

डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस.एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी.एल.एल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S., M.D. (Forensic Medicine), D.N.B., L.L.B.
Registrar

MUHS/UDC/FC-CC/866/2022

BY E-MAIL & SPEED POST

Date: 01/11/2022

To,

The Dean/ Principal/H.O.D/Coordinator,
University Affiliated Training Centre,
For conducting Fellowship /Certificate Course(s) at
Dr. Batra's Academy Pvt. Ltd,
2nd floor, H. Kantilal Compound, Andheri
Kurla Road, Andheri (E), Mumbai - 400 072
(Training Centre Code No. 141111)

Sub. : To Grant Continuation of Affiliation and /or Recognition to Affiliated Training Centre for A. Y. 2022-23 to conduct the Fellowship / Certificate Course(s) ...

Ref. : 1) University Circular No: MUHS/UDC/FC-CC/EO/570/2021 dated 07/09/2021.
2) Your Email dated 23/05/2022.
3) University Academic Council Meeting dated 20/09/2022 vide Resolution No. 56/2022

Sir/ Madam,

With reference to the above cited subject and references, I am directed to inform you that, the University is pleased to grant conditional Continuation of Affiliation /or recognition to your 'Affiliated Training Centre' for the A. Y. 2022-23 to conduct Fellowship / Certificate Course(s) with the intake capacity as sanctioned and mentioned in the attached list. (Please peruse the list).

This Continuation of Affiliation and/or Recognition is granted subject to the following terms and conditions;

- The Affiliated Training Centre shall provide the Academic & Infrastructure facilities as directed by the University and shall meet with the conditions and requirements as prescribed by the University from time to time.
- It is the duty of the Training Centre to carry out Validation Process as prescribed by the University and shall designate the required number of valid Mentor(s) and provide with other teaching and non-teaching staff accordingly.
- The Training Centre shall have to follow and conduct various Academic activities related to concerned Fellowship Course and process the same as per norms & schedule prescribed by the University, from time to time.
- It shall be mandatory to Training Centre that they should get registered under the Bombay Nursing Home Act, the P.C.P.N.D.T. Act, the Bio Medical waste management, authorization by Pollution Control Board, etc. as applicable to the course(s);
- It shall be mandatory for Training Centre to seek required permission(s), if any; from Higher Authorities and Accreditation bodies as prescribed by the University.
- Fulfilment of deficiencies (if any); pointed out by Local Inspection Committee appointed by the University.

In addition to above, it is the duty of the Training Centre to follow and abide the following norms.

- In light of the decision of the University Competent Authority, the University may conduct an inspection of your Affiliated Training Centre through Local Inquiry Committee (LIC) to check the availability of the Academic & Infrastructure facilities required for the said Fellowship /Certificate Course. You will have to cooperate and provide all the necessary information and arrangement(s) to the LIC.

2. University will conduct "**Centralised Online Admission Process**" for Fellowship & Certificate course(s) conducted at affiliated Training Centre(s) for the A. Y. 2022-23. Therefore, you have to fully cooperate with the University for the said admission process by providing all the required / updated information as and when demanded by the University.
3. In any case your Training Centre shall not exceed sanctioned intake capacity of concerned Fellowship / Certificate Course(s) approved by the University for the A. Y. 2022-23. Also you will not directly admit any candidate at your own discretion, until it is so notified or sanctioned by the University.
4. It is mandatory for you to observe the norms of admission prescribed by the University in-toto and allow admission(s) only to those candidate(s), who are eligible and fulfil all eligibility criteria and possesses requisite qualification.
5. If it is found that, any not eligible candidate being admitted to Fellowship / Certificate Course(s) conducted at your Training Centre, then such admissions will not be considered and regularised by the University under any circumstances. In such case, your centre will be held responsible for entire Academic / Financial loss (if any); caused to the candidate(s).
6. Any candidate allotted / admitted to the concerned Fellowship / Certificate Course, at your affiliated Training Centre shall have to pay the 25% amount of the 'Course Fees' to the University by using **MUHS ONLINE PAYMENT GATEWAY (available on MUHS website <https://muhs.unisuite.in/>)**. It is the duty of your affiliated Training Centre, to take confirmation about the same and submit the list of all admitted candidate(s) along with payment details to the University within time.
7. The stipend (if any); provided by the affiliated Training Centre(s) to the concerned Candidate(s) admitted to the concerned Fellowship/ Certificate Course(s) is not under the purview of the University. Affiliated Training Centre(s) may give the stipend as decided by the concerned management/administration of the concerned affiliated Training Centre(s). However, affiliated Training Centre(s) shall adopt uniform and transparent policy while providing stipend to the admitted Candidate(s).
8. Admitted Candidate(s) will have to pay eligibility fees, examination fees and any other fees to the University separately through Affiliated Training Centre as and when made applicable by the University.
9. The Affiliated Training Centre must ensure that, the admitted student(s) shall perform the duties, activities to acquire the credits prescribed and shall record it by maintaining the "Log book as approved by the University".
10. The Affiliated Training Centre shall have 'Local Managing Committee' if you are private run affiliated Training Centre or 'Advisory Committee' in case of Govt. run affiliated Training Centre, to perform the duties and responsibilities as specified under sub clause(5) of clause (67) of MUHS Act, 1998.
11. In order to obtain the "**Continuation of Affiliation and/or Recognition for Next Academic Year 2023-24**" for Fellowship / Certificate Course(s) conducted at your affiliated Training Centre, you are required to submit the proposal of Continuation of Affiliation and/or Recognition in the prescribed format and fees, in the month of **October, 2022** as and when notified by the University.

In order to have the quality improvement and smooth conduct of Fellowship/ Certificate Course(s), you are requested to follow and implement the guidelines prescribed by the University meticulously; failing which, the conditional continuation of Affiliation granted to your Training Centre shall liable to be cancelled by the University, at any stage.

This is for your information and strict implementation please.


Registrar

Copy to : 1. Hon'ble Vice-Chancellor Office, MUHS, Nashik
2. Hon'ble Registrar Office, MUHS, Nashik
3. The Controller of Examinations Office, MUHS, Nashik
4. The Director, Planning Board, MUHS, Nashik
5. The H.O.D., Eligibility Section, MUHS, Nashik
6. The H.O.D. Computer Section, MUHS, Nashik.



Maharashtra University of Health Sciences

Vani-Dindori Road, Mhasrul, Nashik-422004

List of approved course(s) with Intake Capacity to be conducted at Recognised Training Centre granted Continuation of Affiliation/First Time Affiliation (if applicable) for A.Y. 2022-23

Sr. No	Course	Intake Capacity
Training Centre : 141111-Dr. Batra's Academy Pvt. Ltd, Mumbai		
1	144101-Fellowship Course in Homoeopathic Dermatology	50




Registrar

Important Instructions : Affiliated Training Centre shall strictly note that the University will conduct the Centralised Online Admission Process for this year for admission to Fellowship/Certificate courses conducted at your center. Hence, in any case, Affiliated training centre shall not directly admit the students at their level till further orders/directions issued by the University.

Professional Teaching Experience Certificate for Fellowship Courses Director

Title of the Course applied for:- Fellowship Course in Homeopathic Dermatology

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

A) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	Jan 1993	Till date	29 years	5 months
Professor	Dec 1993	Aug 2008	13 years	11 months

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

Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant	Sep 2008	Dec 2015	6 years	9 months
Dean, Dr Batra's Academy	Jan 2016	Till date	5 years	5 months

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



(INSTITUTIONAL INFORMATION)**1. Particulars of Director / Dean / Principal:** *(Who so ever is Head of Training Centre)*Name: Dr Samir Awinash Chaukkar Age: 53 years *(Date of Birth)* 14/10/1969

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

Teaching Experience

Designation	Institution	From	To	Total Exp.
Demonstrator	Y.M.T.Hom.College, Mumbai	1/12/1993	30/11/1996	3 years
Lecturer	Y.M.T.Hom.College, Mumbai	1/12/1996	14/8/1999	2 years 8 months
	Y.M.T.Hom.College, Mumbai	16/6/2000	15/9/2001	1 year 3 months
Reader	Y.M.T.Hom.College, Mumbai	16/9/2001 – 15/9/2004		3 years
Professor	Y.M.T.Hom.College, Mumbai	16/9/2004- 11/9/2008		4 years
Head- Training/Dean	Dr Batras academy, Mumbai	12/9/2008- till date		14years
		Total		28 years

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Dr Batra's Positive Health Clinic Pvt.Ltd	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob:9892166616	Tele:022-33671200
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: U8090MH2010PTC198397.	
		ii) Society's Registration Act.1860: NA.	
		iii) Year of establishment:27/12/2009	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No	
03	Hospital Information :		
	i) Name of the Hospital	Palvi General Hospital, Ulhasnagar	
	ii) Nursing Home Registration No.		
	iii) Establishment Year		
04	i) Name of the Training Centre /Institute where course is to be conducted:		Dr Batra's Academy, Mumbai
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072 Mob:9892166616 Tele:022-33671236	
	iii) Contact Details:		
	iv) E-mail ID:		
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course: Fellowship Course in Homeopathic Dermatology. Approved Intake Capacity- 50 Affiliated Since 2015	

		Certificate Course in cosmetology 1) Certificate Course in Homeopathic Cosmetology and Aesthetics Approved Intake Capacity-21 Affiliated Since 2022 2) Certificate Course in Hom management of Allergies and Respiratory ailments Approved Intake Capacity-28 Affiliated Since 2022
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) – Certificate Course in Homeopathic Oncology Required Intake Capacity- 50
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes 28/8/2022 NEFT/AXISP00418933477/01280823200 3 NAS/HDFC0000064
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes
07	Budgetary provision for the FC/CC/DC for the next 03 years	Yes
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated 27 th April 2022 Copy of Management Resolution attached? *Yes

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

3. Central Library

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

Journals:

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 : _____

- 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

ANNEXURE – “C”

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

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

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

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

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

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

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

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

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

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

5. Casualty:/ Emergency Department:

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

6. Blood Bank :

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

7. Central Laboratory:

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

- Central supply of Oxygen / Suction: Available
- Central Sterilization Department Available
- Ambulance (Functional) Available
- Laundry: Outsourced
- Kitchen Outsourced
- Incinerator: Functional / Non functional Outsourced
- Bio-Medical waste disposal Outsourced
- Generator facility Available
- Medical Record Section: Computerized
 - ICD X classification Used / Not used

Sign & Stamp

Head of the Department

Centre Date: Date:

Sign & Stamp

Dean/ Principal/ Director of Training

Training Centre Round Seal

ANNEXURE "D"

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: **DERMATOLOGY**

2. Date on which independent department of: functioning concerned specialty was created and started- 2016

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 Chaukkar	Full Time	Dean/Mentor	MD (Hom)	29 years
2	Dr Rajan T.D.	Part Time	Professor	MD(Skin)	30 years
3	Dr Tejal Patel	Full Time	Mentor	MD (Hom)	10 years
4	Dr Renuka Amin	Full Time	Mentor	MD(Hom)	12 years
5	Dr Mathu Venkatesan	Full Time	Mentor	MD (Hom)	16 years
6	Dr Shahala Nadaf	Full Time	Mentor	MD (Hom)	21 years
7	Dr Aalim Dhandukia	Full Time	Mentor	MD (Hom)	
8	Dr Monali Kulkarni	Full Time	Mentor	MD (Hom)	
9	Dr Lakshmi Engineer	Full Time	Mentor	MD(Hom)	

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

Yes/No: **Yes**

since when: **2015**

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			

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)
2018-19	FCHD	45	8 (Dr Samir Chaukkar, Dr Renuka Amin, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Monali Kulkarni, Dr Anis Jamadar, Dr Rajnigandha Mishra, Dr Lakshmi Engineer)
2019-20	FCHD	40	9 (Dr Samir Chaukkar, Dr Renuka Amin, Dr Aalim Dhandukia, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Anis Jamadar, Dr Rajnigandha Mishra, Dr Lakshmi Engineer, Dr Brahmadeo Mishra)
2021-22	FCHD	33	6(Dr Samir Chaukkar, Dr Renuka Amin, Dr Aalim Dhandukia, Dr Shahala Nadaf, Dr Mathu Venkatesan,Dr Anagha Sant
2022-23	FCHD	35	6(Dr Samir Chaukkar, Dr Renuka Amin,Dr Shahala Nadaf, Dr Mathu Venkatesan,Dr Vijay Anand, Dr Vijayendra Itagi)

(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	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 : Last 6 months

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended (Jan-May)	Name of Clinic In-charge
1	Sakinaka	Mon-Sunday	10-8 pm	Hair- 117/Skin-100	Dr Swaroop Sampat
2	Ghatkopar	Mon-Sunday	10-8 pm	Hair- 108/Skin-96	Dr Komal Dixit
3	Borivali	Mon-Sunday	10-8 pm	Hair-181/ Skin-93	Dr Sejal Parekar
4	Thane	Mon-Sunday	10-8 pm	Hair-142/Skin-108	Dr Ram
5	Khar	Mon-Sunday	10-8 pm	Hair- 109/Skin-85	Dr Manisha Mehboobani
6	Chowpatty	Mon-Sunday	10-8 pm	Hair- 161/Skin-71	Dr Sultan Ali
7	Lokhandwala	Mon-Sunday	10-8 pm	Hair- 152/ Skin-106	Dr Shahid Saadan

5. Services provided by the Department:

1. Services

i Video Microscopy

ii Mesotherapy

iii Gro Hair

iv. New Hair

v. Derma Heal

vi Woodslamp

(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

9. Submission of data to National Authorities if any : NA

ANNEXURE – “E”

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

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

Date: -**Name & Sign. of Director****For the use of affiliated Training Center:**

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


Sign & Stamp
Head of the Department
Date:


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

Training Centre Round Seal

ANNEXURE – “F”

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

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

Date: -**Name & Sign. of Mentor****For the use of affiliated Training Center:**

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

Sign & Stamp
Head of the Department
Date:

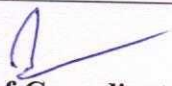
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:

Training Centre Round Seal

ANNEXURE – “G”

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

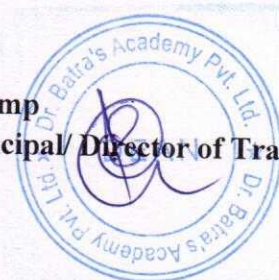
Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: Dr Tejal Ajmera Patel
02.	Date of Birth	: 21/06/1975
03.	Address	: D 602, Country Park, Opp. Tata Steel, Dattapada, Borivali East, Mumbai 400066
04.	Mob. No.	: 9870745574
05.	E-mail id	: drtejal.ajmera@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: DHMS, MD, FCHD, FMC,CCPH, CCHO
08.	Present Appointment	: Coordinator – Dr Batra’s Academy
09.	Any other relevant information	Training and teaching the Drs at Dr Batra’s Clinics since last 25 years and working as coordinator and mentor for Dr Batra’s Academy since last 5 years

Date:
Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

**Training Centre Round Seal**

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



Annexure - I

Information to be filled by the each Mentor,
It shall be verified by the Head of the concerned Training Center,
Subsequently endorsed by Local Inspection Committee at the time of visitation.

Sr. No.	Particular	-	Information to be filled																												
01.	Name of the Mentor	:	LAKSHMI ENGINEER																												
02.	Date of Birth	:	20.7.1960																												
03.	Address	:	C-403, AHANTA, Malad (W) 64																												
04.	Tel. No./ Mob. No.	:	9004212305																												
05.	e-mail id	:	saroshre@gmail.com																												
06.	Nationality	:	INDIAN																												
07.	Qualification in details : (attach documentary proof)	:	M.D (HOM) (HNM), B.H.M.S																												
08.	Teaching experience / Health Sciences: Profession experience / Consultant/Mentor (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)	:	A) General Experience: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Jr Lect</td> <td>1990</td> <td>1993</td> <td>3 yrs</td> </tr> <tr> <td>lect</td> <td>1993</td> <td>2003</td> <td>10 yrs</td> </tr> <tr> <td>Reader</td> <td>2003</td> <td>2005</td> <td>2 yrs</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship/Certificate Course: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>CHC</td> <td>2006</td> <td>2020</td> <td>14 years</td> </tr> <tr> <td>Mentor</td> <td>2015</td> <td>Present</td> <td>7 years</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Jr Lect	1990	1993	3 yrs	lect	1993	2003	10 yrs	Reader	2003	2005	2 yrs	Designation	From	To	Total Period (Yrs. & Months)	CHC	2006	2020	14 years	Mentor	2015	Present	7 years
Designation	From	To	Total Period (Yrs. & Months)																												
Jr Lect	1990	1993	3 yrs																												
lect	1993	2003	10 yrs																												
Reader	2003	2005	2 yrs																												
Designation	From	To	Total Period (Yrs. & Months)																												
CHC	2006	2020	14 years																												
Mentor	2015	Present	7 years																												
09.	Present Appointment	:	Clinical practice.																												
10.	Publications (List & Proof)	:	CH4EF Homeopathic Consultant																												
11.	Post Graduate Teaching experience (Attach documentary evidence)	:																													
12.	Any other relevant information	:																													

Date :-

Name & Sign. of Mentor

For the use of affiliated Training Center:

On the basis of experience certificates and documents submitted by the concerned Mentor, 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)

Sign of Head of the Department
(HOD of concerned Department
of Fellowship Subject, if any)

Date:

Sign & Stamp of Head of the Training Center
(Director / Dean/Principal of the Training Center/
Institute/Hospital/College/Health Center)

Date:

ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

Title of the Course applied for:- Fellowship Course in Homeopathic Dermatology

This to Certify that Dr Lakshmi Engineer has worked in the Department of Homeopathic Dermatology of Dr Batra's Academy Mumbai training Centre as per following details

M) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1991	Till date	31 years	
Lecturer – Smt C.M.P.Homeopathic College, Mumbai	1990	2005	15 years	

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

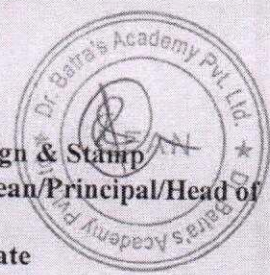
Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant and Mentor Quality- Dr Batra's Clinic, Mumbai	2006	2020	14 years	
Mentor	2015	Till date	7 years	

(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
Institute
Date



Sign & Stamp
Dean/Principal/Head of
Date





HEALTHCARE

Healing people. Changing lives.

22nd June 2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Lakshmi Engineer is attached to Dr Batra's Academy in the capacity of Mentor and Teacher for the Fellowship Course in Homeopathic Dermatology from 1st February 2015 till date.

This Certificate is issued for purpose of University Requirement.



Dr Samir Chaukkar M.D.(Hom)

Dean- Dr Batra's Academy, Mumbai



HEALTHCARE

Healing people. Changing lives.

June 21, 2022

To Whomsoever It May Concern

This is to certify that **Dr. Lakshmi S Engineer** was associated with us as **Homeopathic Consultant** since 02nd May 2006 to 30th September 2020.

This certificate is issued as experience letter for University purpose.

Thanking You,

For Dr. Batra's Positive Health Clinic Pvt. Ltd.

Aditi Hattangadi
AGM HR

The the Chancellor, Vice-Chancellor,
and Members of the Executive Council
of the **University of Bombay** certify

that the withinsigned

Lakshmi Sarosh Engineer of
Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College and Hospital
having been examined in the month of
November in the year 1938 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
eighteenth day of the month of January
in the year one thousand nine hundred and
eighty-nine-one

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

Dr. (Mrs.) Nirupama Mishra
B.A., M.A., Dip. N.I.H. (Hons.),
M.D. (Hons.),
Secretary (In-charge),
Research Institute,
(Govt. of India)
Medical College & Hospital Campus,
(Bombay)

M. D. Bungalow

Vice-Chancellor

University of Mumbai मुंबई विद्यापीठ

OF

the Chancellor, Vice-Chancellor
and
Members of the Management Council
confer the Degree of

Doctor of Medicine
(Homoeopathy) (External)

(Branch a : Homoeopathic Materia Medica)

on

Lakshmi Sarosh Engineer
Yerala Medical Trust and Research Center's Y.M.T.
Homoeopathic Medical College
for the examination held

In July 2006
at the Convocation
held on 14th January, 2007.

आचार्य

कुलपती, कुलपुत्र
आदि

कार्यवाहक परिषदेचे सदस्य

वैद्यक अधिस्नातक

(होम्योपॅथी) (बाह्य रीत)
(शाखा अ : होम्योपॅथीय मॅटेरिया मेडिका)

दि १४ जानेवारी

इ.स. २००६ मधील परीक्षेन

उत्तीर्ण झाल्यावर

सध्याची सरोभा इंजिनीयर

केरला मेडिकल ट्रस्ट रिसर्च सेंटरचे कार्य करत होती. होम्योपॅथिक
मेडिकल कॉलेज

मुंबई

१४ जानेवारी, २००७ रोजी

देखता उपस्थित प्रदान करीत आहेत.

UNIVERSITY OF MUMBAI
LIBRARY - 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Vice-Chancellor / मुकुंद

5682817

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Bombay

Similia Similibus Curentur

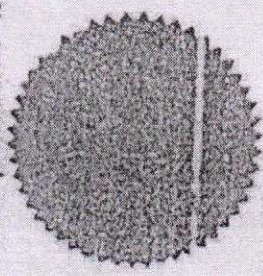
Certificate No. 18013

Date of Registration: 03/290

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

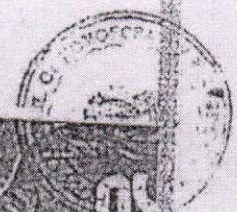
In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Bombay
and the signature of the Registrar.

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.



ATTESTED

Dr. (Mrs.) Nirupama Mishra
B.M. (H.C.), D.B. N.I.H. (Homi.),
M.D. (Homi.),
Registrar, Office (H)



P. P. Shinde 12/1/59
Signature of the Registrar

(H.C. of Hom.)
(M.D. Med. & Hom.)
(M.D. H.C. (Homi.))
(M.D. H.C. (Homi.))
(M.D. H.C. (Homi.))

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 AALIM DHANDHUKIA
02.	Date of Birth	: 01.09.1970
03.	Address	: 39/3; SHRI SHIV; PRABHAT COLONY; SANTACRUZ EAST; MUMBAI 400055
04.	Tel. No./ Mob. No.	: 9867863775
05.	e-mail id	: draalimdhandhukia@gmail.com
06.	Nationality	: INDIA
07.	Qualification in details : (attach documentary proof)	: MD HOMEOPATHY (REPERTORY)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 20 YEARS OF PRACTICE AND TEACHING
09.	Present Appointment	: HOMEOPATHIC PRACTITIONER
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: READER DEPARTMENT OF REPERTORY DR M L DHAWALE MEMORIAL HOMEOPATHIC INSTITUTE PALGHAR MUMBAI
12.	Any other relevant information	: NIL

Date: - 21.06.2022

Name & Sign. of Mentor: DR AALIM DHANDHUKIA

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:

Training Centre Round Seal



HEALTHCARE

Healing people. Changing lives.

June 06, 2022

To Whomsoever It May Concern

This is to certify that **Dr. Aalim Dhandhukia** is associated with us as **Homeopathic Consultant** since 01st May 2012 to 7th December 2016.

This certificate is issued as experience letter for University purpose.

Thanking You,

For **Dr. Batra's Positive Health Clinic Pvt. Ltd.**



Aditi Hattangadi
AGM HR



HEALTHCARE

Healing people by changing lives.

To

Dr. Aalim Dhandukia

MD.(Hom)

Sub: Appointment as Mentor for fellowship batch in Dermatology 2021-22 batch

Dear Dr Aalim,

We are glad to inform you that you have been appointed as Guide/Mentor for the Fellowship Course in Homeopathic Dermatology 2021-22 batch.

You will be mentoring the following students.

Dr Sayali Lokhande
Dr Shweta Patil
Dr Leena Salunkhe
Dr Jinal Patel
Dr Shirin Srivastav
Dr Arpita

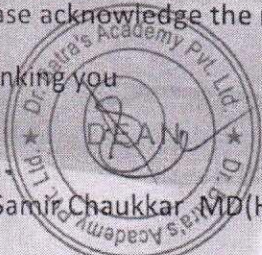
Your duties include regular check up of their log books and also guiding them in their case assignments (album) and Dissertation. We have shared your telephone number with the students and they will contact you for further guidance.

Please acknowledge the receipt of this letter.

Thanking you

Dr Samir Chaukkar MD(Hom)

Dean, Dr Batra's Academy



Dr. DHANDHUKIA AALIM ANANT



Reg. No.: 17898 Date: 08/10/1990
Qualification: LCEH
Add. Qualification: M.D.HOM.
Address: 39-3, SHRISHIV, PRABHAT
COLONY, SANTACRUZ EAST
MUMBAI-400055

Act Registrar 31/10/16
MAHARASHTRA COUNCIL OF HOMOEOPATHY
MUMBAI

No

29589

TE OF REGISTRATION

NCIL OF HOMOEOPATHY, MUMBAI

Similibus Curentur

Certificate No. 17898

Date of Registration 08/10/1990



THIS IS TO CERTIFY THAT

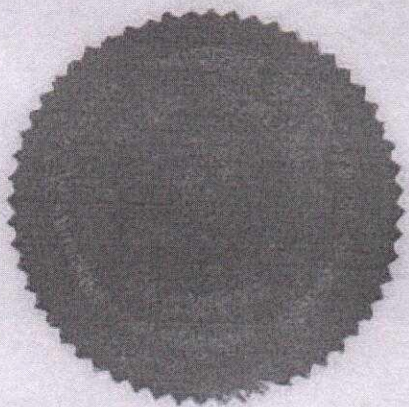
Dr. Shri/ Smt. / Kumari DHANDHUKIA AALIM ANANT

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 7th October
20..... day of of
20..... or till it is duly cancelled.



VC Hami
31/10/16
Signature of the Registrar



मुंबई विद्यापीठ University of Mumbai

आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरु आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की येरला मेडिकल ट्रस्ट अँड रिसर्च सेंटरचे वाय. एम. टी. होमिओपॅथिक मेडिकल कॉलेजचे अशोक अनंत धंधुकिया, हे जुलै २००५ मध्ये घेण्यात आलेली वैद्यक विभूषण (होमिओपथी) (बहिःस्थ) (शाखा क्रमांक : (क) संचयागार) पदवी परीक्षा उत्तीर्ण झाले असून दिनांक १२ डिसेंबर २००५ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना

वैद्यक विभूषण (होमिओपथी) (बहिःस्थ)

ही पदवी प्रदान करण्यात आली आहे.

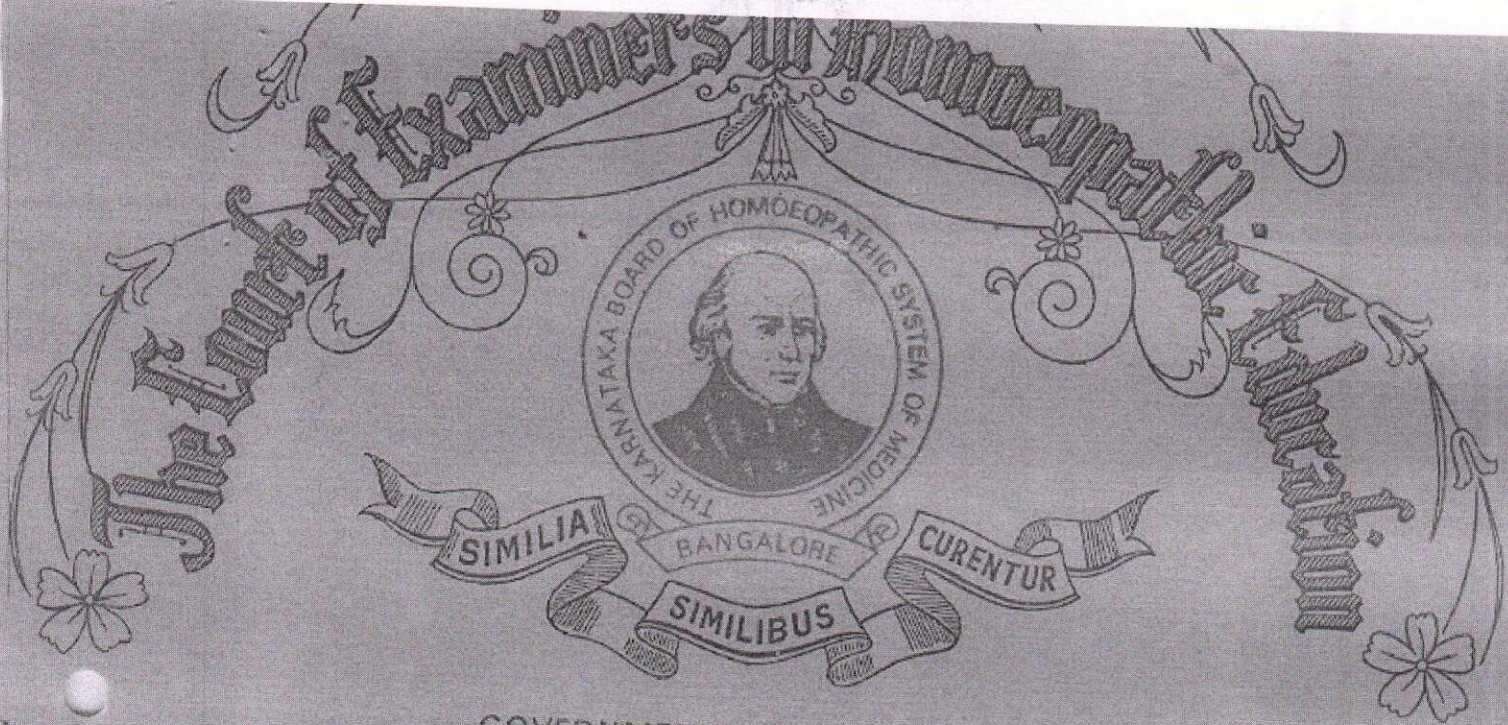
विद्यापीठाची मुद्रा व कुलगुरुंची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Ashok Anant Dhandhukia of Yerala Medical Trust and Research Center's Y. M. T. Homoeopathic Medical College having passed the Doctor of Medicine (Homoeopathy)(External) (Branch : (c) Repertory) 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.

Kipoy 4/10/10





GOVERNMENT OF KARNATAKA

This is to certify that

Sri Smt. Shandukia Ashok Anant

S/o. Dr. Shandukia Anant Purshottam

has completed Four Years Course of Study in Homoeopathy
and has passed the Final Examination in Licentiate of the
Court of Examiners in Homoeopathy (L.C.E.H.) held in
Dec 1989 and is placed in the *Pass* Class.

He/She is permitted to affix L.C.E.H. to his/her name.


Secretary,

Court of Examiners in
Homoeopathic Education,
Bangalore.


Chairman,

Court of Examiners in
Homoeopathic Education,
Bangalore

Dated *27 Feb 1990*



**DR. M. L. DHAWALE MEMORIAL
HOMOEOPATHIC INSTITUTE**

Opp. S. T. Workshop, Palghar Boisor Road, Palghar 401 404. • Tel.: 02525-256932/33 • Fax: 02525-257019
(Recognized by the Central Council of Homoeopathy, New Delhi and
Maharashtra University of Health Sciences, Nashik)

PRINCIPAL
DR. K. M. DHAWALE
M.D., D.P.M., M.F.HOM(LOND.)

Ref No. MLDMHI/EIF-X- 261 /2009

Dated: 12/8/2009

TO WHOMSOEVER IT MAY CONCERN

Dr. Ashok Dhandukia M.D. (Hom) has been associated with the Homoeopathic Clinical and Academic activities of the Dr. M. L. Dhawale Memorial Group of Organizations since April '01

Dr. Ashok joined the 1 1/2 year Regular training programme of the Institute in the Principles and Practice of Homoeopathy in April 01. After completion of the formal training he continued to be associated with the Homoeopathic teaching sessions and the Malad Homoeopathic P. G. Centre from May 2002. He attended the CME Programmes of the Institute three times a year. He has successfully passed the Standardized Case record Test of the Institute. This certifies that Dr. Ashok Dhandukia is capable of handling Homoeopathic case taking, analysis and planning and programming of Treatment to an acceptable level.

After completing his M.D. (Hom) from the Mumbai University in Jan 05, Dr. Ashok was working as Clinical Supervisor at the Malad P. G. Centre and as Hon. Physician in charge of the Respiratory Department of the Rural Homoeopathic Hospital, Palghar till March 2008.

Dr. Ashok Dhandukia is working as a Reader in Repertory Department in the Dr. M. L. Dhawale Memorial Homoeopathic Institute since September 2007.

S. SARDAR

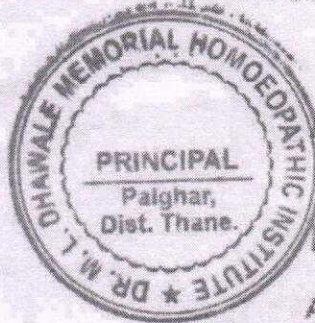
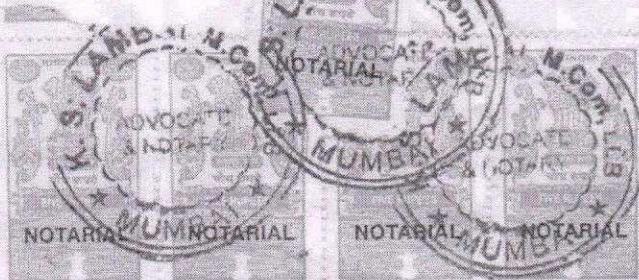
ADVOCATE

Enrollment No. 1111

1st Floor Advocate Bar Room,
Bandra Court, Mumbai - 400 045

Dr. K. M. Dhawale
Principal

Dr. M. L. Dhawale Memorial Homoeopathic Institute



ATTESTED BY ME

K. S. LAMBAT
M.Com., LL.B.,
ADVOCATE & NOTARY

- 9 SEP 2009

ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

Title of the Course applied for:- Fellowship Course in Homeopathic Dermatology

This to Certify that Dr Monali Kulkarni has worked in the Department of Homeopathic Dermatology of Dr Batra's Academy Mumbai training Centre as per following details

Q) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1998	Till date	24 years	

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

Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant and Mentor Quality- Dr Batras Clinic, Mumbai	2008	Till date	14 years	
Mentor	2015	Till date	7 years	

(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
Institute
Date



Sign & Stamp
Dean/Principal/Head of
Date





HEALTHCARE

Healing people. Changing lives.

June 21, 2022

To Whomsoever It May Concern

This is to certify that **Dr. Monali Kulkarni** is associated with us as **Homeopathic Consultant** since 20th August 2008 to till date.

This certificate is issued as experience letter for University purpose.

Thanking You,

For Dr. Batra's Positive Health Clinic Pvt. Ltd.

Aditi H

Aditi Hattangadi
AGM HR

22nd June 2022

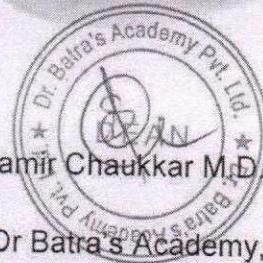
TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Monali Kulkarni is attached to Dr Batra's Academy in the capacity of Mentor and Teacher for the Fellowship Course in Homeopathic Dermatology from 1st February 2015 till date.

This Certificate is issued for purpose of University Requirement.

Dr Samir Chaukkar M.D. (Hom)

Dean- Dr Batra's Academy, Mumbai



and the Academic Council of the
University of Pune certifying
Kulkarni

Menali Vinayak

is Name Phailaya

Date Takasabheb V. Mhaske Homoeopathic

Medical College Ahmednagar

having been examined and found duly
qualified for the degree of

Doctor of Medicine
(Internal Course)
(Homoeopathy)

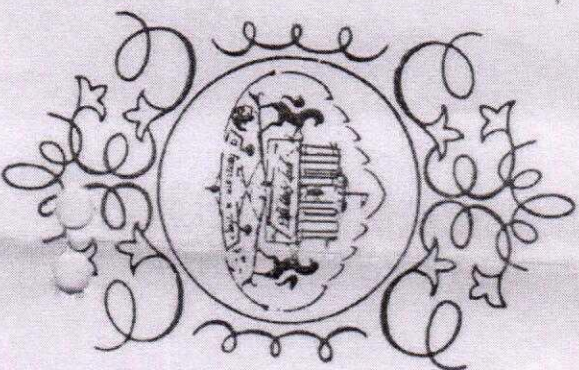
in Materia Medica

in April 2007

and degree has been conferred on her.

In testimony whereof is set
the seal of the said University

Prof. Adv.



(Formerly
University of Poona)

पुणे
विद्यापीठ

माननीय कुलपति,

कुलकर्णी

मोनाली विनायक

आईचे नाव बी. लजा

हे/या लेट काकासाहेब मरुके

मेडिकल कॉलेज, अहमदनगर

एप्रिल २००७ मध्ये

वैद्यक शिक्षण

(बाहिःस्व. कोर्स)
(होमिओपॅथी)

(विषय: मेडिसिन)

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

DUPLICATE COPY

No. 4542

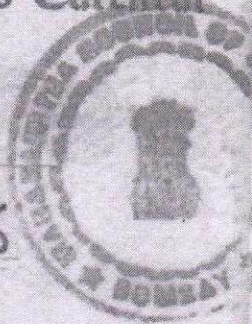
CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 24215

Date of Registration 28-6-1996



THIS IS TO CERTIFY THAT

Dr. (Shri/Smt./Kumari) *Kulkarni Monali*
Vinayak.

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

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

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

[Signature]

Signature of the Registrar

ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

Title of the Course applied for:- Fellowship Course in Homeopathic Dermatology

This to Certify that Dr Mathu Venkatesan has worked in the Department of Homeopathic Dermatology of Dr Batra's Academy Mumbai training Centre as per following details

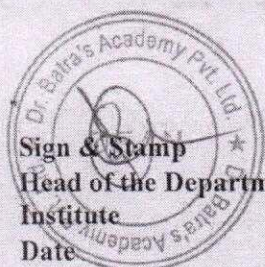
C) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1998	Till date	24 years	
Professor – Vinayaka mission HMC, Salem	1999	2008	9 years	

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

Designation	From	To	Total period Year/Months	
Chief homeopathic consultant – Dr Batra's Clinic, Chennai	2010	Till date	12 years	
Mentor	2015	Till date	7 years	

(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
Institute
Date


Sign & Stamp
Dean/Principal/Head of
Date

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. L. Mathuvenkatesan
02.	Date of Birth	: 30.07.1968
03.	Address	: 30, Salem Main Road Mallasamudram Namakkal Dist. Pin: 637503
04.	Tel. No. / Mob. No.	: 99940 95969
05.	e-mail id	: drmathuvenkatesan.l@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD(Hom)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 9 years 24 years
09.	Present Appointment	: Mentor, Dr Batra's Academy, Mumbai
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 9 years
12.	Any other relevant information	:

Date: - 2/6/22

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: 2/6/22

Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 2/6/22

7th July 2022

To

Dr. Mathuvenkatesan

MD.(Hom)

Sub: Appointment as Mentor for fellowship batch in Dermatology 2021-22 batch

Dear Dr Mathuvenkatesan

We are glad to inform you that you have been appointed as Guide/Mentor for the Fellowship Course in Homeopathic Dermatology 2021-22 batch.

You will be mentoring the following students.

Dr Kalaivani. M
Dr Abhijeet Patil
Dr Surabhi CS
Dr Jayasudha Kota
Dr Madhuri Kota
Dr Sakshi Kota
Dr Manisha Wakle

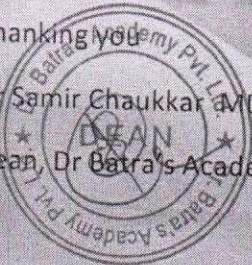
Your duties include regular check up of their log books and also guiding them in their case assignments (album) and Dissertation. We have shared your telephone number with the students and they will contact you for further guidance.

Please acknowledge the receipt of this letter.

Thanking you

Dr Samir Chaukkar MD(Hom)

Dean, Dr Batra's Academy



Dr Batra's

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HEALTHCARE

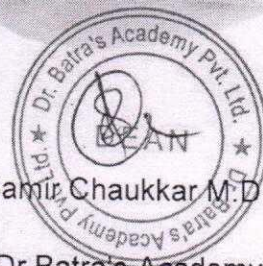
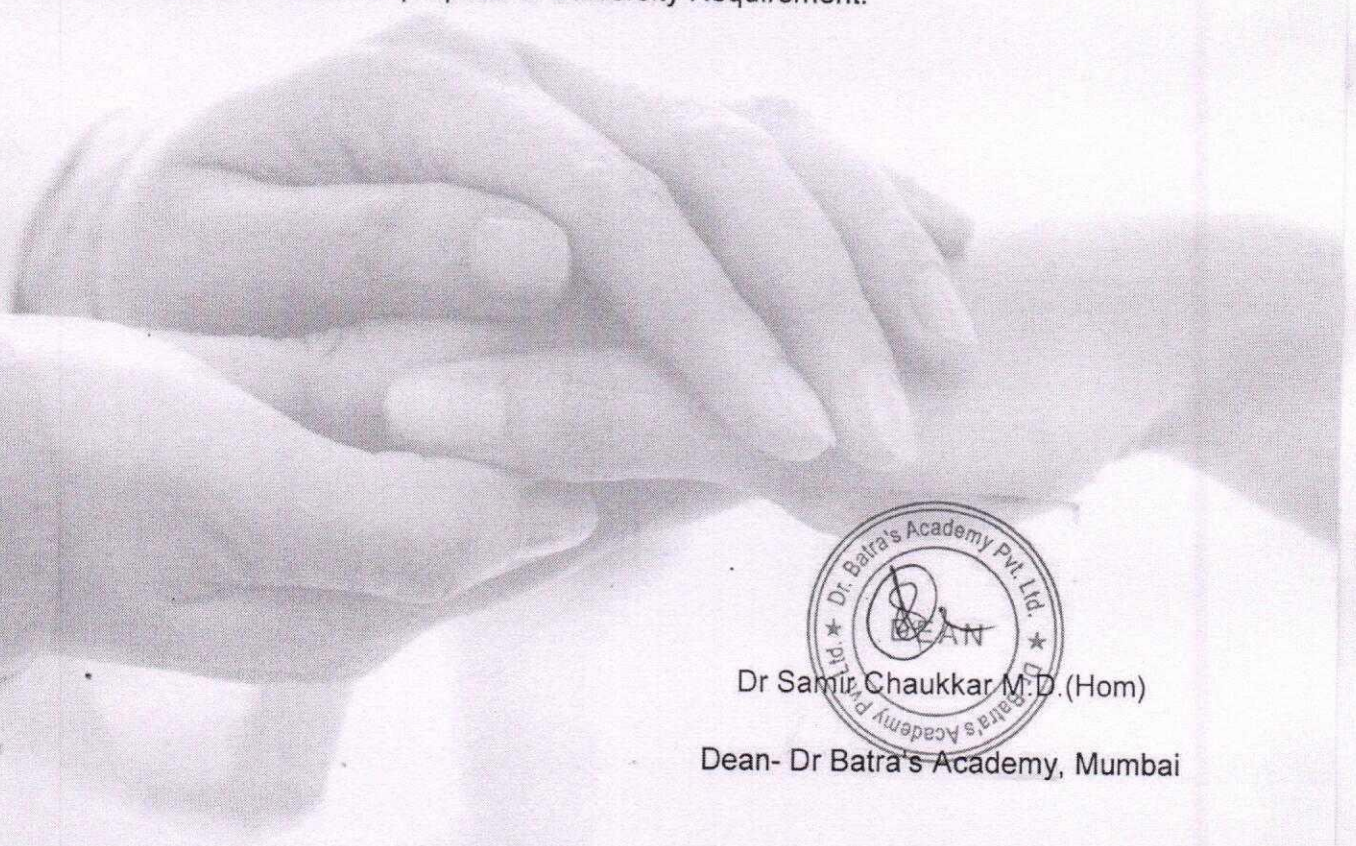
Healing people. Changing lives.

22nd June 2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Mathu Venkatesan is attached to Dr Batra's Academy in the capacity of Mentor and Teacher for the Fellowship Course in Homeopathic Dermatology from 1st February 2015 till date.

This Certificate is issued for purpose of University Requirement.



Dr Samir Chaukkar M.D. (Hom)

Dean- Dr Batra's Academy, Mumbai

February 1, 2015

To
Dr. L. Mathuvenkatesan
Chennai

OFFER LETTER

Dear Dr. Mathuvenkatesan,

In addition to your current profile of Homeopathic Consultant in Dr. Batra's Positive Health Clinic Pvt Ltd, Dr. Batras Academy is pleased to offer you a position as Mentor w.e.f 1st February 2015.

Work Profile :

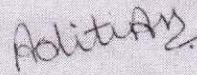
- 1) To guide and train students admitted to fellowship course
- 2) To plan day today teaching learning activities of the students in the academy as per syllabus prescribed by university
- 3) To supervise and monitor the academic , clinical and para-clinical performance of students
- 4) To participate in university assigned responsibilities such as conduct of examinations
- 5) To guide the students in planning and implementation of research activities
- 6) Offer constructive feedback
- 7) Evaluate progress of students
- 8) Any other duties and responsibilities as assigned by university from time to time

Please sign and return it to **Dr. Batra's Positive Health Clinic Pvt. Ltd.** to signify your acceptance of this offer.

We look forward to having you joining our team.

For **Dr. Batra's Positive Health Clinic Pvt. Ltd.**

I have understood the above
and I accept the same


Authorised Signatory




Signature

February 1, 2015

To
Dr. L. Mathuvenkatesan
Chennai



HEALTHCARE

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APPOINTMENT LETTER

Dear Dr. Mathuvenkatesan,

Dr. Batras Academy is pleased to offer you a position as Mentor w.e.f 1st February 2015 as per the following terms;

Job Title : Mentor
Salary : Rs.35,000/-p.m.

Work Profile :

- 1) To guide and train students admitted to fellowship course
- 2) To plan day today teaching learning activities of the students in the academy as per syllabus prescribed by university
- 3) To supervise and monitor the academic , clinical and para-clinical performance of students
- 4) To participate in university assigned responsibilities such as conduct of examinations
- 5) To guide the students in planning and implementation of research activities
- 6) Offer constructive feedback
- 7) Evaluate progress of students
- 8) Any other duties and responsibilities as assigned by university from time to time

Please sign and return it to Dr. Batra's Positive Health Clinic Pvt. Ltd. to signify your acceptance of this offer.

We look forward to having you joining our team.

For Dr. Batra's Positive Health Clinic Pvt. Ltd.

Aditi Hattangadi
Aditi Hattangadi
Authorised Signatory



*Received with
Thanks,
L. Mathuvenkatesan*



HEALTHCARE

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June 06, 2022

To Whomsoever It May Concern

This is to certify that **Dr. L. Mathuvenkatesan** is associated with us as **Homeopathic Consultant** since 09th October 2008 to till date.

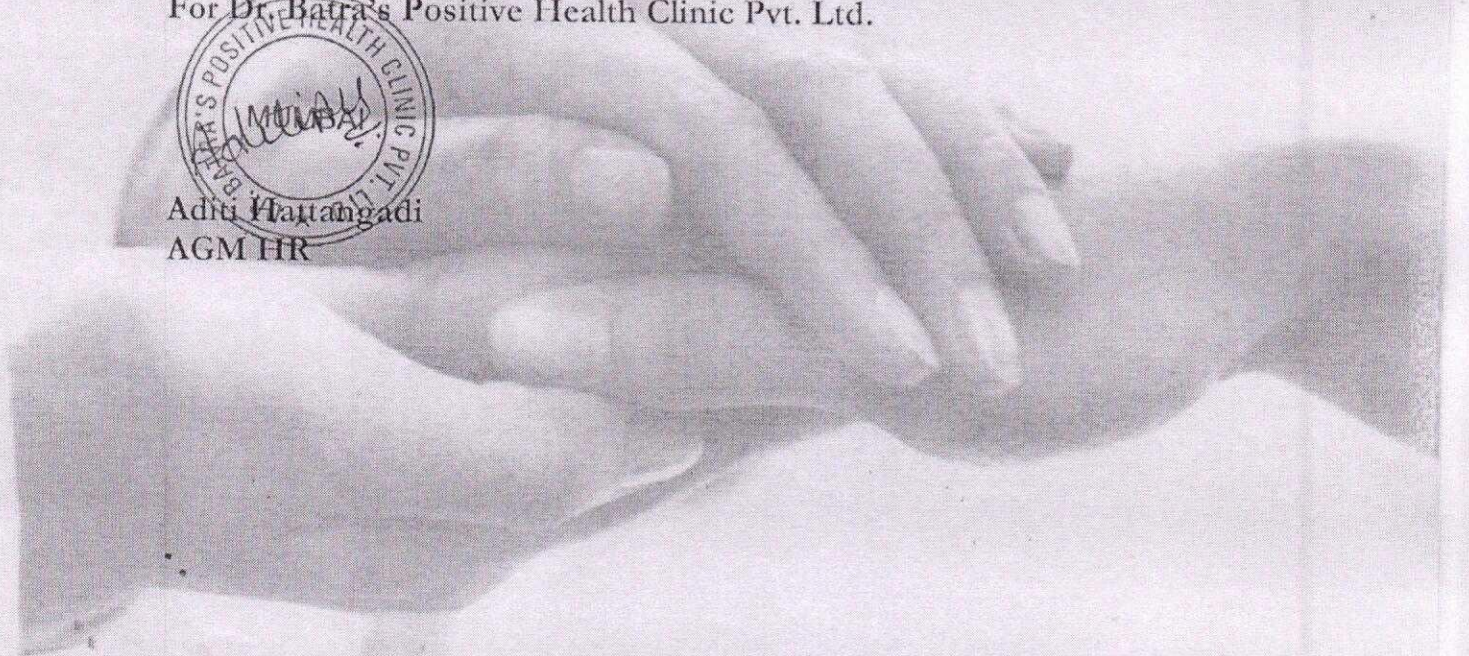
This certificate is issued as experience letter for University purpose.

Thanking You,

For Dr. Batra's Positive Health Clinic Pvt. Ltd.



Aditi Hattangadi
AGM HR



Vinayaka Missions University



FACULTY OF HOMOEOPATHY

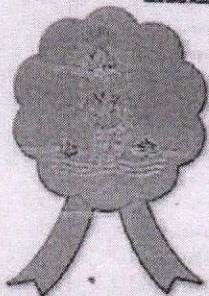
The Board of Management of the Vinayaka Missions University
hereby makes known that

Mathu Venkatesan. L.

has been admitted to the Degree of

Doctor of Medicine in Homoeopathy (Practice of Medicine)

having been certified by the duly appointed Examiners
to be qualified to receive the same at the Examination
held in November 2006 and placed in Pass class.



Given under the seal of the University

Under Section 3 of the UGC Act, 1956
FORMERLY VINAYAKA MISSION'S RESEARCH FOUNDATION DEEMED UNIVERSITY

Reg. No.: 03PH05

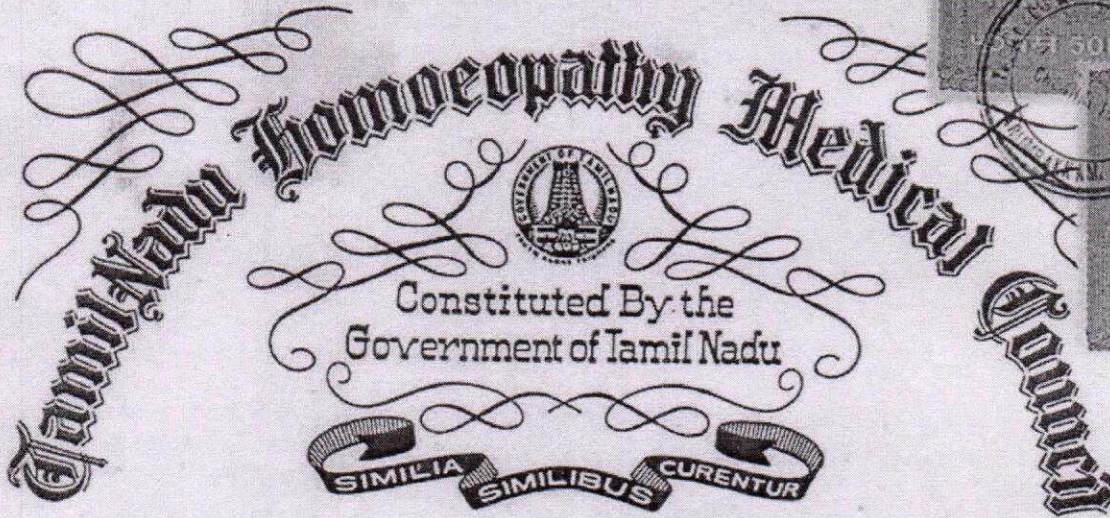
Salem, India.

Dated: 06-07-08

Rajen Law
Registrar

Mathur Kumar
Vice-Chancellor





Homoeo Medical Registration Certificate - A

ஓமியோபதி மருத்துவ பதிவு சான்றிதழ்

[Vide Rule II (6)]

Registration No.: 969

Name: L. MATHUVENKATESAN

Father's/Husband's Name: T.K. LAKSHMANAN

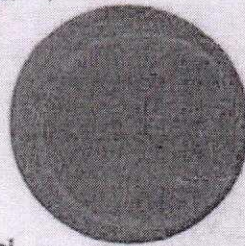
Qualifications: B.H.M.S. awarded by Tamilnadu Dr. MGR Medical University, Chennai.

Date & Place of Registration: 16TH AUGUST 1999 - CHENNAI

Address: 30, Salem Main Road, Mallasamudram PO, Namakkal Dist. 637 503.



It is hereby certified that this is a true copy of the entry of the above specified name in the Medical Register.



Chennai
Dated: 7TH AUGUST 2000

L. Jayan
Registrar 7.8.2000

Notice

Every registered medical practitioner should be careful to send the Registrar, immediate notice of any change in his address and also to answer all enquiries that may be sent to him by the Registrar in regard thereto in order that his correct address may be duly inserted in the Medical Register.

An extract of the published Medical Register wherein his name first appears registered will be supplied, gratis, to every registered medical person, provided that before the end of the year of publication, application be made for such copy to the Registrar accompanied by five rupees towards postal charges.

The last edition of the Medical Register alone is evidence of registration.

Sl No. 0235



VINAYAKA MISSION'S
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
 (A Constituent College of Vinayaka Missions University, Salem)
 (Approved by Govt. of Tamilnadu, Recognised by "AYUSH" Ministry of Health & Family
 Welfare, Govt. of India and Central Council of Homoeopathy, New Delhi)



Ref: VMHC & H. Sim. *Ac/ 45/2009*

Date: **20.08.2009**

TO WHOMSOEVER IT MAY CONCERN

EXPERIENCE CERTIFICATE

This is to certify that **Dr. L. MATHUVENKATESAN**, ^{BHMS, MDI Home} has joined as Tutor on 07.10.1999 worked upto 13.11.2003. After Post Graduation he has rejoined as Lecturer on 08.01.2007 worked in the Department of Practice of Medicine in Vinayaka Mission's Homoeopathic Medical College & Hospital, Salem, Tamilnadu and he was relieved from duty on 01.10.2008 at his request.

He has taken Theory, Tutorial Classes, Journal club, Clinical Meeting and OPD / IPD duties.

His Conduct and Character were good during this period.

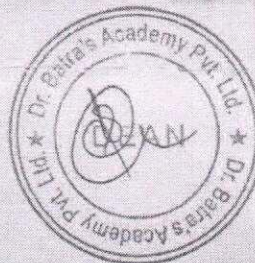
Self Attested
R. Mathuvenkatesan
Dr. L. Mathuvenkatesan

Prof. Dr. P.K. SUDHIR

PRINCIPAL

Vinayaka Mission's Homoeopathic Medical
 College & Hospital
 (NH 47) Sankari Main Road,
 Seeragapadi, SALEM - 636 308.

University : Vinayaka Missions University
 Sankari Main Road (NH-47), Ariyanoor, Salem - 636 308, Tamilnadu, India.
 Phone : 0427 - 3987000, 2477318 / 2477317. Fax : 0427 - 2477903.
 Website : www.vinayakamission.com e-mail : vmu@vinayakamission.com
College : Sankari Main Road (NH-47), Chinna Seeragapadi, Salem-636 308, Tamilnadu, India.
 Phone: 0427 - 2477885, 3012011 (Principal) Fax : 0427 - 2477885



DECLARATION

I, Dean of the **Dr Batra's Academy, Mumbai** solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective **Annexure-F** are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year **2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-F** are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure-F** are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 29th Day of June 2022 At Mumbai

Date: Mumbai
Place: 29/6/22


Signature of Dean/Principal/Director
Name of the Signatory
(With Seal of the Training Centre)



महाराष्ट्र MAHARASHTRA

© 2021 ©

ZU 911469

जिल्हा कोषागार कार्यालय, ठाणे
14 MAR 2022
मुद्रांक प्रमुख लिपीक / लिपीक

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is made on 1st day of June, 2022.

Between

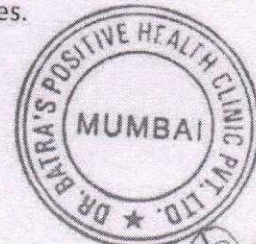
DR. BATRA'S POSITIVE HEALTH CLINIC PVT. LTD. a Company incorporated under the Companies Act, 1956 and having its Registered Office situated at 2nd Floor, H. Kantilal Compound, Andheri Kurla Road, Sakinaka, Andheri East, Mumbai 400072 (hereinafter referred to as "DR. BATRA'S") of the One Part.

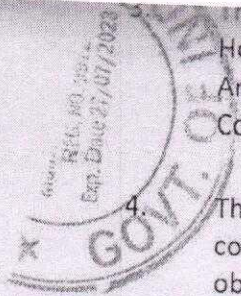
And

PALVI HOSPITAL and having its registered office situate at Shop No.53/1 Near New English High School, opp. HDFC Bank, Ulhasnagar, Maharashtra 421005. (hereinafter referred to as "PALVI") of the Other Part.

WHEREAS

1. The party of the First Part is engaged as a practitioner and teacher of Homeopathy.
2. The Part of the Second part is engaged in admitting and treating patients as in patient basis, pathology services & Histopathology services.





The Party of the First Part has a vision to promote the awareness about benefits of Homeopathic treatment and imparting education so as to spread knowledge globally. And are desirous of conducting MUHS (Maharashtra University of Health Sciences) Course of Homeopathy – viz. Certificate / Fellowship Courses in Advanced Homeopathy.

4. The party of the Second Part wishes to offer the services in support of conducting work / completing mission of the party of the first part. Both the parties agree to abide by the objectives as set out in Memorandum of Association of the organization and overall policy framework.

NOW, THEREFORE, the parties propose to record the terms and conditions mutually agreed between them as under:

1. **VALIDITY**

This MOU shall be valid for 36 months commencing from 1st day of June, 2022 till 31st May, 2025

2. **SCOPE OF SERVICES**

Both the parties agree to admit patients visiting Dr. Batra's Clinics as and when necessary.

Both the parties agree to carry out investigations of patients visiting Dr. Batra's Clinics.

PALVI will help in providing Laboratory services to Dr. Batra's with respect to pathology / and or Histopathology tests.

PALVI will offer to help in providing any other Laboratory services to Dr. Batra's other than pathology and/or Histopathology samples in furtherance of educational pursuit.

3. **THE ARRANGEMENT**

DR. BATRA'S and PALVI are on Principal to Principal basis and this agreement does not create any other relationship whatsoever between the parties.

4. **DELIVERABLES FROM DR. BATRA'S**

DR. BATRA'S may send patients for necessary treatment to PALVI.

5. **DELIVERABLES FROM PALVI**

PALVI will give requisite treatment to the patients admitted send the progress / discharge report to DR. BATRA'S.

6. **CHARGES & PAYMENT TERMS**

Charges as per Annexure – A shall be borne by the patient and directly to be paid across the counter of the PALVI.

7. **INDEMNIFICATION**

PALVI hereby indemnifies DR. BATRA'S of any third party and its officers, directors, employees and agents from any claims, liabilities, damages or injury arising from or related to any act or omission of PALVI.

8. **NO BINDING CLAUSE**

PALVI shall have no authority to bind the DR. BATRA'S in and/or other third party by any promise or representation unless specifically authorized in writing by the DR. BATRA'S in any particular transaction.

9. **ARBITRATION**



from time to time. The decision of the Arbitrator shall be final and binding and the language of the proceedings shall be English.

10. **JURISDICTION**

The courts in Mumbai shall have exclusive jurisdiction to deal with any dispute arising out of this MOU / Purchase Order.

11. **TERMINATION**

After 30 day's notice in writing from either side.

Immediately if PALVI engages in negligence, will misconduct or malfeasance.

12. **NOTICES**

All notices permitted or required by this MOU will be sent by registered mail or delivered by courier or electronically, if the latter is applicable; by either party to the other at their respective addresses indicated in this MOU. Should there be change in the business address or location; both parties mutually agree to notify each other at the soonest possible time, to avoid unnecessarily delay in the conduct of business.

13. **EXCLUSIVITY**

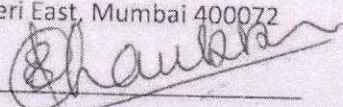
PALVI covenants not to deal with / enter into similar kind of MOU with any entity having similar kind of business during the subsistence of this MOU.

14. **TRANSFERABILITY/ ASSIGNABILITY**

The services are neither transferable nor assignable. The courts in Mumbai shall have exclusive jurisdiction on any matter arising out of this Agreement.

By signing below each party agrees to the terms of this agreement.

DR. BATRA'S POSITIVE HEALTH CLINIC PVT. LTD. (Division of Dr. Batra's Academy Pvt. Ltd.)
2nd Floor, H. Kantilal Compound,
Andheri Kurla Road, Sakinaka,
Andheri East, Mumbai 400072

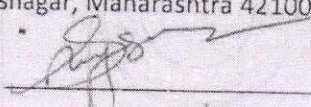
Sign. 

Date: 1-6-2022



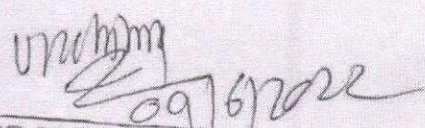
PALVI HOSPITAL.

Shop No.53/1,
Near New English High School,
Opp. HDFC Bank,
Ulhasnagar, Maharashtra 421005.

Sign. 

Date: 15/06/22




UDAI PRAKASH (M.A.L.L.B.)
ADVOCATE & NOTARY GOVT. OF INDIA
MUMBAI (MAHARASHTRA)
REG. NO. 9972
Room No. 10, S. No. 94, Inshwadi, Kharnooli Village,
Marve Road, Malad (W), Mumbai - 400 025.



PALVI HOSPITAL

DEPOSITE	20000	10000	15000	5000
	ICU	SEMI ICU	SPECIAL ROOM	GENERAL WARD
BED CHARGES	2500	1500	2000	1000
CONSULTING	1200	1200	1200	600
CMO/INTENSIVIST	1000	700	1000	
RMO	700	500	700	400
NURSING	400	400	400	300
BMW	200	200	200	200
MONITOR	1500			
TOTAL	7500	4500	5500	2500

- I. OXYGEN CHARGES : EXTRA
- II. VENTILATOR CHARGES: EXTRA
- III. BIPAP CHARGES : EXTRA

DR BATRAS POSITIVE HEALTH CLINIC PVT LTD**UNIT- ACADEMY****PROFIT & LOSS A/C**

(AMT IN LACS)

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





HEALTHCARE

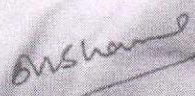
Healing people. Changing lives.

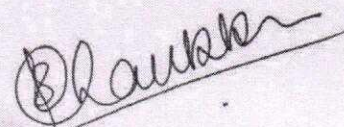
CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF DR. BATRAS' POSITIVE HEALTH CLINIC PRIVATE LTD HELD ON 30th day of August, 2019 AT 11.00 AM AT 2ND FLOOR, H KANTILAL COMPOUND, SAKINAKA, ANDHERI KURLA ROAD, ANDHERI EAST, MUMBAI 400 072

"RESOLVED THAT a Fellowship Course 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, authorised signatory 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 commence operations 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,


Specimen Signature of
Dr. Samir Chaukkar
(Authorized signatory)



MUMBAI, 400058.// CERTIFIED TO BE TRUE COPY//

ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

Title of the Course applied for:- **Fellowship Course in Homeopathic Dermatology**

This to Certify that **Dr Renuka Amin** has worked in the Department of **Homeopathic Dermatology** of **Dr Batra's Academy Mumbai** training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1997	Till date	25 years	
Lecturer – Smt C.M.P.Homeopathic College, Mumbai	2009	2011	2 years	

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

Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant and Mentor Quality- Dr Batra's Clinic, Mumbai	2012	2020	8 years	
Mentor	2015	Till date	7 years	

(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
Institute
Date



Sign & Stamp
Dean/Principal/Head of
Date





HEALTHCARE

Healing people. Changing lives.

To

Dr. Renuka Amin

MD.(Hom)

Sub: Appointment as Mentor for fellowship batch in Dermatology 2021-22 batch

Dear Dr Renuka,

We are glad to inform you that you have been appointed as Guide/Mentor for the Fellowship Course in Homeopathic Dermatology 2021-22 batch.

You will be mentoring the following students.

Dr Swati Patankar
Dr Sneha Jaiwal
Dr Divya Gupta
Dr Jasbeer Kaur
Dr Neha Waghmare
Dr Vinay Tripathi
Dr Ashok Kumar

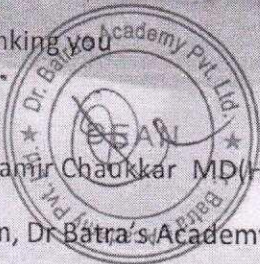
Your duties include regular check up of their log books and also guiding them in their case assignments (album) and Dissertation. We have shared your telephone number with the students and they will contact you for further guidance.

Please acknowledge the receipt of this letter.

Thanking you

Dr Samir Chaukhar MD(Hom)

Dean, Dr Batra's Academy



February 1, 2015



HEALTHCARE

Healing people. Changing lives.

To
Dr. Renuka Amin
Mumbai

OFFER LETTER

Dear **Dr. Renuka,**

In addition to your current profile of Homeopathic Consultant in Dr. Batra's Positive Health Clinic Pvt Ltd, Dr. Batra's Academy is pleased to offer you a position as Mentor w.e.f 1st February 2015

Work Profile :

- 1) To guide and train students admitted to fellowship course
- 2) To plan day today teaching learning activities of the students in the academy as per syllabus prescribed by university
- 3) To supervise and monitor the academic, clinical and para-clinical performance of students
- 4) To participate in university assigned responsibilities such as conduct of examinations
- 5) To guide the students in planning and implementation of research activities
- 6) Offer constructive feedback
- 7) Evaluate progress of students
- 8) Any other duties and responsibilities as assigned by university from time to time

Please sign and return it to **Dr. Batra's Positive Health Clinic Pvt. Ltd.** to signify your acceptance of this offer.

We look forward to having you joining our team.

For **Dr. Batra's Positive Health Clinic Pvt. Ltd.**

I have understood the above
and I accept the same

Aditi A
Authorised Signatory



Signature

Received
RB Amin



HEALTHCARE

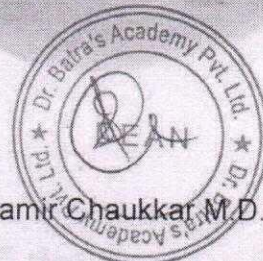
Healing people. Changing lives.

22nd June 2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Renuka Amin is attached to Dr Batra's Academy in the capacity of Mentor and Teacher for the Fellowship Course in Homeopathic Dermatology from 1st February 2015 till date.

This Certificate is issued for purpose of University Requirement.



Dr Samir Chaukkar M.D. (Hom)

Dean- Dr Batra's Academy, Mumbai

February 1, 2015



HEALTHCARE

Healing people. Changing lives.

To
Dr. Renuka Amin
Mumbai

APPOINTMENT LETTER

Dear Dr. Renuka Amin,

We at Dr. Batra's Academy are pleased to offer you a position as Mentor w.e.f 1st February 2015

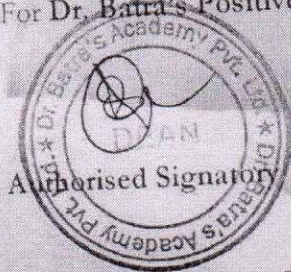
Work Profile :

- 1) To guide and train students admitted to fellowship course
- 2) To plan day today teaching learning activities of the students in the academy as per syllabus prescribed by university
- 3) To supervise and monitor the academic, clinical and para-clinical performance of students
- 4) To participate in university assigned responsibilities such as conduct of examinations
- 5) To guide the students in planning and implementation of research activities
- 6) Offer constructive feedback
- 7) Evaluate progress of students
- 8) Any other duties and responsibilities as assigned by university from time to time

Please sign and return it to Dr. Batra's Positive Health Clinic Pvt. Ltd. to signify your acceptance of this offer.

We look forward to having you joining our team.

For Dr. Batra's Positive Health Clinic Pvt. Ltd.



Received
RB Amin



HEALTHCARE

Healing people. Changing lives.

June 06, 2022

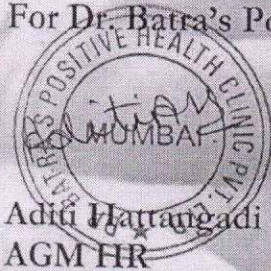
To Whomsoever It May Concern

This is to certify that **Dr. Renuka B Amin** is associated with us as **Homeopathic Consultant** since 14th September 2012 to 31st May 2020.

This certificate is issued as experience letter for University purpose.

Thanking You,

For **Dr. Batra's Positive Health Clinic Pvt. Ltd.**



Aditi Hattangadi
AGM HR

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

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

Shri/Smt. **RENUKA BISWAJIT AMIN**

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

having been examined and found
duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

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

PRN 3109244509
20th May 2010

N. Biswasjit Amin

VICE-CHANCELLOR



"10752014"

**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**

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

नवी मुंबई येथील वाय.एम.टी.चे
होमिओपॅथीक मेडीकल कॉलेज व
हॉस्पिटल चे/च्या

रेणुका बिस्वजित अमिन

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

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

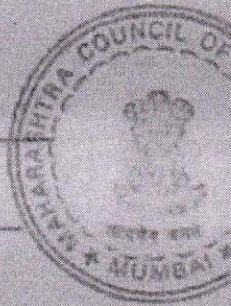
N. Biswasjit Amin
कुलगुरु

No. 008375

CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI
Similia Similibus Curentur

Certificate No. 24800

Date of Registration 11-03-97



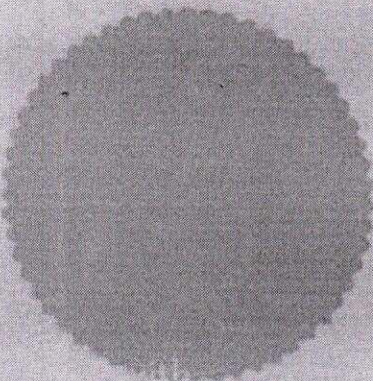
THIS IS TO CERTIFY THAT

Dr. (Shri/Smt./Kumari) Amin Renuka
Biswajit.

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

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

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



10-3-97
Signature of the Registrar



THE HOMOEOPATHIC EDUCATION SOCIETY'S
SMT. CHANDABEN MOHANBHAI PATEL HOMOEOPATHIC MEDICAL COLLEGE

(Affiliated to the Maharashtra University of Health Sciences, Nashik)
Nalakar Ham Ganesh Gadkan Marg, Isha, Vile Parle (West), Mumbai - 400 056

Tel. : 2624 5099 / 2620 1135 / 2620 4045 / 2620 3249 • Fax : 91-22-2624 3841

e-mail : cmphmc@yahoo.com

Visit us at : <http://www.homeopathyinstitute.in>

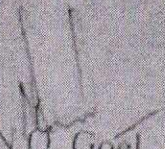
Ref. No. : CMPHMC/ 1000

March 22, 2012

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Renuka Amin was working in this College as a Part-time Lecturer (ad hoc basis) in the Department of Surgery from 16.01.2010 to 07.05.2010 and as a Full-time Lecturer in the Department of Pathology from 20.09.2010 to 30.08.2011.

We wish her all the best in her future endeavours.


Dr. N.O. Goel
Principal





HEALTHCARE

Healing people, changing lives.

To

Dr. Shahala Nadaf

MD.(Hom)

Sub: Appointment as Mentor for fellowship batch in Dermatology 2021-22 batch

Dear Dr Shahala

We are glad to inform you that you have been appointed as Guide/Mentor for the Fellowship Course in Homeopathic Dermatology 2021-22 batch.

You will be mentoring the following students.

Dr Harshali Kalamkar
Dr Ajit Lamkhade
Dr Pravin Shingare
Dr Priya Bandgar
Dr Suhasini
Dr Swarnima
Dr Harshali Kalamkar

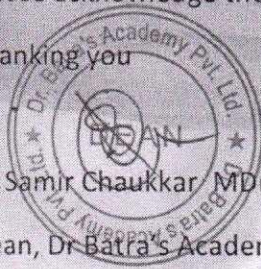
Your duties include regular check up of their log books and also guiding them in their case assignments (album) and Dissertation. We have shared your telephone number with the students and they will contact you for further guidance.

Please acknowledge the receipt of this letter.

Thanking you

Dr Samir Chaukar MD(Hom)

Dean, Dr Batra's Academy



ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

Title of the Course applied for:- Fellowship Course in Homeopathic Dermatology

This to Certify that Dr Shahala Nadaf has worked in the Department of Homeopathic Dermatology of Dr Batra's Academy Mumbai training Centre as per following details

E) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1998	Till date	22 years	
Lecturer, A. M. Shaikh Hom college	2/9/2002	1/9/2003	1 year	
Lecturer, Bharatesh Hom college	10/5/2006	30/6/2010	4 years	
Reader, Bharatesh Hom college	1/9/2006	30/7/2018	12 years	

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

Designation	From	To	Total period Year/Months	
Mentor	2015	Till date	7 years	

(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
Institute
Date



Sign & Stamp
Dean/Principal/Head of
Date



22nd June 2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Shahala Nadaf is attached to Dr Batra's Academy in the capacity of Mentor and Teacher for the Fellowship Course in Homeopathic Dermatology from 1st February 2015 till date.

This Certificate is issued for purpose of University Requirement.


Dr Samir Chaukhar M.D. (Hom)
Dean- Dr Batra's Academy, Mumbai

February 1, 2015

To
Dr. Shahala Nadaf
Belgaum



HEALTHCARE

Healing people. Changing lives.

APPOINTMENT LETTER

Dear Dr. Shahala Nadaf,

Dr. Batras Academy is pleased to offer you a position as Mentor w.e.f 1st February 2015 as per the following terms;

Work Profile :

- 1) To guide and train students admitted to fellowship course
- 2) To plan day today teaching learning activities of the students in the academy as per syllabus prescribed by university
- 3) To supervise and monitor the academic, clinical and para-clinical performance of students
- 4) To participate in university assigned responsibilities such as conduct of examinations
- 5) To guide the students in planning and implementation of research activities
- 6) Offer constructive feedback
- 7) Evaluate progress of students
- 8) Any other duties and responsibilities as assigned by university from time to time

Please sign and return it to **Dr. Batra's Positive Health Clinic Pvt. Ltd.** to signify your acceptance of this offer.

We look forward to having you joining our team.

For **Dr. Batra's Positive Health Clinic Pvt. Ltd.**

Authorised Signatory



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 Shahala Nadaf
02.	Date of Birth	: 22/12/1973
03.	Address	: Plot no 1783, Sector 10, Satya Marg, Anjaneya nagar, Belagavi - 590001
04.	Tel. No./ Mob. No.	: 9448157254
05.	e-mail id	: drshahala.nadaf@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS; M.D (Organon of medicine & Homoeopathic Philosophy) MSCP (Masters in Counselling & Psychotherapy) FCHD (Fellowship Course in Homoeopathic Dermatology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: Lecturer / Asst Professor - 10 / 05/ 2006 to 30/ 06/ 2010 Reader / Associate Professor - 01/07/2010 to 30/07/2018
09.	Present Appointment	: Mentor at Dr Batras Academy , Mumbai
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: 23/01/20

For the use of affiliated Training Center:

Name & Sign. of Mentor

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/DOFCC/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

Sl. No.1341

Form B (Rule 6)

Registration No. A-6310

The Karnataka Board of Homoeopathic System of Medicine

Certificate of Registration

This is to Certify that Dr. Nadaf Shahala Babusahab

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

In witness whereof is herewith affixed the seal of the Karnataka Board of Homoeopathic System of Medicine, and the signature of the Registrar.

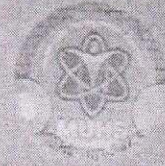
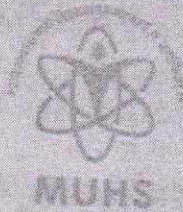
Subject to the provisions of the Karnataka Homoeopathic Practitioners Act, 1961, this certificate has been issued.

Bangalore

Date 18.4-1998



[Signature]
Registrar



Certificate No. 17838

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik

Certificate

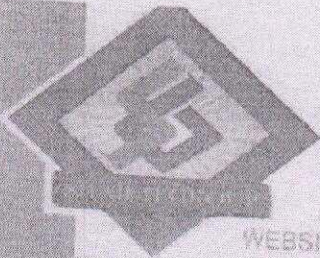
This is to certify that Dr./Shri./Smt. Nadaf Shahala Babusaheb with Permanent Registration No. 144101172181196 has successfully completed One Year Fellowship Course in Homoeopathic Dermatology at (Training Centre) Dr. Batra's Academy Pvt. Ltd, Mumbai,

He/She having passed the examination held in Winter-2017 and in recognition thereof is awarded this certificate.

Note: This is not an additional qualification. It is mandatory to possess a degree recognized by the respective Council and being registered in State / Central Council to practice in the given specialty.

1441011196

01 March 2018



PES & TS

111

SHAIKH GROUP OF INSTITUTIONS

Shaikh Group Road, Nehru Nagar, Belgaum - 590 010, Karnataka (India)

Tel. 0831-2473253 / 2470485 Fax : 0831-2473127

WEBSITES : www.pesibgm.org / www.scetibgm.com / www.bimsmba.com / www.agiscos.com

Ref. No. :

Date : / /

PEST/HRD/EXP-360/10-11

24/03/11

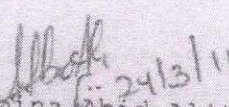
EXPERIENCE CERTIFICATE

This is to certify that Dr Sahala Nadaf has worked at A.M.Shaikh Homoeopathic Medical College in PG Centre as a Research Co-ordinator of People's Education Society & Trust's from 02-09-2002 to 01-09-03.

Her services at AMSC were found satisfactory.


(Dr.N.M.Mulla)

Principal, AMSC


(Dr.Sabina Abid Ali)

HRD Head



BHARATESH EDUCATION TRUST

B. C. 188, Dhanwad Road, Belgaum-590 016, Karnataka INDIA
Ph: 0831-2426984, 2429985, 2467745 Fax 0831- 2469611 + email : bharatesh_e_t@yahoo.com

LETTER OF APPOINTMENT

Ref. No. BET/2006-2007/

Date: 09/05/2006

To

Dr. Sahala B. Nadaf,
Plot No. 1783, Satya Marg,
Sector 10, M.M. Extension,
BELGAUM-16

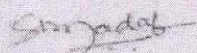
Dear Doctor,

With reference to your application dated, 02/05/2006 the undersigned has great pleasure in informing you that you have been appointed by the Trust's Bharatesh Homoeopathic Medical College & Hospital as Lecturer in the Department of ORGANON as probationer for a period of one year on the following terms & conditions.

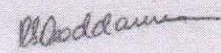
1. Your appointment as probationer shall take effect from 10/05/2006.
2. Your appointment as probationer is based on the information supplied by your application for employment as well as the interview held in chamber of our Principal Dr. S.B. Konkani.
3. If it deemed expedient your term of probationer is the discretion of the Trust and can be extended for a further period of one Year.
4. During the term of your probation you will be entitled to receive Rs. 4,000/- consolidated salary per month.
5. At the end of your period of probation or extended period of probation if you are considered fit and suitable for the job you will be confirmed in your appointment otherwise your appointment will be terminated at the discretion of the Trust without assigning any reason whatsoever.
6. By accepting this appointment you shall have to abide by the terms and Conditions of the Standing Orders concerned and the Rules of the Trust as in force from time to time.
7. You shall not hold any other assignments, consultation or any other service to any other organization during your service in our Bharatesh Homoeopathic Medical College & Hospital.
8. In case of your relinquishing the job, you shall give 30 days notice in advance even during or after your probation period or pay in lieu 30 days salary to the Trust.

Please confirm and sign copy of this letter as a token of your approval.

I accept and confirm


(Dr. Sahala B. Nadaf)

Yours Sincerely,


(R. S. Doddanavar)



BHARATESH EDUCATION TRUST

B. C. 188, Dharwad Road, Belagavi - 590016, Karnataka INDIA. Ph. : 0831-2426984/85/86, 4202634.
Fax : 0831-2469611 email : info@bharatesh.in, bharatesheducationtrust@gmail.com



Ref. No. BHMC&H/2018-2019/ 224

Date: 30/07/2018

To

Dr. Shahala B. Nadaf,
Plot No. 1783, Sect. 10, Satya Marg,
Anjaneyanagar, Malmaruti Extension,
Belagavi-590016

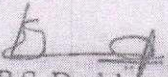
(Through the Head of the Institution)

Sub: Relieving Letter.

With reference to your application dated, 30/07/2018, you are hereby informed that you will be relieved from your services as Associate Professor/Reader, Department of Organon of Medicine of Bharatesh Homoeopathic Medical College & Hospital, Belgaum w.e.f. Tuesday, the 31st July 2018 by 5 PM.

You are informed to clear off dues, if any to the college and Department before you are relieved and handover the charge to Dr. (Mrs) M.N. Shaikh, Professor/HOD/PG Guide, Department of Organon of Medicine on or before 31st July 2018 afternoon with intimation to the Head of the Institute.

You may submit the application to the office of the Principal, BHMC & H for final settlements of your payments.


for (R.S. Doddanavar)
SECRETARY

Bharatesh Education Trust
Belgaum-590 016

Copy to:

- 1) Dr. (Mrs) M.N. Shaikh,
Professor/HOD/PG Guide,
Dept. of Organon of Medicine
BHMC & H. Belagavi
- 2) The Accounts Section,
BHMC & H. Belagavi