

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, Hom Dermatology with an

Intake Capacity of, . . . 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: _____

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

- Fellowship/Certificate Course Co-ordinator Details:

Name: Dr Tejal Ajmera

Mobile/Telephone no.: 9870745574

e-mail id: drtejal.ajmera@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.



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/141111/287/2024

BY E-MAIL & SPEED POST

Date: 14/11/2024

To,

The Dean/ Principal/H.O.D./Coordinator

University Affiliated Training Centre,

For conducted Fellowship / Certificate Course (s) at

141111- Dr. Batra's Academy Pvt. Ltd,

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.)

ANNEXURE-"A"**Professional Teaching Experience Certificate for Fellowship Courses Director**

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

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

A) General Experience

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

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

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

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


Sign & Stamp
Head of the Department
Date


Sign & Stamp
Dean/Principal/Head of Institute
Date

Professional Teaching Experience Certificate for Fellowship Courses Director

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

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

A) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	Jan 1993	Till date	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

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

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

3. Central Library

- Total number of Books in library: 582
- Books pertaining to concerned Fellowship subject: 42
- Purchase of latest editions of concerned books in last 3 years: -

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	5	
3	Foreign		

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

- Year / Month up to which latest Foreign Journals available : _____

- Internet / Med pub / Photocopy facility: available
- Library opening times: 10-5 PM
- Reading facility out of routine library hours: available

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

4. Recreational facilities:

Not available

- Play grounds Gymnasium

5. **Hostel Accommodation: NA**

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

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

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

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

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

HOSPITAL INFORMATION

ANNEXURE – “C”

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

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

In the entire hospital		In the department of concerned Fellowship subject	
OPD	925	OPD	342
IPD (Total No. of Patients admitted)	765	IPD (Total No. of Patients admitted)	268

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

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

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

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

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

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

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

5. Casualty:/ Emergency Department:

Space	3500 sq feet
Number of Beds	02
No. of cases (Average daily OPD and Admissions):	3-4
Emergency Lab in Casualty (round the clock):	available
Emergency OT and Dressing Room	2
Staff (Medical/Paramedical)	8
Equipment available	Ventilator, Bypack

6. Blood Bank:

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

7. Central Laboratory:

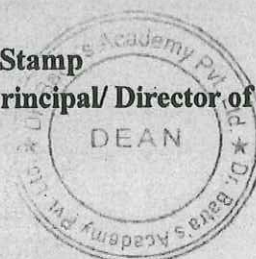
- Controlling Department: YES
- No of Staff : 2
- Equipment Available : Attach separate List
- Working Hours: 24 HOURS

8. Central supply of Oxygen / Suction: Available
9. Central Sterilization Department Available
10. Ambulance (Functional) Available
11. Laundry: Outsourced
12. Kitchen Available
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: **DERMATOLOGY**
2. Date on which independent department of: functioning concerned specialty was created and started- 2016

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

Sr. No	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr Samir Chaukkar	Full Time	Dean/Mentor	MD (Hom)	19 years
2	Dr Rajan T.D.	Part Time	Professor	MD(Skin)	30 years
3	Dr Tejal Patel	Full Time	Mentor	MD (Hom)	14 years
4	Dr Renuka Amin	Full Time	Mentor	MD(Hom)	15 years
5	Dr Mathu Venkatesan	Full Time	Mentor	MD (Hom)	18 years
6	Dr Shahala Nadaf	Full Time	Mentor	MD (Hom)	24 years
7	Dr Monali Kulkarni	Full Time	Mentor	MD (Hom)	17 years
8	Dr Lakshmi Engineer	Full Time	Mentor	MD(Hom)	18 years
9	Dr Anagha Sant	Full Time	Mentor	MD(Hom)	15 years

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

Yes/No: Yes

since when: 2015

4. Specialty Department Infrastructure Details :

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

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

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2018-19	FCHD	45	8 (Dr Samir Chaukkar, Dr Renuka Amin, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Monali Kulkarni, Dr Anis Jamadar, Dr Rajnigandha Mishra, Dr Lakshmi Engineer)
2019-20	FCHD	40	9 (Dr Samir Chaukkar, Dr Renuka Amin, Dr Aalim Dhandukia, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Anis Jamadar, Dr Rajnigandha Mishra, Dr Lakshmi Engineer, Dr Brahmadeo Mishra)
2021-22	FCHD	33	6(Dr Samir Chaukkar, Dr Renuka Amin, Dr Aalim Dhandukia, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Anagha Sant)
2022-23	FCHD	35	Dr Samir Chaukkar, Dr Renuka Amin, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Tejal, Dr Lakshmi, Dr Anagha Sant
2023-24	FCHD	47	Dr Samir Chaukkar, Dr Renuka Amin, Dr Tejal Ajmera, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Lakshmi, Dr Anagha Sant, Dr Monali Kulkarni

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

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

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

2. **List of Equipment(s) in the department of concerned Fellowship subject:** Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1	Woods lamp		Functional	1
2	Video microscope		Functional	1
3	Meso-therapy Machine		Functional	1
4	New hair machine		Functional	1
5	Hydra facial machine		Functional	1
6	HVT cap		Functional	2

3. **Intensive care Service provided by the Department:** NA

4. **Specialty clinics being run by the department and number of patients in each : Last 6 months**

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

5. Services provided by the Department:

1. Services

i Video Microscopy

ii Mesotherapy

iii Gro Hair

iv. New Hair

v. Derma Heal

vi Woodslamp

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

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

6. Space:

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

7. Office space:

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

8. Clinical Load of Dept.: No of Surgeries / Procedures- NA

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

ANNEXURE – “E”**Information of Director of Training Centre**

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

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

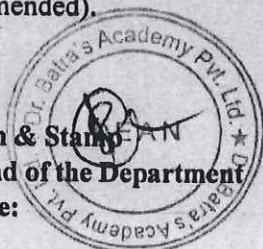
Date: -

Name & Sign. of Director

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:



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



Training Centre Round Seal

ANNEXURE – “F”

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

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

Date: -

Name & Sign/ of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
 Head of the Department
 Date:

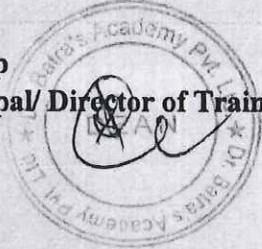
Sign & Stamp
 Dean/ Principal/ Director of Training Centre
 Date:

Training Centre Round Seal

ANNEXURE – “G”

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

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

Date:
Sign. of Co-ordinator
Sign & Stamp
Head of the Department
Date:
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:**Training Centre Round Seal**

ANNEXURE - "F"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Tejal Ajmera Patel
02.	Date of Birth	: 21/06/1975
03.	Address	: D 602, Country Park, Opp. Tata Steel, Dattapada, Borivall East, Mumbai 400066
04.	Tel. No. / Mob. No.	: 9870745574
05.	e-mail id	: drtejal.ajmera@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: DHMS, MD, FCHD, FMC, CCPH, CCHO
08.	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)	: Training and teaching the Drs at Dr Batra's Clinics since last 25 years and working as coordinator and mentor for Dr Batra's Academy since last 5 years
09.	Present Appointment	: Mentor, Dr Batra's Academy, Mumbai
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Name & Sign. of Mentor

Date: - 25/01/2020

For the use of affiliated Training Center:

I have verified the eligibility of the above mentioned mentor as per the criteria of eligibility prescribed by the University vide UGC No. 7 of 2017 and University Direction No. 05/2017 (Amended) and University Circular No. 01/2017 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

Annexure-B

**Professional/Teaching Experience Certificate for Fellowship/
Certificate Courses Faculty/Teachers/Consultant/Mentor**
(Separate form shall be filled for Director, Coordinator, Mentor)

This is to certify that **Dr. Tejal Ajmera** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1997	2025	28 years	

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

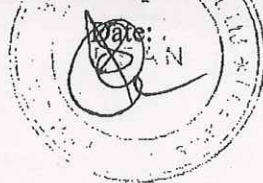
Designation	From	To	Total period Year/Month	
HOMEOPATH	2010	2025	15 years	

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department



Sign & Stamp
Dean/Principal/Head of Institute



Trinamul Mansion, 3rd Floor, 235, Dadabhai Nauroji Road, Fort, Bombay-400 001

No. 6002

Certificates showing the number of marks gained by Shri/Smt./Kum. Ajmer Lal Tager in each head of passing in the Third D.H.M.S. Examination of Central Council of Homeopathy course held in April/October 1926 Q-22

FEDERAL

Roll No. 105

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Revised 19

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No 13104

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

Similia Similibus Curentur

Certificate No. 26214

Date of Registration 20-01-1998



THIS IS TO CERTIFY THAT

Dr. J. Shri Smt. J. Kamari *Patel Tejal Chetan*

has been duly registered under the Mumbai Homoeopathic Practitioners' Act, 1939 (Mumbai XII of 1960).

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

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

Signature of the Registrar

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Shalini Naidu
02.	Date of Birth	22/03/1973
03.	Address	Plot no 1783, Sector 10, Noida Nagar, Noida - 201301
04.	Tel. No. / Mob. No.	9448157254
05.	E-mail id.	shalinanaidu@gmail.com
06.	Nationality	Indian
07.	Qualification in (Attach documentary proof)	MMS, M.D. (Organic & Homeopathic Philosophy) MSCP (Masters in Counselling & Psychotherapy) FCTH (Fellowship Course in Homeopathic Dermatology)
08.	Teaching Experience / Health Sciences / Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Certificate Course)	Lecturer / Asst Professor - 10/06/2006 to 10/06/2010 Reader / Associate Professor - 01/07/2010 to 30/09/2018
09.	Present Appointment	Mentor at Dr. Bala's Academy, Mumbai
10.	Publication (List & Period)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: 23/6/21

For the use of affiliated Training

Name & Sign. of Mentor

I have verified the eligibility of the above mentioned person the criteria of eligibility prescribed by the University and clause 7 of the Regulation No. 05/2017 (Amended) and University Circular No. MCHS/2017/001 dated 20/01/2018.

Sign & Stamp

Head of the Training Centre

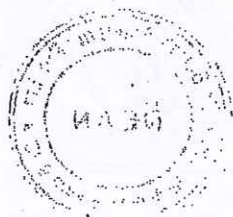
Date:

Sign & Stamp

Dean / Principal / Director of Training Centre

Date:

Training Centre Round Seal



Annexure-B

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

(Separate form shall be filled for Director, Coordinator, Mentor)

This is to certify that **Dr. Shahala Nadaf** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1996	2025	29 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2001	2025	24 years	

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean/Principal/Head of Institute
Date:



KANNATAK

UNIVERSITY

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸದಸ್ಯರಾದ ನಾವು,
We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Kannatak University certify that

ನದಾಜ್ ಶಹಾಲಾ ಶಿವಬಸಾಹೇಬ

ಎ.ಎಂ.ಕೆ.ಎ. ಹೋಮಿಯೋಪಾಥಿಕ್ ಮೆಡಿಕಲ್ ಕಾಲೇಜ್, ಬೆಲ್ಜಿಯಂ

ಇವರು ಸಂಬಂಧಿಸಿದ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಡಿಸೆಂಬರ್ ೧೯೯೬ ರಲ್ಲಿ

ಪ್ರಥಮ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Nadaj Shahala Shivabasaheb
A. M. Shaikh Homoeopathic Medical College Belgium

having been examined in December 1996 with Reg. No. F.E. and
placed in the First Class, the Degree of

ಬ್ಯಾಚಲರ್ ಆಫ್ ಹೋಮಿಯೋಪಾಥಿಕ್ ಮೆಡಿಸಿನ್ ಆಂಡ್ ಸರ್ಜರಿ

Bachelor of
Homoeopathic Medicine & Surgery

ಇವರು ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ರಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೊಂಬತ್ತು

ರವೇವರೆ ಬ್ರಹ್ಮತ್ಮೇಶ್ವರರು ಅಧಿಕೃತಗೊಳಿಸಿದ್ದಾರೆ.

has been conferred on him/her at Dharwad, on the twenty eighth day of the
month of January in the year one thousand nine hundred ninety six.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ, ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

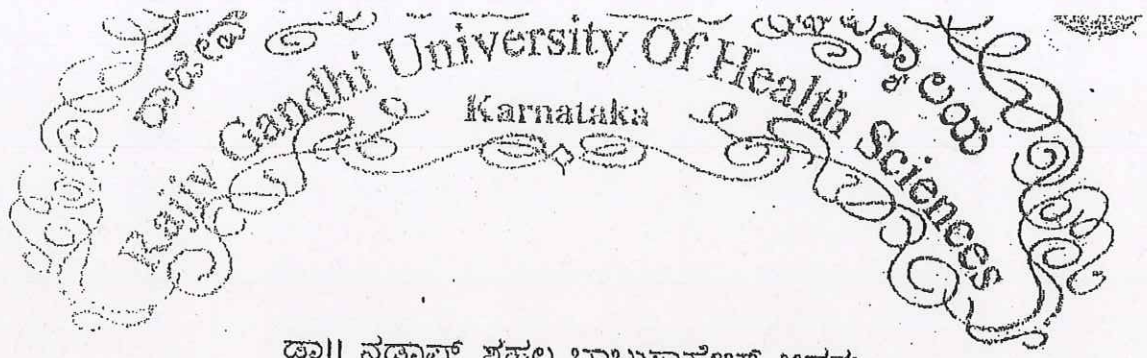
The Testimonies whereof are set the Seal of the said University and the Signature
of the said Vice-Chancellor.

S.no. of Certificate 2374



Signature

Vice-Chancellor



ಡಾ|| ನಡಾಫ್ ಶಹಲ ಬಾಬುಸಾಹೇಬ್ ಅವರು

ಎಂ. ಡಿ (ಹೋಮಿಯೋಪತಿ) ಹೋಮಿಯೋಪತಿಕ್ ಫಿಲಾಸಫಿ

ಇವರು ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ವಿದ್ಯಾರ್ಹತೆಗೆ ಅರ್ಹತೆ ಪಡೆದವರ ಪಟ್ಟಿಯಲ್ಲಿರುವವರು, ಅಗತ್ಯವಾದ ಅರ್ಹತೆಯನ್ನು

ಸೆಪ್ಟೆಂಬರ್ ೨೦೦೧

ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪಾಸಾದವರ ಹೆಸರು ಇದ್ದು ಅಂಗೀಕರಿಸಿ

ಮಾನ್ಯತೆ ನೀಡಿದ ಅಧಿಕಾರವು ಸಮಗ್ರ ನೋಡು ಈ ಪದವಿಯನ್ನು ನೀಡಲಾಗಿದೆ.

Certified that

Dr. NADAF SHAHALA BABUSAHEB

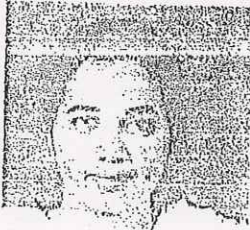
was duly admitted in the Post Graduate Degree of

M. D. (HOMOEOPATHY) HOMOEOPATHIC PHILOSOPHY

in recognition of the fulfilment of the requirements for the
said degree in the examination held during

SEPTEMBER 2001

Given under the seal of the University



Secretary

Dr. Nadaf Shahala Babusaheb



02-02-9009

13.03.2002

The Karnataka Board of Homoeopathic System of Medicine



Certificate of Registration

This is to Certify that Dr. Naduf Shahala Babusaheb

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

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

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

Bangalore

Date 18-4-1998



[Signature]
Registrar

ANNEXURE - 'I'

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. Renuka B. Amin
02.	Date of Birth	02.12.1974
03.	Address	B-706, Nilman App, Vikas Nagar, Anandpur (F)
04.	Tel. No./ Mob. No.	9702336382
05.	e-mail id	drrenukkabishamin@gmail.com
06.	Nationality	BHARATIYA
07.	Qualification in details (attach documentary proof)	M.D (Hom); C.G.O (B.S. Wedia) certificate in Radiant Relationships
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)	2015 - till date; 2009 - 2011 (Smt CMP Homoeopathic medical college)
09.	Present Appointment	Mentor for FCHD (Dr. B. Bhas Academy)
10.	Publications (List & Proof)	Book in process Vedanta and Homoeopathy
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: 20.10.24

Name & Sign of Mentor
Dr. Renuka B. Amin

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:



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



Training Centre Round Seal

Annexure-B

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

(Separate form shall be filled for Director, Coordinator, Mentor)

This is to certify that **Dr. Renuka Amin** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1995	2025	30 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2009	2025	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)

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department

Date:

Sign & Stamp
Dean/Principal/Head of Institute

Date:

MHARASHTRA COUNCIL OF HOMOEOPATHY
MUMBAI

1625

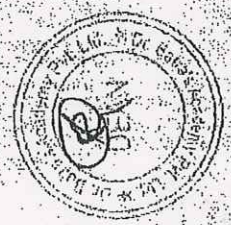
Dated 11/11/13

Certificate of Passing

This is to certify that Shri / Smt / Kum. Salim Renuka Yadava

has successfully passed the Central Council of Homoeopathy, New Delhi D.H.M.S.
examination (Diploma in Homoeopathic Medicine and Surgery) held in May / December

25 His / Her Roll Number was 214 in the said Examination.



checked by [Signature]

Register,
Maharashtra Council of Homoeopathy,
Mumbai-400 080.

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

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

Shri/Smt. **RENUKA BISWAJIT AMIN**

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

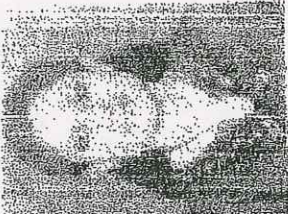
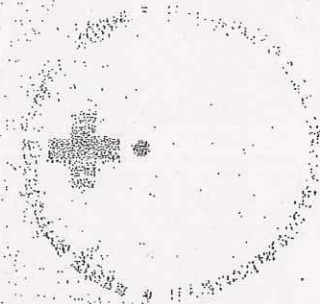
having been examined and found
duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

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

PRN 3109244509
20th May 2010

Thilima Keshavn
VICE-CHANCELLOR



महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आरोग्य, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
कुलपति, प्रकुलपति, कुलगुरु

व्यवस्थापन परिषद व विद्यापरिषद सदस्य

प्रमाणित करतो की,

नवी मुंबई येथील वाय एम टी चे
होमिओपॅथिक मेडिकल कॉलेज व
हॉस्पिटल चे/च्या

रेणुका बिस्वजित अमिन

हे/हया नोव्हेंबर-२००९ मध्ये

**एम.डी.होमिओपॅथी
(रेपर्टरी)**

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना

ही पदवी प्रदान करण्यात येत आहे.

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

Thilima Keshavn
कुलगुरु

No. 008375

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 24800

Date of Registration 11-03-97



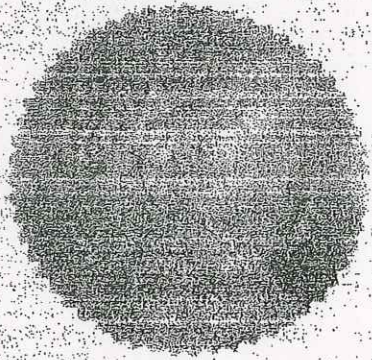
THIS IS TO CERTIFY THAT

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

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

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

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



[Signature]
Signature of the Registrar

ANNEXURE - "F"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR ANAGHA SANTI
02.	Date of Birth	: 14/03/1970
03.	Address	: 5, Indraprastha, Bavelhan Punc
04.	Tel. No./ Mob. No.	: 9371068053
05.	e-mail id	: anaghasanti@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: DHMS MD (Horn), FCHD
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)	: 37 yrs work exp.
09.	Present Appointment	: Self-emp
10.	Publications (List & Proof)	: -
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -

Date: - 9/06/2022

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Centre
Date:

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

Training Centre Round Seal

Annexure-B

**Professional/Teaching Experience Certificate for Fellowship/
Certificate Courses Faculty/Teachers/Consultant/Mentor**
(Separate form shall be filled for Director, Coordinator, Mentor)

This is to certify that **Dr. Anagha Sant** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1993	2025	32 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2010	2025	15 years	

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

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

No. of Publications	National / International
2	

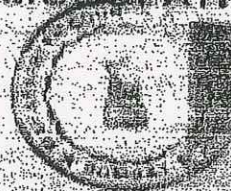
Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean/Principal/Head of Institute
Date:

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, 26

the 1990s, the number of people in the world who are undernourished has declined from 1.1 billion to 800 million. The number of people who are malnourished has declined from 1.5 billion to 1 billion. The number of people who are obese has increased from 100 million to 300 million. The number of people who are overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million.

MAHARASHTRA COUNCIL OF HOMOEOPATHY BOMBAY



This is to certify that

that

the witness

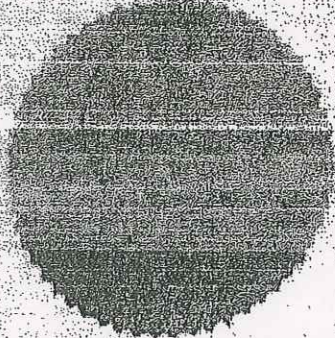
Sri. Smt. Dhanu Anojha Jayant
having been examined in the Subjects listed below for
the Diploma in Homoeopathic Medicine and Surgery
and passed the Final Examination held in April 1983
and having found qualified for the same the Diploma in
Homoeopathic Medicine and Surgery

D.H.M.S.

is hereby conferred on him/her at BOMBAY on the 25th
day of April 2001 in testimony whereof are set the seal
and signatures of the ^{Administrators} President and Registrar of the said Council
✓ She has completed Internship from 5-10-1983 to 5-11-1984

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

6. Forensic Medicine
7. Social & Preventive Medicine
8. Practice of Medicine
9. Surgery
10. ~~Homoeopathic~~ Gynaecology & Obstetrics
11. Homoeopathic Materia Medica
Therapeutics and Pharmacy



PRESIDENT
(Dr. G. P. TITAR)
ADMINISTRATOR

Maharashtra Council of Homoeopathy
B. N. Road Fort Mumbai-400001.

REGISTRAR
B. G. Mathaparl

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. SANTI ANAGIYA DHANANJAY

of Santisri Kashirsagar Homoeopathic
Medical College, Baco

having been examined and found
duly qualified for the

*Degree of Medicine in
Homoeopathic Materia Medica*

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

PNH 3103/15867

27/11/2009

महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

अप्री, महापद आरोग्य विज्ञान विद्यापीठाचे

कुलपति, प्रकुलपति, कुलमंडळ

व्यवस्थापन परिषद व विद्यापीठसदस्य

प्रमाणित करतो की,

श्री/स्मि. सान्ति अनजिया धनानजय

होमिओपॅथीक वैद्यकीय महाविद्यालय

चे/च्या

संत अनजिया धनानजय

हे/ह्या जुन-२००९ मध्ये

एस.डी. होमिओपॅथी

(होमिओपॅथीक मटेरिया मे

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना

ही पदवी प्रदान करण्यात येत आहे

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा

येथे अंकित करण्यात येत आहे

विद्यापीठाच्या

कुलगुरु

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Bombay

Similia Similibus Curantur

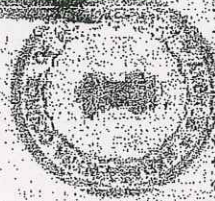
Certificate No. 22385

Date of Registration 30.12.62

This is to certify that Dr. Sant Anagha Dhananjay
has been duly registered under the Bombay Homoeopathic Practitioners' Act, 1959 (Bam. XII of 1960).

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

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



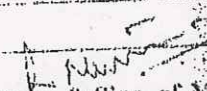
B. Chavan

Signature of the Registrar

ANNEXURE - "F"

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

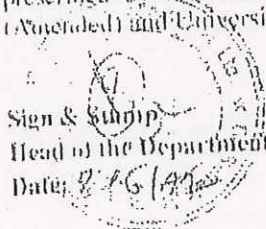
Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. L. Mathurvenkatesan
02.	Date of Birth	: 30.07.1968
03.	Address	: 30, Salem Main Road Mallasamudram Namakkal Dist. Pin: 637503
04.	Tel. No. / Mob. No.	: 99940 95969
05.	e-mail id	: drmathurvenkatesan.l@drbatras.com
06.	Nationality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

Date: 21/07/22Name & Sign. of Mentor


For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date: 21/07/22



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 21/07/22

Training Centre Round Seal


Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

(Separate form shall be filled for Director, Coordinator, Mentor)

This is to certify that **Dr. Mathuvenkatesan** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1998	2025	27 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2006	2025	19 years	

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

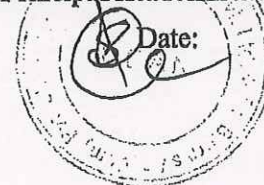
C) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for: -

No. of Publications	National / International
2	

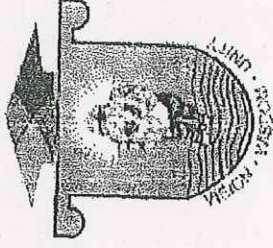
Sign & Stamp
Head of the Department



Sign & Stamp
Dean/Principal/Head of Institute



Vinayaka Missions University



FACULTY OF HOMOEOPATHY

The Board of Management of the Vinayaka Missions University

hereby makes known that

Mathur Venkatesan. L.

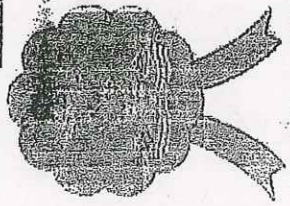
has been admitted to the Degree of

Doctor of Medicine in Homoeopathy (Practice of Medicine)

having been certified by the duly appointed Examiners

to be qualified to receive the same at the Examination

held in November 2006 and placed in Pass class.



Given under the seal of the University

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

Reg. No.: 03PH05

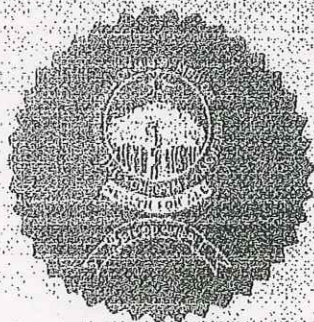
Regan Shaw
Registrar

Mathur Venkatesan
Vice-Chancellor

The Tamil Nadu Dr. M.G.R. Medical University
CHENNAI

FACULTY OF HOMOEOPATHY

The Governing Council of THE TAMIL NADU
Dr. M. G. R. MEDICAL UNIVERSITY hereby makes known that
MATHUVENKATESAN L
has been admitted to the Degree of BACHELOR OF HOMOEOPATHIC
MEDICINE AND SURGERY he/she having been certified by
duly appointed Examiners to have qualified to receive the
same at the Examination held in APRIL 1998



Given under the Seal of the University

CHENNAI
DATE

Resigned
REGISTRAR

[Signature]
VICE-CHANCELLOR
Dr. K. ANANDAKANNAN
M.S.D.O. / M.A.M.S. / F.A.C.S.

S.No. 02928



Tamil Nadu Homoeopathy Medical Council
Chennai
Constituted by the
Government of Tamil Nadu
SIMILIA SIMILIBUS CURENTUR

Homoeopathy Medical Registration Certificate - A
ஓமியோபதி மருத்துவ பதிவு சான்றிதழ்

Regn. No. 969

[Vide Rule 11 (6)]

Date: 08/02/2007

Name : Dr. L. MATHUVENKATESAN
Father's Name : T.K. LAKSHMANAN
Date of Birth : 30/07/1968
Address : NO. 30, SALEM MAIN ROAD, MALLASAMUDRAM, NAMAKKAL-637503

Qualification : M.D.(HOM.) - PRACTICE OF MEDICINE
College : VINAYAKA MISSION HOMOEOPATHIC MEDICAL COLLEGE
University : VINAYAKA MISSIONS UNIVERSITY, SALEM.

This is to certify that the above named person is qualified to practice in the Homoeopathy system of medicine and has been registered for life time in the Register maintained under Tamil Nadu Homoeopathy system of Medicine and Practitioners of Homoeopathy Act, 1971.



(G. RAJASEKARAN)

J

Annexure-B

**Professional/Teaching Experience Certificate for Fellowship/
Certificate Courses Faculty/Teachers/Consultant/Mentor**
(Separate form shall be filled for Director, Coordinator, Mentor)

This is to certify that **Dr Monali kulkarni** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1996	2025	29 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2007	2025	18 years	

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

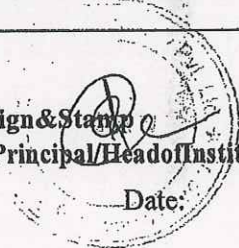
C) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for: -

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department

Date: 

Sign & Stamp
Dean/Principal/Head of Institute

Date: 

University of Pune certify
Fadharm

Monali Vinayak

Name Shailaja

Date Karkashe (Mhaske Homeopathic
Medical College Ahmednagar)

having been examined and found duly
qualified for the degree of

Doctor of Medicine
(Internal Course)
(Homoeopathy)

Materia Medica

in April 2007

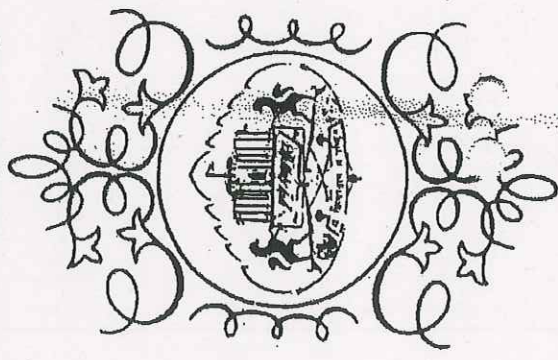
said degree has been conferred on her.

In testimony whereof is set
the seal of the said University

Signature

April 2007

University of Poona
(Formerly)



पुणे
विद्यापीठ

कुलकर्णी
मोनली विनायक
आईचे नाव शैलजा
हे/या लेट काकासाहेब म्हास्के
मेडिकल कॉलेज, अहमदनगर
एप्रिल २००७ मध्ये

वैद्यक निष्ठा
(बाहिःस्य कार्य)
(होमिओपॅथी)

(विषय: मॅटेरिया मेडिका)

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

DUPLICATE COPY

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 24215

Date of Registration 28-6-1996



THIS IS TO CERTIFY THAT

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

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

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

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

T. S. S. S. S.

Signature of the Registrar

Annexure - I

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

Sr. No.	Particulars	Information to be filled																												
01.	Name of the Mentor	LAKSHMI ENGINEER																												
02.	Date of Birth	20.7.1960																												
03.	Address	C-903, Atlanta, Malad (W) 60																												
04.	Tel. No./ Mob. No.	9004212305																												
05.	E-mail id	seeroseh@gmail.com																												
06.	Nationality	INDIAN																												
07.	Qualification in detail (attach documentary proof)	M.D.(HOM) (HNM), B.H.M.S																												
08.	Teaching experience / Health Sciences Profession experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	A) General Experience: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Asst. Lect.</td> <td>1990</td> <td>1993</td> <td>3 yrs</td> </tr> <tr> <td>Lect.</td> <td>1993</td> <td>2003</td> <td>10 yrs</td> </tr> <tr> <td>Reader</td> <td>2003</td> <td>2005</td> <td>2 yrs</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship/Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>CHC</td> <td>2006</td> <td>2020</td> <td>14 years</td> </tr> <tr> <td>Mentor</td> <td>2015</td> <td>2020</td> <td>5 years</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Asst. Lect.	1990	1993	3 yrs	Lect.	1993	2003	10 yrs	Reader	2003	2005	2 yrs	Designation	From	To	Total Period (Yrs. & Months)	CHC	2006	2020	14 years	Mentor	2015	2020	5 years
Designation	From	To	Total Period (Yrs. & Months)																											
Asst. Lect.	1990	1993	3 yrs																											
Lect.	1993	2003	10 yrs																											
Reader	2003	2005	2 yrs																											
Designation	From	To	Total Period (Yrs. & Months)																											
CHC	2006	2020	14 years																											
Mentor	2015	2020	5 years																											
09.	Present Appointment	Clinical practice																												
10.	Publications (List & Proof)	CHHE Homeopathic Consultation																												
11.	Post Graduate Teaching experience (Attach documentary evidence)																													
12.	Any other relevant information																													

Date

Name & Sign of Mentor

For the use of affiliated Training Center

On the basis of experience certificates and documents submitted by the concerned Mentor I have verified the eligibility of the above Mentor as per the criteria of eligibility presented by the University of Health and Welfare, Direction No. 05/2017 (Amended)

Sign of Head of the Department
(HOD of concerned Department)
of Fellowship Subject involved

Date

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

Date

**Professional/Teaching Experience Certificate for Fellowship/
Certificate Courses Faculty/Teachers/Consultant/Mentor**
(Separate form shall be filled for Director, Coordinator, Mentor)

This is to certify that **Dr Lakshmi Engineer** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1998	2025	27 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2006	2025	19 years	

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department
Date: _____

Sign & Stamp
Dean/Principal/Head of Institute
Date: _____

University of Mumbai मुंबई विद्यापीठ



३११३

The Chancellor, Vice-Chancellor
and
Members of the Management Council
Confer the Degree of

Doctor of Medicine
(Homoeopathy) (External)

(Branch - Homoeopathic Materia Medica)

ON

Lakshmi Sarosh Engineer
Oral Medical Trade and Research Centre, U.M.
Homoeopathic Medical College
for the examination held
in July 2006

at the Convocation

held on 11th January 2007

हस्ताक्षर, कुलपति

का

प्रधानमन्त्री परिषद/प्रमुख

वैद्यक अधिस्नातक

(होम्योपॅथी) (बाह्य)

(शाखा - होम्योपॅथिक मॅटेरिया मेडिका)

वर

३११३, मुंबई

०१/०१/२००७

अखिल भारतीय होम्योपॅथिक

वैद्यक संस्थान, मुंबई

३११३, मुंबई

का

३११३, मुंबई

३११३, मुंबई

MENTORS PUBLICATIONS			
DERMATOLOGY			
Sr. No	Mentor	Name of Article	Location
1	Dr Samir Chaukhar	1) Role Of Abuse In Pregnancy Leading To Autism 2) The Flamboyant young girl	Mumbai
2	Dr Tejal Ajmera	1) Usefulness of Homeopathy in Perianal Condylomata Acuminata 2) Efficacy of Homeopathic Treatment in Preventing Progression to Erythrodermic Psoriasis: A Case Study 3) Homeopathic Treatment for Pemphigus Erythematosus: A Case	Mumbai
3	Dr Anagha Sant	1) Relief from warts with homeopathy at Dr Batra's 2) A Classical Homeopathic Approach in the management of adolescent acne vulgaris : A Case Successfully Treated At Dr Batras Homeopathy Clinic 2) A Classical Homeopathic Approach In the Management Of Adolescent Acne Vulgaris A Case Successfully Treated At Dr Batras Homeopathy Clinic	Pune
4	Dr Mathu Venkatesan	1) A Case of Canine skin allergy treated successfully with homeopathy at Dr Batras , 2) Successful Homeopathic management of chronic palmoplantar psoriasis with recurrent respiratory complaints : A long - term transformational outcome at dr batras's Homeopathy clinic	Chennai
5	Dr Shahala nadaf	No Publications as of Yet	Belgavi
6	Dr Renuka Amin	No Publications as of Yet	Mumbai

Cosmetology			
Sr. No	Mentor	Name of Article	Location
1	Dr Poonam Dand	Observational Study Of Kali Mur 6X In Acute Upper Respiratory Tract	Mumbai
2	Dr Falguni Joshi	Prospective Study of Eczema and its psychosomatic evolution	Mumbai
3	Dr Sheetal Sawant	Alopecia Totalis Treated Through Homeopathy At Dr Batras	Mumbai



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



01 22 2267 1000



www.dr-batra.com



01 22 2267 1000

RESPIRATORY AND ALLERGIES			
Sr. No	Mentor	Name of Article	Location
2	Dr Rajesh Shah	1) Evaluating the anti-bacterial activities of potentized medicines on the clinical isolates from the urine samples, 2) Protection From SARS-CoV-2 Infection With an Oral Nosode (BiosimCovex): A Randomized, Double-Blind, Placebo-Controlled, Phase III Study	Mumbai
3	Dr Komal Dixit	1. HOMEOPATHIC MANAGEMENT OF Multiple sclerosis 2. HOMEOPATHIC MANAGEMENT OF SINUSITIS	Mumbai
4	Dr Shobha Shah	1) Post COVID Phobia ,2) Why do I Suffer wrongly	Mumbai
5	Dr Gurumayum Sharma	Guttate Psoriasis Treated With Homoeopathy - A Case Report	Bangalore

Oncology			
Sr. No	Mentor	Name of Article	Location
1	Dr Shruti Shah	1) Weeds for Cancer 2) Venereal transmission of cancer	Haridwar
2	Dr Sandeep Roy	1) Sixty year old woman with non-Hodgkin's Lymphoma with tonsillitis	Nashik
3	Dr Tanvir Hussain	Homoeopathic Management of Chronic Myeloid - a case report	Punjab
4	Dr Abdequaem Chimthar	Bronchial Asthma	Nagpur
5	Dr Sujata Naik	An Observational Study of resistant oral candidiasis in cancer patients treated with homoeopathy at a community hospital	Mumbai
6	Dr Leena S. Bagadia	A Randomised controlled trial to evaluate the effectiveness of standard care on anger, and hypertension against standard care for hypertension alone	Mumbai
7	Dr Hardik Khamar	Homeopathic links journal published by, thelme international	Ahmdabad



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.

U 85110 MH 1999 PTC 118005

No. 11 : 118005

**FRESH CERTIFICATE OF INCORPORATION
CONSEQUENT ON CHANGE OF NAME**

IN THE OFFICE OF THE REGISTRAR OF COMPANIES, MAHARASHTRA,
BOMBAY

(Under the Companies Act, 1956 (Act I of 1956))

In the matter of * DR. BATRAS' POSITIVE HEALTH CLINIC LIMITED

I hereby certify that _____

which was originally incorporated on 25th day of January

19 99 under the Companies Act, 1956, and under the name _____

POSITIVE HEALTH CLINIC PRIVATE LIMITED

and upon on application made for reconversion into a private Company under

Section 31 (1) of the Companies Act, 1956 and approval of the Central Govt.

signified in writing having been accorded thereto vide this office letter No. _____

ROC/Dele/U/S31(1)/118005 dt. 16/12/2004

the name of the said company is this day changed to

DR. BATRAS' POSITIVE HEALTH CLINIC PRIVATE LIMITED

Given under my hand at BOMBAY this 20th

day of DECEMBER

2004).



(A. S. SINGH)
ASST. REGISTRAR OF COMPANIES,
MAHARASHTRA, BOMBAY.

NOTE: I have given the name of the company as existing prior to the change.
CERTIFIED AS TRUE

For Dr. Batras' Positive Health Clinic Pvt. Ltd.



SHOLIMANI

Dr. EATRA - Andheri

LENT.

OS TITLE: INTERIOR LAYOUT

ORG TITLE FURNITURE LAYOUT

SCALE: 1/4" = 1' TO PAPER DATE: 12-13-2014

DATE: 27.03.2014

DRAWN BY: KUSHIROO SHAH
CHECKED BY: PARUL MEHTA (SIGNED)

1. Business
 2. Finance
 3. Marketing
 4. Operations
 5. Human Resources
 6. Information Systems
 7. Legal
 8. Accounting
 9. Management
 10. Strategy
 11. Product Development
 12. Customer Service
 13. Supply Chain
 14. Quality Control
 15. Research and Development
 16. Public Relations
 17. Compliance
 18. Environmental
 19. Social Responsibility
 20. Corporate Governance

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 MANSI 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
DIRECTION (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
BRANCH CODE*	
IFSC CODE NEFT*	ICIC0000028
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 RAJES	9819250565	palande3065475@gmail.com
Medical Director*	DR ASHISH PALANDE		
Medical Superintendent*	DR SNEH	8691066662	
Marketing Head*	PRAGATI	8451025201	pragati.ansare03@gmail.com
TO			
Bed Strength Details		No. of Beds	Cost per D
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
Day Care Bed	2	3500
Single/Private Room - Non AC		
Single/Private Room - AC	3	4000
HDU		
PICU 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		
Neonatal/Neonatal		
Surgical ICU		
Isolation Wards	2	5000
Operation Theatre Facilities		
No. of OT 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	
Suction 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	
Recording 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	

CENTRALISE 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
NCUBATORS	YES
OT-LAMINAR AIR FLOW	YES
HOSPITAL INFECTION CONTROL MEASURES*	YES
Availability of in-house doctors-Yes/No	
MD/MS doctors	YES
MBBS Doctors	YES
Mix of doctors	YES
Allied Medicine Doctors	YES
Hospital Quality Indicators	
Total No of Full time doctors with qualification appropriate	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 working	10
NURSE-BED RATIO - No of Qualified and Registered Nurses	15
DOCTOR-PATIENT (BED) RATIO IN ICU - No of Medical	10
NURSE-PATIENT (BED) RATIO IN ICU - Number of Qualified	8
Availability of Nurses-Yes/No	
All Registered Nurses	YES
Mix of association)	YES
All ANM	YES
Span of Control	
Doctor to patient Ratio*	
Nurse to patient Ratio*	
Teaching/Training-Yes/No	
DNB/MD/MCH/DM training hospital	
Diploma Training Hospital	
Nursing School	YES
Postgraduate training	No
Accreditation (Please attached all applicable documents with HIS)	
NABH Accreditation Level	
CI Accreditation	
ISO Certification	
PHS Certification	
BL Certification	
No 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		
DA Pharmacy License	YES		
Particulars of Diagnostic / Day Care / Ancillary Facilities:- Yes/No/Outsourced			
BIOCHEMISTRY	OUT SOURCE		
CLINIC_PATHOLOGY	YES		
HEMATOLOGY	YES		
RAD_IMM_ASSAY_RIA			
ULTRASOUND	YES		
X_RAY	YES		
ECG	YES		
CT_SCAN	OUT SOURCE		
MRI	OUT SOURCE		
FT SPIROMETRY	OUT SOURCE		
TREAD_MILL_TEST	OUT SOURCE		
CHEMOTHERAPY_UNIT	NO		
DIALYSIS_UNIT	NO		
BLOOD_BANK	NO		
INHOUSE PHARMACY	NO		
ISOLATION WARDS	YES		
HOLTER	NO		
ECHO	NO		
FMG	YES		
GAMMA_KNIFE	NO		
COBALT_UNIT	NO		
X_KNIFE	NO		
BRONCHOSCOPY_LAB	NO		
CATH_LAB	NO		
R_ACCELERATOR	NO		
DSA	NO		
LASERS	NO		
PHYSIOTHERAPY	OUT SOURCE		
Availability of Ambulance facilities	YES		
EMERGENCY	YES		
PHOTOTHERAPY	YES		
TEG	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	
X-Ray Technician		YES	
ECG Technician		YES	
Dietician		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/preferbly 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	Yes	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.
8	Hospital TAN Number	Yes	NA
9	List of Other Panel Insurance Companies/TPA.	Yes	NA kindly share confirmation letter or proof received from the TPA/Insurance Companies
10	Accreditation From ISO/NABH Certificate	Yes	IF Hospital has ISO/NABH Certification kindly provide copy of the same
11	NABL Certificate	Yes	IF Hospital has NABL Certification kindly provide copy of the same
12	Hospital Service Tax Number.	Yes	If Applicable
13	Human Organ Transplant Registration Certificate (HOT)	Yes	Applicable in the Hospital/Nursing home where Organ transplant surgery is done
14	FDA Pharmacy License	Yes	If Hospital has in-house 24 hrs Pharmacy
15	Pre Natal Diagnostic Test Registration Certificate (PND)	Yes	Applicable in the hospital/Nursing home where ANC, MTP, Maternity procedure carried out
16	Medical Termination Of Pregnancy (MTP) Registration Certificate	Yes	Applicable in the hospital/Nursing home where MTP, Maternity procedure carried out
17	Name & Registration certificate of Pathologist/ Radiologist	Yes	If Hospital has In-House Diagnostic Centre or Lab
18	Sample reports of Discharge summary, Hospital final bill, Pharmacy bill (if in-house pharmacy) & Pathology reports (if in-house lab)	NO	Optional
19	Bio Medical Waste Certificate	Yes	NA

Sr No	Doctor Name	Doctor Speciality	Registration no	Doctors Q	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 DNYNESHVAR 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,Laprosc) | 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)



Touch N Glow

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

Registration Certificate



Online QR Code

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/ 1st Operate/ Renewal) Details | |
| a. Consent / CCA Number | : Applicable |
| b. Issue Date | : 01-01-0001 |
| c. Validity up to | : 01-01-0001 |



Authorized Signature

Name : Mr. Nilesh Patil
Designation : Partner

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

DR BATRA'S ACADEMY LIBRARY

Acc No.	Title	Author
1	The Guiding Symptoms of our Materia Medica V-1	Hering - C
2	The Guiding Symptoms of our Materia Medica V-2	Hering - C
3	The Guiding Symptoms of our Materia Medica V-3	Hering - C
4	The Guiding Symptoms of our Materia Medica V-4	Hering - C
5	The Guiding Symptoms of our Materia Medica V-5	Hering - C
6	The Guiding Symptoms of our Materia Medica V-6	Hering - C
7	The Guiding Symptoms of our Materia Medica V-7	Hering - C
8	The Guiding Symptoms of our Materia Medica V-8	Hering - C
9	The Guiding Symptoms of our Materia Medica V-9	Hering - C
10	The Guiding Symptoms of our Materia Medica V-10	Hering - C
11	The Guiding Symptoms of our Materia Medica V-1	Hering - C
12	The Guiding Symptoms of our Materia Medica V-2	Hering - C
13	The Guiding Symptoms of our Materia Medica V-3	Hering - C
14	The Guiding Symptoms of our Materia Medica V-4	Hering - C
15	The Guiding Symptoms of our Materia Medica V-5	Hering - C
16	The Guiding Symptoms of our Materia Medica V-6	Hering - C
17	The Guiding Symptoms of our Materia Medica V-7	Hering - C
18	The Guiding Symptoms of our Materia Medica V-8	Hering - C
19	The Guiding Symptoms of our Materia Medica V-9	Hering - C
20	The Guiding Symptoms of our Materia Medica V-10	Hering - C
21	Materia Medica Pura vol - 1	Hahnemann Samuel
22	Materia Medica Pura vol - 2	Hahnemann Samuel
23	A Dictionary of Practical Materia Medica V-1	Clarke ,John H
24	A Dictionary of Practical Materia Medica V-2	Clarke ,John H
25	A Dictionary of Practical Materia Medica V-3	Clarke ,John H
26	A Clinical Materia Medica 10th ed.	Farrington , E.A
27	Materia Medica of the human mind, 2nd ed.	Dr Agrawal M.L
28	A Clinical Materia Medica	Farrington , E.A
29	A Clinical Materia Medica	Farrington , E.A
30	New Remedies	Kent,J.T
31	Systematic Materia Medica of Homeopathic Remedies 1st ed	Mathur, K.N
32	Plain Talks on Materia Medica with comparisons 3rd ed.	Pierce, W.I
33	Lectures on Materia Medica	Allen,T.F
34	Key Notes & Red Line of the Materia Medica	Lippe, A.v
35	key to the Homeopathic materia medica	Pulford
36	UP-TO-Date with Nosodes	Sarkar ,B.K.
37	The Encyclopedia of Pure Materia Medica V-1	Allen,T.F
38	The Encyclopedia of Pure Materia Medica V-2	Allen,T.F
39	The Encyclopedia of Pure Materia Medica V-3	Allen,T.F
40	The Encyclopedia of Pure Materia Medica V-4	Allen,T.F
41	The Encyclopedia of Pure Materia Medica V-5	Allen,T.F
42	The Encyclopedia of Pure Materia Medica V-6	Allen,T.F
43	The Encyclopedia of Pure Materia Medica V-7	Allen,T.F
44	The Encyclopedia of Pure Materia Medica V-8	Allen,T.F

45	The Encyclopedia of Pure Materia Medica V-9	Allen, T.F
46	The Encyclopedia of Pure Materia Medica V-10	Allen, T.F
47	The Encyclopedia of Pure Materia Medica V-11	Allen, T.F
48	The Encyclopedia of Pure Materia Medica V-12	Allen, T.F
49	A Dictionary of Practical Materia Medica Vol-2	Clarke, John H
50	The Encyclopedia of Pure Materia Medica V-1	Allen, T.F
51	The Encyclopedia of Pure Materia Medica V-2	Allen, T.F
52	The Encyclopedia of Pure Materia Medica V-3	Allen, T.F
53	The Encyclopedia of Pure Materia Medica V-4	Allen, T.F
54	The Encyclopedia of Pure Materia Medica V-5	Allen, T.F
55	The Encyclopedia of Pure Materia Medica V-6	Allen, T.F
56	The Encyclopedia of Pure Materia Medica V-7	Allen, T.F
57	The Encyclopedia of Pure Materia Medica V-8	Allen, T.F
58	The Encyclopedia of Pure Materia Medica V-9	Allen, T.F
59	The Encyclopedia of Pure Materia Medica V-10	Allen, T.F
60	The Encyclopedia of Pure Materia Medica V-11	Allen, T.F
61	The Encyclopedia of Pure Materia Medica V-12	Allen, T.F
62	The Guiding Symptoms of our Materia Medica vol-1	Hering - C
63	The Guiding Symptoms of our Materia Medica vol-2	Hering - C
64	The Guiding Symptoms of our Materia Medica vol-3	Hering - C
65	The Guiding Symptoms of our Materia Medica vol-4	Hering - C
66	The Guiding Symptoms of our Materia Medica vol-5	Hering - C
67	The Guiding Symptoms of our Materia Medica vol-6	Hering - C
68	The Guiding Symptoms of our Materia Medica vol-7	Hering - C
69	The Guiding Symptoms of our Materia Medica vol-8	Hering - C
70	The Guiding Symptoms of our Materia Medica vol-9	Hering - C
71	The Guiding Symptoms of our Materia Medica vol-10	Hering - C
72	Clinical Materia Medica	Farrington, E.A
73	A Dictionary of practical materia medica	Clarke, John H
74	A Dictionary of practical materia medica	Clarke, John H
75	A Clinic Repertory to the dictionary of materia medica	Clarke, John H
76	Key Notes to the materia medica 1st ed	Gurernsey H.N
77	Homeopathic materia medica	Kurkarni v.s
78	Handbook of materia medica and homoeopath	Allen, T.F
79	This first materia medica for homeopathy.	Roy, m
80	Materia Medica of the human mind	Agrawal, M.L
81	The Study Of Materia medica ed.2nd	Choudhuri, N.M.
82	A Clinical Materia Medica ed.9th	Farrington, E.A
83	A Clinical Materia Medica ed.7th	Farrington, E.A
84	Lectures on Homoeopathic Materia Medica,	Farrington, E.A
85	Concordant Materia Medica	Vermeulen
86	Test Book of Homoeopathic Materia Medica.	Mohanty, N.
87	Materia Medica of Homeopathic Medicines	Phatak, S.R
88	Gems of Homoeopathic Materia Medica	Patil, J.D
89	Materia Medica of Homeopathic Medicines	Phatak, S.R
90	A Dictionary of Practical Materia Medica, Vol 1	Clarke, John H
91	A Dictionary of Practical Materia Medica, Vol 2	Clarke, John H

92	A Dictionary of Practical Materia Medica , Vol 3	Clarke ,John H
93	Comparative Materia Medica	Farrington , E.A
94	Essence of Materia Medica	Vithoulkas,G
95	Master key to homoeopathic materia medica ed 5th	Bhanja ,K.C
96	Key Notes to the materia medica	Gurernsey H.N
97	key notes & red line symptoms of the materia medica	Lippe, A.v
98	The Materia Media of the Nosoded.	Allen, H.e
99	Manual of Materia Media vol -3	Bhattaeharyyam
100	Realistic Materia Medica with the therapeutic repertory	Banerjee,N.K
101	Essentials of Homoeopathic materia medica and homeopat	Dewey ,W.A.
102	A Synoptic key to the materia medica.	Boger ,C.M
103	A Synoptic key to the materia medica.	Boger ,C.M
104	The Bio-chemic guide	kulkarni , V.M,
105	Lectures on Materia Medica	Dunham, Carroll
106	Lectures on Homoeopathic Materia Medica,	Kent J.T.
107	Concordant Refernce	Vermeulen,F
108	A Cyclopaedia of drug pathogenesisy . Vol 1	Hughes , R Dake ,J.P
109	A Cyclopaedia of drug pathogenesisy . Vol 2	Hughes , R Dake ,J.P
110	A Cyclopaedia of drug pathogenesisy . Vol 3	Hughes , R Dake ,J.P
111	A Cyclopaedia of drug pathogenesisy . Vol 4	Hughes , R Dake ,J.P
112	Gynaecological Therapeutics	Hawking , D.F
113	Tissue Remedies ed 2nd	Mitra , B.N
114	The Soul Of Remedies	Shankaran , R
115	The Twelve tissue Remedies Of Schussler ed 2nd	Boericke, W Dewey , W.A
116	The Twelve tissue Remedies Of Schussler ed 2nd	Boericke, W Dewey , W.A
117	The Twelve tissue Remedies Of Schussler ed	Boericke, W Dewey , W.A
118	New old and forgotten Remedies	Anshutz , E.P
119	Repertory Explained for (students & practioners ed. 2nd	Tarafder .D
120	The Principles and practice of repertorisation	Harinadham k.
121	Repertory of the homoeopathic	Kent , J .T
122	A Handbook of Repertory	Sirker , K.K
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514	Clinical Dermatology	Gharami, R.C

515	Diagnosis and management of skin disorders.	Sardana , K Garg .V.K.
516	Fitzpatrick's Color atlas and synopsis of clinical dermatology	Wolff, K Johnson , R.A
517	Skin disease diagnoses & treatment ed - 3rd	Habif , T.P
518	Dermatology secrets plus ed -4th	Fitzpatrick , J.E Morelli , .
519	A Colour Handbook Dermatology ed 2nd	Rycroft , R.J.G Roberson
520	Scoring systems in dermatology	Krupashankar DS Sachde
521	CBS Quick text revision series important text for viva / MCQ	Bhatia ,M.S
522	Color Atlas of Dermatology	Rocken , M Schaller , M
523	Diseases of the skin ed 2nd	Burnett , J.C
524	Diseases and therapeutics of the skin	Allen , J.H
525	Jaypee gold Standard mini atlas series ... dermatology	Sharama , R Dhar ,S .
526	Diagnosis and management of skin disorders.	Sehgal , V.N
527	Dermatology Surgery made easy ed - 2nd	Sehgal , V.N
528	Dorland's Pocket Medical Dictionary ed -26th	
529	Taber's Cyclopedic medical dictionary 15th	Thomas , C.L
530	Kapoor's Guide for general practitioners.	Kapoor , O.P
531	Kapoor's Guide for general practitioners.	Kapoor , O.P
532	Kapoor's Guide for general practitioners. Ed - 2nd	Kapoor , O.P
533	Healing With Homeopathy	Batra , M
534	Healing With Homeopathy	Batra , M
535	Catalogue & reference book	Hahneman , S.
536	Catalogue & reference book	Hahneman , S.
537	Heal Thyself vol -23	Barker , J .E
538	Heal Thyself Vol - 25	Barker , J .E
539	Heal Thyself	Bach , E .
540	Heal Thyself ..Tuberculosis and its cure	Barker , J .E
541	Desires and aversions ed - 2nd	Guernsey , WM .J
542	Diseases of the spleen and their remedies	Burnett , J .C
543	The Study Of Materia medica and taking the case ed - 2nd	Boger c.m.
544	Materia medica in miniature .	By Publisher
545	A Brief Study Course in homeopathy ed 2nd	Wright , E
546	Elements of homeopathic pharmacy	Sankaran , R
547	Prophylactics in homeopathy ed - 2nd	Sankaran , R
548	Different ways of finding the remedy	Tyler M.L
549	Floral healing	Rau , H .S
550	The Bowel Disorders	Peterson, J
551	Homeopathy for mother and infant	Borland , D.M
552	Children's Types .	Borland , D.M
553	On the comparative value of symptoms in the selection of treatment	Miller , R.G
554	Cider Vinegar	Scott , C
555	The Bach remedies Repertory	Wheeler , F.J
556	The twelve healers and other remedies	Bach , E .
557	Duration of action and antidotes of the principal homeopathic remedies	Lutze , F.H
558	The christian science journal	By Publisher
559	On Fistula and its radical cure by medicines ed - 2nd	Burnett , J .C.
560	Health Disease and cure	Lawrence, S.A.
561	Catalogue & reference book	By Publisher

562	Natrum Muriaticum	Burnett , J .C
563	Repertorising	Tyler , M / Weir , J
564	Menstruation	Guernsey ,J
565	Astro - Biochemistry	Sawtell , V
566	Everyman's medicine chest	By Publisher
567	Before the doctor comes ed - 2nd	Cox , D Jones , T.W
568	Miracles of neem tree	Varma , G.S
569	How to take the case and to find the similimum ed - 3rd	Nash , E.B.
570	Biochemistry ...Is a boon to suffering humanity	Dr Madaus & co.
571	Christian Science sentinel vol - 72	Welz , C.J.
572	The art of case taking and practical repertorisation homoeop	Patel , R.P
573	Bronchial asthma and its homoeopathic management	Shah , J
574	Staphysagria ,...The wounded hero	Jain , B.S
575	Risk Happens !	Clayton , M
576	Monthly Index of medical specialties - MIMS VOL - 26	Gulhati , C.M.
577	Monthly Index of medical specialties - MIMS VOL - 30	Gulhati , C.M.
578	Bitis Arietans	Master F
579	B.Jains Homoeopathic catalogue 2009	Kneee .C.B.
580	Homoeopathic medical reportory ed -3rd	Murphy , R
581	Challenging Cases in Dermatology vol -2	Darouti , M.A.E
582	Text Book Of materia media part -1	Dubey , S.K

378/12889

Thursday, August 03, 2023

1:36 PM

पावती

Original/Duplicate

नोंदणी क्र.: 39म

Regn.: 39M

पावती क्र.: 14084 दिनांक: 03/08/2023

गावाचे नाव: मरोळ

दस्तऐवजाचा अनुक्रमांक: वदर9-12889-2023

दस्तऐवजाचा प्रकार: 36-अ-सिद्ध अंठ लायतालेस

सादर करणाऱ्याचे नाव: ए. ए. टेक्सटाईल चे प्रॉपराईटर पंकज के शाह

नोंदणी फी

रु. 1000.00

वस्तु हाताळणी फी

रु. 680.00

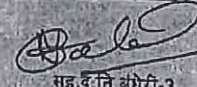
पृष्ठांची संख्या: 34

एकूण:

रु. 1680.00

आपणास मूळ दस्त, बचतेल प्रिंट, सूची-२ अंदाजे

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सह. दु. नि. अंधेरी-३

वाजार मुल्य: रु. 750000/-

मोबदला रु. 165000/-

भरलेले मुद्रांक शुल्क: रु. 19500/-

एम. एन. शायकवाड

सह. दु. नि. अंधेरी-३

मुंबई उपनगर जिल्हा

1) देयकाचा प्रकार: DHC रकम रु. 680/-

सीसी/धनादेश/पे ऑर्डर क्रमांक: 0208202314107 दिनांक: 03/08/2023

बँकेचे नाव व पत्ता:

2) देयकाचा प्रकार: eChallan रकम: रु. 1000/-

सीसी/धनादेश/पे ऑर्डर क्रमांक: MH006078324202324M दिनांक: 03/08/2023

बँकेचे नाव व पत्ता:



REGISTERED ORIGINAL DOCUMENT

DELIVERED ON 7 AUG 2023

CHALLAN
MTR Form Number-6

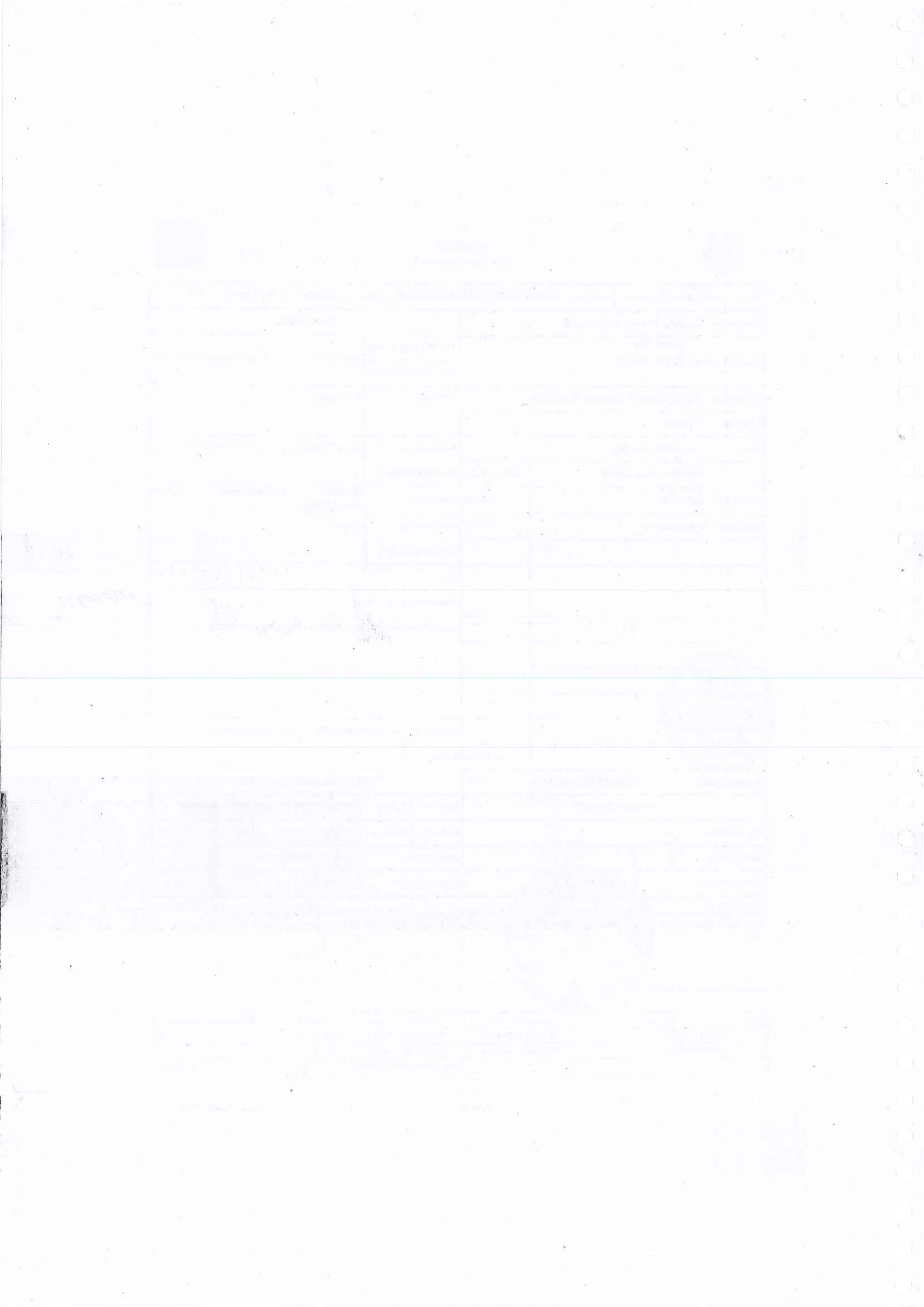


GRN	MH000075324202324M	BARCODE	01/08/2023-21:40:40		Form ID	36A
Department			Inspector General Of Registration			
Stamp Duty			Payer Details			
Type of Payment			Registration Fee			
Office Name			BDRS ANDHERI NO 3 SUB REGISTRAR			
Location			MUMBAI			
Year			2023-2024 One Time			
Account Head Details			Amount In Rs.			
0030045501 Stamp Duty			10500.00			
0030063301 Registration Fee			1000.00			
Full Name			A A Textile			
Flat/Block No.			Office Premises 2nd Floor, H. Kanthilal Building.			
Premises/Building			H. Kanthilal Compound, Kuria Andheri			
Road/Street			Road, Sakinaka,			
Area/Locality			Mumbai			
Town/City/District						
PIN			4 0 0 0 7 2			
Remarks (If Any)			Second Party Name = Dr Balraj Positive Health Products Limited -			
Amount In			Twenty Thousand Five Hundred Rupees Only			
Words			20,500.00			
Payment Details			PUNJAB NATIONAL BANK			
Cheque/DD Details			FOR USE IN RECEIVING BANK			
Bank CIN			Ref. No.			
03000172023080200043			020823M661854			
Bank Date			RBI Date			
02/08/2023-13:50:13			Not Verified with RBI			
Name of Bank			Bank Branch			
PUNJAB NATIONAL BANK			PUNJAB NATIONAL BANK			
Name of Branch			Branch No. , Date			
1, 03/08/2023						

Department ID:
NOTE: This challan is valid for document to be registered in Sub Registrar office only. Not valid for Unregistered document.
सदर चालन केवल दस्तावेज के पंजीकरण के लिए ही मान्य है। अनपंजीकृत दस्तावेज के पंजीकरण के लिए यह चालन मान्य नहीं है।

Challan Defaced Details

Sr. No.	Remarks	Defacement No.	Defacement Date	Userid	Defacement Amount
1	(IS)-378-12889	0003189190202324	03/08/2023-13:56:01	IGR188	1000.00
2	(IS)-378-12889	0003189190202324	03/08/2023-13:56:01	IGR188	19500.00
Total Defacement Amount					20,500.00





Document **H**andling **C**harges
Inspector General of Registration & Stamps

Receipt of Document Handling Charges

PRN 0208202314107

Receipt Date 03/08/2023

Received from A A Textile, Mobile number 9820187045, an amount of Rs.680/- towards Document Handling Charges for the Document to be registered on Document No. 12889 dated 03/08/2023 at the Sub Registrar office Joint S.R. Andheri 3 of the District Mumbai Sub-urban District.

DEFACED

₹ 680

DEFACED

Payment Details

Bank Name PUNB

Payment Date 02/08/2023

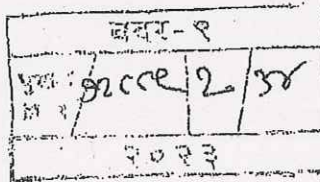
Bank CIN 10004152023080213207

REF No. 456643702

Deface No 0208202314107D

Deface Date 03/08/2023

This is computer generated receipt, hence no signature is required.



CHALLAN
MTR Form Number-8



GRN	MH008078282202324M	BARCODE			Date	01/08/2023-21:36:30	Form ID	36A
Department Inspector General Of Registration				Payer Details				
Stamp Duty				TAX ID / TAN (If Any)				
Type of Payment Registration Fee				PAN No.(If Applicable)				
Office Name BDRS ANOHERI NO 3 SUB REGISTRAR				Full Name	AA Texilis			
Location MUMBAI				Flat/Block No.	Office Premises, 2nd Floor, H.Kantilal Building,			
Year 2023-2024 One Time				Premises/Building	Office Premises, 2nd Floor, H.Kantilal Building,			
Account Head Details			Amount In Rs.	Road/Street	Compound, Kurla - Andheri			
0030045601 Stamp Duty			19500.00	Area/Locality	Mumbai			
0030083301 Registration Fee			1000.00	Town/City/District				
				Pin	4 0 0 0 7 2			
				Remarks (If Any)				
				SecondPartyName=Dr Balra Positive Health Clinic Private Limited-				
Total			20,500.00	Amount In Words	Twenty Thousand Five Hundred Rupees Only			
Payment Details PUNJAB NATIONAL BANK				FOR USE IN RECEIVING BANK				
Cheque/DD Details				Bank C/N	Ref. No.	03006172023080200042		020823M954854
Cheque/DD No.				Bank Date	RBI Date	02/08/2023-13:50:52		Not Verified with RBI
Name of Bank				Bank Branch		PUNJAB NATIONAL BANK		
Name of Branch				Scrill No., Date		Not Verified with Scrill		
				Mobile No.: 9820187045				

Name of Branch _____ Mobile No. 9820187045
 Department ID _____
 NOTE: This challan is valid for document to be registered in Sub Registrar office only; Not valid for unregistered document.
 सदर चालन केवल प्रत्यक्ष निवेष्टन कारालयत वीरगंज जिल्ला कार्यालयी लागू आउं. नगदी न परातधारता वरिष्ठाकारी नादर चयन लागू
 नारी.



बदर-९			
पुस्तक	१०२८२	३	३४
२०२३			

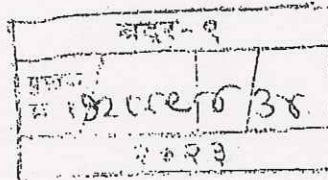


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No.	Date	Time	Place	Remarks
				</

Department of Stamp & Registration, Maharashtra	
Receipt of Document Handling Charges	
PRN 0200202314107	Date 02/08/2023
Received from A A Textile, Mobile number 9820187045, an amount of Rs.600/-, towards Document Handling Charges for the Document to be registered (ISARITA) 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. 456643702
This is computer generated receipt, hence no signature is required.	



LEAVE & LICENSE AGREEMENT

THIS LEAVE & LICENSE AGREEMENT

made and entered into at Mumbai
on this 30th day of Aug. 2023 between



1. M/S. A A TEXTILE (PROPRIETER PANKAJ K SHAH)
(PAN NO. ABDPS8819H)
2. ATUL K SHAH (PAN NO. AAQPS2041F)
3. DIVYA P SHAH (PAN NO. AAQPS2047D)
4. PARAS A SHAH (PAN NO. BOOPS8572J)

खदर-९		
पुस्तक	1/92	38
१०२३		

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

Atul K Shah

Divya P. Shah

P. A. Shah

Signature

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 BY 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.

DATE	01.04.2023
NO.	92554/38
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
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Atul Wadgaonkar

Dirju P. K.

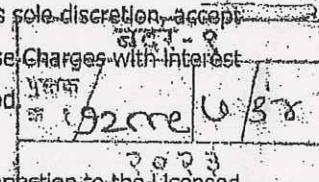
P. A. Shah

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3. In consideration of the above permission, the Licensee shall pay to the licensors a sum of Rs. 1,65,000/- (+) GST If applicable per month (Rupees one Lakh Sixty-Five Thousand Only) divided between A 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. SHAH Rs. 41250/- (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 Licensors only. In case if any TAX levied by Government at applicable rate it will be paid by the Licensee ONLY. ANY Increase BMC tax on rent premises paid by LICENSEE ONLY



4. The payment of the aforesaid Leave & License Charges shall be made by the Licensee to the Licensors 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 Licensors may, at its sole discretion, accept delayed payments of monthly Leave & License Charges with interest thereon @ 2% per month for defaulted period.



5. The Licensors agree to provide electricity connection to the Licensed 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 Licensors are not responsible for supply of Electricity and Water which are regulated by concerned authorities. Electricity Charges will be paid to the Licensors within 7 days from the date of raising debit note on actual. Failure to pay electricity and water charges will entitle the Licensors to discontinue this service for the said Licensed Premises and also pay levy/ penalty imposed by concern authority for delayed payment/ default. The Licensee shall not be entitled to any reduction in the License Fees on account of non-availability of electricity and /

For A. A. TEXTILE

PS

Atul Shah
Atul Shah

Divya P. Shah
Divya P. Shah

P. A. Shah
P. A. Shah

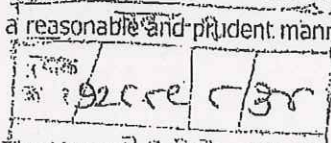
Atul Shah

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 its 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

Atul K Shah

Divya P. Shah

P.A. Shah

Author

9. The Licensee shall not at any time make any additions or alternations, structural or otherwise in or to the said Licensed Premises or any part thereof without the previous consent in writing of the Licensors. However, the Licensee shall be entitled to bring its own additional furniture, fitting and fixtures, office equipment, if required.

10. The Licensee shall not carry on or allow to be carried on any illegal activities in the said Licensed Premises nor keep or allow to be kept any banned, prohibited and / or hazardous articles in the said Licensed Premises. The Licensee shall obtain all permissions, licenses, registration, sanctions, as may be required by the prevailing laws of the Government and / or local authorities, for conducting its business in the said Licensed Premises.

11. The possession of the said Licensed Premises shall always be deemed to be with the Licensors and the Licensors shall have full right and power to enter upon the said Licensed Premises or any part thereof at any reasonable time.

12. Nothing herein contained is intended or shall deem or be deemed to mean as having created in favour or even to have conferred tenancy or other rights of whatsoever nature upon the said Licensed Premises in favour of the Licensee. It is specifically agreed that the Licensee shall handover the possession of the said Licensed Premises at the expiry of this agreement period or earlier termination of this agreement as provided herein to the Licensors failing which the interest free security deposit shall stand forfeited without any notice to that effect. It is further agreed that the Licensee shall not claim right of tenancy or any other rights over the said Licensed Premises.

13. The Licensee covenants with the Licensors not to suffer commit any waste or damage in the said Licensed Premises, and in case it is found to have been suffered so, the Licensors may call upon the Licensee to make good, the same at their expenses and cost and /



पुस्तक	क्र. १२००२२/३४
२०२३	

For A. A. TEXTILE
PE

Atul Singh
Atul Singh

D. N. Singh
D. N. Singh P. R.

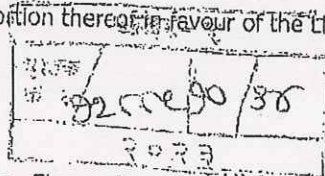
P. A. Shah

Atul Singh

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

Pb

Atul Kumbhar

Atul Kumbhar

P.A. Shah

Atul Kumbhar

17. It is specifically agreed that if the Licensee fails to handover the vacant and peaceful possession of the said Licensed Premises to the Licensors upon the expiry or earlier termination of this agreement by efflux of time or otherwise then the Licensors shall have full right and authority to enter upon the said Licensed Premises or any part thereof in its capacity as the owners thereof and to take possession of the said Licensed Premises or any part thereof without obtaining any consent and / or permission from any person or authority or the Licensee and without any notice to the Licensee. The Licensee hereby record its unconditional consent and agrees to this condition.

18. It is further made specifically clear that the power and authority and right of the Licensors, contained in the preceding clause shall be in addition to the right, power and authority of the Licensors to forfeit the interest free security deposit, should the Licensee fail to quit, vacate and handover the vacant and peaceful possession of the said Licensed Premises upon the expiry or earlier termination of this agreement by efflux of time or otherwise contained here.

19. The Licensee hereby states that they understand that this is a primary temporary arrangement and confirm that they will not claim any right, title or interest of whatsoever nature, including the tenancy right, in or upon the said Licensed Premises or any part thereof.

20. The Licensee shall be liable for internal repair and maintenance of the said Licensed Premises including any electrical repair, water leakage if any, from the terrace and/ or through the external walls, to keep the said Licensed Premises in proper tenable condition and all expenses in respect thereof shall be borne and paid by the Licensee only. No claims and / or demands on this account shall be entertained under any circumstances by the Licensors.

21. The Licensee shall not create any charge upon or encumber the said Licensed Premises or any part thereof.



बंदर-२	
पुस्तक	क्र १/१२००२९/३०
२०२३	

For A. A. TEXTILE
PL

Proprietor

A. A. Textile
Atul Kumar

Divya P. R.

P. A. Sharma

Basant

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

Paul Ahmad

Divya P. K.

P. A. Shah

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The results of the study are presented in the following table. The data show that the majority of the respondents are male, and that the majority of the respondents are aged between 25 and 34 years. The majority of the respondents are employed, and the majority of the respondents are married.

The results of the study also show that the majority of the respondents are satisfied with their current level of income, and that the majority of the respondents are satisfied with their current level of education. The majority of the respondents are also satisfied with their current level of health, and the majority of the respondents are satisfied with their current level of social life.

The results of the study also show that the majority of the respondents are satisfied with their current level of housing, and that the majority of the respondents are satisfied with their current level of transportation. The majority of the respondents are also satisfied with their current level of food, and the majority of the respondents are satisfied with their current level of clothing.

The results of the study also show that the majority of the respondents are satisfied with their current level of entertainment, and that the majority of the respondents are satisfied with their current level of recreation. The majority of the respondents are also satisfied with their current level of culture, and the majority of the respondents are satisfied with their current level of sports.

The results of the study also show that the majority of the respondents are satisfied with their current level of communication, and that the majority of the respondents are satisfied with their current level of information. The majority of the respondents are also satisfied with their current level of technology, and the majority of the respondents are satisfied with their current level of science.

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.

27. The Licensors 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 Licensors in the same good condition as these items were given to the Licensee, normal wear and tear accepted.

28. We hereby declared that in case of redevelopment, licensor 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 licensor. This 3 months' notice period for redevelopment purpose is even applicable during the lock-in period.

29. The Licensors and the Licensee agrees that this Agreement shall alone govern the rights and obligations of the parties hereto and shall not be 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 tenant licensee.

30. The Licensee agrees that the legal physical possession will remain with licensors 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 licensors and licensee will remove all its belongings within 48 hours of default.



For A. A. TEXTILE
P.L.

Proprietor

Adul Shah

Atul Kumar

P. A. Shah

P. A. Shah

P. A. Shah

Shah

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. 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 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

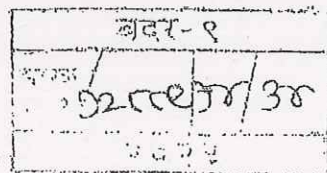
For A. A. TEXTILE

PL

Proprietor

Atul Kumar S. D. 12/08
Rajesh P. L. P. A. Shale

Shale



SIGNED, SEALED AND DELIVERED
by the within named LICENSORS

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

MR. ATUL K SHAH

Proprietor

&

Atul K Shah

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]*



बदर-२	
पुस्तक	१/१२००२५/३०
२०१३	





७८७-९			
१५	१०२८८९	९६	३४
१०२३			

