



MUHS

# महाराष्ट्र आयोग्य विज्ञान विद्यापीठ, नाशिक

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुल, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik422004

Tel: (0253) 2539206/302/197 Student Helpline: (0253) 2539111/6659111

Website: [www.muhs.ac.in](http://www.muhs.ac.in), E-mail: [fccc@muhs.ac.in](mailto:fccc@muhs.ac.in).

### 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/FC-CC/141111/287/2024

390

BY E-MAIL &amp; SPEED POST

Date: 14/11/2024

To,

The Dean/ Principal/H.O.D./Coordinator  
 University Affiliated Training Centre,  
 For conducted Fellowship / Certificate Course (s) at  
**141111- Dr. Batra's Academy Pvt. Ltd,**  
 2<sup>nd</sup> floor, H. Kantilal Compound,  
 Andheri Kurla Road, Andheri (E),  
 Mumbai- 400 072.

**Sub. : To Grant Continuation of Affiliation and /or Recognition to Affiliated Training Centre for Academic Year 2024-25 to conduct the Fellowship / Certificate Course(s) ...**

**Ref. :** 1) University Ordinance No. 01/2022 dtd. 07/10/2022,  
 2) University Circular No. मआविवि/विविक/फेलो-प्रमा./२५८/२०२३ dtd.09/10/2023,  
 3) Your proposal dtd. 06/11/2024,

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 Academic Year 2024-25 to conduct Fellowship / Certificate Course(s) with the intake capacity as sanctioned and mentioned in the following course(s) & the attached list (Please peruse the list).

Sr. No.	Course(s)	Intake Capacity
1	144101-Fellowship Course in Homoeopathic Dermatology	50
2	145103-Certificate Course in Homeopathic Cosmetology and Aesthetics	21
3	145105-Certificate Course in Homoeopathic Management of Respiratory Diseases and Allergies	28

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.

(P.T.O.)

- iii. 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.
- iv. 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);
- v. 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.
- vi. 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.**

1. 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 Academic Year 2024-25. 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 Academic Year 2024-25. 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

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 2025-26**" 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.
12. The Training Centre Shall Get the Program Compatible to Academic Bank Of Credit.
13. The Centre Shall Always Include in its Name "**Dr. Batra's Academy Pvt. Ltd, Andheri (East), Mumbai of MUHS**".
14. The Centre Shall Ensure that any publication / Presentation by the registered Candidates Shall Include "**MUHS**" in Its address.

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.

*100*  
12-11-26  
(Dr. Rajendra S. Bangal)  
Registrar

Copy to :

1. Hon'ble Vice-Chancellor Office, M.U.H.S., Nashik
2. Hon'ble Pro Vice-Chancellor Office, M.U.H.S., Nashik
3. Hon'ble Registrar Office, M.U.H.S., Nashik
4. The Controller of Examinations Office, M.U.H.S., Nashik
5. The Director, Planning Board, M.U.H.S., Nashik
6. The H.O.D., Eligibility Section, M.U.H.S., Nashik
7. The H.O.D. Computer Section, M.U.H.S., Nashik



## Maharashtra University of Health Sciences, Nashik

Vani-Dindori Road, Mhasrul, Nashik-422004

List of approved course(s) with Intake Capacity to be conducted at Recognized Training Centre(s) granted Continuation of Affiliation/First Time Affiliation (if applicable) for A.Y. 2024-25.

Sr. No.	Course(s)	Intake Capacity
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Training Centre : 141111-Dr. Batra's Positive Health Clinic Pvt. Ltd., Mumbai

1	144101-Fellowship Course in Homoeopathic Dermatology	50
2	145103-Certificate Course in Homeopathic Cosmetology and Aesthetics	21
3	145105-Certificate Course in Homoeopathic Management of Respiratory Diseases and Allergies	28



W  
Registrar

**Important Instructions:** Affiliated Training Centre shall strictly note that the University will conduct the Centralized 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.

**ANNEXURE-A**

**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 Chaukkar** has worked in the Department of **Dr Batra's Academy** Training Centre as per following details

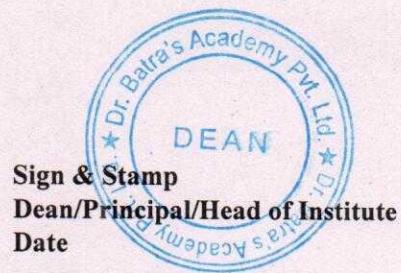
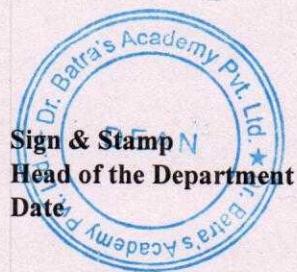
**A) General Experience**

Designation	From	To	Total period Year/Months
Homeopath	Jan 1993	Till date	32 years 9 months
Professor	Dec 1993	Aug 2008	15 years

**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	9 years 9 months

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



**(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		16years
		Total		31 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: <b>U8090MH2010PTC198397.</b> ii) Society's Registration Act.1860: NA. iii) Year of establishment:27/12/2009 iv) Copies of Registration, Constitution and Memorandum of Association attached? <b>*Yes/No</b>
03	Hospital Information : i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	<b>Ashish Multispeciality Hospital , Kashimira, Mira Road, Thane</b>
04	i) Name of the Training Centre /Institute where course is to be conducted: ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	Dr Batra's Academy, Mumbai Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072 Mob:9892166616 Tele:022-33671236
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course: <b>Fellowship Course in Homeopathic Dermatology.</b> Approved Intake Capacity-50 Affiliated Since 2015

	<p><b>Certificate Course in cosmetology</b></p> <p><b>1) Certificate Course in Homeopathic Cosmetology and Aesthetics</b> Approved Intake Capacity-21 Affiliated Since 2022</p> <p><b>2) Certificate Course in Hom management of Allergies and Respiratory ailments</b> Approved Intake Capacity-28 Affiliated Since 2022</p>
vi)	<p><b>Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)</b></p> <p><b>Name of the Course(s) –</b> <b>Certificate Course in Homeopathic Oncology</b> <b>Required Intake Capacity- 50</b></p>
05	<p>Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)</p> <p>Paid Fees details Attached: *Yes 28/8/202 3 NEFT/AXISP00418933477/01280823200 NAS/HDFC0000064</p>
06	<p>Financial position of the Society/ Institute in the preceding 03 years:</p> <p>Audited Statements of Accounts for *Yes</p>
07	<p>Budgetary provision for the FC/CC/DC for the next 03 years</p> <p><b>Yes</b></p>
08	<p>Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:</p> <p>Resolution No. Dated 27<sup>th</sup> April 2022 Copy of Management Resolution attached? <b>*Yes</b></p>

09	<b>Other Information:</b>	
	a) Land:	*Yes/No. If yes, then Area: .....
	i) Whether the land is owned by the Applicant Institute/Training Centre/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? <u>*Yes</u> 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? <u>* No.</u> — 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? <u>No.</u> — Mark as Appendix 'G'
	b) Building:	<u>1000. sq. ft.</u>
	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: 582
- Books pertaining to concerned Fellowship subject: 42
- 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: available
- Library opening times: 10-5 PM
- Reading facility out of routine library hours: available  
(Obtain list of books & journals duly signed by Dean)

### 4. Recreational facilities:

**Not available**

- Play grounds Gymnasium

5. **Hostel Accommodation:** NA

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

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

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

8. **Medical Education Unit (Constitution) :** NO

*(Specify number of meetings held annually & minutes thereof)*

9. **Any other faculty specific information required :**

(such as Herbal garden / Panchakarma Unit /Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)- NA

## HOSPITAL INFORMATION

## **ANNEXURE - "C"**

**1. Name of the Hospital: Ashish Multispeciality Hospital, Mira Road, Thane**

**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	925	OPD	342
IPD (Total No. of Patients admitted)	765	IPD (Total No. of Patients admitted)	268

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

In the entire hospital	
No of Beds	30
No of Beds in ICU	5
No of Beds in IRCU	3
No of Beds in SICU	3
No of Major O.T.	1
No of Minor O.T.	1

**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	02
No. of cases (Average daily OPD and Admissions):	3-4
Emergency Lab in Casualty (round the clock):	available
Emergency OT and Dressing Room	2
Staff (Medical/Paramedical)	8
Equipment available	Ventilator, Bypack

**6. Blood Bank:**

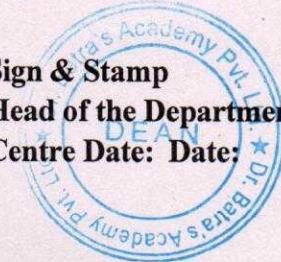
(i)	Valid FDA License(copy of certificate be annexed)	Yes
(ii)	Blood component facility available	Yes
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes
(v)	Number of Blood Units available on inspection day	outsourced
(vi)	Average 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:**

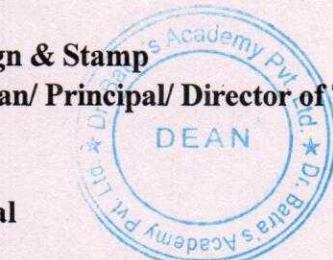
- Controlling Department: YES
- No of Staff : 2
- Equipment Available : Attach separate List
- Working Hours: 24 HOURS

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

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



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)	19 years
2	Dr Rajan T.D.	Part Time	Professor	MD(Skin)	30 years
3	Dr Tejal Patel	Full Time	Mentor	MD (Hom)	14 years
4	Dr Renuka Amin	Full Time	Mentor	MD(Hom)	15 years
5	Dr Mathu Venkatesan	Full Time	Mentor	MD (Hom)	18 years
6	Dr Shahala Nadaf	Full Time	Mentor	MD (Hom)	24 years
7	Dr Monali Kulkarni	Full Time	Mentor	MD (Hom)	17 years
8	Dr Lakshmi Engineer	Full Time	Mentor	MD(Hom)	18 years
9	Dr Anagha Sant	Full Time	Mentor	MD(Hom)	15 years

- 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
<b>Faculty rooms</b>	70 sq feet	Available	
<b>Clinics</b>	600 sq feet	Available	
<b>Laboratory Space</b>	Out sourced	Available	
<b>Seminar room</b>	450 sq feet	Available	
<b>Department Library</b>	180 sq feet	Available	
<b>PG common room</b>		NA	Not Available
<b>Pre-clinical lab (where ever applicable)</b>		NA	Not Available
<b>Patient waiting room</b>		Available	
<b>Total area</b>			

**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	Dr Samir Chaukkar, Dr Renuka Amin, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Tejal, Dr Lakshmi, Dr Anagha Sant
2023-24	FCHD	47	Dr Samir Chaukkar, Dr Renuka Amin, Dr Tejal Ajmera, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Lakshmi, Dr Anagha Sant, Dr Monali Kulkarni

**(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**

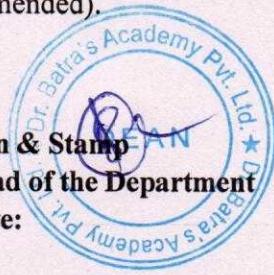
**ANNEXURE - "E"****Information of Director of Training Centre  
It shall be verified by the Head of the concerned Training Center,**

<b>Sr. No.</b>	<b>Particular</b>	<b>-</b>	<b>Information to be filled</b>
01.	Name of the Director	:	Dr Samir Awinash Chaukkar
02.	Date of Birth	:	14 <sup>th</sup> October 1969
03.	Address	:	A/504, Shivam Apts, Behind Anand Nagar, Dahisar East, Mumbai 400068
04.	Tel. No./ Mob. No.	:	9892166616/8767702498
05.	E-mail id	:	drsamir.chaukkar@drbatras.com
06.	Nationality	:	Indian
07.	Qualification in details : (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,**

<b>Sr. No.</b>	<b>Particular</b>	<b>Information to be filled</b>
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	:

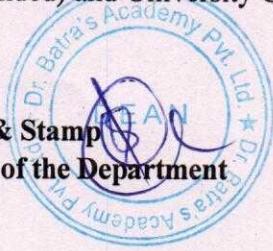
Date: -

Name &amp; Sign. of Mentor

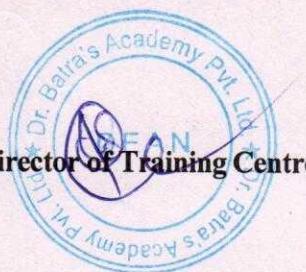
**For the use of affiliated Training Center:**

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

Sign & Stamp  
Head of the Department  
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,**

<b>Sr. No.</b>	<b>Particular</b>	<b>Information to be filled</b>
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

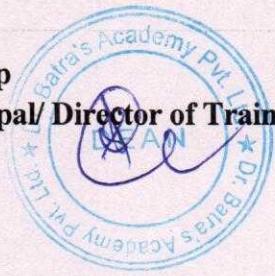
**Date:**

**Sign. of Co-ordinator**

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



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



**Training Centre Round Seal**