tightening, skin brightening, Gro hair, New Hair**
- v. Video Microscopy**

(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**



**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 Hom management of Allergies and Respiratory Diseases | 4                        | 4                                                        |

(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       | Allergone- skin prick |               | Functional                  | 1    |
| 2       | Lung Function test    |               | Functional                  | 1    |
| 3       | Nebulizer             |               | 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 Attached             | Dr Sultan Ali            |
| 3       | Borivali           | Mon-Sunday         | 10-8 pm | Annexure                      | Dr Sejal Parekar         |



|   |       |     |         |                      |        |
|---|-------|-----|---------|----------------------|--------|
|   |       |     |         | Attached             |        |
| 4 | Thane | Mon | 10- 8pm | Annexure<br>Attached | Dr Ram |

**5. Services provided by the Department:**

**1. Services**

i Lung Function testing

ii Allergy testing

(b) **Ancillary Services-** Counselling, Dietary, Nutritional Guidance

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

**6. Space:**

| Sr.<br>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/<br>Typewriter    | Yes/No | Associate<br>Professors           | Available |
| Storage space for<br>files | Yes/No | Assistant<br>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 <sup>th</sup> 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 :<br>(attach documentary proof)                                                                                                                                                                                                                                             | : | BHMS(Mumbai ), MD(Hom), FCHD                                                                                                                                                                                                                  |
| 08.     | Teaching Experience/ Health Sciences:<br>Professional Experience<br>(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<br><br>Chief Homeopathic Consultant- Dr Batra's Clinic<br><br>Dean- Dr Batra's Academy, Mumbai<br>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<br>(Attach documentary evidence)                                                                                                                                                                                                                                   | : |                                                                                                                                                                                                                                               |
| 12.     | Any other relevant information                                                                                                                                                                                                                                                                       | : |                                                                                                                                                                                                                                               |

Date: - 25/5/22

Name &amp; Sign. of Director

Dr Samir Chaukkar

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:



**ANNEXURE – “G”**

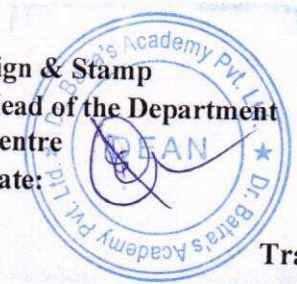
**Information of Co-ordinator of Training Centre**  
It shall be verified by the Head of the concerned Training Center,

| Sr. No. | Particular                                                 | Information to be filled                                                                                             |
|---------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 01.     | Name of the Coordinator                                    | : Dr Komal Dixit                                                                                                     |
| 02.     | Date of Birth                                              | : 3/11/1985                                                                                                          |
| 03.     | Address                                                    | : A-11, Chandan pride building , opp building<br>51, Pant Nagar , Ghatkopar East, Mumbai<br>400075                   |
| 04.     | Mob. No.                                                   | : 9323699400                                                                                                         |
| 05.     | E-mail id                                                  | : chc-ghatkopar@drbatras.com                                                                                         |
| 06.     | Nationality                                                | : Indian                                                                                                             |
| 07.     | Qualification in details:<br>(attach documentary<br>proof) | : MD (Hom)                                                                                                           |
| 08.     | Present Appointment                                        | : Coordinator- Certificate Course in Hom<br>management of Allergies and Respiratory<br>Diseases – Dr Batra's Academy |
| 09.     | Any other relevant information                             | Working with Dr Batra's as Chief<br>Homeopathic consultant since 2012                                                |

Date:

Sign. of Co-ordinator

Sign & Stamp  
Head of the Department  
Centre  
Date:



Training Centre Round Seal

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





DUPLICATE

## CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

*Similia Similibus Curentur*

Certificate No. 47182

Date of Registration 01/01/2009



This is to Certify that

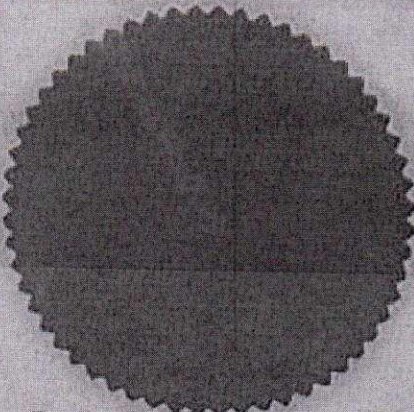
Dr. Shri/Smt./Kumari DIXIT KOMAL ROHIT

*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 provision of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the register.*

This Certificate is valid upto 31st day of December of 2023 or till it is duly cancelled.



*(Signature)*  
Signature of the Registrar



# ARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

We

cellor, Pro-Chancellor,

se-Chancellor

and

the Management Council,

dermic Council

er the Degree of

edicine in Practice of

Medicine

on

nal Rohit Dixit

BN 3110210667)

of

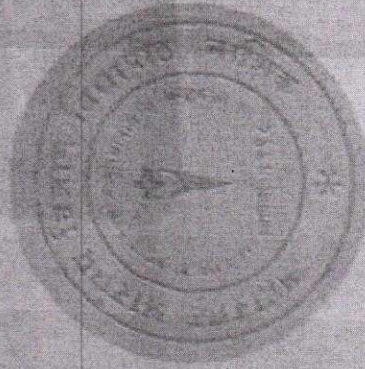
ndation's Y.M.I. Homoeopathic  
ospital (P.G. Institute), Kharghar,

Navi Mumbai

ation held in Summer-2012

the Convocation

on 5th October, 2012



*(Signature)*

VICE-CHANCELLOR / कुलगुरु

आम्ही,

कुलपती, प्र.कुलपती,

कुलगुरु

आणि

अवस्थापन परिषद व

विद्यापरिषदेचे सदस्य

एम.डी.होमिओपॅथी (प्रेक्टिस ऑफ मेडिसीन)

ही पदवी उन्हाळी-२०१२ मधील परीक्षात उत्तीर्ण

झाल्याबद्दल

खारघर, नवी मुंबई येथील डॉ. जी. डी. पोल  
फाऊंडेशनचे बाय.एम.डी.चे होमिओपॅथीक मेडिकल

कॉलेज व हॉस्पिटला चे/च्या

कोमल रोहित दिक्षीत

यांना

०५ ऑक्टोबर, २०१२ च्या

दीक्षांत समारंभात प्रदान करीत आहोत





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

Certificate No...**606**.....

Date **6-09-2013**.....

Whereby certify that the following qualification has been duly registered in the State Register of the Council

| NAME                                                  | ADDITIONAL QUALIFICATION                                                                                                |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Dr. Dixit Koral Rohit.</b><br><b>Reg.No. 47182</b> | <b>M.D. Homoeopathy (Homoeopathic Practice of Medicine) M.U.H.S. Nashik, held in Summer-2012, Seat, Seat No. 18602.</b> |

REGISTRAR



the Chancellor, the Vice-Chancellor, members of the  
Board of Management and the Academic Council of the



# Bharati Vidyapeeth

## UNIVERSITY, PUNE (INDIA)

(Established u/s. 3 of the UGC Act 1956)

*Certify that* *Sharma*

*Komal Omprakash*

*of Bharati Vidyapeeth's Homoeopathic Medical College, Pune  
having been examined for the Degree of Bachelor of  
Homoeopathic Medicine and Surgery and having been declared  
to have passed its Examination (with completion of one year internship)  
in December 2007, the Degree of*

## Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.)

*has been conferred on her at PUNE, on the 7<sup>th</sup> day of the month of  
April in the year Two Thousand Ten.*



*In Testimony whereof are set the Seal of the University and the  
Signatures of the Chancellor and the Vice-Chancellor.*

VICE CHANCELLOR

CHANCELLOR



**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 Rajesh Shah                                                                            |
| 02.     | Date of Birth                                                                                                                                                                                                                                                                                       | : 18 <sup>th</sup> Jan 1963                                                                 |
| 03.     | Address                                                                                                                                                                                                                                                                                             | : Life Force, 411, Krushal Comm Complex, Chembur, Mumabi 400089                             |
| 04.     | Tel. No./ Mob. No.                                                                                                                                                                                                                                                                                  | : 9820536522                                                                                |
| 05.     | e-mail id                                                                                                                                                                                                                                                                                           | : sanjivak@gmail.com                                                                        |
| 06.     | Nationality                                                                                                                                                                                                                                                                                         | : Indian                                                                                    |
| 07.     | Qualification in details :<br>(attach documentary proof)                                                                                                                                                                                                                                            | : M.D. (Homeopathy)                                                                         |
| 08.     | Teaching Experience / Health Sciences:<br>Profession Experience<br>(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) | : Former lecturer at CMP Homeopathic Medical College                                        |
| 09.     | Present Appointment                                                                                                                                                                                                                                                                                 | : Director, Life Force Homeopathy                                                           |
| 10.     | Publications (List & Proof)                                                                                                                                                                                                                                                                         | : <a href="https://orcid.org/0000-0002-1263-9077">https://orcid.org/0000-0002-1263-9077</a> |
| 11.     | Post Graduate Teaching experience<br>(Attach documentary evidence)                                                                                                                                                                                                                                  | : Yes.                                                                                      |
| 12.     | Any other relevant information                                                                                                                                                                                                                                                                      | : Researcher, Author                                                                        |

**Date: 12<sup>th</sup> Nov 2022**



**Dr Rajesh Shah**

**Name & Sign. of Mentor**

**For the use of affiliated Training Center:**

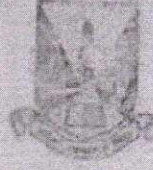
I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

**Sign & Stamp**  
**Head of the Department**  
**Date:**

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

**Training Centre Round Seal**





# मुंबई विद्यापीठ University of Mumbai

आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरु आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की येरला मेडिकल ट्रस्ट ॲन्ड रिसर्च सेंटरचे वाय. एम. टी. होमिओपॅथिक मेडिकल कॉलेजचे राजेश नरोत्तमदास शाह, हे जुलै २००५ मध्ये घेण्यात आलेली वैद्यक विभूषण (होमिओपॅथी) (बहिःस्थ) (शाखा क्रमांक : (अ) समचिकित्सीय औषधिविज्ञान) पदवी परीक्षा उत्तीर्ण झाले असून दिनांक १२ डिसेंबर २००५ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना

**वैद्यक विभूषण (होमिओपॅथी) (बहिःस्थ)**

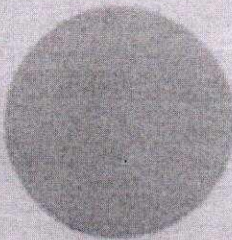
ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलगुरुंची स्वाक्षरी यांसह साक्षीने अंकित.

*We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Rajesh Narottamdas Shah of Yerala Medical Trust and Research Center's Y. M. T. Homoeopathic Medical College having passed the Doctor of Medicine (Homoeopathy)(External) ( Branch : (a) Homoeopathic Materia Medica ) degree examination held in July 2005, the degree of*

**Doctor of Medicine (Homoeopathy)(External)**  
has been conferred on him at the Convocation held in Mumbai on 12th December, 2005.

*In testimony whereof are set the Seal of the said University and the signature of the said Vice-Chancellor.*



*Kjy 4/12*





No 27759

**CERTIFICATE OF REGISTRATION**  
**MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI**  
**Similia Similibus Curentur**

Certificate No. 11813

Date of Registration 28/11/1984



**THIS IS TO CERTIFY THAT**

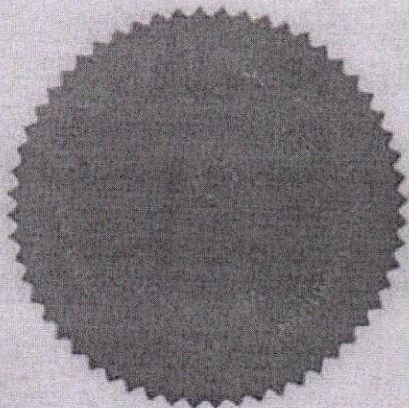
*Dr. Shri / Smt. / Kumari* SHAH RAJESH NAROTTAMDAS

*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 provision of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the register.*

*This Certificate is valid upto 27th day of November of 1984 or till it is duly cancelled.*



*[Signature]*  
02.05.16

Signature of the Registrar



**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. MUNJAL THAKAR                                                                                                           |
| 02.     | Date of Birth                                                                                                                                                                                                                                                                                       | : 18.12.1970                                                                                                                  |
| 03.     | Address                                                                                                                                                                                                                                                                                             | : (DETAILS ATTACHED)                                                                                                          |
| 04.     | Tel. No./ Mob. No.                                                                                                                                                                                                                                                                                  | : 9227926514                                                                                                                  |
| 05.     | e-mail id                                                                                                                                                                                                                                                                                           | : drmunjalthakar @ drmunjalthakar .com                                                                                        |
| 06.     | Nationality                                                                                                                                                                                                                                                                                         | : INDIAN                                                                                                                      |
| 07.     | Qualification in details :<br>(attach documentary proof)                                                                                                                                                                                                                                            | : M.D (Hom) - MATERIA MEDICA                                                                                                  |
| 08.     | Teaching Experience / Health Sciences:<br>Profession Experience<br>(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) | :<br>• PH.D GUIDE - MATERIA MEDICA<br>• M.D. MATERIA MEDICA<br>• PROFESSOR MATERIA MEDICA                                     |
| 09.     | Present Appointment                                                                                                                                                                                                                                                                                 | : PROFESSOR MATERIA MEDICA -                                                                                                  |
| 10.     | Publications (List & Proof)                                                                                                                                                                                                                                                                         | :                                                                                                                             |
| 11.     | Post Graduate Teaching experience (Attach documentary evidence)                                                                                                                                                                                                                                     | : FROM 8-5-2013 TILL DATE                                                                                                     |
| 12.     | Any other relevant information                                                                                                                                                                                                                                                                      | : REVIEWER FOR PEER-REVIEWED JOURNALS<br>A) HOMOEOPATHIC LINKS<br>B) "JISH" - JOURNAL FOR INTEGRATED STANDARD-IZED HOMOEOPATH |

Date: - 14.11.22

Name &amp; 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**  
**Centre**  
**Date:**

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





52-09 / 11384

# Sardar Patel University

(Established under Bombay Act No. XL of 1955 and adapted and modified by the Gujarat Adaptation of Laws (State and Concurrent Subjects) order of 1960.)

Upon the Nomination of the Senate has conferred upon

*Munjal Rameshchandra Thakar*  
*the Degree of*

**Doctor of Medicine**  
**in Homoeopathy**

*Subject: Materia Medica*

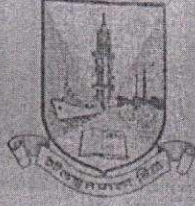
*Given under the Seal of the University at  
Vallabh Vidyanagar in the State of Gujarat  
on this fifteenth day of December in the year  
Two Thousand Nine.*



*Jmmy*



मुंबई विद्यापीठ



UNIVERSITY OF BOMBAY

आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरू आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की श्रीमती सी. एम. पटेल होमिओपथिक मेडिकल कॉलेज अँड हॉस्पिटलचे मुंजाल रमेशचन्द्र ठाकर हे डिसेंबर १९९२ मध्ये घेण्यात आलेली होमिओपथी - वैद्यक आणि शल्यचिकित्सा स्नातक परीक्षा उत्तीर्ण झाले असून दिनांक २ डिसेंबर १९९४ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना होमिओपथी - वैद्यक आणि शल्यचिकित्सा स्नातक ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलपतींची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Bombay certify that Munjal Rameshchandra Thakar of Smt. C. M. Patel Homoeopathic Medical College and Hospital having passed the Bachelor of Homoeopathic Medicine and Surgery degree examination held in December 1992, the degree of Bachelor of Homoeopathic Medicine and Surgery has been conferred on him at the Graduation held in Bombay on 2nd December, 1994.

In testimony whereof are set the Seal of the said University and the signature of the said Chancellor.







# Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE  
GUJARAT STATE.

Registration

Certificate No. G 4968

Ahmedabad 30-11-2000

*This is to certify that*

Munjal Rameshchandra Thakor

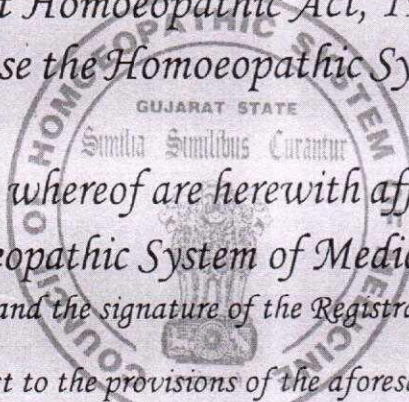
having obtained the qualification of D.H.M.S./B.H.M.S.

/Diploma / Degree on dated December - 1994

has been duly registered under sub-section (3) of section  
17 of the Gujarat Homoeopathic Act, 1963, and he/she is  
entitled to practise the Homoeopathic System of Medicine.

In witness whereof are herewith affixed the seal of the  
Council of Homoeopathic System of Medicine Gujarat State  
and the signature of the Registrar.

Subject to the provisions of the aforesaid Act,  
this certificate is valid till Every renewal

  
N. S. Pathyay  
Registrar

- N.B. :-
- (1) The holder of this certificate shall exhibit alongwith his qualification the word "Homoeopath (Registered)" after his name in the sign board, letter heads or prescription papers.
  - (2) Any change in address be immediately intimated to the Registrar.



**The** the Chancellor, Vice-Chancellor,  
and Members of the Executive Council  
of the **University of Bombay** certify  
Smt. that the withinsigned

Shobha Mansukhlal Jain of  
Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College and Hospital  
having been examined in the month of  
November in the year 1987 for the Degree of  
Bachelor of Homoeopathic Medicine and  
Surgery and found qualified for the same,  
the Degree of

**Bachelor of  
Homoeopathic Medicine  
and Surgery**

has been conferred on her at **Bombay** on the  
twenty-second day of the month of December  
in the year one thousand nine hundred and  
eighty nine

**In Testimony** whereof are set the Seal of the  
said University and the Signature of the said  
Chancellor.

*(Signature)*



Roll No. 252278

EC/2004/25704

Degree Certificate No. 481

**JANARDAN RAI NAGAR RAJASTHAN VIDYAPEETH**  
(DEEMED UNIVERSITY)  
**UDAIPUR**



The Chancellor, Vice-Chancellor and Members of the Management Council of Janardan Rai Nagar Rajasthan Vidyapeeth (Deemed University) Pratapnagar, Udaipur (Rajasthan)

Certify that Dr. Shobha Jain having been examined and found duly qualified for the Doctor of Medicine (Hom.) in speciality subject namely Repertory in the examination held in June-2006 the Degree of

**Doctor of Medicine (Hom.)**

In the Subject of

Repertory

has been conferred on her/him at Udaipur on the 17 day of the month July in the year 2006

In testimony whereof are set the Seal of the University and the signature of the Vice-Chancellor

Udaipur

Date 18.11.2008

Seal

W. M. A. I.  
Vice-Chancellor



## CERTIFICATE OF REGISTRATION

*Maharashtra Council of Homoeopathy, Bombay*

*Similia Similibus Curentur*

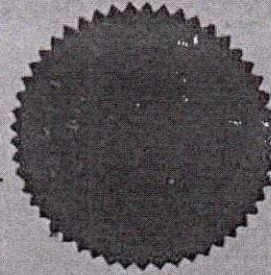
Certificate No. 17080

Date of Registration: 26.07.59

This is to certify that *Dr. (Mrs.) Shah Shobha Sanjay*  
has been duly registered under the Bombay Homoeopathic Practitioners' Act, 1959 (Bom. XII of 1960).

In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Bombay  
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.



*M. M. Shinde* 22/11/92  
Signature of the Registrar



**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 Shobha Sanjay Shah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 02.     | Date of Birth                                                                                                                                                                                                                                                                                       | : 4 <sup>th</sup> August 1966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 03.     | Address                                                                                                                                                                                                                                                                                             | : Clinic: Plot No 33/A, Pushpa park, Malad – East, Mumbai – 400097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 04.     | Tel. No./ Mob. No.                                                                                                                                                                                                                                                                                  | : 9323433323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 05.     | e-mail id                                                                                                                                                                                                                                                                                           | : drshahshobha@gmail.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 06.     | Nationality                                                                                                                                                                                                                                                                                         | : Indian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 07.     | Qualification in details :<br>(attach documentary proof)                                                                                                                                                                                                                                            | : BHMS (1987)<br>M.D. (2006)<br>(Documentary Proofs attached)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 08.     | Teaching Experience / Health Sciences:<br>Profession Experience<br>(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) | : Practicing Homoeopathy since 1989, since 33yrs<br>Have Taken online and offline CMEs for National Journal of Homoeopathy(NJH) and Hahnemannian Homoeopathic Forum (HHF) academies.<br>Associated with NJH since 2005<br>Teaching at NJH CMEs, Seminars, Webinars since 2010<br>Associated with HHF since 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 09.     | Present Appointment                                                                                                                                                                                                                                                                                 | : Content Editor of NJH since 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10.     | Publications (List & Proof)                                                                                                                                                                                                                                                                         | : Published over 100 cases and articles in NJH over last 17yrs<br>To name few – <ul style="list-style-type: none"> <li>- Case of Ca Breast with Metastasis</li> <li>- Case of Dengue fever</li> <li>- Case of Acid Peptic disorder</li> <li>- Case: Why do I suffer wrongly?</li> <li>- Case of an Anxious child suffering from Bronchial Asthma</li> <li>- Case: My constitution has made my adaptation difficult</li> <li>- Case of Conversion disorder (Hysteria)</li> <li>- Case: I enjoy spying in everyone's life</li> <li>- Case: Why did I stop growing?</li> <li>- Case of cute, manipulative and mischievous child</li> <li>- Case: I am an innocent teenage</li> <li>- Case: Importance of single remedy rubric</li> <li>- Case: Why are you exploiting me?</li> <li>- Case of Herpes zoster</li> <li>- Case: Why to trouble others?</li> <li>- Case: How can I live if bed-ridden?</li> </ul> |



|     |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                 | <ul style="list-style-type: none"> <li>- Case: I don't like hearing this news</li> <li>- Case: I am frightened, pampered child</li> <li>- Case: I am trapped</li> <li>- Case of Axial SPA/ Bil Sacroilitis</li> <li>- Case of Post Covid Phobia</li> <li>- Case of Allergic Dermatitis</li> <li>- Case of Behavioural problem of a child</li> <li>- Case of Acute Appendicitis</li> <li>- Case of Stroke</li> <li>- Case of Trigeminal Neuralgia</li> </ul> |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | (Few publications attached)                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 12. | Any other relevant information                                  | : Have basic interest in spreading Homoeopathy as a clinician and as an academician.                                                                                                                                                                                                                                                                                                                                                                        |

Date: - 8<sup>th</sup> November 2022  
Name & Sign. of Mentor - Dr Shobha Shah

*[Handwritten Signature]*

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.

*[Signature]*  
Sign & Stamp  
Head of the Department  
Centre

Date:

*[Signature]*  
Sign & Stamp  
Dean/ Principal/ Director of Training

Date:

Training Centre Round Seal



Roll No. 252278

EC/2004/25704

Degree Certificate No. 431

**JANARDAN RAI NAGAR RAJASTHAN VIDYAPEETH**  
(DEEMED UNIVERSITY)  
**UDAIPUR**



The Chancellor, Vice-Chancellor and Members of the Management Council of Janardan Rai Nagar Rajasthan Vidyapeeth (Deemed University) Pratapnagar, Udaipur (Rajasthan)

Certify that Dr. Shobha Jain having been examined and found duly qualified for the Doctor of Medicine (Hom.) in speciality subject namely Repertory in the examination held in June-2006 the Degree of

**Doctor of Medicine (Hom.)**

In the Subject of

Repertory

has been conferred on her/him at Udaipur on the 17 day of the month July in the year 2006

In testimony whereof are set the Seal of the University and the signature of the Vice-Chancellor

Udaipur

1987

Date 18.11.2008

Seal

Ushale  
Vice-Chancellor



Bygones that the withinsigned

Bachelor of  
Homoeopathic Medicine  
and Surgery

In Testimony whereof are set the Seal of the  
said University and the Signature of the said  
Chancellor.

Chancellor



## CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Bombay

Similia Similibus Curentur

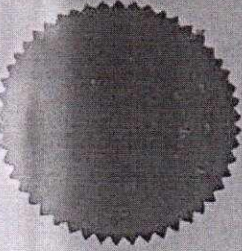
Certificate No. 17080

Date of Registration: 26.07.89

This is to certify that Dr. (Mrs) Shah Shobha Sanjay  
has been duly registered under the Bombay Homoeopathic Practitioners' Act, 1959 (Bom. XII of 1960).

In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Bombay  
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.



M. P. Shinde  
Signature of the 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 27<sup>th</sup> 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) |
|----------------------------------------------------------|---------------|-------|----------------|---------------|
| <b><u>UNIVERSITY COURSES</u></b>                         |               |       |                |               |
| 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          |
| <b>Total Revenue</b>                                     |               |       | <b>5022500</b> | <b>50</b>     |
| <b><u>DETAILS OF EXPENSES</u></b>                        |               |       |                |               |
| <b><u>UNIVERSITY EXAM FEES/ ELIGIBILITY FEES</u></b>     |               |       |                |               |
| 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          |
| <b>SALARY</b>                                            |               |       | 2310000        | 23.1          |
| <b>LECTURE FEES</b>                                      |               |       | 375000         | 3.8           |
| <b>OTHER ADMIN EXP</b>                                   |               |       | 150000         | 1.5           |
| <b>TOTAL EXPENSES</b>                                    |               |       | <b>4107500</b> | <b>41.1</b>   |
| <b>PROFIT FOR THE YEAR</b>                               |               |       | <b>915000</b>  | <b>9.2</b>    |





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

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





**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) |
|----------------------------------------------------------|---------------|-------|----------------|---------------|
| <b>UNIVERSITY COURSES</b>                                |               |       |                |               |
| 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          |
| <b>Total Revenue</b>                                     |               |       | <b>5461250</b> | <b>55</b>     |
| <b>DETAILS OF EXPENSES</b>                               |               |       |                |               |
| <b>UNIVERSITY EXAM FEES/ ELIGIBILITY FEES</b>            |               |       |                |               |
| 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          |
| <b>OTHER EXP</b>                                         |               |       |                |               |
| SALARY                                                   |               |       | 1740000        | 17.4          |
| LECTURE FEES                                             |               |       | 700000         | 7.0           |
| OTHER ADMIN EXP                                          |               |       | 300000         | 3.0           |
| <b>TOTAL EXPENSES</b>                                    |               |       | <b>3670000</b> | <b>36.7</b>   |
| <b>PROFIT FOR THE YEAR</b>                               |               |       | <b>1791250</b> | <b>17.9</b>   |





**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) |
|----------------------------------------------------------|---------------|-------|----------------|---------------|
| <b>UNIVERSITY COURSES</b>                                |               |       |                |               |
| 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          |
| <b>Total Revenue</b>                                     |               |       | <b>7645750</b> | <b>76</b>     |
| <b>DETAILS OF EXPENSES</b>                               |               |       |                |               |
| <b>UNIVERSITY EXAM FEES/ ELIGIBILITY FEES</b>            |               |       |                |               |
| 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          |
| <b>SALARY</b>                                            |               |       | <b>1740000</b> | <b>17.4</b>   |
| <b>LECTURE FEES</b>                                      |               |       | <b>700000</b>  | <b>7.0</b>    |
| <b>OTHER ADMIN EXP</b>                                   |               |       | <b>300000</b>  | <b>3.0</b>    |
| <b>TOTAL EXPENSES</b>                                    |               |       | <b>4042000</b> | <b>40.4</b>   |
| <b>PROFIT FOR THE YEAR</b>                               |               |       | <b>3603750</b> | <b>36.0</b>   |





**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) |
|----------------------------------------------------------|---------------|-------|-----------------|---------------|
| <b>UNIVERSITY COURSES</b>                                |               |       |                 |               |
| 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          |
| <b>Total Revenue</b>                                     |               |       | <b>10922500</b> | <b>109</b>    |
| <b>DETAILS OF EXPENSES</b>                               |               |       |                 |               |
| <b>UNIVERSITY EXAM FEES/ ELIGIBILITY FEES</b>            |               |       |                 |               |
| 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          |
| <b>SALARY</b>                                            |               |       | <b>1740000</b>  | <b>17.4</b>   |
| <b>LECTURE FEES</b>                                      |               |       | <b>700000</b>   | <b>7.0</b>    |
| <b>OTHER ADMIN EXP</b>                                   |               |       | <b>300000</b>   | <b>3.0</b>    |
| <b>TOTAL EXPENSES</b>                                    |               |       | <b>4600000</b>  | <b>46.0</b>   |
| <b>PROFIT FOR THE YEAR</b>                               |               |       | <b>6322500</b>  | <b>63.2</b>   |

