

Application for Recognition of Institute / College / OR for Starting / OR Continuation of Affiliation for Fellowship/Certificate Course(s)

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

To,

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

Sir,

I am/We are herewith submitting the application with a request under section 64 (3) of the Maharashtra University of Health Sciences Act, 1998, for Recognition of my/our Institute for starting
*Fellowship/Certificate Course in, Herb Cosmeceutics with an
Intake Capacity of 21 students, from the academic year 2024 25

Following are the particulars:

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

Grant of Permission/ Recognition/ Increase of seats
/Renewal of Affiliation/recognition/Compliance Verification

- Date of last inspection of the department: _____

(Write Not Applicable for first inspection)

- Purpose of Last Inspection: Continuation of Affiliation

- Result of last Inspection: Letter attached
(Copy of University Letter to be attached)

- Fellowship/Certificate Course Co-ordinator Details:

Name: Sheetal Sanant

Mobile/Telephone no.: 9967230986

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

Regd. Office: Dr Batra's[®] Positive Health Clinic Private Limited

H. Kantilal Compound, 2nd Floor, Andheri-Kurla Road, Saki Naka, Andheri (East), Mumbai - 400 072.





MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

दिंडोरी रोड, म्हस्रुळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik-422004

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

Website: www.muhs.ac.in, E-mail: fccc@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाल

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/141111/237/2024

BY E-MAIL & SPEED POST

Date: 4/11/2024

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,

2nd 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. मआवि/वि/वि/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.)

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 :-

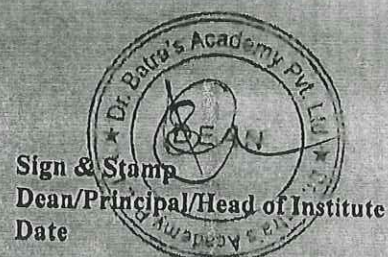
Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant	Sep 2008	Dec 2015	6 years	9 months
Dean, Dr Batra's Academy	Jan 2016	Till date	9 years	9 months

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

Sign & Stamp
Head of the Department
Date



Sign & Stamp
Dean/Principal/Head of Institute
Date



Part I

(INSTITUTIONAL INFORMATION)

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

Name: Dr Samir Awinash Chaukhar Age: 55 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		30 years

2. Management/Society/Inst. Information:

Management/Society/Inst. Information:			
01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Dr Batra's Positive Health Clinic Pvt.Ltd	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob:9892166616	Tele:022-33671200
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: U8090MH2010PTC198397.	
		ii) Society's Registration Act.1860: NA.	
		iii) Year of establishment:27/12/2009	
		iv) Copies of Registration, Constitution and Memorandum of Association attached?	
		*Yes/No	
03	Hospital Information:		
	i) Name of the Hospital	Ashish Multispeciality Hospital	
	ii) Nursing Home Registration No.	MH/THN/MBMC/2018-156	
	iii) Establishment Year	2018	
	i) Name of the Training Centre /Institute where course is to be conducted:		Dr Batra's Academy, Sakinaka, Mumbai
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob:9892166616	
	iv) E-mail ID:	Tele:022-33671236	

04	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 By Card 21353558736, ORC for Token FSTKN00074241874 63
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:

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 / Panchakarima Unit /Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)- **NA**

HOSPITAL INFORMATION

1 Name of the Hospital: Ashish Multispeciality Hospital, Mira Road

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		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		
• Daily admissions		
• 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	2
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)	Outsourced to prime diagnostics
(v)	Number of Blood Units available on inspection day	outsourced
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily On Inspection day

7. Central Laboratory:

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

8 Central supply of Oxygen / Suction: Available

9 Central Sterilization Department Available

10 Ambulance (Functional) Available

11 Laundry: Outsourced

12 Kitchen Outsourced

13 Incinerator: Functional / Non functional Outsourced

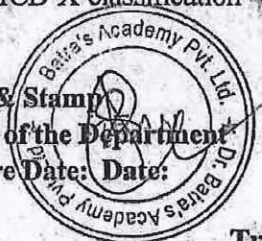
14 Bio-Medical waste disposal Outsourced

15 Generator facility Available

16 Medical Record Section: Computerized

- ICD X classification Used / Not used

Sign & Stamp
Head of the Department
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: **COSMETOLOGY**
2. Date on which independent department of: functioning concerned specialty was created and started- 2022-23
3. Faculty details (From start of department till date) :

S r. N o	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 Sheetal Sawant	Full Time	Mentor	MD (Hom)	15 years
3	Dr Poonam Dand	Full Time	Mentor	MD(Hom)	14 years
4	Dr Falguni Joshi	Full Time	Mentor	MD (Hom)	16 years
5	Dr Gurumayun Chand	Full Time	Mentor	MD (Hom)	6 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: Yes since when: 2022-23

5. 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			

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

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2023-24	CCHCA	21	Dr Sheetal Sawant, Dr Poonam Dand, Dr Falguni Joshi, Dr Gurumayun Chand

(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 : January 2024 till date

ClinicName	AilmentName	PatientBase
BORIVALI CLINIC	SKIN	588
BORIVALI CLINIC	HAIR	1089
BORIVALI CLINIC	RESPIRATORY	104
GHATKOPAR CLINIC	RESPIRATORY	19
GHATKOPAR CLINIC	HAIR	529
GHATKOPAR CLINIC	SKIN	295
KHAR CLINIC	SKIN	350
KHAR CLINIC	RESPIRATORY	29
KHAR CLINIC	HAIR	444
LOKHANDWALA CLINIC	SKIN	333
LOKHANDWALA CLINIC	HAIR	543
LOKHANDWALA CLINIC	RESPIRATORY	29
SAKINAKA CLINIC	SKIN	293
SAKINAKA CLINIC	RESPIRATORY	22
SAKINAKA CLINIC	HAIR	452
THANE CLINIC	RESPIRATORY	31
THANE CLINIC	HAIR	634
THANE CLINIC	SKIN	381

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 Chaukar
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.chaukar@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

Maharashtra State Board of Secondary and Higher Secondary Education

Ms. Geeta V. Sharma (M.A.)

Special Executive Officer

Regd No. 10513

**Plot No. 133-B, S. Nani Society,
Chembur, Mumbai - 400 071.**

This is to certify that the withinsigned



Chaukar

CHAUKAR SAMEER AVINASH

DIVISIONAL BOARD	SEAT NO.	CENTRE NO.	SCHOOL NO.	SR. NO. OF CERTIFICATE
PUNE	8081093	0161	33.029	146568

*passed the SECONDARY SCHOOL CERTIFICATE EXAMINATION (10-Year Course)
of MARCH-1985 in the Grade DISTINCTION with subjects shown below:*

CORE SUBJECTS	MARKS OBTAINED / OUT OF	OTHER SUBJECTS	GRADES
ENGLISH	71/100	[OPTIONAL SUBJECTS]	A
MARATHI	80/100	INT. TO WORLD OF WORK	
HINDI	78/100		
MATHEMATICS	131/150	[SCHOOL SUBJECTS]	A
SCIENCE	140/150	PHYSICAL EDUCATION	
SOCIAL SCIENCES	81/100	N.C.C.	
GRAND TOTAL	581/700	PERCENTAGE ON GRAND TOTAL =>	83.00

DATE OF BIRTH

14-10-1969 (FOURTEENTH OCTOBER NINETEEN HUNDRED SIXTY NINE)

R. R. Kapadia
Principal
Signature of the Head of the School,
Sheth (School Stamp)

**22nd JUNE, 1985
PUNE - 411 010.**

Shamalkar

Divisional Secretary

IMPORTANT: No change in this S. S. Certificate shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the Certificate in question and may also involve imposition of other appropriate penalty as may be decided by the Board.

NOTES:

(1) The date of birth shown in this Certificate is the same as that entered in the candidate's application for admission to the examination.

(2) The Secondary School Certificate is awarded to successful candidates in: Grade Distinction: 75% and above.

Grade First: 60% and above & Below 75%.

Grade Second: 45% and above & Below 60%.

* Means Grade I given as per regulations.

(3) Grades shown in Optional and School Subjects are denoted as under:

GRADE	A	B	C	E	H
MARKS OBTAINED	60% & above	45% to 59%	35% to 44%	EXEMPTED	CONCESSION FOR THE PHYSICALLY HANDICAPPED

220414

University of Bombay



No. 114

Certificate showing the number of marks gained by

Shri Chaukhar Sanjay Anilashin each head of passing at the First Year Examination for the degree of Bachelor of Homoeopathic Medicine and Surgery of November 1988.

Seat No.	Heads of passing												Grand Total	Remarks
12	1			2			3			4			1200	Passed
	Human Anatomy			Human Physiology			Homoeopathic Materia, Medica Organon and Philosophy			Homoeopathic Pharmacy				
	Written	Practical & Oral	Total	Written	Practical & Oral	Total	Written	Oral	Total	Written	Practical & Oral	Total		
Max. m Marks	200	200	400	200	200	400	100	100	200	100	100	200	1200	
Minimum for passing	100	100	...	100	100	...	50	50	...	50	50	...	...	
Marks obtained	135	127	262	132	141	273	69	52	121	69	62	131	787	*Exemption

Received Fee Rs. 5/-

Entered by JRKChecked by [Signature]989
Bombay, 13 JAN 1989Read by [Signature]

for Registrar.

Ms. Geeta M. Sharma (M.A.)
 Special Executive Officer
 Regd. No. 10513
 Plot No. 139/B, Sndhi Society,
 Chembur, Mumbai - 400 071.



University of Bombay



No 111.

Certificate showing the number of marks gained by

Shri Chaukhar Samir Arvinash

in each head of passing at the THIRD YEAR EXAMINATION for the degree of BACHELOR OF

HOMOEOPATHIC MEDICINE AND SURGERY of November 1990

Seat No.	Heads of Passing												Grand Total	Remarks
10	1			2			3			4				
	Surgery			Obstetrics and Gynaecology			Homoeopathic Materia Medica			Organon and Homoeopathic Philosophy				
	Written	Practical & Oral	Total	Written	Practical & Oral	Total	Written	Practical & Oral	Total	Written	Practical & Oral	Total		
Mr. um Mars	200	200	400	200	200	400	100	100	200	200	200	400	1400	Passes
Minimum for passing	100	100	—	100	100	—	50	50	—	100	100	—	—	
Marks obtained	128	128	256	125	124	249	63	56	119	118	149	267	891	

Received Fee Rs. 5/-

Entered by A-S-C

~~+~~ Marks Carried Over

-9 FEB 1991

Checked by [Signature]

Bombay, _____

Read by [Signature]

[Signature]
for Registrar.



[Signature]
Mr. Gosta V. Sharma (M.A.)

Special Executive Officer

Regd No. 10513

Plot No. 139/B, S. N. D. Society,
Chembur, Mumbai - 400 071.

मुंबई विद्यापीठ



UNIVERSITY OF BOMBAY

आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरू आणि कार्यकारी परिषदेचे सदस्य असे प्रमाणित करतो की श्रीमती सी. एम. पटेल होमिओपथिक मेडिकल कॉलेज अँड हॉस्पिटलचे समीर अविनाश चौककर हे नोव्हेंबर १९९१ मध्ये घेण्यात आलेली होमिओपथी - वैषक आणि शल्यचिकित्सा स्नातक परीक्षा उत्तीर्ण झाले असून दिनांक २२ मार्च १९९३ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना होमिओपथी - वैषक आणि शल्यचिकित्सा स्नातक ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलपतीची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Executive Council of the University of Bombay certify that Samir Awinash Chaukkar of Smt. C. M. Patel Homoeopathic Medical College and Hospital having passed the Bachelor of Homoeopathic Medicine and Surgery degree examination held in November 1991, the degree of Bachelor of Homoeopathic Medicine and Surgery has been conferred on him at the Convocation held in Bombay on 22nd March, 1993.

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

Ms. Gota V. Sharma (M.A.)

Special Executive Officer

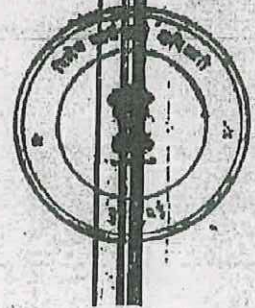
Regd No. 10513

*Plot No. 131-B, S.N.M. Society,
Chembur, Mumbai - 400 071.*

A. W. Sharma

कुलपती CHANCELLOR

PC-8610



THE Georgian College

OF APPLIED ARTS AND TECHNOLOGY

Office of the Registrar

One Georgian Drive, Barrie, Ontario, Canada L4M 3X9

ISSUED TO

SAVIR AWINASH CHAKRAH
1001 RIDDHI-SIDDHI APTS
MUMBAI
INDIA



Transcript of Academic Record

September 2000

Date

Page: 1

Page

SAVIR AWINASH CHAKRAH

Name 99003450

Student Number

YEAR	TERM / COURSE CODE	PROGRAM / COURSES	TOTAL HOURS	CREDITS ATTEMPTED	CREDITS EARNED	GRADE
1999		ADDICTIONS: TREATMENT/PREVENT				
	ADC6101	INTRODUCTION TO COUNSELLING: M	48.00	3.0	3.0	86
	ADC6103	GROUP COUNSEL./DYNAMICS & PROC	48.00	3.0	3.0	92
	ADC6104	TREATMENT MODALITIES IN ADD.&C	48.00	3.0	3.0	90
	ADC6106	CONCEPTS OF PROCESS & CHEMICAL	48.00	3.0	3.0	87
	ADC6107	THE NATURE OF PROBLEM AND COM	48.00	3.0	3.0	85
	ADC6112	PRACTITIONER SKILLS DEVELOPMEN	48.00	3.0	3.0	82
		Semester Weighted Average - 99%				99
		***** Dean's List *****				
		MAY PROCEED TO NEXT SEMESTER-SEMESTER CREDITS OBTAINED				
2000	Winter	ADDICTIONS: TREATMENT/PREVENT				
	ADC6108	TREATMENT & RELAPSE PREVENTION	48.00	3.0	3.0	85
	ADC6109	WOMEN & ADDICTIONS	48.00	3.0	3.0	90
	ADC6110	SEXUAL DIVERSITY & ADDICTIONS	48.00	3.0	3.0	85
	ADC6111	UNIQUE POPULATIONS: T & A	48.00	3.0	3.0	88
	ADC6125	ISSUES IN ADDICTIONS	48.00	3.0	3.0	77
	ADC6128	CLINICAL APPS OF MOTIVAT COUNS	48.00	3.0	3.0	92
		Semester Weighted Average - 80%				80
		***** Dean's List *****				
		MAY PROCEED TO NEXT SEMESTER-SEMESTER CREDITS OBTAINED				
2000	Summer	ADDICTIONS: TREATMENT/PREVENT				
	CLD6141	INTERNSHIP:ADDICTIONS CONSOLID	512.00	32.0	32.0	92
		POST GRADUATE DIPLOMA AWARDED				
		**** No Entries Beyond This Point ****				

OFFICIAL IF SIGNED AND SEAL AFFIXED
SEE REVERSE FOR GRADING SYSTEM

REGISTRAR

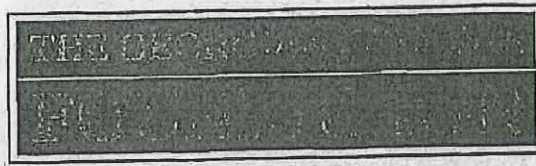
Ms. G. Sharma (M.A.)

Special Executive Officer

Regd. No. 10513

Plot No. 139/B, Sindhi Society,
Chembur, Mumbai - 400 071.





Student's Administrative Council Orillia Campus Award

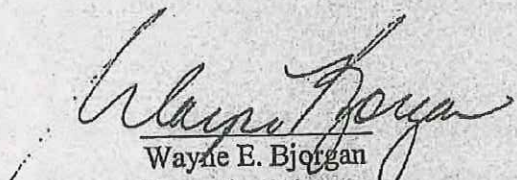
is presented
to

Samir A. Chaukkar

Addictions: Treatment & Prevention



March 30, 2000


Wayne E. Bjorgan
Executive Director




Ma. Gorta V. Shafar (M.A.)

Special Executive Officer

Regd No. 10513

Plot No. 114 - 11th St. S.E.

Chenoweth, Okanogan - 400 071.

ANNEXURE - "T"

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 SHEETAL SAWANT
02.	Date of Birth	28 th APRIL 1981
03.	Address	7, KRISHNAKUNJ, VILEPARLE (E), MUMBAI
04.	Tel. No./ Mob. No.	9967230986
05.	e-mail id	drsheelal28@gmail.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	MD (HOMOEPATHY) FELLOWSHIP COURSE IN HOM. BERNARDIUM
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 DEPT REPERTORY 2010 to 2012 - 2yrs SR. HOMOEPATHIC CONSULTANT 2005 till Date - 19yrs
09.	Present Appointment	COORDINATOR IN DEPT COSMETOLOGY
10.	Publications (List & Proof)	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: - 24/10/24

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 Ordinance No. 01/2022 (Amended).

Sign & Stamp
Head of the Department
Date:

S.D. Sawant
Name & Sign. of Mentor
DR SHEETAL D. SAWANT

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

Training Centre Round Seal

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. SHEETAL SAWANT has worked in the Department
of Y.M.T. HOMOEOPATHIC MEDICAL COLLEGE College / Institutes as per following details.
AND DR. BATRAS

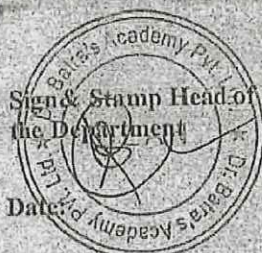
A) General Experience: -

Designation	From	To	Total period Year / Month	
LECTURER	2010	2012	2	Yrs
DR. HOM. CONSULTANT	2012	til date	19	Yrs

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
	MD (Hom)			
COORDINATOR	2008	til Date	16	Yrs
IN COSMETOLOGY				

(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
Dean/Principal Head of Institute

Date:



Recommended / Not Recommended

Signature with date of LIC Chairman/Member

ANNEXURE – “G”

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

Sr. No.	Particular	Information to be filled
01.	Name of the Coordinator	: Dr Sheetal Sawant
02.	Date of Birth	: 28/4/1981
03.	Address	: L 002 Country Park Society, Dattapada road, Borivali East, Mumbai 400068
04.	Mob. No.	: 9967230986
05.	E-mail id	: <u>drsheelatal28@gmail.com</u>
06.	Nationality	: Indian
07.	Qualification in details: (attach documentary proof)	: MD (Hom), Fellowship in Homeopathic Dermatology (MUHS)
08.	Present Appointment	: Coordinator- Certificate Course in Cosmetology – Dr Batra's Academy
09.	Any other relevant information	Working with Dr Batra's as Chief Homeopathic consultant since 2012

Date: 24/10/24

S.D.Sawant
Sign. of Co-ordinator



Training Centre Round Seal

**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. SAWANT SHEETAL DEEPAK

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

having been examined and found
duly qualified for the

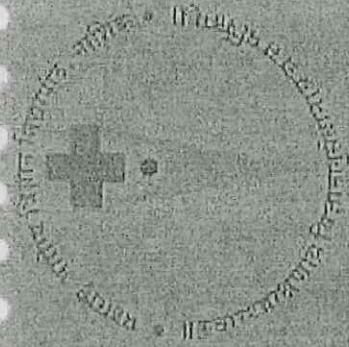
*Doctor of Medicine in
Homoeopathic Repertory*

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

PRN 3106164056

20th May 2010

Sheetal Deepak Sawant
VICE-CHANCELLOR



महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे

कुलपति, प्रकुलपति, कुलगुरु,

व्यवस्थापन परिषद व विद्यार्थिबंद सदस्य

प्रमाणित करतो की,

नवी मुंबई येथील योग एम.टी.चे

होमिओपॅथीक मेडीकल कॉलेज व

हॉस्पिटल चे/च्या

सावंत शीतल दिपक

हे/ह्या नोव्हेंबर-२००९ मध्ये

एम.डी.होमिओपॅथी

(रेपर्टरी)

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना

ही पदवी प्रदान करण्यात येत आहे.

चाची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा

येथे अंकित करण्यात येत आहे.

Sheetal Deepak Sawant
कुलगुरु



MAHARASHTRA COUNCIL OF HOMEODOCISTS

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

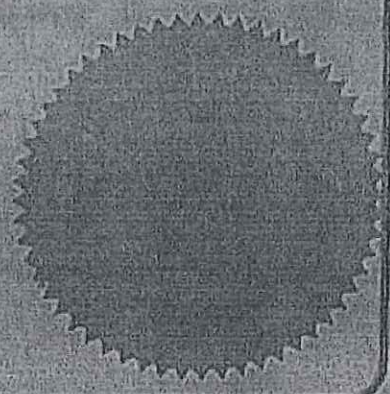
PROLIFERATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. **288**

Date **11-01-2013**

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

NAME	ADDITIONAL QUALIFICATION
Dr. Saimant Shantabai Deshpande	M.D. Homeopathy (Lapentia)
Regd. No. 11149	From 11.01.2013 to Nov. 2013, Serial No. 4053.




Registrar

CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 42649

Date of Registration 12-5-2002



THIS IS TO CERTIFY THAT

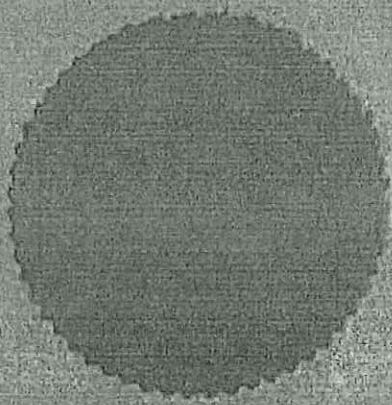
Dr. (Shri/Smt./Kumari) Sanjay Shinde

Dr. Sanjay Shinde

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

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

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



T. S. S. S.
Signature of the Registrar



Dr Batra's
ACADEMY
Building Tomorrow



Dr Batra's® Academy Pvt Ltd, Mumbai

This is to certify that

Dr. Sheetal D Sawant

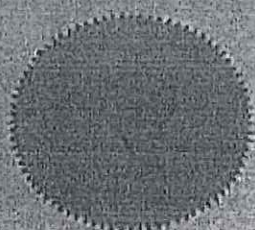
of Dr Batra's® Academy, Mumbai
has successfully completed the

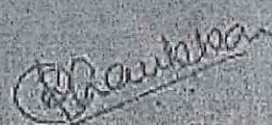
Fellowship Course in Homeopathic Dermatology (F.C.H.D.)
(From 18-3-2015 to 16-2-2016)

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

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


Dr. Michael Batra
Jointly A. Director
Dr Batra's Academy




Dr. Samir Chaudhary
Jointly A. Director
Dr Batra's Academy


Dr. Krishnakant Gokul
Jointly A. Director
Dr Batra's Academy

ANNEXURE "F"

Information of Mentor of Training Centre

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

Sr. No.	Particulars	Information to be filled
01	Name of the Mentor	DR. FALGUNI JASHI
02	Date of Birth	01/05/1993
03	Address	Prof. Jashni Jashni, CHS, Adarsh - 80
04	Tel. No. / Mob. No.	9833216030
05	E-mail id	dr.falguni@gmail.com
06	Nationality	Indian
07	Qualification - details (attach documentary proof)	M.D.(Horn)
08	Teaching Experience / Health Sciences / Professional Experience (Attached document proof with signature of Head of the Institute. Also if it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/ Certificate Course).	Asst. prof - 12y - 6m Asst. prof - 3y - 1m Demon - 5y - 18d } 20yrs - 7mths Letter attached
09	Present Appointment	
10	Publications (List & Proof)	Attached
11	Post Graduate Teaching experience (Attach documentary evidence)	
12	Any other relevant information	

Date: - 10/11/22

Name & Sign of Mentor

Dr. Falguni Jashi

For the use of affiliated Training Centre:

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/730/2019 dated 30/09/2019.

 Sign & Stamp
 Head of the District Health
 Centre
 Date:

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

ANNEXURE - 'T'**Information of Mentor of Training Centre**

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	DR FALGUNI JOSHI
02.	Date of Birth	01/05/1975
03.	Address	B/403 VEENA NAGAR, MUMBAI 80
04.	Tel. No./ Mob. No.	9833216032
05.	E.mail id	drfalguni@gmail.com
06.	Nationality	INDIAN
07.	Qualification in details (attach documentary proof)	MD Hom
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	27 years
09.	Present Appointment	Mentor Dr Batra's Academy
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date:

Name & sign of Mentor

For the use or affiliated Training centre

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 Ordinance No. 01/2022 (Amended).

Head of the Department

Sign & Stamp

Dean/Principal Director of Training Centre

Sign & Stamp

Date:

Training Centre Round Seal

Annexure - II

Professional / Teaching Experience Certificate for
Fellowship/Certificate Courses
Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: - Certificate Course in Homeopathic Cosmetology

This is to Certify that Dr. Falguni Joshi has worked in the Department of Homeopathy in Dr Batra's Academy as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month
HOMEOPATH	1997	2024	27 Years

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month
HOMEOPATH	2008	2024	16 Years

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

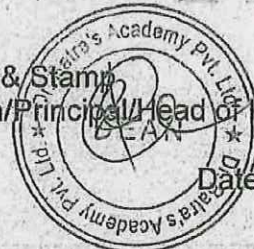
Sign & Stamp Head of the
Department

Date



Sign & Stamp
Dean/Principal/Head of Institute

Date:



Recommended / Not Recommended

Signature with date of LIC Chairman/Member

Nagpur University



**Bachelor of Homoeopathic
Medicine and Surgery**

(Faculty of Medicine)

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

Nagpur :

Dated September 14, 1998



Bhreedanda
Vice-Chancellor

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2019/4/13 19:46



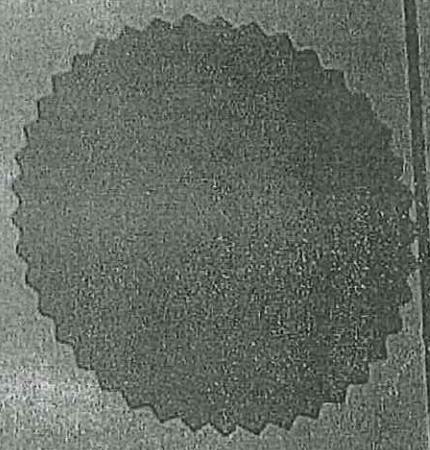
235, Peninsula House, 3rd Floor, D.N. Road, Fort, Mumbai - 400 001.

Date 22-01-2013

Certificate No. 349

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

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



NE
50-11
REGISTRAR

**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

Smt./Smt.
**JOSHI FALGUNI
PRAVINCHANDRA**

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

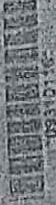
having been examined and found
duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

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

11/23, 3:36 PM
11/23, 3:36 PM

VICE-CHANCELLOR



**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**

आम्ही, महासचिव, अकादमिक विज्ञान विभागस्थाने,
कानूनपति, प्रकुलपति, कुलगुरु,
अवस्थापन परिषद व विद्यापरिषद सदस्य
प्रमाणित करतो की
नवी सुब्रह्म बॅटलील वाय एम्.डी.ने
होमिओपॅथीक वैद्यकीय महाविद्यालय व
स्पताल या चे/व्या

जोशी फाल्गुनी प्रविणचंद्र

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

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

मुद्रा पत्र
कुलगुरु



1560

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Mumbai

Similia Similibus Curetur

Certificate No. 27300

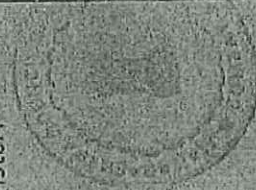
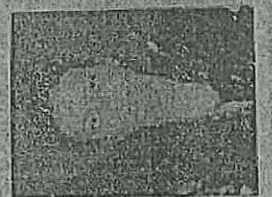
Date of Registration: _____

This is to certify that Dr. (Miss.) Toshi Falgumi Phavnichandha

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

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

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



THIS IS COPIED
XEROX COPY

Toshi Falgumi
Signature of the Registrar

2019/4/13 19:43

1080

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homeopathy, Mumbai

Similia Similibus Curentur

Certificate No. 27300

Date of Registration _____

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

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

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

THIS
CERTIFICATE

T. Pravinchandra
Signature of the Registrar

2019/4/13 19:43

ANNEXURE - II**Information of Mentor of Training Centre**

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	DR POONAM DAND
02.	Date of Birth	08/01/1977
03.	Address	KHARGHAR, NAVI MUMBAI 410210
04.	Tel. No./ Mob. No.	9892304005
05.	E.mail id	drpoonamdand@gmail.com
06.	Nationality	INDIAN
07.	Qualification in details (attach documentary proof)	MD Hom
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	27 years
09.	Present Appointment	Mentor Dr Batra's Academy
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date:

Name & Sign of Mentor

For the use or affiliated Training centre

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 Ordinance No. 01/2022 (Amended).

Head of the Department

Sign & Stamp

Dean/Principal Director of Training Centre

Sign & Stamp

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 POONAM D B
02	Date of Birth	08/11/1979
03	Address	KHARGHAR 410210 NAVI MUMBAI
04	Tel. No / Mob. No	9890304005
05	E-mail id	drpoonamdb@gmail.com
06	Nationality	INDIAN
07	Qualification in details (attach documentary proof)	MD (HOM)
08	Teaching Experience / Health Sciences Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	15 YRS 10 MONTHS LETTER - ATTACHED
09	Present Appointment	
10	Publications List & Proof	ATTACHED
11	Post Graduate Teaching experience (Attach documentary evidence)	-
12	Any other relevant information	-

Date: 10/11/2022


 Name & Sign. of Mentor
 DR POONAM D B

For the use of affiliated Training Centers:

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. A1111S/LD/HCCC/736/2019 dated 30/09/2019.

 Sign & Stamp
 Head of the Department
 Centre
 Date:

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


Annexure - II

Professional / Teaching Experience Certificate for
Fellowship/Certificate Courses
Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: - Certificate Course in Homeopathic Cosmetology

This is to Certify that Dr. Poonam Dand has worked in the Department of Homeopathy in Dr Batra's Academy as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month
HOMEOPATH	1999	2024	25 Years

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month
HOMEOPATH	2010	2024	14 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

Date:

Sign & Stamp Dean/Principal/Head of Institute

Date:

Recommended / Not Recommended

Signature with date of LIC Chairman/Member

MAHARASHTRA COUNCIL OF HOMOEOPATHY
BOMBAY



This is to certify that

Sri Sri Kum. Dand Poonam Dinesh
having been examined in the Subjects listed below for
the Diploma in Homoeopathic Medicine and Surgery
and passed the Final Examination held in June 1953
and having found qualified for the same, the Diploma in
Homoeopathic Medicine and Surgery

D.H.M.S.

is hereby conferred on him/her at BOMBAY on the 1st
day of April 1954 in Testimony whereof are set the seal
and signatures of the President and Registrar of the said Council.
She has completed Internship from 23.12.51 to 23.12.53

- | | |
|--------------------------------|---------------------------------|
| 1. Anatomy | 6. Forensic Medicine |
| 2. Physiology | 7. Social & Preventive Medicine |
| 3. Homoeopathic Philosophy and | 8. Practice of Medicine |
| Organon | 9. Surgery |
| 4. Homoeopathic Materia Medica | 10. Midwifery and Gynaecology |
| Pharmacy and Dispensing | 11. Homoeopathic Materia Medica |
| 5. Pathology | 12. Therapeutics and Repertory |

Delivered

PRESIDENT
MAHARASHTRA COUNCIL OF HOMOEOPATHY

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

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

Shri/Smt. **DAND POONAM DINESH**

of **DHONDUMAMA SATHE
HOMOEOPATHIC MEDICAL
COLLEGE, PUNE**

having been examined and found
duly qualified for the

Graded Bachelor of

Homoeopathic Medicine

& Surgery

in October-2002

the said Degree has been

conferred on him/her

In testimony whereof is set
the seal of the said University

PRN 1901289013

30th April 2004

VICE-CHANCELLOR



महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

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

पुणे येथील धोंडुमामा साठे
होमिओपॅथीक मेडिकल कॉलेज चे/चा

दंड पूनम दिनेश

ने/ह्या ऑक्टोबर-२००२ मध्ये



श्रेणीकृत समचिकित्सा-वैद्यक
आणि शल्यचिकित्सा स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना
ही पदवी प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.

[Signature]

कुलगुरू

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

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

Shri/Smt. DAND POONAM DINESH

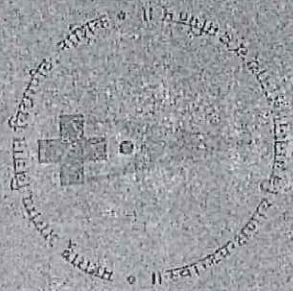
of Dr. G. D. Pol Foundation's Y.M.T.
Homoeopathic Medical College-Hospital (P.G.
Institute), Kharghar, Navi Mumbai
having been examined and found
duly qualified for the

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

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

PRN 3109/10328
13th May 2011

VICE-CHANCELLOR



महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आम्ही, महापद्म आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु,
अवस्थापन परिषद व विद्यापरिषद सवस्य
प्रमाणित करतो की,

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

दंड पुनम दिनेश

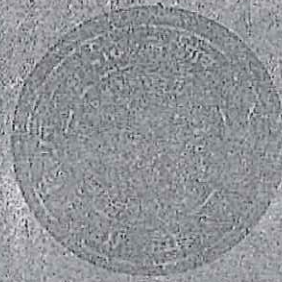
हे/हया नोव्हेंबर-२०१० मध्ये

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

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना
ही पदवी प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.


कुलगुरु



ANNEXURE - "F"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	DR. GURUMAYUM CHAND SHARMA
02.	Date of Birth	02-03-1956
03.	Address	#5DC, 120, 1st Flr, Datta Gunaswami, Bangalore-43
04.	Tel. No./ Mob. No.	9972998727
05.	e-mail id	drchand4you@gmail.com
06.	Nationality	Indian
07.	Qualification in details (attach documentary proof)	BHMS, MD (HOM)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	2 years as Asst Prof Dept of Surgery JIMS HMC Hyderabad 11 months as Training Subject Co-ordinator, Sree Sri Training Institute, Mangalore
09.	Present Appointment	CMC Dr. Bhat's Kaimmanahalli Branch
10.	Publications (List & Proof)	1) Importance of Placebo in Homeopathy 2) Homeopathic Management of Renal Colic
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: 14/06/2022

Name & Sign of Mentor

DR. GURUMAYUM CHAND SHARMA

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Centre
Date:

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

Professional/Teaching Experience
Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. has worked in the Department
of College / Institutes as per following details

A) General Experiences:-

Designation	From	To	Total period Year / Month	
Faculty / Lecturer	2010	2018	8 yrs	11 months
Asst. Prof.	2017	2019	2 yrs	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year / Month	
Mentor	2012	till date	5 yrs	

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

Sign & Stamp Head of
the Department

Date:

Sign & Stamp
Dean/Principal/Head of Institute

Date:

Recommended / Not Recommended

Signature with date of LIC Chairman/Member

ANNEXURE - "F"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	DR. GURUMAYUM CHAND SHARMA
02.	Date of Birth	02-03-1986
03.	Address	#15 DC, 120, 1st Flr, Dodda Bananahalli, Bengaluru-43
04.	Tel. No./ Mob. No.	9972998727
05.	e-mail id	chchand4you@gmail.com
06.	Nationality	Indian
07.	Qualification in details (attach documentary proof)	BHMS, MD (HOM)
08.	Teaching Experience / Health Sciences Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	2 years as Asst. prof Dept of Surgery, JIMS HMC Hyderabad 11 months as Training Subject Co-ordinator Sushruti Sp. Training Institute, Mangalore
09.	Present Appointment	CMC Dr. Bhat's Kammanahalli Branch
10.	Publications (List & Proof)	1) Importance of Placebo in Homeopathy 2) Homeopathic Management of Renal Colic
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: 14/08/2022

Name & Sign. of Mentor

DR. GURUMAYUM CHAND SHARMA

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Centre
Date:

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

Sl. No. N° 0065 '8

Form B (Rule 6)

Registration No. A. 10768

The Karnataka Board of Homoeopathic System of Medicine



Certificate of Registration

This is to Certify that Dr. GURUMAYUM CHAND SHARMA

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

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

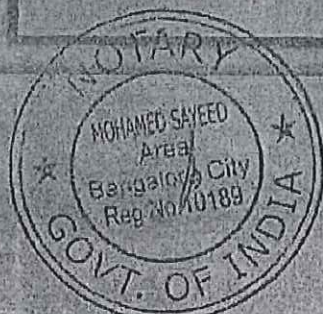
Subject to the provisions of the Karnataka Homoeopathic Practitioners Act, 1961, this certificate has been issued.

Bangalore

Date 13-07-2010



Registrar



ATTESTED TRUE COPY

MOHAMED SAYEED, B.A., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
Reg. No. 10189

SF-29, 2nd Floor, H. Hameed Shah Complex,
Cubbonpet Main Road, BANGALORE - 560 002

28 NOV 2017

MY COMMISSION EXPIRES
ON: 24-9-2018

The Karnataka Board of Homoeopathic System of Medicine

Certificate of Registration

This is to Certify that Dr. GURUMAYUM CHAND SHARMA

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

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

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

Bangalore

Date 13-07-2010



[Signature]
Registrar



ATTESTED TRUE COPY

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

28 NOV 2017

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

ADDITIONAL ENTRY OF QUALIFICATION

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

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

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



Date: 06-01-2018.



REGISTRAR
Karnataka Board of Homoeopathic
System of Medicine, Bangalore

ಕ್ರ.ಸಂ. 051602



ಜಯಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
JAY GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ಗುರುಮಯುಮ್ ಚಂದ್ ಶರ್ಮಾ

ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಅಕ್ಟೋಬರ್ 2017ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ

ಡಾ|| ಆರ್. ಆರ್. ಮುಕುಂಡ್ ಇನ್ ಹೋಮಿಯೋಪತಿ (ಅರ್.ಗಸನ್)

ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು 12ನೇ ಏಪ್ರಿಲ್ 2018 ರಂದು ನಡೆದ 20 ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರವಾನ ಮಾಡಿದ್ದೇವೆ.

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

DOCTOR OF MEDICINE IN HOMOEOPATHY (ORGANON)
on

DR. GURUMAYUM CHAND SHARMA

*in recognition of fulfillment of the requirements for the said
Post Graduate Degree in the examination held during OCTOBER 2017
Given under the seal of the University, in the
20th Convocation held on 12 April 2018*



Dr. M.K. Ramesh
Vice Chancellor

Bengaluru Date : 12/04/2018

Reg No. 14HO102

College : FR. MULLER HOMOEOPATHIC MEDICAL COLLEGE, MANGALORE

Sl. No. A 10768

Form B (Rule 6)

Registration No. A. 10768

The Karnataka Board of Homoeopathic System of Medicine

Certificate of Registration

This is to Certify that Dr. GURUMAYUM CHAND SHAKMA

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

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

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

Bangalore

Date 13-07-2010




Registrar



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Tel: (0253) 2539197/302/206 Student Helpline: (0253) 2539111/6659111

Website: www.muhs.ac.in, E-mail: fccc@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाल

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/141111/355/2023

BY E-MAIL & SPEED POST

Date: 05/12/2023

To,
The Dean/ Principal/H.O.D./Coordinator
University Affiliated Training Centre
For conducted Fellowship / Certificate Course (s) at
Batra's Academy Pvt. Ltd,
2nd 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 2023-24 to conduct the Fellowship / Certificate Course(s) ...

- Ref. 1) University Ordinance No. 01/2022 dtd. 07/10/2022,
2) University Circular No. मआवि/विचि/फेलो-प्रमा./६७६/२०२२ dtd. 30/09/2022,
3) Academic Council Resolution No.34/2023 dtd.04/09/2023,
4) Proposal received on 02/06/2022,

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 Academic Year 2023-24 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.

(P.T.O.)

- 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.

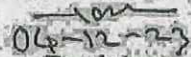
In addition to above, it is the duty of the Training Centre to follow and abide the following norms.

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 2023-24. 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 2023-24. 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 2024-25" 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 "Batra's Academy Pvt. Ltd, Andheri (E), 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.


Registrar
(Dr. Rajendra S. Bangal)

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. 2023-24.

Sr. No.	Course(s)	Intake Capacity
Training Centre : 141111-Dr. Batra's Positive Health Clinic Pvt. Ltd., Mumbai		
1	144101-Fellowship Course in Homeopathic Dermatology	50
2	145103-Certificate Course in Homeopathic Cosmetology and Aesthetics	21
3	145105-Certificate Course in Homeopathic Management of Respiratory Diseases and Allergies	28



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.

S5047

Academic Year : 2024 - 2025



Maharashtra University of Health Sciences

Original Copy

Receipt No : 2518954/2425

Under Section : [5047] University Department Cell

Received From : Dr. Balra's Positive Health Clinic Pvt Ltd

Narration : CRF-Continuation/Renewal Fee For Certificate Course (For 1 Course)
[Cosmetology Course]

Email Address : drsamir.chaukhar@drbalra's.com

Mobile No. : 9892166616

Date : Wednesday, 23 October, 2024

On Account Of	Amount [Rs]
1. 4161 ER10501 Fellowship /Certificate Program Continuation Of Affiliation Fees	40,000.00
2. 4162 ER10502 Fellowship/ Certificate Program Application Fees	0.00
3. 4163 ER10503 Fellowship/certificate Program Syllabus Fees	0.00
Subject To Release Receipt Total	40,000.00
Rupees (in words) : Forty Thousand Rupees Only.	
Payment Details : 1 Card	
1. 23.10.24 40,000.00 By Card 21353558736, ORC for Token FSTKN0007424187463	
College : 141111 - Balra's Academy Pvt. Ltd, Mumbai, Pin-	
GST Number: 27AAAAM2011K1ZF	
Receipt Type: Student Fees	
Receiver : Online Receipt Counter	
Registrar MUHS, Nashik	

Wednesday, 23 October, 2024 03:06 pm [AD: -1, UniSuite ORC, ORC, -1]

Page 1 of 1

S5047

Academic Year : 2024 - 2025



Maharashtra University of Health Sciences

University Copy

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Receipt Type: Student Fees	
Receiver : Online Receipt Counter	
Registrar MUHS, Nashik	

Wednesday, 23 October, 2024 03:06 pm [AD: -1, UniSuite ORC, ORC, -1]

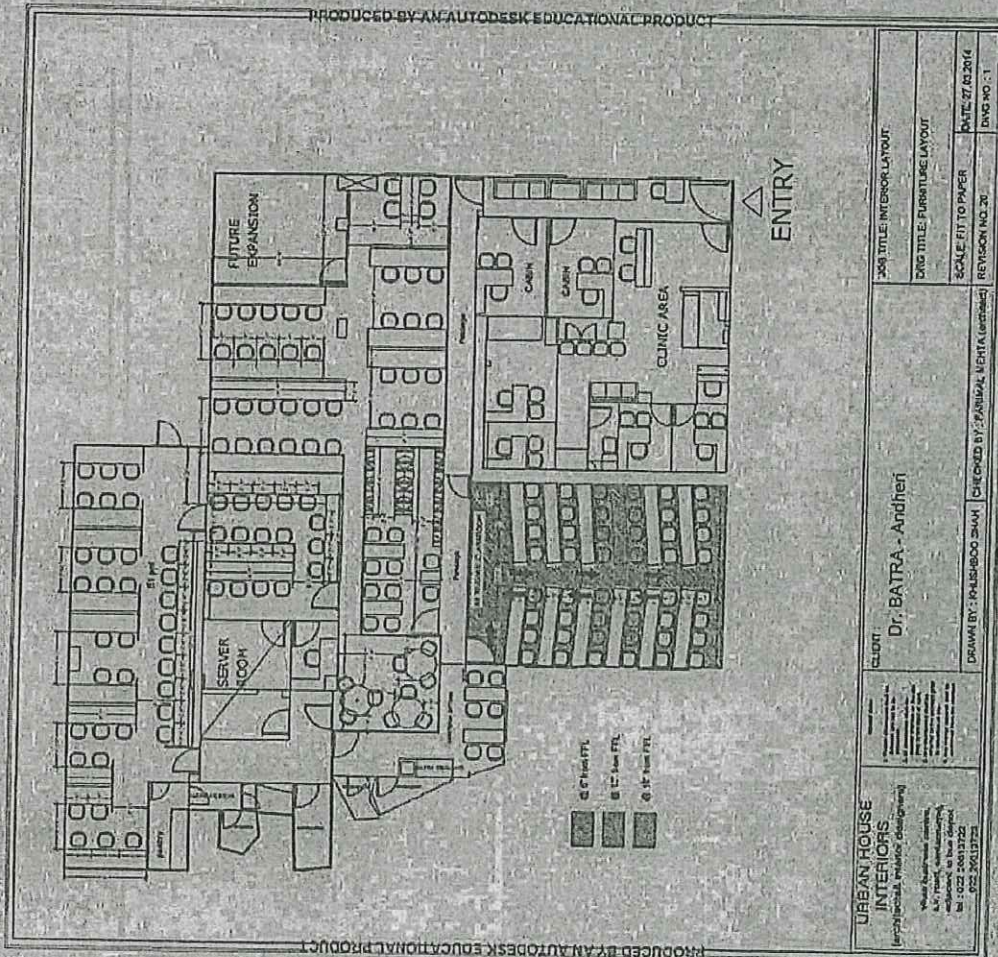
Page 1 of 1

[illegible]

सत्य प्रतिष्ठापि
विद्या विधीना मुनि प्रमिलितया
नगर भू-जीवन धर्मोपदेशिका-१
मुनि प्रमिलितया ५०१

Dr. Bahra's Academy Pvt. Ltd.
2nd Floor, H. Krishna Compound,
Anandikhand Road,
Saidnaka, Andheri (E), Mumbai - 400 072.
Tel: 9949234965 Fax: 3

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Dr. Batra's Academy Pvt. Ltd.
 2nd Floor, H. K. Kulkarni Compound,
 Anand Nagar Road,
 Sakinaka, Andheri (E), Mumbai - 400 072.
 Tel: 491 22 8955 4800



Clinic Name	Plan name	Patient Count
BORIVALI CLINIC	AI HAIR PRO	33
BORIVALI CLINIC	B-FIT SUGA CONTROL	1
BORIVALI CLINIC	GROHAIR	3
BORIVALI CLINIC	B-FIT WEIGHT MANAGEMENT	1
BORIVALI CLINIC	NEW HAIR	1
BORIVALI CLINIC	XOGEN	25
BORIVALI CLINIC	AI SKIN PRO	16
BORIVALI CLINIC	AI SKIN PRO-CLEAR	1
BORIVALI CLINIC	SKIN	3
BORIVALI CLINIC	GROHAIR- HAIR BOOSTER	14
BORIVALI CLINIC	STMCELL	3
BORIVALI CLINIC	AI SKIN PRO-BRIGHT	1
BORIVALI CLINIC	DERMAHEAL	3
		105
GHATKOPAR CLINIC	GROHAIR- HAIR BOOSTER	4
GHATKOPAR CLINIC	AI HAIR PRO-STM	2
GHATKOPAR CLINIC	DERMAHEAL	3
GHATKOPAR CLINIC	SKIN BRIGHTENING	1
GHATKOPAR CLINIC	SKIN	1
GHATKOPAR CLINIC	AI HAIR PRO	12
GHATKOPAR CLINIC	XOGEN	4
GHATKOPAR CLINIC	AI SKIN PRO	13
		40
KHAR CLINIC	AI SKIN PRO	12
KHAR CLINIC	GROHAIR- HAIR BOOSTER	3
KHAR CLINIC	AI HAIR PRO	17
KHAR CLINIC	B-FIT WEIGHT MANAGEMENT	3
KHAR CLINIC	XOGEN	13
KHAR CLINIC	SKIN	4
KHAR CLINIC	AI HAIR PRO-STM	1
KHAR CLINIC	SKIN CLEARING	5
KHAR CLINIC	DERMAHEAL	2
		60
LOKHANDWALA CLINIC	AI HAIR PRO-STM	1
LOKHANDWALA CLINIC	AI HAIR PRO	12
LOKHANDWALA CLINIC	SKIN BRIGHTENING	1
LOKHANDWALA CLINIC	SKIN	4
LOKHANDWALA CLINIC	GROHAIR- HAIR BOOSTER	11
LOKHANDWALA CLINIC	XOGEN	14
LOKHANDWALA CLINIC	AI SKIN PRO	18
LOKHANDWALA CLINIC	AI HAIR PRO-NH	1
LOKHANDWALA CLINIC	DERMAHEAL	3
LOKHANDWALA CLINIC	HAIR	1
LOKHANDWALA CLINIC	AI SKIN PRO-RENEU	1
LOKHANDWALA CLINIC	AI SKIN PRO-BRIGHT	3

		70
SAKINAKA CLINIC	AI SKIN PRO	21
SAKINAKA CLINIC	GROHAIR- HAIR BOOSTER	10
SAKINAKA CLINIC	AI HAIR PRO	18
SAKINAKA CLINIC	SKIN	1
SAKINAKA CLINIC	XOGEN	10
SAKINAKA CLINIC	STMCELL	8
SAKINAKA CLINIC	AI HAIR PRO-STM	1
SAKINAKA CLINIC	STM CELL- HAIR BOOSTER	1
SAKINAKA CLINIC	DERMAHEAL	6
SAKINAKA CLINIC	GROHAIR	5
		81
THANE CLINIC	B-FIT WEIGHT MANAGEMENT	1
THANE CLINIC	AI HAIR PRO	20
THANE CLINIC	AI SKIN PRO	18
THANE CLINIC	B-FIT SUGA CONTROL	1
THANE CLINIC	XOGEN	10
THANE CLINIC	AI HAIR PRO-STM	2
THANE CLINIC	GROHAIR- HAIR BOOSTER	3
THANE CLINIC	SKIN	9
THANE CLINIC	SKIN TIGHTENING	1
THANE CLINIC	DERMAHEAL	4
		69



HEALTHCARE

Healing people. Changing lives.

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

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

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

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



Dr. Bindu Sharma

(Director)

DIN-00334750

Registered Address-

A-302, ROYAL CLASSIC,

NEXT TO CITY MALL,

NEW LINK ROAD,

ANDHERI EAST,

MUMBAI, 400058.



// CERTIFIED TO BE TRUE COPY //

Regd. Office: Dr Batra's™ Positive Health Clinic Pvt. Ltd.

H Kantilal Compound, 2nd Floor, Andheri Kurla Road, Sakinaka, Andheri East, Mumbai - 400072.

T +91-22-3367 1200 | W www.drbatras.com | CIN: U85110MH1999PTC118005

Dr Batras Academy Institutional Ethics Committee			
Sr.	Name of Members	Post	Designation
1.	Dr Dhanaji Bagal MD Hom	VICE PRINCIPAL Dr.G.D.Pol Foundation's Y.M.T Homeopathic Medical College, Kharghar, Navi Mumbai	Chairperson
2.	Dr.Tejal Ajmera M.D(Hom) Dr.Renuka Amin M.D(Hom) Dr.Shahala Nadaf M.D(Hom)	Coordinator- Dr Batra's Academy Mentor- Dr Batra's Academy Mentor- Dr Batra's Academy	Medical Scientists
3.	Dr Rajeshree Mayekar M.D (Skin) DVD	Mentor- Dr Batra's Academy	Clinician
4.	Adv Namita Pradhan BA.L.L.B,LLM	Legal Expert- Dr Batra's Positive Health Clinics	Legal Expert
5.	Mr Ashish Chaukkar Bsc,LLB	Founder- Vasundhara Foundation (NGO)	Social Scientist
6.	Dr.Prashant Tamboli MD Hom	Professor, Dept of Statistics	Statistician Theologian
7.	Mr. Vishal Bhalerao	Admin Excecutive- Dr Batra's Academy	Lay Person
8.	Dr Samir Chaukkar M.D.(Hom)	Dean- Dr Batra's Academy	Member Secretary



Regd. Office: Dr Batra's™ Positive Health Clinic Private Limited

H. Kantilal Compound, 2nd Floor, Andheri-Kurla Road, Saki Naka, Andheri (East), Mumbai - 400 072.



+91-22-3367 1200



www.drbatras.com



U85110MH1999PTC118005

Homeopathy

Aesthetics

Products

Academy

Foundation

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

PARTICULARS	No of Student	Fees	AMOUNT	(AMT IN LACS)
UNIVERSITY COURSES				
Fellowship Course in Homeopathic Dermatology	45	75450	3395250	33.95
Certificate Course in Homeopathic Cosmetology	21	50000	1050000	10.50
Certificate Course in Homeopathic Cosmetology MH	20	40000	800000	8.00
Certificate Course in Respiratory ailments and Allerg	3	50000	150000	1.50
Total Revenue			5395250	54
DETAILS OF EXPENSES				
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES				
Fellowship Course in Homeopathic Dermatology		19200	864000	8.64
Certificate Course in Homeopathic Cosmetology		12500	262500	2.63
Certificate Course in Homeopathic Cosmetology MHFDA		0	0	0.00
Certificate Course in Respiratory ailments and Allergies		12500	37500	0.38
SALARY			2310000	23.1
LECTURE FEES			325000	3.3
OTHER ADMIN EXP			150000	1.5
TOTAL EXPENSES			3949000	39.5
PROFIT FOR THE YEAR			1446250	14.5

DR BATRAS POSITIVE HEALTH CLINIC PVT LTD

UNIT- ACADEMY

ACADEMY PROVISIONAL P&L FOR 23-24/24-25/25-26

PARTICULARS	2023-24			2024-25			2025-26		
	No of Stude	Fees	AMOUNT	(AMT IN LACS)	No of Stude	Fees	AMOUNT T	(AMT IN LACS)	AMOUNT T
UNIVERSITY COURSES									
Fellowship Course in Homeopathic Der	50	75450	3772500	37.73	50	75450	3772500	37.73	3772500
Certificate Course in Homeopathic Cos	21	50000	1050000	10.50	30	50000	1500000	15.00	2000000
Certificate Course in Respiratory ailme	4	50000	200000	2.00	10	50000	500000	5.00	1000000
Total Revenue			5022500	50			5772500	58	6772500
DETAILS OF EXPENSES									
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES									
Fellowship Course in Homeopathic Dermatology	19200	19200	960000	9.60	19200	19200	960000	9.60	960000
Certificate Course in Homeopathic Cosmetology	12500	12500	262500	2.63	12500	12500	375000	3.75	500000
Certificate Course in Respiratory ailments and Allerg	12500	12500	50000	0.50	12500	12500	125000	1.25	250000
SALARY			2310000	23.1			2310000	25.4	2310000
LECTURE FEES			375000	3.8			400000	4.0	425000
OTHER ADMIN EXP			150000	1.5			170000	1.7	190000
TOTAL EXPENSES			4107500	41.1			4340000	43.4	4635000
PROFIT FOR THE YEAR			915000	9.2			1432500	14.3	2137500
									21.4

PARTICULARS	No of Students	Fees	AMOUNT	(AMT IN LACS)
UNIVERSITY COURSES				
Fellowship Course in Homeopathic Dermatology	50	75450	3772500	37.73
Certificate Course in Homeopathic Cosmetology	21	50000	1050000	10.50
Certificate Course in Homeopathic Cosmetology	8	47000	376000	3.76
Certificate Course in Respiratory ailments and A	1	50000	50000	0.50
Total Revenue			5248500	52
DETAILS OF EXPENSES				
UNIVERSITY EXAM FEES/ ELIGIBILITY FEES				
Fellowship Course in Homeopathic Dermatology		19200	960000	9.60
Certificate Course in Homeopathic Cosmetology		12500	262500	2.63
Certificate Course in Homeopathic Cosmetology MHFDA		0	0	0.00
Certificate Course in Respiratory ailments and Allergies		12500	12500	0.13
SALARY			2310000	23.1
LECTURE FEES			325000	3.3
OTHER ADMIN EXP			150000	1.5
TOTAL EXPENSES			4020000	40.2
PROFIT FOR THE YEAR			1228500	12.3

* Marked fields are mandatory

HOSPITAL INFORMATION SHEET

HOSPITAL NAME*	ASHISH HOSPITAL MUTISPECIALITY		
CATEGORY OF LEGAL CONSTITUTION OF HOSPITAL (Type of Organization)	- A PARTNERSHIP IN WHICH SOME OR ALL PARTNERS ARE INDIVIDUALS		
ADDRESS1*	105 MANSHI CLASSIC OPP JARI MARI TALAV KA		
ADDRESS2			
AREA*	MIRA ROAD		
LANDMARK 1			
CITY NAME*	THANE		
STATE NAME*	MAHARASHTRA		
PIN CODE*	401107		
STD CODE*			
PHONE NO*	9819250565		
FAX NO*			
EMAIL*	ashshhospital2220@gmail.com		
HOSPITAL REGISTRATION NO*	MH/THN/MBMC/2018-156		
ROHINI (Registry of Hospital In Network Insurance) REGISTRATION NO*			
PAN NO*	AGHPP8446J		
Central KYC Number*			
Name as per PAN Card*	RAJESH PANDURANG PALANDE		
SERVICE TAX NO.			
TAN NO.			
TPA Desk Timing (Monday To Saturday)*	11AM TO 6 PM		
TPA Desk Timing (Sunday)*	11AM TO 4 PM		
TPA Zone (East/West/North/South)	EAST		
HOSPITAL CATEGORY*			
FINANCE DETAILS		Please fill Mandate form & attach scan copy	
Name of the Bank Account (Beneficiary name)*	ASHISH HOSPITAL MUTISPECIALITY		
BANK NAME*	ICICI BANK		
RR MICR CODE*			
IFSC CODE (NEFT)*	ICIC0000028		
CURRENT ACCOUNT TYPE*	CURRENT		
ACCOUNT NO*	2805500774		
Contact Information			
Designation	Name	Mobile Number	Email Id
TPA CO-ORDINATOR*	SAKINA H	9372964763	sakinahawaldar786@gmail.com
BILLING PERSON *	EKTA PAT	8369448117	pateleekta8369@gmail.com
Administrator *	DR. RAJESH	9819250565	palande3065475@gmail.com
Medical Director *	DR ASHISH PALANDE		
Medical Superintendent *	DR SNEH	8691066662	
Marketing Head *	PRAGATI	8451025201	pragatipansare03@gmail.com
CEO *			
Bed Strength Details		No. of Beds	Cost per Day
TOTAL BEDS*		30	

General Ward - Non AC	7	2000
General Ward - AC	4	2500
Semi Private Room - Non AC		
Semi Private Room - AC	1	5000
Triple Sharing - Non AC	1	2500
Triple Sharing - AC		
Emergency/Casualty Bed	1	2500
Nursing Care Bed	2	3500
Single/Private Room - Non AC		
Single/Private Room - AC	3	4000
HDU		
ICU Bed		
SICU Bed		
Other Room		
Private		
Deluxe Beds		
Single Deluxe room		
Suite		
ICU Beds	4	5500
Burn Ward		
ICU Beds	2	4500
Neuro ICU Charges		
Pediatric/Neonatal		
Surgical ICU		
Isolation Wards	2	5000
Operation Theatre Facilities		
No. of OPN THEATRES*	2	
No of Operation Theatre Major	1	
No of Operation Theatre Minor	1	
Labor OT	1	
Operating hours	1	
Recovery Rooms	1	
Portable ECG, Cardiac Monitor	9	
Stethoscope's Apparatus	1	
Portable x-ray within OT	1	
Centralized Oxygen Connections	30	
Separate Sterilization Area	YES	
General Information		
Medical Establishment Indemnity Cover present:	YES	
Ultrasound/scanning facility registered with the District Health & Family Welfare Officer	YES	
Referring Procedure followed by Medical records Department	YES	
Bed Occupancy Rate in the hospital:	YES	
Surcharge on the hospitalization expenses:	YES	
Amount of Surcharge	YES	
Service charge on the hospitalization expenses:		
Amount of Service Charge:		
Credit cards accepted for hospitalization expenses*	YES	

ENTRALISE STERILE SUPPLY DEPARTMENT*	YES
24 HR POWER BACK UP*	YES
MEDICAL AUDIT ON REGULAR BASIS*	YES
FIRE SAFETY EQUIPMENT*	YES
MEDICAL RECORDS DEPT	YES
BIOMEDICAL WASTE FACILITY*	YES
USE OF ICD 10	YES
INCUBATORS	YES
OUT-LAMINAR AIR FLOW	YES
HOSPITAL INFECTION CONTROL MEASURES*	YES
Availability of in-house doctors-Yes/No	
MD/MS doctors	YES
MBBS Doctors	YES
Blend of doctors	YES
Allied Medicine Doctors	YES
Hospital Quality Indicators	
Total No of Full time doctors with qualification approved	10
No of consultant who are not on rolls of the hospital	30
No of surgeons or interventionists (Not on full time)	15
Total No of Post graduate (MD (anesthesia, Gen Med)	10
No of Doctors with the qualification of MBBS, available	8
No of surgeons or interventionists (Not on full time)	10
No of qualified nurses available exclusively in ICU take	8
Total No of qualified nurses (B.Sc. Nursing, GNM,) in	15
No of doctors exclusively available for ICU	8
DOCTOR- BED RATIO - No of Medical Practitioners w	10
NURSE-BED RATIO - No of Qualified and Registered N	15
DOCTOR-PATIENT(BED) RATIO IN ICU - No of Medica	10
NURSE-PATIENT (BED) RATIO IN ICU - Number of Qu	8
Availability of Nurses-Yes/No	
Registered Nurses	YES
Blend of Nurses	YES
ANM	YES
Span of Control	
Doctor to patient Ratio*	
Nurse to patient Ratio*	
Teaching/Training-Yes/No	
3/MD/MCH/DM training hospital	
Diploma Training Hospital	
Nursing School	YES
Post training	No
Accreditation. (Please attached all applicable documents with HIS)	
NABH Accreditation Level	
NABH Accreditation	
NABH Certification	
NABH Certification	
NABH Certification	
NABH Accreditation	
Other Certificates (Please attached all applicable documents with HIS)	

Human Organ Transplant Registration Certificate (HOTA))			
Pre Natal Diagnostic Test Registration Certificate (PNDT)	YES		
Medical Termination Of Pregnancy (MTP) Registration Certificate	YES		
Bio Medical Waste Certificate	YES		
Drugs Pharmacy License	YES		
Particulars of Diagnostic / Day Care / Ancillary Facilities:- Yes/No/Outsourced			
CHEMISTRY	OUT SOURCE		
CLINIC_PATHOLOGY	YES		
IMMUNOLOGY	YES		
RAD_IMM_ASSAY_RIA			
ULTRASOUND	YES		
X_RAY	YES		
CT_G	YES		
CT_SCAN	OUT SOURCE		
ECG	OUT SOURCE		
PFT_SPIROMETRY	OUT SOURCE		
HEAD_MILL_TEST	OUT SOURCE		
CHEMOTHERAPY_UNIT	NO		
DIALYSIS_UNIT	NO		
BLOOD_BANK	NO		
INHOUSE_PHARMACY	NO		
ISOLATION_WARDS	YES		
HOLTER	NO		
ECG	NO		
EMG	YES		
CRIMINAL_KNIFE	NO		
COBALT_UNIT	NO		
CRIMINAL_KNIFE	NO		
BRONCHOSCOPY LAB	NO		
RATH LAB	NO		
ACCELERATOR	NO		
DSA	NO		
SCANNERS	NO		
PHYSIOTHERAPY	OUT SOURCE		
Availability of Ambulance facilities	YES		
EMERGENCY	YES		
OTOTHERAPY	YES		
EEG	OUT SOURCE		
Availability of Medical Specialty-Yes/No			
OPHTHALMOLOGY	YES	CARDIOLOGY	YES
ENT	YES	CRITICAL CARE	YES
BURN	YES	GENERAL MEDICINE	YES
PLASTIC SURGERY	YES	INFECTIOUS DISEASE	YES
OBS & GYNECOLOGY	YES	NEPHROLOGY	YES
GENITOURINARY	YES	NEUROLOGY	YES
PEDIATRIC	YES	PULMONOLOGY	YES

ONCOLOGY	YES	DERMATOLOGY	YES
ORTHOPEDICS	YES	ENDOCRINOLOGY	YES
TRAUMA	YES	DENTAL	YES
GENERAL SURGERY	YES	DAY CARE	YES
GASTROENTEROLOGY	YES	LAPAROSCOPIC SURGERY	YES
	YES	RHEUMATOLOGY	YES
STAFFING	YES	NO. OF STAFF	
MD Physician	YES		
MBBS Physician	YES		
MD / MBBS Female Physician	YES		
MD Cardiologist	YES		
MD Pathologist			
MD Radiologist	YES		
DMLT Laboratory Technician	NO		
Nurses	YES		
OT Technicians	YES		
Ray Technician	YES		
ECG Technician	YES		
Physician	YES		
Audiometrist			
Physiotherapist	YES		
Ophthalmologist	YES		
Dentist			
Insurance Client Coordinator	YES		
Information Technology:	(Please Indicate with the appropriate code given in brackets the level of computerization)		
Appointment System	TOKEN NUMBERS		
Entry of requisitions			
Reporting of pathology / radiology results			
Patient Billing Department			
Medical Records Department			
ANNEXURE I – Format For Consultant Information			
Consultant Name	DR DNYNESHWAR HALNOR		
Specialty	MD PHYSICIAN		
Registration Number			
OPD days and timings	MONDAY TO FRIDAY		
Private Clinic			
Address	ARIS MULTISPECIALITY CLINIC KANAKIA ROAD		
Telephone Numbers	8976253447		
Timings	10AM TO 2PM		
Residence			
Address	AYUR, S NAMGLOW MARIGOLD LANE BAVERLY		
Telephone Number			
Mobile Number	8976253447		
Email address (if any)			
Please Note: You can add consultant information in above format.			

List of Documents Required for Empanelment

S.No	Document required	Mandatory	Terms and Conditions
			A) Incorporated Company (Pvt. Ltd / Ltd.) : Certificate Of Incorporation issued By Registrar Of Companies B) Sole Proprietorship : Fill Declaration Form I C) Partnership Proprietorship : Fill Declaration Form II D) Public Trust : Certificate of Incorporation issued by Charity Commissioner E) Private Trust : Fill Declaration Form III F) Limited Liability Partnership(LLP) : Fill Declaration Form IV & Certificate of incorporation issued by Registrar of Companies
1	Category Of Legal Constitution Of Hospital	Yes	
2	Complete Hospital Tariff List including procedure charge	Yes	NA
3	Original Hospital Photos (NOT Hospital Broucher's).	Yes	NA
4	Valid Hospital Registration Certificate	Yes	Hospital is registered under any of the following body :- Government/Local Authority/preferably clinical Establishment ACT 2010 /Shop Act.
5	Consultant List with Speciality	Yes	Along with Doctor Registration Number
6	List of equipments	NO	NA

7	Hospital PAN CARD Number	NA, If PAN card number in the name of Proprietor/Individual Owner name, then hospital need to provide the proof (BANK PASS BOOK) and Agreement Copy of partnership.	Yes
8	Hospital TAN Number	NA	Yes
9	List of Other Panel Insurance Companies/TPA.	NA kindly share confirmation letter or proof received from the TPA/Insurance Companies	Yes
10	Accreditation From ISO/NABH Certificate	IF Hospital has ISO/NABH Certification kindly provide copy of the same	Yes
11	NABL Certificate	IF Hospital has NABL Certification kindly provide copy of the same	Yes
12	Hospital Service Tax Number.	If Applicable	Yes
13	Human Organ Transplant Registration Certificate (HOT)	Applicable in the Hospital/Nursing home where Organ transplant surgery is done.	Yes
14	FDA Pharmacy License	If Hospital has in-house 24 hrs Pharmacy	Yes
15	Pre Natal Diagnostic Test Registration Certificate (PND)	Applicable in the hospital/Nursing home where ANC, MTP, Maternity procedure carried out	Yes
16	Medical Termination Of Pregnancy (MTP) Registration Certificate	Applicable in the hospital/Nursing home where MTP, Maternity procedure carried out	Yes
17	Name & Registration certificate of Pathologist/Radiologist	If Hospital has In-House Diagnostic Centre or Lab	Yes
18	Sample reports of Discharge summary, Hospital final bill, Pharmacy bill (if in-house pharmacy) & Pathology reports (if in-house lab)		NO
19	Bio Medical Waste Certificate	Optional	Yes
		NA	NA

Sr No	Doctor Name	Doctor Speciality	Registration no	Doctors QI Doctor Contact no (optional)
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Dr.Rajesh .P.Palande (MD,FCAH,CCMP) ADMIN

GENERAL MEDICINE DEPARTMENT

- | | |
|---|-------------------------------------|
| 1. DR SONU PURI | 3. DR ASHISH PALANDE (MBBS) |
| 2. DR MELVILE ALVAREZ (MD,MEDICINE) | 4. DR MOHAMMAD SHOAIB (MD,MEDICINE) |
| 5. DR DNYNESHWAR HALNOR (MD.PHYSICIAN) | |

CARDIOLOGIST DEPARTMENT

- 1.DR SAINATH HEGDE (MD,DM HEART SPECIALIST)
2. DR ABHIJEET AKLUJKAR (MD,DM HEART SPECIALIST

CHEST PHYSICIAN DEPARTMENT

- 1.DR. KAMLESH PANDEY (MD,CHEST PHYSICIAN)
- 2.DR. DHARMENDRA DUBEY (MD FELLOW CHEST PHYSICIAN)
- 3.DR TEJAS DESHPANDE (MD, CHEST PHYSICIAN)

PSYCHIATRIST DEPARTMENT

- | | |
|--------------------------------------|---------------------|
| 1.DR. GAMBHIRE (MD, Pyschiatrist) | 2.DR SUJAY (MD,PPS) |
| 2.DR RAHUL KHEMANI (MD.PYSCHIATRIST) | |

OBST.GYNACE.

- | | |
|---|---|
| 1.DR SNEHAL.R.PALANDE (MS.Obst & Gynance (AY),Admin) | 6.DR KAMAL MADAM (MS.Obst & Gynance) |
| 2.DR ARCHANA AKHADE (MS.Obst & Gynance) | 7.DR DILIP YADAV (MBBS, CPS,Obst & Gynance) |
| 3.DR RAJENDRA NAGAKATI (MD,OBG) | 8.DR NEHA SANGHVI (MBBS,DNB,Obst & Gynance) |
| 4. DR VIPIN CHEKAR (MD,OBG) | 9.DR PRAMOD SURVASE (MS.Obst & Gynanc) |
| 5.DR NANDA SAWANT | |

Super Specialist Surgeon

- | | |
|--|------------------------------------|
| 1.DR.KRUTHART THAKKAR (Neuro & Cancer Surgeon) | 4.DR SHASHANK KAMAT (MS,Urogolist) |
| 2.DR.SAMEER PAREEKH (Neuro Surgeon) | 5.DR SANDDEP BHURKE (Neprologist) |
| 3.DR PANDURANG REDDY (Neuro Surgeon) | |

ORTHOPEDIC DEPARTMENT

- | | |
|--|-----------------------------|
| 1. DR.SURI (MB,DNB,Orthopedic Surgeon) | 4. DR.AMIT DAVE (DNB,Orth) |
| 2. DR SANDEEP YADAV (DNB,Ortho) | |
| 3. DR.HARSH PATEL (MB,D.ORTHO) | |

PEADIATRIC DEPARTMENT

- | | |
|----------------------------------|------------------------------|
| 1..DR VEDPRAKASH (DCH) | 3..DR PRIYAM MISHRA (MB,DCH) |
| 2.DR KAPIL SHUKLA (MD.Child sp.) | |

NEUROLOGIST DEPARTMENT

- | | |
|-------------------------------|---|
| 1.DR MEHBOOB (MD,MEUROLOGIST) | 2. DR YOGESH PATIDAR (MD, Neurophysician) |
|-------------------------------|---|

PLASTIC SURGEON DEPARTMENT

- | | |
|-------------------|--------------------|
| 1.DR MITHAL PATEL | 2.DR MANGESH PAWAR |
|-------------------|--------------------|

SURGERY DEPARTMENT

General Laparoscopic Surgeon

- | | |
|--|--|
| 1.DR. VIKARAM GAJRE (MS,Gen,Surgery) | 3. DR. ROHIT SINGH (MS,Gen,Surgeon Laprosc) |
| 2.DR.RAJESH GUPTA (MBBS,DNB,Surgeon,Laproc) | 4. DR.BRIJESH DUBEY (MS,Senior Surgeon) |

PHYSIOTHERAPY

- | | |
|-------------------|---------------------|
| 1.DR.MAHIMA NIGAM | 2.DR DARSHINI DESAI |
|-------------------|---------------------|

ENT SPECIALIST

- 1.DR.RAM SINGH (EAR,NOSE & THORAT SPECIALIST)
- 2.DR.RAHUL PATIL (EAR,NOSE & THORAT SPECIALIST)

SKIN SPECIALIST

- 1.DR.NISHIGANDHA HARIDAS (MBBS MD DERMATOLOGY)



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P.No. 31, Bidco Indl. Estate, Chintupada, ,
Palghar, Dist. Palghar – 401404
Emergency Mobile No. : 9226316909, e-mail:- info@touchnglow.in



Unique Registration No.: TNG/2023/00499



Offline QR Code



Online QR Code

Registration Certificate

Outward No.: TNG /2023/0213

Date: 24-05-2023

This is to certify that, **Ashish Multispeciality Hospital, at B-101 & 102/C-104,105 & 106, Manshi Classic, Opp. Jari Mari Lake (Talab), Kashigaon, Kashimira, Mira Road (E), Mira Road, Maharashtra 401107** is registered with M/s. **Touch N Glow, Palghar** for Management of Bio Medical Waste in accordance with, the provision of Bio Medical Waste Management Rules, 2016, as amended and in compliance with the provisions of CPCB guidelines.

- | | | |
|----|--|------------------------------|
| 1 | Authorized Person of HCE
(Name and Designation) | Dr. Ashish Palande
Doctor |
| 2 | Bombay Nursing Home Act Registration Details | |
| a. | BNH Registration Number | MH/THN/MBMC/2021 - 156 |
| b. | BNH Issue Date | 21-12-2021 |
| c. | Total Number of Beds | 30 Beds |
| d. | BNH Validity (Form 'C') | 31-03-2024 |
| 3 | Common Treatment Facility Registration Details | |
| a. | Date of Registration | 11-09-2021 |
| b. | No. of Beds Registered | 30 Beds |
| c. | Registration Validity | 30-09-2024 |
| 4 | Renewal of CTF Membership (if Applicable) | |
| a. | Renewal Date | 30-09-2024 |
| b. | No. of Beds | 30 Beds |
| 5 | MPCB Consent (Establish/ 1 st Operate/ Renewal) Details | |
| a. | Consent / CCA Number | Applicable |
| b. | Issue Date | 01-01-0001 |
| c. | Validity up to | 01-01-0001 |



CTF Seal

Authorized Signature

Name : Mr. Nilesh Patil
Designation : Partner

Note: HCE shall display copy of Registration Certificate at Front Desk and Temporary BMW Storage area.

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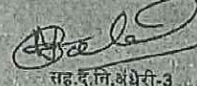
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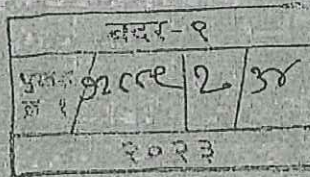
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Mobile No.: 9820187045

Department ID: 9820187045

NOTE:- This challan is valid for document to be registered in Sub Registrar office only. Not valid for unregistered documents.

एक प्रति नमूने के रूप में प्रयोग किया जाना है। प्रत्येक प्रति को अलग से प्रमाणित किया जाना चाहिए।

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Department of Stamp & Registration, Maharashtra	
Receipt of Document Handling Charges	
PRN 0206202314107	Date 02/08/2023
Received from A A Textile, Mobile number 9820187045, an amount of Rs.680/-, towards Document Handling Charges for the Document to be registered (SARITA) in the Sub Registrar office Joint S.R, Andheri 3 of the District Mumbai Sub-urban District.	
Payment Details	
Bank Name PUNB	Date 02/08/2023
Bank CIN 10004152023080213207	REF No. 456043702
This is computer generated receipt, hence no signature is required.	



बंदर-९	
पुस्तक	क्र १९२०२३०८३४
२०२३	



LEAVE & LICENSE AGREEMENT
THIS LEAVE & LICENSE AGREEMENT
made and entered into at Mumbai
on this 23rd day of 2023 between

1. M/S. A TEXTILE (PROPRIETER PANKAJ K SHAH)

(PAN NO. ABEP58019H)

2. ATUL K SHAH (PAN NO. AAQP52041F)

3. DIVYA P SHAH (PAN NO. AAQP52047D)

4. PARAS A SHAH (PAN NO. BOOP58572J)

having their office at First Floor, front side A, H. Kantilal Building, H. Kantilal Compound, Kurla - Andheri Road, Sakinaka, Mumbai - 400 072, hereinafter jointly referred to as "The Licensors" (which expression shall unless it be repugnant to the context or meaning thereof mean and include their respective legal heirs, successors and assigns) of the ONE PART;

AND

DR. BATRAS' POSITIVE HEALTH CLINIC PVT. LTD., having its PAN NO: AABCD3857G a company incorporated under the Companies Act, 1956, having its address at H. Kantilal Building, H. Kantilal Compound, 3rd Floor Kurla - Andheri Road, Sakinaka, Mumbai - 400 072, hereinafter referred to as "The Licensee" (which expression shall unless it be repugnant to the context or meaning thereof mean and include their successors and assigns) of the OTHER PART.

For A. A. TEXTILE
Proprietor

Paul Lussall

Divya P. Shah

P. A. Shah

23/2/23

WHEREAS

- (a) The Licensors herein are jointly well seized, possessed of or otherwise well and sufficiently entitled to the property known as a Part of Office Premises on 2nd Floor, H. Kantilal Building, H. Kantilal Compound, Opp. Logitech Park, Kurla - Andheri Road, Sakinaka, Mumbai - 400 072 admeasuring about 2000 sq.ft. built up (Approx.) situated at land CTS No. 704 of Village Marol, Taluka Andheri, Mumbai Suburban District (hereinafter referred to as the said Licensed Premises).
- (b) The Licensee who are in need of suitable premises for a temporary period of 45 (fourty-Five) months from 01.04.2023 to 31.12.2026 for the purpose of its business requirements has approached and requested the Licensors to allow the Licensee to use and occupy the said Licensed Premises on temporary basis of 45 (Fourty-Five) months from 01.04.2023 to 31.12.2026 for the business requirements of the Licensee, which the Licensors have agreed.
- (c) In pursuance of the above, the Licensors have agreed to allow the Licensee to use the said Licensed Premises, admeasuring 2000 sq. ft. built up (Approx.)
- (d) The parties are desirous of reducing into writing the principal terms and conditions governing their mutual agreement as under:



NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED
AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

The Licensors hereby allow and permits the Licensee to use and occupy the said Licensed Premises for a period of 45 (Fourty-Five)

months which period shall deemed to be commenced on and from 01.04.2023 and terminate on 31.12.2026.

पुस्तक नं. १९२८८६/३४	01.04.2023
2.	

The Licensors have provided the said Licensed Premises as per the requirements of the Licensee. A common passage will be common in use for all the parties (Front and Back side), for exit & entry purpose.

TEXTILE
91

Atul Shah
Atul Shah
Dnyanesh
Dnyanesh
P.A. Shah
P.A. Shah
Gadga
Gadga

For A. TEXTILE

Atul Shah
D. Shah
P. A. Swamy

The Licensees shall pay to the Licensee a sum of Rs. 1,65,000/- (+) GST If applicable per month (Rupees one Lakh Sixty-Five Thousand Only) divided between A TEXTILE (PROPRIETOR MR. PANKAJ K SHAH) Rs. 41250/- (Rs. Forty-One thousand Two Hundred & Fifty only) per month & Mr. ATUL K SHAH Rs. 41250/- (Rs. Forty-one Thousand Two hundred & Fifty Only) per month & MRS. DIVYA P. SHAIK Rs. 11250/- (Rs. Forty-one Thousand Two Hundred & Fifty Only) per month & MR. PARAS A SHAH Rs. 41250/- (Rs. Forty-One Thousand Two Hundred & Fifty Only) per month excluding GST as and by way of Leave and License Charges for the use and of the said premises. In addition, the Licensees shall pay electricity/Water bills and telephone bills. However, the outgoing of the society / existing BMC dues / Taxes etc. will be paid by the Licensees only. In case if any TAX is levied by the Government at applicable rate it will be paid by the Licensee only. ANY Increase BMC tax on rent premises paid by Licensee shall be made by the Licensee.



The payment of the aforesaid Leave & License Charges shall be made by the Licensee to the Licenseors without any default and demand in advance, on or before the 5th day of every calendar month for which it has become due and payable. Without prejudice to its other rights in law and in equity, the Licenseors may, at its sole discretion, accept delayed payments of monthly Leave & License Charges with interest thereon @ 2% per month for defaulted period.

2023
2024
2025

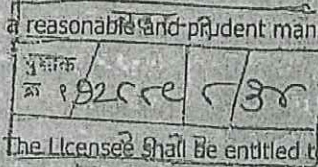
The Licenseors agree to provide electricity connection to the Licensees premises with separate electricity meter to enable Licensee to maintain and run their equipments, machines, lighting, air conditioners, computers, fax machines, etc. and also water connection for drinking water purposes. However, the Licenseors are not responsible for supply of Electricity and Water which are regulated by concerned authorities. Electricity Charges will be paid to the Licenseors within 7 days from the date of raising debit note on actual. Failure to pay electricity and water charges will entitle the Licenseors to discontinue this service for the said Licensed Premises and also pay levy/ penalty imposed by concern authority for delayed payment/default. The Licensees shall not be entitled to any reduction in the License fees on account of non-availability of electricity and /

or water supply and other facility due to any disturbance in supply of electricity and / or water from the concerned authorities.

6. The Licensee shall keep Interest Free deposited with the Licensors a sum of Rs. 7,50,000/- (RS Seven Lakhs Fifty thousand ONLY) divided between A A TEXTILE (PROPRIETOR MR. PANKAJ K SHAH) Rs.1,87,500/- (Rs. One lac eighty-seven five hundred only) & Mr. ATUL K SHAH) Rs.1,87,500/- (Rs. One lac eighty-seven five hundred only) & MRS. DIVYA P SHAH Rs. Rs.1,87,500/- (Rs. One lac eighty-seven five hundred only) & MR. PARAS A SHAH Rs.1,87,500/- (Rs. One lac eighty seven five hundred only) equivalent to Leave & License Charges as and by way of refundable interest free security deposit for the faithful performance and observance of the terms and conditions of this agreement and for making provisions for reimbursement of the expenses or payment which the Licensors may have to incur in respect of any acts, omissions, etc. of the Licensee during the period of their occupation of the said Licensed Premises and for the purpose of ensuring that the said Licensed Premises is kept and maintained in good, repairable and tenantable condition by the Licensee. The said Interest free deposit shall not carry any interest thereon and shall be refunded to the Licensee on the expiry of this agreement or earlier termination thereof after deducting there from outstanding dues, utility charges if any.



The Licensee hereby agrees with the Licensors that the said Licensed Premises shall be used by the Licensee for the purpose of their own business. The temporary permission to use the said Licensed Premises hereby granted is for own use and linked with its specified allotment and the Licensee shall not sub-let, re-let, transfer, assign, charge, mortgage, part with or deal with the said Licensed Premises or any part thereof with any person or persons. The Licensee covenants that the said Licensed Premises shall be used in a reasonable and prudent manner.



8. The Licensee shall be entitled to use the said Licensed Premises for only its business purpose during business hours.

For A. A. TEXTILE
PL

For A. A. TEXTILE
Pankaj Shah

Divya P. Shah

P.A. Shah

Shah

said Licensed Premises.

Nothing herein contained is intended or shall deem or be deemed to mean as having created in favour or even to have conferred

deemed to be with the Licensors and the Licensors shall have full right and power to enter upon the said Licensed Premises or any

prevailing laws of the Government and / or local authorities, for conducting its business in the said Licensed Premises.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

Premises or any part thereof without the previous consent in writing of the licensors. However, the licensee shall be entitled to bring

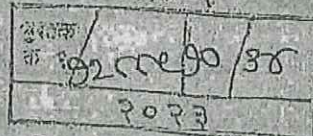


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or the Licensors may make good the same and they are entitle to deduct the expenses thereof from the security deposit of the Licensee.

14. The Licensee hereby agrees and undertakes to indemnify and keep indemnified the Licensors for any damage or loss caused by them or by any third party to the said Licensed Premises or any part thereof including all fittings and fixtures contained therein and also for all liabilities that may arise in future out of the use of the said Licensed Premises by them.

15. The Licensee hereby admits and acknowledges that it is the express intention of the parties to this agreement that the relationship of LANDLORD and TENANT shall not be deemed to be created hereby or otherwise between them under any circumstances whatsoever. This agreement hereby confirms mere temporary permission to use the said Licensed Premises for a temporary period of 45 months and does not create any interest into or upon the said Licensed Premises or any part thereof in favour of the Licensee or its executives, employees, or agents. It is not intended by the agreement to create any sub-lease or any other right, title or interest into or upon the said Licensed Premises in favour of the Licensee and the Licensee hereby agrees that under no circumstance the Licensee shall claim any right to tenancy or sub-tenancy or any other right of any nature into or upon the said Licensed Premises. It is clearly agreed by the Licensee that this agreement shall come to an end one day before the day on which any law comes into force giving any right or interest to the Licensee in the said Licensed Premises or any portion thereof, as the express intention is not to give or create any right / interest of whatsoever nature in the said Licensed Premises or any portion thereof in favour of the Licensee at any point of time.



16. The Stamp Duty and Registration charges in respect of this agreement shall be incurred and paid by both the parties jointly and equally.

For A. A. TEXTILE
PH

For A. A. TEXTILE

Atul Kumar

P. A. Shukla

P. A. Shukla

Shukla

Signature

P.A. S. S. S. S.

Paul S. S. S. S.

Licensed Premises or any part thereof.

The Licensee shall not create any charge upon or encumber the said

21.

2023	1/12/23	1/12/23
1/12/23	1/12/23	1/12/23

entertained under any circumstances by the Licensee.

Licensed only. No claims and / or demands on this account shall be

and all expenses in respect thereof shall be borne and paid by the

to keep the said Licensed Premises in proper tenable condition

leakage if any, from the terrace and / or through the external walls,

the said Licensed Premises including any electrical repair, water

The Licensee shall be liable for internal repair and maintenance of

20.

right, in or upon the said Licensed Premises or any part thereof.

right, title or interest of whatsoever nature, including the temporary

temporary arrangement and confirm that they will not claim any

The Licensee hereby states that they understand that this is a purely

19.



agreement by efflux of time or otherwise contained here

Licensed Premises upon the expiry or earlier termination of this

vacate and handover the vacant and peaceful possession of the said

the interest free security deposit, should the Licensee fail to quit,

addition to the right, power and authority of the Licensee to forfeit

right of the Licensee, contained in the preceding clause shall be in

It is further made specifically clear that the power and authority and

18.

this condition.

The Licensee hereby record its unconditional consent and agrees to

authority or the Licensee and without any notice to the Licensee.

obtaining any consent and / or permission from any person or

possession of the said Licensed Premises or any part thereof without

any part thereof in its capacity as the owners thereof and to take

right and authority to enter upon the said Licensed Premises or

by efflux of time or otherwise then the Licensee shall have full

Licensee upon the expiry or earlier termination of this agreement

vacant and peaceful possession of the said Licensed Premises to the

It is specifically agreed that if the Licensee fails to handover the

17.

22. The Licensee shall abide by the rules and regulations and byelaws of the society and the local authorities, as far as the same is applicable to them and shall not cause any nuisance and annoyance to the other occupants of the premises in the building.

23. The Licensors shall keep the said Licensed Premises insured against natural calamities during the period of this agreement. However, the Licensors shall not be responsible and / or liable for any losses or damages that the Licensee may suffer due to any theft, burglary or any other causes of similar nature like fire, flood, earthquake for which the Licensee, if it so desires, take out separate insurance policy at its own cost and expenses, the Licensee alone will be liable and responsible for the security of its business and the said Licensed Premises.

24. The Licensors shall not be entitled to terminate this agreement during the first period of 24 months (lock-in-period), if the Licensee wants to vacate the premises for any reason whatsoever, before the expiry of the first 24 months' period of this agreement, the Licensee may do so, provided however that the interest free security deposit amount shall stand forfeited to the Licensors. After completion of first 24 months this agreement can be terminated by either party by giving three (3) months prior notice in writing to other party.



The Licensee hereby agrees and covenants with the Licensors that if the Licensee commits default in the payment of monthly Leave & License charges consecutively for two months, the Licensors shall be entitled to terminate this agreement and take possession of the said Licensed Premises. In such an event the interest free security deposit shall stand forfeited to the Licensors.

26. Upon expiry of this agreement by efflux of time or earlier termination thereof, the Licensee shall forthwith vacate the said Licensed Premises and allow the Licensors quiet and peaceful possession of the said Licensed Premises. If the Licensee fails to vacate and handover the quiet and peaceful possession of the said Licensed Premises on the expiry of this agreement or earlier termination thereof, the Licensee hereby agrees to pay to the Licensors penalty at the rate of Rs. 10000/- (Rupees TEN Thousand

For A. A. TEXTILE

Atul Kumar

Divya P. S.

P. A. Shah

Aditya

(Only) per day, in addition to the monthly leave & License Charges hereby agreed to be paid, this penalty shall, however, not absolve the Licensee of its obligation to vacate the said Licensed Premises promptly on termination of this agreement and the penalty shall be in addition to the relief permitted under the law.

The Licensees has allowed the Licensee to use the fixed furniture & fittings of the said Licensed Premises on the condition that these items will be kept and maintained with proper repair and maintenance and will be returned to the Licensees in the same good condition as these items were given to the Licensee, normal wear and tear accepted.

We hereby declared that in case of redevelopment, Licensee shall terminate the agreement by giving 3 months' notice period to the Licensee. Licensee has to vacate the premises along with their belongings and handover the possession of the premises back to the Licensee. This 3 months' notice period for redevelopment purpose is even applicable during the lock-in period.



29. The Licensees and the Licensee agrees that this Agreement shall alone govern the rights and obligations of the parties hereunder, not entitled to protection under any of the provisions of the Maharashtra Rent Control Act, 1999 or any statutory modification or re-enactment thereof and therefore shall not have any claim, right of tenancy or sub tenancy or any other right in respect of the said Premises or any part thereof at any time hereafter notwithstanding any new Law, change in Law or judgment, decree or order of any court. It is hereby expressly agreed that the Licensee's status in respect of the Premises either under this Agreement or otherwise shall be that of a licensee.

IN 1/22/CE	93/30
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30. The Licensee agrees that the legal physical possession will remain with Licensees only and the Licensee will not create any third party interest in the aforesaid premises in the event of default, the possession will automatically have transferred to Licensees and Licensee will remove all is belongings within 48 hours of default.

For A.A. TEXTILE
Proprietor

Attest
P.A. Suresh
D. Suresh
D. Suresh

31. If any disputes arise between the Licensors and the Licensees hereinabove in respect of the licensed premises is subject to Mumbai jurisdiction only.

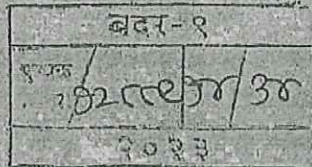
SCHEDULE OF THE PROPERTY

Part of Office Premises on 2nd Floor, H. Kantlal Building, H. Kantlal Compound, Opp. Logitech Park, Kurla - Andheri Road, Sakinaka, Mumbai - 400 072 admeasuring about 2000 sq.ft.bult up (Approx.) situated at land CTS No. 704 of Village Marol, Taluka Andheri, Mumbai Suburban District In Municipal Ward No.: L of B.M.C.

IN WITNESS WHEREOF THE PARTIES hereto have hereunto set and subscribed their respective hands and seals on 3/8/2023

For A. A. TEXTILE

Proprietor



SIGNED, SEALED AND DELIVERED
by the within named LICENSORS

A A TEXTILE (Proprietor PANKAJ K SHAH)
& For A. A. TEXTILE
Proprietor

MR. ATUL K SHAH

Atul Kumar

Mrs. Divya P Shah

Divya P. Shah

MR. PARAS A SHAH

SIGNED, SEALED AND DELIVERED
by the within named LICENSEE

Dr. Batras' Positive Health

Clinic Private Limited through

Its Authorized Signatory

Mr. Jeetendra Suresh Jadhav

As per Board Resolution

In the presence of



In the presence of

1. *[Signature]*
2. *[Signature]*

3028
3028/32
3028-8





बदर-९	
पुस्तक नं. १२८८९८/३४	
२०२३	

Heads	Rate	Amount (₹)
Electrical Energy (HSN code 27180000)		
1. Fixed Charge		445.00
2. Wheeling charges		7255.48
3. Green power Tariff	0.00/kWh	0.00
4. Energy charge		19892.40
5. Fuel Adjustment Charge (FAC) #	0.00 p/unit	0.00
6. Government electricity duty	21.00%	3795.91
7. Maharashtra Govt Exn on sale of electricity	34.00 p/unit	1119.24
(A) Current month's bill amount (Sum of 1 to 7)		36519.03
a. Others		0.00
(B) Net other charges in current bill (Sum of a to 7)		0.00
a. Digital Payment discount		0.00
d. Paperless E-Bill discount		0.00
e. Interest on arrears		0.00
f. Adjustments		0.00
(D) Net other charges in current bill (Sum of a to f)		470.51
Current Month charges (A+B)		36989.54
Previous month's bill amount		55511.85
Payment received upto 19-07-2023		42580.00
Prompt payment discount		0.00
(C) Net previous balance		13151.35
Total Bill Amount (A+B+C)		48122.73
Amount deferred		0.00
Round Sum Payable with this bill		48120.00

- Paperless billing subscribers can
 - Avail bill on email/SMS/WhatsApp Visit <https://www.sdnlectricity.com/billing>
 - Earn a discount of Rs.10 every month
 - In case needed hardcopy available on request
 - To opt-in for expense billing visit www.sdnlectricity.com

To view supply code SOP, including power quality regulation 2021, scan the QR code below or visit <http://www.edar Electricity.com/regulatory>

Address: P.O. Box 1111, Dordrecht, NL 3300 AA
Telephone: +31 (0) 78 636 3636
Fax: +31 (0) 78 636 3637
E-mail: info@edmgr.nl
Web: www.edmgr.nl

Address 167,108 Avenida, NEPA Miró, Maricao Pinar, Habana 80002
 Manufactura
 Email cleridiazambudens@unimbo.com

Address: Ashi Durgamda House, Strandigwam, Near Valsada Dev Cweli, S. G.
Highway, Khotiya Rajpoots, Durgam, India - 302471
CIN: U74935GJCOUPLC107256
PAN: AACCE906F
GSTIN: 27AACCE008551W

- To pay online - Visit www.adonselectricity.com
- Get 74 Interest on VOS (reducing balance)
- Its 10 discount per month if you pay for paperless E-bill No hard copy will be generated. Log on to our website www.Adonselectricity.com for more details
- As per MERC, Interest on Security Deposits is at the bank rate declared, by RBI as on 1st April of the financial year. For FY 2023-24 it is 2.55%
- Electricity Duty as per Govt. of Maharashtra Notification no ELD-2016/CR 232/Enrgy-1 of 21.10.2016 and
- ELD-2020/CR 34/Enrgy-1 of 14.08.2020. Tax on sale of Electricity as per Govt. of Maharashtra Notification No. VVK-2012/CR 161/Enrgy-1 of 26-12-2016

Scan this QR code for
Genius Pay Centre (kiosk for bill payments)

LT II (A) COMMERCIAL Unit/Month	Filed Charge Per Month	Energy Charge Per Unit	Winding Charge Per Unit	FAC Rate Palza/Unit Jul-23
all units	445.00			0.00

Temporary supply for water shall pay 1.5¢ per gallon for water and 1.25¢ per gallon for energy charges applicable for the city.

Opening Balance		Adjustment		Closing Balance	
				444-9	
LAST PAYMENT DETAILS					
Payment Date		Payment Amount		Payment Status	
10 July 2023		A\$20.00		Paid	
For enquiry and/or dis please visit: www.educationlab.com					

- Per Cheque paymaster Date of expiration of cheque not 3 days from submission of cheque (wherever it is clearly stated to be the date of receipt of payment (subject to restriction))
- Cheque should be Assending copy of local clearing and non-clearing
- Make cheque payable to Adani Electricity Mumbai Ltd. A/c No. 1010293
- Amount Rs. 10,00,000/- and respective amount on back of the cheque when making multiple bill payments by cheque cheque

- Mention J/c No. and respective amount on back of the cheque when making multiple bill payments by elastic cheque



WATCH ON THE SAYING MOLE

$\frac{d}{dt} \left(\frac{1}{\rho} \right) = - \frac{1}{\rho^2} \frac{d\rho}{dt}$

1970-1971, 1972-1973, 1974-1975, 1976-1977, 1978-1979, 1980-1981, 1982-1983, 1984-1985, 1986-1987, 1988-1989, 1990-1991, 1992-1993, 1994-1995, 1996-1997, 1998-1999, 2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 2624-2625, 2626-2627, 2628-2629, 2630-2631, 2632-2633, 2634-2635, 2636-2637, 2638-2639, 2640-2641, 2642-2643, 2644-2645, 2646-2647, 2648-2649, 2650-2651, 2652-2653, 2654-2655, 2656-2657, 2658-2659, 2660-2661, 2662-2663, 2664-2665, 2666-2667, 2668-2669, 2670-2671, 2672-2673, 2674-2675, 2676-2677, 2678-2679, 2680-2681, 2682-2683, 2684-2685, 2686-2687, 2688-2689, 2690-2691, 2692-2693, 2694-2695, 2696-2697, 2698-2699, 2700-2701, 2702-2703, 2704-2705, 2706-2707, 2708-2709, 2710-2711, 2712-2713, 27

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DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA

P.A. Shah

DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA

DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA

W. Singh

DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA



DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA

Atul Shah

DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA

DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA

Proprietor

FOR A. A. TEXTILE

DIRECTOR GENERAL
 INCOME TAX DEPARTMENT
 PARAS ATUL SHAH
 ATUL KARNAL SHAH
 02/03/1993
 BOUPO8672J
 GOVT. OF INDIA

सर्वोच्च सरकार
Government of India

विशेष अधिकारी
Jaishree's Surashch Jadhav
जन्म वर्ष / Year of Birth : 1985
पुरुष / Male

4212 5984 2133

भाधार - सामान्य माणसाचा अधिकार

सर्वोच्च सरकार
Unique Identification Authority of India

पत्ता ए-103 बाळकृष्ण अपार्टमेंट,
100 बेल्ट रोड, मिंग भवना
पुणे/महाराष्ट्र 411008

Address: A-103 Surashch Apt. 107Fam
Road: Near Mahabharata Flyover
Bldg: Thane, Maharashtra, 401105

4212 5984 2133

www.uidai.gov.in

सर्वोच्च सरकार
INCOME TAX DEPARTMENT GOVT OF INDIA

श्री. सुप्रसन्न जधव
SURESH DATTATRAYA JADHAV

17/10/1985

ANOP15327M



बदर-९

पुस्तक	क्र. १२२२२०	अ
२०२२		

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CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY DR. BATRA'S POSITIVE HEALTH CLINIC PRIVATE LIMITED HELD ON 20th JULY 2023 AT THE REGISTERED OFFICE ADDRESS OF THE COMPANY AT 11.00A.M.

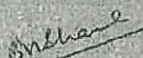
Registration of Property at Sakinaka

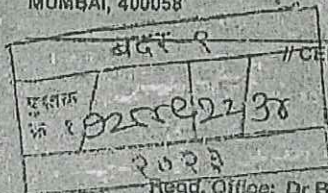
"RESOLVED THAT Mr. Jeetendra Jadhav - Executive Operations- Administration of the Company, whose specimen signature is appended here below, be and is hereby authorized to execute, register/renew/cancellation, property of the Company, to take all the necessary actions including registration/De registration of Lease Deed, and to sign all the necessary applications, forms, documents etc., only for Company's property by the name of Dr. Batra's Positive Health Clinic Pvt Ltd situated at 2nd Floor, H Kantilal Compound Andheri Kurla Road, Sakinaka, Andheri East, Mumbai, Maharashtra 400072 and on behalf of the Company and to represent the Company before sub-registrar of assurance, 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 31st August 2023 or till the date this same is withdrawn by the management, whichever is earlier."


Mr. Jeetendra Jadhav
(Executive Operations- Administration)

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


Dr. Bindu Sharma
(Director)
DIN-00334750
A-302, ROYAL CLASSIC
NEXT TO CITY MALL,
NEW LINK ROAD,
ANDHERI EAST,
MUMBAI, 400058



// CERTIFIED TO BE TRUE COPY //

Regd. Office: Dr. Batra's™ Positive Health Clinic Pvt. Ltd.
H Kantilal Compound, 2nd Floor, Andheri Kurla Road, Sakinaka, Andheri East, Mumbai - 400072.
T +91-22-3337 1200 | W www.drbatras.com | CIN: U35110MH1999PTC118005



बदर-९			
पुस्तक क्र १	१२८८८८	३८	
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7619 4871 8498
 Thane, Maharashtra - 421001
 Address:
 603 Sweety apt, post maiden, gel
 maiden, ULHASNAGAR, Ulhasnagar,
 Thane, Maharashtra - 421001
 603 Sweety apt, post maiden, gel
 maiden, ULHASNAGAR, Ulhasnagar,
 Thane, Maharashtra - 421001
 UNIONE IDENTIFICATION AUTHORITY OF INDIA
 भारतीय पहचान प्रमाणिकता संस्थान

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भारत सरकार
 GOVERNMENT OF INDIA
 जेठानंद विमलदास चिन्मणी
 Jethanand Vishnudas Chhmanani
 पुरुष / MALE
 Mobile No.: 9820187045
 7619 4871 8498
 VID : 9127 7212 8874 2711
 माई अपार, माई ओकख



वर्ग १	
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Mobile No.: 9820187046

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DATE FILED / DOB: 03/04/1954

ਪ੍ਰੋਫੈਸਰ ਡਾ. ਹਰਜੋਤ ਸਿੰਘ

GOVERNMENT OF INDIA
MINISTRY OF DEFENCE



बदर-९		
पुस्तक	१९२५५२५३८	
२०२३		

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आर्य समाज, गोल मदान, गोल
मदान, उल्हासनागर, ठाणे - 421001
7619 4871 8498
7619 4871 8498

Address:
Gul Madan, Gul Madan, Gul
Madan, Ulhasnagar, Thane, Maharashtra - 421001

7619 4871 8498

सं. १९२८८३९९२

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२०२३



माई आधार, माई ओवर

7619 4871 8498

Mobile No. 9820 187046

Male / Male

आर्य समाज / DOB: 03/04/1984

Arjanand Vignidhar Chinnani

GOVERNMENT OF INDIA



અદાલત-૧		
પાલિકા	૧૭૨૦૭૦	૩૪
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Handwritten notes and stamps, including a date stamp '2023' and a signature.

मुद्रांक शुल्क: Stamp Duty at 0.25 per cent on sum of rent payable for the period of agreement and the amount of non-refundable deposit and interest calculated at the rate of 10 per cent per annum on the refundable deposit will be charged throughout the state.

हस्ताक्षर: 36-अ-लिखित अर्द्ध नमूना

राज्य: 1680.00
राज्य: 680.00
राज्य: 1000.00

राज्य: 14084
राज्य: 03/08/2023

राज्य: 12889
राज्य: 12889/2023

राज्य: 12889
राज्य: 12889/2023

शिवका क्र.4 ची वेळ:03 / 08 / 2023 01 : 40 : 59 PM

शिवका क्र.5 ची वेळ:03 / 08 / 2023 01 : 41 : 57 PM नोंदची पुस्तक 1 मध्ये

सह मुख्य निबंधक अधिरी क्र. ३.

Payment Details.

sr.	Purchaser	Type	Verification no/Vendor	GRN/Licence	Amount	Used At	Deface Number	Deface Date
1	AA Textile	eChallan	03006172023080200043	MH006078324202324M	10500.00	SD	0003189180202324	03/08/2023
2		DHC		0208202314107	680	RF	0208202314107D	03/08/2023
3	AA Textile	eChallan		MH006078324202324M	1000	RF	0003189180202324	03/08/2023

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पुस्तक	क्र. १/१२८८९३४/३४
२०२३	



प्रमाणित कारणेत येते की, या दस्तावेज एकूण.....पाने आहेत.

सह मुख्य निबंधक, अधिरी क्र. ३,
मुंबई उपनगर जिल्हा

बदर-१/१२८८९३४/२०२३

पुस्तक क्रमांक १ क्रमांक १२८८९३४ वा

नोंदला दिनांक ३ AUG 2023

एम. एन. गायकवाड

सह मुख्य निबंधक, अधिरी क्र. ३,
मुंबई उपनगर जिल्हा

<http://10.10.246.39/MarathiReports/HTMLreports/HtmlReportSummary2.aspx>

8/3/2023