



Application for 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 68 of the Maharashtra University of Health Sciences Act, 1998, for Continuation of my/our Institute for renewal of Fellowship/Certificate Course in, Ham Cosmetology & Aesthetic with an Intake Capacity of 21 students, from the academic year 2025-26

Following are the particulars:

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

(Renewal of Affiliation/Continuation/Compliance Verification)

- **Date of last inspection of the department:** _____

(Write Not Applicable for first inspection)

- **Purpose of Last Inspection:** Continuation of Affiliation

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

- **Fellowship/Certificate Course Co-ordinator Details:**

Name: Dr Sheetal Savant

Mobile/Telephone no.: 9967230986

e-mail id: drsheetal.savant@chbabas.com



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

दिंडोरी रोड, म्हासुरुळ, 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. (न्यायवैद्यकाशास्त्र), 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: 4/11/2024

To,

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

University Affiliated Training Centre,

For conducted Fellowship / Certificate Course (s) at

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

2nd floor, H: Kantilal Compound,

Andheri Kurla Road, Andheri (E),

Mumbai- 400 072.

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

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

Sir/ Madam,

With reference to the above cited subject and references, I am directed to inform you that, the University is pleased to grant conditional Continuation of Affiliation /or recognition to your 'Affiliated Training Centre' for the Academic Year 2024-25 to conduct Fellowship / Certificate Course(s) with the Intake capacity as sanctioned and mentioned in the following course(s) & the attached list (Please peruse the list).

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

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

- The Affiliated Training Centre shall provide the Academic & Infrastructure facilities as directed by the University and shall meet with the conditions and requirements as prescribed by the University from time to time.
- It is the duty of the Training Centre to carry out Validation Process as prescribed by the University and shall designate the required number of valid Mentor(s) and provide with other teaching and non-teaching staff accordingly.

(P.T.O.)

Professional Teaching Experience Certificate for Fellowship Courses Director

Title of the Course applied for:- Certificate Course in Homeopathic Cosmetology and AestheticsThis 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	33 years	7 months
Demonstrator, Y.M.T Homeopathic College, Mumbai	1/12/1993	30/11/1996	3 years	
Lecturer, Y. M. T. Homeopathic College, Mumbai	1/12/1996	14/8/1999	2 years	8 months
Lecturer, Y. M. T. Homeopathic College, Mumbai	16/6/2000	15/9/2001	1 year	3 months
Reader, Y. M. T. Homeopathic College, Mumbai	16/9/2001	15/9/2004	3 years	
Professor, Y. M. T. Homeopathic College, Mumbai	16/9/2004	11/9/2008	4 years	
Head- Training and Chief Homeopathic Consultant	Sep 2008	Dec 2014	6 years	3 months
Dean, Dr Batra's Academy	Jan 2015	Till date	11 years	7 months

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

Designation	From	To	Total period Year/Months	
Head -Training and Chief Homeopathic Consultant	Sep 2008	Dec 2014	6 years	3 months
Dean/Mentor, Dr Batra's Academy	Jan 2015	Till date	11 years	7 months

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

Sign & Stamp
Head of the Department
Date



Sign & Stamp
Dean/Principal/Head of Institute
Date



(INSTITUTIONAL INFORMATION)**1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)**Name: Dr Samir Awinash Chaukhar Age: 52 years (Date of Birth) 14/10/1969

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

Teaching Experience

Designation	Institution	From	To	Total Exp.
Demonstrator	Y.M.T.Hom.College, Mumbai	1/12/1993	30/11/1996	3 years
Lecturer	Y.M.T.Hom.College, Mumbai	1/12/1996	14/8/1999	2 years 8 months
	Y.M.T.Hom.College, Mumbai	16/6/2000	15/9/2001	1 year 3 months
Reader	Y.M.T.Hom.College, Mumbai	16/9/2001 – 15/9/2004		3 years
Professor	Y.M.T.Hom.College, Mumbai	16/9/2004- 11/9/2008		4 years
Head- Training/Dean	Dr Batra's Academy, Mumbai	12/9/2008- till date		17. 3years
		Total		31 years

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Dr Batra's Positive Health Clinic Pvt. Ltd	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob: 9892166616	Tele:022-33671200
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: U8090MH2010PTC198397.	
		ii) Society's Registration Act.1860: NA.	
		iii) Year of establishment:27/12/2009	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No	
03	Hospital Information :		
	i) Name of the Hospital	Ashish Multispeciality Hospital , Mira Road	
	ii) Nursing Home Registration No.		
	iii) Establishment Year	MH/THN/MBMC2021-156	
04	i) Name of the Training Centre /Institute where course is to be conducted:		Dr Batra's Academy, Mumbai
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:		
	iv) E-mail ID:		
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Mob:9892166616 Tele:022-33671236	
		Name of the Course: Fellowship Course in Homeopathic Dermatology. Approved Intake Capacity-50 Affiliated Since 2015	

		2) Certificate Course in Homeopathic management of Respiratory diseases and allergies since 2023- allotted seats-28 3) Certificate Course in Homeopathic Cosmetology and Aesthetics since 2023- allotted seats-21 4) Certificate Course in Homeopathic palliative Oncology- allotted seats -50
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	NA
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes NEFT/AXIS P00565727 006/01191 22422997 80/REGIST RAR MUHS NAS/HDFC 0000064
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 27th April 2022 Copy of Management Resolution attached? *Yes

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

3. Central Library

- Journals:

- 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: -

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 : **June 2024**

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

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

HOSPITAL INFORMATION

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

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

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

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

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

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

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

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

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

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

5. Casualty:/ Emergency Department:

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

6. Blood Bank:OUTSOURCED

(i)	Valid FDA License(copy of certificate be annexed)	Yes
(ii)	Blood component facility available	Yes
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes
(iv)	Nature of Blood Storage facilities (as per specifications)	Outsourced to prime diagnostics
(v)	Number of Blood Units available on inspection day	outsourced
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (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) Out sourced- Available
11. Laundry: Outsourced
12. Kitchen Outsourced
13. Incinerator: Functional / Non functional Outsourced
14. Bio-Medical waste disposal Outsourced
15. Generator facility Available
16. Medical Record Section: Computerized
 • ICD X classification Used / Not used

Sign & Stamp
 Head of the Department
 Training Centre Date: Date:

Sign & Stamp
 Dean/ Principal/ Director of

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: Homeopathic Cosmetology and Aesthetics

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

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

Sr. No	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr Samir Chaukar	Full Time	Dean	MD Hom	31 years
2	Dr Sheetal Sawant	Full Time	Mentor	MD Hom	13 years
3	Dr Poonam Dand	Full Time	Mentor	MD Hom	14 years
4	Dr Falguni Joshi	Full Time	Mentor	MD Hom	16 years
5	Dr Gurumayun Chand Sharma	Full Time	Mentor	MD Hom	06 years

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

Yes/No: Yessince when: 2022

4. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	70 sq feet	Available	
Clinics	600 sq feet	Available	
Laboratory Space	Out sourced	Available	
Seminar room	450 sq feet	Available	
Department Library	180 sq feet	Available	
PG common room		NA	Not Available
Pre-clinical lab (where ever applicable)		NA	Not Available
Patient waiting room		Available	
Total area	1300feet		

5. 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)
2024-25	Certificate Course in Homeopathic Cosmetology and	21	3

	Aesthetics		
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(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	Hydrafacial		Functional	1
2	Hair electroporation machine		Functional	1
3	Laser hair removal machine		Functional	1
4	Dermabrasion		Functional	1
5	Radiofrequency		Functional	1

3. Intensive care Service provided by the Department: NA

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

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended from 1/1/2025 till 20/12/25	Name of Clinic In-charge
1	Sakinaka	Mon-Sunday	10-8 pm	1983	Dr Bhagyashree
2	Lokhandwala	Mon-Sunday	10-8 pm	3205	Dr Ashwini
3	Borivali	Mon-Sunday	10-8 pm	4552	Dr Sejal Parckar
4	Thane	Mon-Sunday	10-8 pm	3853	Dr Rachna
5	Ghatkopar	Mon-Sunday	10-8 pm	2195	Dr

5. Services provided by the Department:

1. Services

i Hair testing by VMS

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

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

6. Space:

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

7. Office space:

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

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

Submission of data to National Authorities if any : NA

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:

12/12/25

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 - "T"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr 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: - 17/12/25

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**

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: 17/12/25

Sign. of Co-ordinator

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

Training Centre Round Seal



Mailbox of drsamir.chaulkar@drbatras.com

Subject: Fw: Affiliation fees 25-26

From: Mahendra Rohekar <mahendra.rohekar@drbatras.com> on Tue, 01 Sep 2026 12:23:39

To: <drsamir.chaukkar@drbatras.com>

Best Regards,



Mahendra Rohekar

Manager Accounts

Board line: +91 22 33671200;266

OUR CORE VALUES:

- Passion
- Compassion
- Trust
- Safe
- Excellence
- Result-Oriented

-  **200+ Clinics Globally**
-  **Networks of 350+ Doctors**
-  **130 Years of Brand Legacy**
-  **Happy Patients Globally**

From: Manish Bijam [mailto:manish.bijam@drbatras.com]

Sent: 19 December 2025 04:19:PM

To: 'drsamin.chaukhar@drbatras.com'

Subject: Affiliation fees 25-26

Importance: High

Dear Dr

var 2025-26 for all three courses

Fellowship- 50000/- 1 course

Certificate- 80000/- 2 courses

20-12-2024	NEFT/AXISP00586727004/0119122422997_79/REGISTRAR MUHS NAS/HDFC0000064	50000
20-12-2024	NEFT/AXISP00586727005/0119122422997_80/REGISTRAR MUHS NAS/HDFC0000064	40000
20-12-2024	NEFT/AXISP00586727006/0119122422997_81/REGISTRAR MUHS NAS/HDFC0000064	40000

affiliation 40000/- for oncology course

09-12-2025	NEFT/AXISP00749489435/0109122524556 16/REGISTRAR MUHS NAS/HDFC0000064	40,000.00
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प्रारूप 1
पंजीकरण प्रमाण-पत्र

ऑफिसीट पंहुषान संख्या : U80904MH2010PTC198397

2009 - 2010

मैं एतद्वारा सत्यापित करता हूँ कि निम्नलिखित

DR. BATRAS' ACADEMY PRIVATE LIMITED

का पंजीकरण, कम्पनी अधिनियम 1956 (1956 का 1) के अंतर्गत आज किया जाता है और यह कम्पनी प्राइवेट लिमिटेड है।

यह निम्नलिखित-पत्र आज दिनांक चार जनवरी दो हजार दस को मेरे हस्ताक्षर से मुंबई में जारी किया जाता है।

Form 1
Certificate of Incorporation

Corporate Identity Number : U80904MH2010PTC198397

2009 - 2010

I hereby certify that DR. BATRAS' ACADEMY PRIVATE LIMITED is this day incorporated under the Companies Act, 1956 (No. 1 of 1956) and that the company is private limited.

Given at Mumbai this Fourth day of January Two Thousand Ten.



(VIJAYA NAGORAO KHANDARE)

सहायक कंपनी रजिस्ट्रार / Assistant Registrar of Companies

मुंबई, महाराष्ट्र
Maharashtra, Mumbai

कम्पनी रजिस्ट्रार के कार्यालय में उपलब्ध है।

Address as per record available in Registrar of Companies office.

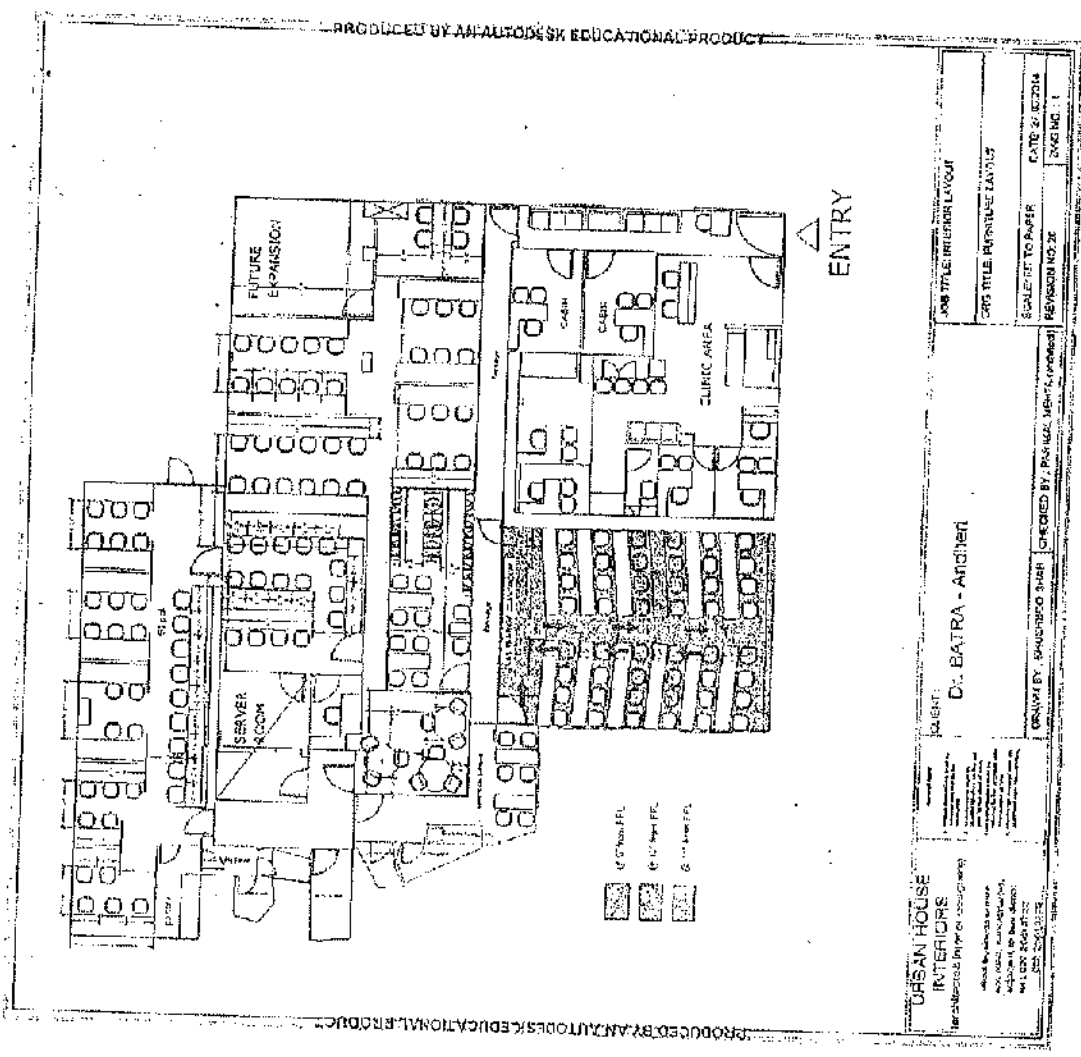
DR. BATRAS' ACADEMY PRIVATE LIMITED

2nd Floor, H. Kankal Compound, Acharya Kripa Road, Sakinaka, Andheri (East),

Mumbai - 400072,

Maharashtra, INDIA

Produced by ANI Autodesk Educational Product



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 1 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 an 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. _____

REG/Dele/U/531(1)/118005 16/12/2004

dt. _____

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

and (over) _____



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

NOTE: The name of the company as existing prior to the change.

CERTIFIED AS TRUE

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

J.G
n, S.J.
anand, S.

378/12889

पावती

Thursday, August 03, 2023

1:38 PM

Original/Duplicate

नॉवणी क्र. 339म

Regn.:39M

पावती क्र.: 14064

दिनांक: 03/08/2023

गावाचे नाव: गरोळ

वसती/वसतीचा अनुक्रमणिका: 378-12889-2023

वसती/वसतीचा प्रकार: 38-अ-लिखित बॉर्डर लायसन्स

गारद कर/वसतीचा नाव: ए ए टेक्सटाईल से प्रॉपराईटर पक्का के गाह

नॉवणी की

रु. 1000.00

कच नुसतकणी की

रु. 680.00

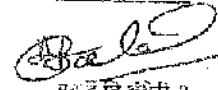
पूतली संख्या: 34

एकूण:

रु. 1680.00

आगगास शुल्क कला, भंडारण पिर, सुची-र अंदाजे

1:56 PM ह्या वेळेस मिळाल.



सह. नि. बोरी-3

बालार शुल्क: रु. 750000/-

पोवरल रु. 165000/-

नरलेले सुत्राक शुल्क: रु. 19500/-

हम. एन. पावकवाड

सह. दायम निदेशक, अंधेरी क्र. 3

मुळाई उपनगर निरुद्ध

1) वेचण्याचा प्रकार: DHC शुल्क: रु. 600/-

टीसी/वसतीचा/अ बॉर्डर क्रमांक: 0203202314107 दिनांक: 03/08/2023

वेचणे नाव व पत्ता:

2) वेचण्याचा प्रकार: uChallan शुल्क: रु. 1000/-

टीसी/वसतीचा/अ बॉर्डर क्रमांक: MH006070324202324M दिनांक: 03/08/2023

वेचणे नाव व पत्ता:

P.H.

REGISTERED ORIGINAL DOCUMENT

DELIVERED ON 7 AUG 2023



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

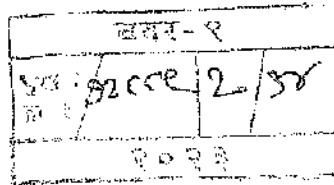
Bank CIN 10004152023080213207

REF No. 456643702

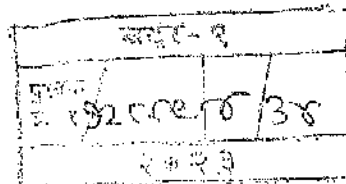
Deface No 0208202314107D

Deface Date 03/08/2023

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



Department of Stamp & Registration, Maharashtra	
Receipt of Document Handling Charges	
PRN 0208202314107	Date 02/08/2023
Received from A A Textile, Mobile number 9820187045, an amount of Rs.680/-, towards Document Handling Charges for the Document to be registered (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 10004152023080210307	REF No. 450043702
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 2023 between



1. M/S. A A TEXTILE (PROPRIETER PANKAJ K SHAH)
(PAN NO. ABDPS8019H)
2. ATUL K SHAH (PAN NO. AAQPS2041F)
3. DIVYA P SHAH (PAN NO. AAQPS2047D)
4. PARAS A SHAH (PAN NO. BOOPS8572J)

बदर-९	
1/92	38
२०२३	

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 Shah

Divya P. Shah

P. A. Shah

Shah

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
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	31.12.2026
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.	

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
PL

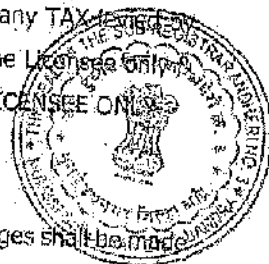
Atul Kulkarni

Divya P. K.

P. A. Shah

Shirish

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 is imposed 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.

DATE	19/02/2023
TIME	08:30
BY	P. A. SHAH

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
93

Atul Shah
Atul Shah

D. Shah
Divya P. Shah

P. A. Shah
P. A. Shah

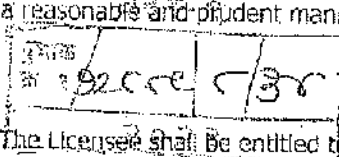
Atul Shah

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.

YOR A. A. TEXTILE
PL

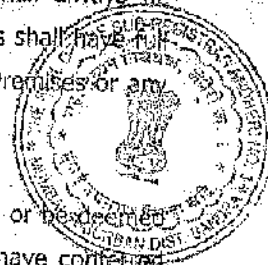
Atul K Shah

Divya P. S.

P.A. Shah

Atul K Shah

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.	120002	38
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For A. A. TEXTILE

P2

अशोक शर्मा
अशोक शर्मा

Dr. P. R.

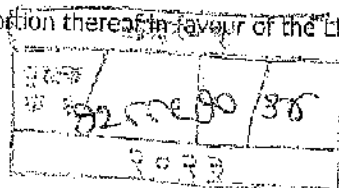
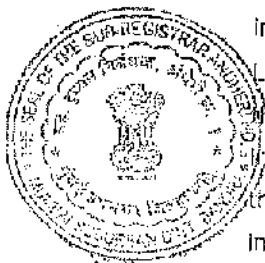
P. A. Shinde

अशोक

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 P. A. TEXTILE
P.A.

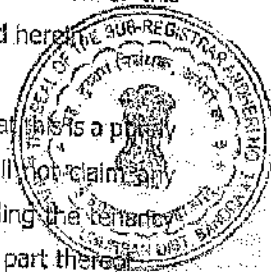
Atul Mishra

P. A. Textile

P. A. Textile

Atul Mishra

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 purely 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 tenantable 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.



पुस्तक	पृष्ठ	दिनांक
१/१२००९	११	३०
२०२३		

For A. A. TEXTILE

Proprietor

Atul K. Shah

Atul K. Shah

Divya P. L.

P. A. Shah

Shah

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

Mr. A. A. TEXTILE

Atul Kumar

Mr. P. A. Shah

P. A. Shah

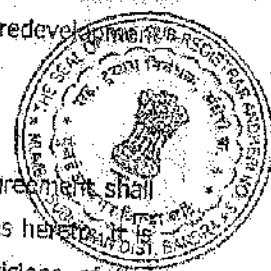
Atul

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



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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

Proprietor

Atul Kumar

Divya P. h

P. A. Shahe

Signature

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

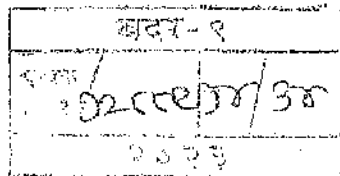
SCHEDULE OF THE PROPERTY

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

Proprietor



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

&

Mrs. 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. 

2. 



बंदर-९	
प्रमाणित	१२/०८/२४
१२/०८/२४	१२/०८/२४
१२/०८/२४	





पृष्ठ-१			
पृष्ठ	१९२८८९९९/३४		
१०२३			

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40%

Refugee:

15-07-2023

Page 12 of 24

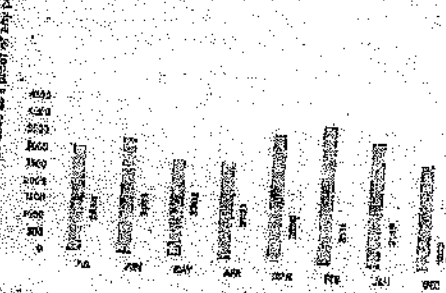
ENDING DATE

장소: 서울특별시 강남구 테헤란로 123, 15층

* Record not payable by clearing date: 02-07-2023 AM: 5478:00.00 District 1376.00
 * Record not payable after date: 02-11-2023 AM: 26855:00.00 DC 042.50

Actual Receipts: \$100.00

ROTHSCHILD,



14-00000

Index Number	Process Reading	Particular Reading	Multiplying Factor
7702580	318572.00	309556.00	1

19127 T-88 5000 No. 12407
 ② Worked at the City Jail
 ③ Helped run the saloon in the city
 ④ Worked at the City Jail
 ⑤ Worked at the City Jail

[illegible]

DISCLAIMER:

- Please pay this bill by online or cash or bank or cheque or demand draft.
- Please note that all important communication related to your account are being sent on 70-11000 registered with the name of any change, do inform us immediately to notify any further change and any other unrecorded services.
- In case of AGENC account no. 825 of 2019, both pay bank bill towards electricity bill to bank of Rs.3,000/- per account per month. For payment of amount greater than Rs.3,000/- use bank of high amount / online / cheque mode.
- For more matter reading also for your AGO as bill is 70-02/2024.

COMPILED BY SECURITY POLICE DEPT. NO. 1048677-0026. Working Paper No. 01971925 IN THE UNITED STATES OF AMERICA
20 JULY 1953

TOP SECRET

80501026002-2170251R15B 077501026002-2170251R15B

Particulars	Rate	Amount (₹)
Electricity Bill (Meter code 25710000)		
1. Fixed Charge		444.00
2. Metering Charge		722.50
3. Green power Tariff	0.00/kWh	0.00
4. Energy charge		10552.40
5. Fuel Adjustment Charge (FAC) %	0.00 p/unit	0.00
6. Government Electricity duty	31.00%	3278.84
7. Maharashtra Govt. rate of electricity	31.04% p/unit	1119.24
(A) Current month's bill amount (Sum of 1 to 7)		54919.98
a. Others		0.00
b. Delayed payments charge on previous month's bill		470.51
c. Demand Payment discount		0.00
d. Repayment Bill discount		0.00
e. Interest on arrears		0.00
f. Subsidies		0.00
(B) Net bill charge to current bill (Sum of a to f)		470.51
Current Month charge (Total)		55490.49
Previous month's bill amount		55511.86
Payment received upto 15-09-2024		42343.00
Receipt payment discount		0.00
(C) Net amount to pay		68659.35
Total bill amount (Net bill)		48120.00
Amount due/over		0.00
Amount Rem Payable with this bill		48120.00

Scan this QR code for
ConduS Pay Center (Look for bill payments)



भारत सरकार
GOVERNMENT OF INDIA

आधार - सामान्य मापसाचा अधिकार

2464 2387 8507

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

आधार - सामान्य मापसाचा अधिकार

2464 2387 8507

FOS A. A. TEXTILE
P. A.
Proprietor

भारत सरकार
GOVERNMENT OF INDIA

आधार - सामान्य मापसाचा अधिकार

6070 4166 9383

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

आधार - सामान्य मापसाचा अधिकार

6070 4166 9383

Atul Kamal Shah

भारत सरकार
GOVERNMENT OF INDIA

आधार - सामान्य मापसाचा अधिकार

4168 4945 6827

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

आधार - सामान्य मापसाचा अधिकार

4168 4945 6827

Atul Kamal Shah

भारत सरकार
GOVERNMENT OF INDIA

आधार - सामान्य मापसाचा अधिकार

3615 2805 4293

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

आधार - सामान्य मापसाचा अधिकार

3615 2805 4293

Atul Kamal Shah

खतर-९
पुनर्माप क्र. १/82559/94/38
२०२३



सर्वोच्च न्यायालय
 Government of India
 विद्यापीठ भवन
 4212 5984 2133
 4212 5984 2133



4212 5984 2133

साधारण - सामान्य माणसाचा अधिकार



सर्वोच्च न्यायालय
 Government of India
 Unique Identification Authority of India

पत्ता: 1-403 नारायण जंगल, 403-404
 403-404 नारायण जंगल, 403-404
 403-404 नारायण जंगल, 403-404
 403-404 नारायण जंगल, 403-404

4212 5984 2133

सर्वोच्च न्यायालय
 INCOME TAX DEPARTMENT
 GOVT OF INDIA
 जयदेवराज कृष्ण जाधव
 जयदेवराज कृष्ण जाधव
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 771071003



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बदर-९
 19/07/2020 37
 2020

भारत सरकार
Government of India

आधार कार्ड
SANT LAL
DOB: 15/07/1983
SEX: MALE

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UID: 8186 2022 4302 0050
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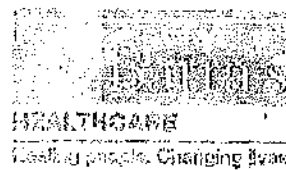
भारत सरकार, नए दिल्ली
Unique Identification Authority of India

आधार कार्ड
SANT LAL
DOB: 15/07/1983
SEX: MALE

8021 7838 9981
UID: 8186 2022 4302 0050
आर. आर. आर. आर. आर. आर.



बंदर - ९	
पुस्तक	नं. 392500 24/37
२०२३	



CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY BY DR. BATRA'S POSITIVE HEALTH CLINIC PRIVATE LIMITED HELD ON 20th JULY 2023 AT THE REGISTERED OFFICE ADDRESS OF THE COMPANY AT 11, 33A, E.

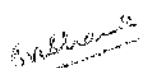
Registration of Property at Sakinaka

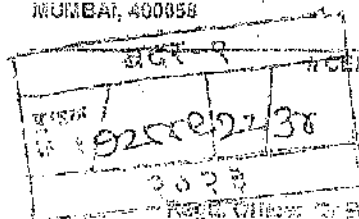
"RESOLVED THAT Mr. Jeetendra Jadhav - Executive Operations- Administration of the Company, whose specimen signature is appended here below, be and is hereby authorized to execute, register/renew/cancellation property of the Company, to take all the necessary actions including registration/cancellation of Lease Deed, and to sign all the necessary applications, forms, documents etc., only for Company's property by the name of Dr. Batra's Positive Health Clinic Pvt Ltd situated at 2nd Floor, H Kanitel Compound Andheri Kurla Road, Sakinaka, Andheri East, Mumbai, Maharashtra 400072 and on behalf of the Company and to represent the Company before sub-registrar of assurance, various departments of State Government, Local Government and Municipal Authorities, for the said purposes."

"RESOLVED FURTHER THAT the aforesaid authority shall remain in force till 31st August 2023 or till the date the same is withdrawn by the management, whichever is earlier."


Mr. Jeetendra Jadhav
(Executive Operations- Administration)

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


Dr. Bindu Sharma
(Director)
DIN:00334760
A-302, ROYAL CLASS
NEXT TO CITY MALL,
NEW LINK ROAD,
ANDHERI EAST,
MUMBAI, 400058

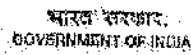


Reg. E. Office: Dr. Batra's Positive Health Clinic Pvt. Ltd.
H Kanitel Compound, 2nd Floor, Andheri Kurla Road, Sakinaka, Andheri East, Mumbai - 400072.
T: 022-2542271200 | W: www.drbatras.com | CIN: U55110MH1999PTC118006



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2022			

ಶ್ರೀ 1925 2038



जेष्ठानंद विश्वनाथ चिमनजी

Jethanand Vithaldas Chhimani

जन्म मिति : ०३/०४/१९८५

TEST MALE

Mobile No. 9820 127 025

7519 4871 8498

VID : 9127-2252 0074 2711

માझे આધાર, માझી ઓલસ



WATER-9
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P083

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्रांक - १०३
१०३ स्थिती क्रमा. १०३, गोल नैदान, गोल नैदान, गोल नैदान
१. गोल नैदान, गोल नैदान, गोल नैदान
गोल नैदान - १०३

Address:
603 satyeli apt, goal maidan, goal
maidan, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

751B 6075 8-12C
WFO = 5125 1292 6024 2711



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पृष्ठ सं.	
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भारत सरकार
GOVERNMENT OF INDIA



जेठानंद दिशानंददास चिन्नानी
Jatin Das Chinnani
जनन तारीख / DOB: 03/06/1962
लिंग / GENDER: MALE
Mobile No.: 9820187048

7519 4871 8409
VID: 5127 7212 8974 2711

माझे आधार, माझी ओळख



बंदर - ९	
पुस्तक	325522/38
१०२३	

सार्वजनिक विशिष्ट पहचान प्रमाणिकरण
PUBLIC IDENTIFICATION AUTHORITY OF INDIA

पत्ता:
603 एसीए अप्ट, गोल मैदान, उल्हासनगर
1, Ulhasnagar, Dist.
Thane, Maharashtra - 421001

Address:
603 aashly apt, goal maidan, goal
maidan, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4871 8409
VID: 5127 7212 8974 2711



7519 4871 8409
VID: 5127 7212 8974 2711



संख्या-९	
संख्या	१३२००९२५/३४
२०२३	



भारत सरकार
GOVERNMENT OF INDIA



जैतानंद विश्वनाथ चिकमानी

Jethanand Vishandas Chikmani

जन्म तारीख / DOB: 03/04/1954

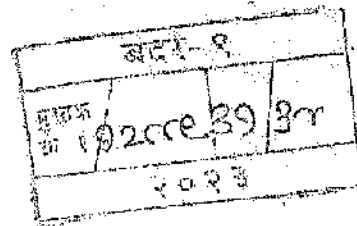
पुरुष / MALE

Mobile No.: 8826167045

7519 4571 8498

VID: 9127 7212 8874 2711

माझे आधार, माझी ओळख

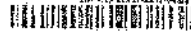


भारतीय विश्वविद्यालय प्रमाणन प्रमाणन
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता: 603 स्वस्थ अपी, गोल मैदान, गोल मैदान, उल्हासनगर
1, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

Address:
603 swasthy api, goli maidan, goli
maidan, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4571 8498
VID: 9127 7212 8874 2711



आधार कार्ड आधार कार्ड आधार कार्ड आधार कार्ड



बिंदर-२		
पृष्ठ सं.	१९२०६३०	३४
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गुव्वार, 03 ऑगस्ट 2023 1:38 म.नं.

॥१॥

सं. क्र. 12889/2023

यानाद मुख्य: रु. 7.50,000/-

प्रतिबद्धता: रु. 1,65,000/-

भारतसे गुद्रांक शुल्क: रु. 19,500/-

इ. नि. सह, इ. नि. सदस्य यांचे कार्यजिवात

अ. क्र. 12889 तारीख: 03-08-2023

रोली 1:33 स,मं, ला, प्रखर कैला,

पात्रंती: 14084

प्रावली दिनांक: 03/08/2023

भादरकण्ठाशत्रे भावाः अथ देवसदाईत ये भौपदाईतर संकत के शाह

नौद्विगी एहि

₹. 1000.00

दत्त हाताळणी पत्र

5, 530.00

पृष्ठांकी संख्या: 34

चेस्त ठगार करणाऱ्याची सही:

प्रमाण: 1680.00

सह. द. नि. अधीन-3
सह. द. नि. अधीन-3

सह. नि. प्र. ३
नि. प्र. ३

दस्तावेज प्रकार: 36-असिद्ध भंड नायकनाम

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

शिका क्र. 103/08/2023 01:33:16 PM नी वेळ: (माइक्रिका)

शिक्षा क्र. 2 03 / 08 / 2023 01 : 36 : 35 PM की वेब : (फो)

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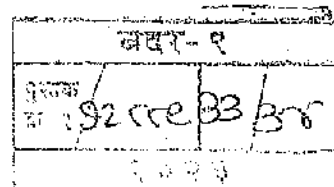
उत्तर दिनांक: २४/०९/२०२३

दफ्तरी क्रमांक :- 36-अ-विन्डू और वागिरानीस

यशोवत दत्तचन्द्र कल्ल देणार प्रभाषीत 36-अ-पिछु ५६३ सायमल्लोम चा वल्ल निरुण कल्ल दिवसार्थ पट्टर कल्लाम
निष्का क.३ बी वेम/०९/०८/२०२३ ०१:३८:५१ PM

செய்து:

अहमदनगर जिल्हा अर्धे विविधीत कर्मचार्यांची ते स्वामिनीपत्र करून देणा-या व्यक्तींक: औद्योगिक, व त्यांची आहत्य घट्टितान

8/3/2023

विषय क्र.4 मी वेळ: 03/08/2023 01:40:58 PM

विषय क्र.5 मी वेळ: 03/08/2023 01:57 PM गोपनीय पुरावा 1 आहे

सह दुय्यम निबंधक अंधेरी क्र. 3.

Payment Details

Sl.	Purchaser	Type	Verification no/Vendor	GRN/Licence	Amount	Used At	Deface Number	Deface Date
1	AA Textile	eChallan	03000172023080200043	MH006070324202324M	10500.00	SD	0003169180202324	03/08/2023
2		DHC		0203202314107	000	RF	0203202314107D	03/08/2023
3	AA Textile	eChallan		MH006070324202324M	1000	RF	0003169180202324	03/08/2023

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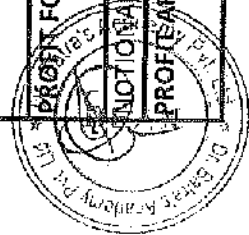
प्रमाणित करणेत येते की, या दाखलपत्रे सत्य आहेत.

सह दुय्यम निबंधक, अंधेरी क्र. 3, मुंबई उपनगर जिल्हा

बंदर-१/१२००३/२०२३
पुस्तक क्रमांक १ क्रमांक १२००३ वा
नोंदला F-3 AUG 2023
दिनांक

एम. एम. भागवत
सह दुय्यम निबंधक, अंधेरी क्र. ३
मुंबई उपनगर जिल्हा

PARTICULARS	24-25	24-25	25-26	25-26	Total	Revenue booked (D)	Spill over to (C)	Revenue booked (B)	Spill over to (C)	25-26	26-27	26-27 (roll over of 25-26)	26-27 (nov to march)	26-27	Spill over to
Fellowship Course in Homeopathic Dermatology	28.7	14.8	13.9	29.9	7.4	22.5	21.3	9.8	32.3	19.7					
Certificate Course in Homeopathic Cosmetology	8.2	7.0	1.2	7.6	4.6	3.0	5.8	5.6	8.6	2.8					
Certificate Course in Respiratory ailments and	1.5	1.3	0.2	0.5	0.4	0.1	0.6	1.3	1.5	0.7					
Certificate Course in Homeopathic palliative O	0.0	0.0	0.0	6.4	1.6	4.8	1.6	6.7	11.5	3.3					
Foreign Students															
MHFDA cosmetology course	4.7	4.7	0.0	1.4	1.4	0.5	1.4	6.7	6.7	3.3					
	1.6	1.6	0.0			0.0									
	0.0	0.0	0.0			0.0									
	0.9	0.9	0.0			0.0									
	1.1	1.1	0.0			0.0									
Total Revenue	46.8	31.5	15.3	45.8	15.3	31.0	30.7	30.1	61.1	29.8					
DETAILS OF EXPENSES															
SALARY															
UNIVERSITY FEES (ACADEMY)		23.7					24.3		25.0						
LECTURE FEES		2.1					1.7		2.5						
OTHER ADMIN EXP		2.8					2.3		3.5						
		3.6					2.9		3.5						
TOTAL EXPENSES		32.2					31.2		34.5						
PROFIT FOR THE YEAR		-0.7					-0.5		26.6						
NOTIONAL RENT/ELECTRICITY (3.30/4K/600)		5.9					6.3		6.0						
PROFIT AFTER NOTIONAL EXP		-6.6					-6.8		20.6						

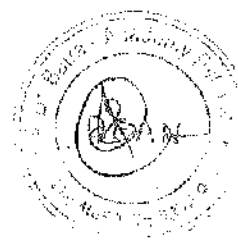


26-27	27-28
32.3	29.5
8.6	8.4
1.5	2.0
11.5	10.0
6.7	10.0
61.1	59.9
25.0	26.0
2.5	3.0
3.5	4.0
3.5	4.0
34.5	37.0
26.6	22.9



DR BATRAS POSITIVE HEALTH CLINIC PVT LTD-UNIT- ACADEMY

Amount in Lakhs - Unit Academy	24-25	25-26
Fellowship Course in Homeopathic Dermatology	14.8	21.3
Certificate Course in Homeopathic Cosmelology	7.0	5.8
Certificate Course in Respiratory ailments and Allergies	1.3	0.6
Certificate Course in Homeopathic palliative Oncology	0.0	1.6
Foreign Students		
MHFDA cosmetology course	4.7	1.4
	1.6	
	0.0	
	0.9	
	1.1	
Total Revenue	31.5	30.7
<u>DETAILS OF EXPENSES</u>		
SALARY	23.7	24.3
UNIVERCITY FEES (ACADEMY)	2.1	1.7
LECTURE FEES	2.8	2.3
OTHER ADMIN EXP	3.6	2.9
TOTAL EXPENSES	32.2	31.2
PROFIT FOR THE YEAR	-0.7	-0.5



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an psychiatric association)

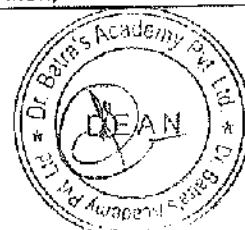
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2	The Guiding Symptoms of our Materia Medica V-2	Hering - C
3	The Guiding Symptoms of our Materia Medica V-3	Hering - C
4	The Guiding Symptoms of our Materia Medica V-4	Hering - C
5	The Guiding Symptoms of our Materia Medica V-5	Hering - C
6	The Guiding 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
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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
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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
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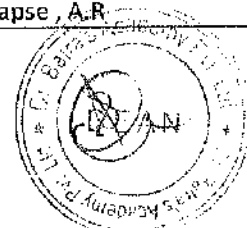




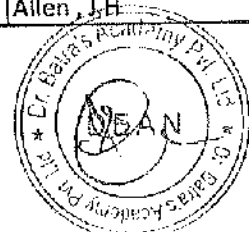
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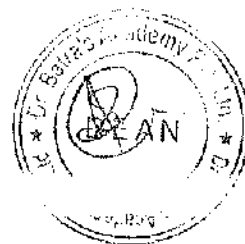
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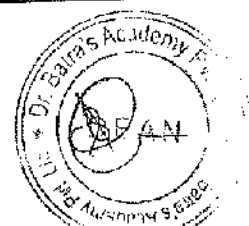
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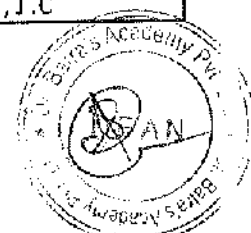
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425	Internal Medicine	Stein, J.H
426	API Textbook of medicine ed-7th	Shah, S.N.
427	API Textbook of medicine ed-7th	Shah, S.N.
428	API Textbook of medicine ed-7th	Shah, S.N.
429	API Textbook of medicine	Shah, S.N.
430	Harrison's Principles of internal medicine ed -16th, vol 1	Kasper, D.L. Braunwald,
431	Harrison's Principles of internal medicine ed -16th, vol 2	Braunwald E / Kasper, D.
432	Harrison's Principles of internal medicine ed -15th, vol 1	Braunwald E / Hauser, S
433	Harrison's Principles of internal medicine ed -15th, vol 2	Braunwald E / Hauser, S
434	Harrison's Principles of internal medicine ed -12th, vol 1	Wilson, J.D., / Braunwald
435	Harrison's Principles of internal medicine ed -12th, vol 2	Wilson, J.D., / Braunwald
436	Davidson's Principles and practice of medicine, ed 19th	Haslett, C. Chivers, E.R.
437	Davidson's Principles and practice of medicine, ed 19th	Haslett, C. Chivers, E.R.
438	Davidson's Principles and practice of medicine, ed 15th	Macleod, J / Edwards, C
439	Textbook of medicine	Vakil, R.J
440	Principles of forensic medicine	Nandy, A
441	NMS - National medical series for independent study ed 4th	Mayuri, A.R
442	Harrison's Principles of Internal medicine ed- 11th	Braunwald, E / Isselbacher
443	Medicine for students ed- 14th	Golwalla, A.F / Golwalla
444	Rediscovering real medicine	Elmiger, J
445	Harrison's Principles of Internal medicine ed- 11th	Braunwald, E / Isselbacher
446	Harrison's Manual of medicine	Braunwald, E / fauci, A.
447	Oxford handbook of clinical Medicine ed 6th	Longmore, M Wilkinson
448	Oxford handbook of clinical Medicine ed 6th	Longmore, M Wilkinson
449	The Practice of medicine ed - 4th	Custis, M.A
450	Biochemical Values in clinical medicine ed - 5th	Eastham, R.D.
451	Pharmacology and pharmacotherapeutics ed - 18	Satoskar, R.S Bhandar
452	Pharmacology and pharmacotherapeutics vol - 2 ed 11	Satoskar, R.S Bhandar
453	Index of Differential diagnosis ed -13	Bouchier, I.A.D Ellis, H
454	Neurological differential diagnosis ed- 2nd	Patten, J
455	Hutchison's Clinical methods. Ed 21st	Swash, M
456	Hutchison's Clinical methods. Ed 21st	Swash, M
457	French's Index of differential diagnosis ed - 12th	Hart, D
458	An Introduction to Electrocardiography ed 7th	Schamroth, L
459	Homopath Classis 8 user guide . Shah, J	Shah, J
460	Homopath Classis 8 user guide . Shah, J	Shah, J
461	Homopath Classis 8 user guide . Shah, J	Shah, J
462	The Diseases of the eye.	Buffum, J.H
463	Strokes ...vol 4 Major problems in neurology	Hutchinson E.C Acheson
464	Common Ailments & Emergencies in your family	Golwalla, A.F / Golwalla
465	Physical Diagnosis ed 2nd	Holbrook, J.H.
466	Differential Diagnosis of internal diseases vol 2	Vinogradov, A.V
467	Hutchison's Clinical methods. Ed 18th	Swash, M / Mason, S
468	The Sociology of sex	Henslin, J.M / Sagarin,



469	The Healing power of illness.	Dethlefsen, T.
470	IDR .. Indian drug review	By Publisher
471	Goodman and Gilman's the pharmacological basis of thera	Gilman, A.G / Goodman
472	Oxford handbook of clinical specialties ed - 6th	Collier, J / Longmore, M
473	Miracles of fruits ed 5th	Verma, G.S.
474	ABC Of Medicine (with memonics) ed -6th	Golwalla, A.F / Golwalli
475	Revie for usmle united states medical licensing exmination	Rosner, M. H. Lazar, A.I
476	A Guide to physical examination and history taking ed 4th	Bates, B
477	Review to post graduate medical entrance examinations	Arora, A / Tripathi, A
478	Rook's Text book of dermatology ed 7th vol-1	Burns, T Breathnach, s.
479	Rook's Text book of dermatology ed 7th vol-1	Burns, T Breathnach, s.
480	Rook's Text book of dermatology ed 7th vol-2	Burns, T Breathnach, s.
481	Rook's Text book of dermatology ed 7th vol-3	Burns, T Breathnach, s.
482	Rook's Text book of dermatology ed 7th vol-3	Burns, T Breathnach, s.
483	Rook's Text book of dermatology ed 7th vol-1	Burns, T Breathnach, s.
484	Rook's Text book of dermatology ed 7th vol-4	Burns, T Breathnach, s.
485	Rook's Text book of dermatology ed 7th vol-4	Burns, T Breathnach, s.
486	Natural skin care	Laughran, J
487	Diseases of the skin including the exanthenata	Dearborn, F.M.
488	Diseases of the skin including the exanthenata	Dearborn, F.M.
489	Skin diseases ed - 2nd	Douglass, M.E.
490	Dermatology vol-1 ed -3rd	Bolognia, J.L / Jorizzo, .
491	Dermatology vol-2 ed -3rd	Bolognia, J.L / Jorizzo, .
492	Pediatric Dermatology vol-1 ed - 4th	Schachner, L.A Hansen, .
493	Pediatric Dermatology vol-2 ed - 4th	Schachner, L.A Hansen, .
494	Rook's Textbook of Dermatology ed - 7th vol - 2	Burns, T Breathnach, S.
495	Atlas of clinical dermatolgy ed - 4th vol	Vivier, A.D
496	Fitspatrick's Dermatology in general medicine vol - 1 ed	Goldsmith, L.A Katz, S.
497	Fitspatrick's Dermatology in general medicine vol - 2 ed	Goldsmith, L.A Katz, S.
498	Comprehensive dermatology and sexual transmitted disca	Gupta, R.
499	Rook's Textbook of Dermatology ed - 7th vol - 1	Burns, T Breathnach, s.
500	Comprehensive dermatology drug therapy ed - 3rd	Wolverton, S.E
501	Lever's Histopathology of the skin ed - 10th	Elder, D.E
502	Cosmetic dermatology	Draelos, Z.D
503	Dermatological signs of internal disease. Ed 4th	Callesn, J.P. / Jorizzo, J
504	Pigmentary disorders a comprehensive compendium	Lahiri, K Chatterjee, C
505	Andrew's Diseases of the skin, clinical dermatology ed -	James W.D Berger, T.G
506	Clinical Leprosy ed .4th	Sehgal V.N
507	Laser Dermatology ed - 2nd	Goldberg, D. J
508	Evidence - Based procedural dermatology	Murad alam
509	ABC Of sexually transmitted infection ed 6th	Rogsted, K.E
510	Illustrated synopsis of dermatology and sexually transmitt	Khanna, N
511	Sexually transmitted diseased. Ed 5th	Schgal, V.N
512	Roxburgh's common skin diseases. Ed 18th	Marks, R / Motley, R
513	Iadyl's concise text book of dermatology	Viswanath, V
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 Sachid
521	CBS Quick text revision series important text for viva / MC	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	Hahnemann, S.
536	Catalogue & reference book	Hahnemann, 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	Prphylactics 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 Nonsdes	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	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 homoeo	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 tp take the case and to find the similimum ed - 3rd	Nash , L.B.
570	Biochemistry ...is a boom to suffering humanity	Dr Madaus & co.
571	Christian Science sentinel vol - 72	Weiz , C.J.
572	The art of case taking and practical repertorisation homoe	Patel , R.P
573	Bronchial asthma and its homoeopathic management	Shah , J
574	Staphysagria ...The wounded hero	Jain , B.S
575	Risk Happens I	Clayton , M
576	Monthly Index of medical specialities - MIMS VOL - 26	Gulhati , C.M.
577	Monthly Index of medical specialities - 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



* Marked fields are mandatory

HOSPITAL INFORMATION SHEET

HOSPITAL NAME*	ASHISH HOSPITAL MULTISPECIALITY
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/PHN/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.	
PA Desk Timing (Monday To Saturday)*	11AM TO 6 PM
PA Desk Timing (Sunday)*	11AM TO 4 PM
ZONE (East/West/North/South)	EAST
HOSPITAL CATEGORY*	
Banking Information	Please fill/attach form & attach scan copy
Name of the Bank Account (Beneficiary name)*	ASHISH HOSPITAL MULTISPECIALITY
BRANCH NAME*	ICICI BANK
BR MICR CODE*	
SC CODE NEFT*	ICIC0000028
ACCOUNT TYPE*	CURRENT
ACCOUNT NO*	2805500774

Contact Information

Designation	Name	Mobile Number	Email ID
PA CO-ORDINATOR*	SAKINA H	9372964763	sakinah
BILLING PERSON *	EKTA PAT	8369448117	patelekt
Administrator *	DR RAJES	9819250565	palande
Medical Director *	DR ASHISH PALANDE		
Medical Superintendent *	DR SNEHA	8691066662	
Marketing Head *	PRAGATI	8451025201	pragatic
CEO *			
Bed Configuration Details	No. of Beds		Rate per Bed
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		
NICU Beds	2	4500
Neuro ICU Charges		
Pediatric/Neonatal		
Surgical ICU		
Isolation Wards	2	5000
Operation Theatre Facilities		
NO OPRN 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	
Boyle's Apparatus	1	
Portable x-ray within OT	1	
Centralized Oxygen Connections	30	
Separate Sterilization Area	YES	
General Information		
Medical Establishment Indemnity Cover present:	YES	
Ultrasound/scanning facility registered with the District Health & Family Welfare Officer	YES	
Coding Procedure followed by Medical records Department	YES	
Bed Occupancy Rate in the hospital:	YES	
Surcharge on the hospitalization expenses:	YES	
% of Surcharge	YES	
Service charge on the hospitalization expenses:		
% 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	
INCUBATORS	YES	
OT-LAMINAR AIR FLOW	YES	
HOSPITAL INFECTION CONTROL MEASURES*	YES	
Availability of in-house doctors - Y/N/D/O		
MD/MS doctors	YES	
MBBS Doctors	YES	
Blend of doctors	YES	

Ally Medicine Doctors	YES
Hospital Quality Indicators	
Total No of Full time doctors with qualification appro	10
No of consultant who are not on rolls of the hospital	30
No of surgeons or Interventionists (Not on full time r	15
Total No of Post graduate (MD (anesthesia, Gen Mec	10
No of Doctors with the qualification of MBBS, availa	8
No of surgeons or Interventionists (Not on full time r	10
No of qualified nurses available exclusively in ICU tak	8
Total No of qualified nurses (B.Sc. Nursing, GNM,) in	15
No of doctors exclusively available for ICU	8
DOCTOR- BED RATIO - No of Medical Practitioners w	10
NURSE-BED RATIO - No of Qualified and Registered N	15
DOCTOR-PATIENT(BED) RATIO IN ICU - No of Medical	10
NURSE-PATIENT (BED) RATIO IN ICU - Number of Qua	8
Availability of Nurses: Yes/No	
All Registered Nurses	YES
Blend of nurses	YES
All ANM	YES
Staff of Control	
Doctor to patient Ratio*	
Nurse to patient Ratio*	
Training/Training: Yes/No	
JNB/MD/MCH/DM training hospital	
Diploma Training Hospital	
Nursing School	YES
No training	No.
Accreditation (Please attached all applicable documents with HIS)	
NABH Accreditation Level	
JCI Accreditation	
ISO Certification	
IPHS Certification	
NABL 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
FDA 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
PFT SPIROMETRY	OUT SOURCE
TREAD MILL TEST	OUT SOURCE
CHEMOTHERAPY_UNIT	NO.
DIALYSIS_UNIT	NO

Page 1 of 1

BLOOD BANK	NO
INHOUSE PHARMACY	NO
ISOLATION WARDS	YES
HOLTER	NO
ECHO	NO
EMG	YES
GAMMA KNIFE	NO
COBALT UNIT	NO
X KNIFE	NO
BRONCHOSCOPY LAB	NO
CATH LAB	NO
LR ACCELERATOR	NO
DSA	NO
LASERS	NO
PHYSIOTHERAPY	OUT SOURCE
Availability of Ambulance facilities	YES
EMERGENCY	YES
PHOTOTHERAPY	YES
EEG	OUT SOURCE
Availability of Medical Specialty-Yes/No	
OPHTHALMOLOGY	YES
ENT	YES
BURN	YES
PLASTIC SURGERY	YES
OBS & GYN ECOLOGY	YES
GENITOURINARY	YES
PEDIATRIC	YES
ONCOLOGY	YES
ORTHOPEDICS	YES
TRAUMA	YES
GENERAL SURGERY	YES
GASTROENTROLOGY	YES
	YES
CARDIOLOGY	YES
CRITICAL CARE	YES
GENERAL MEDICINE	YES
INFECTIOUS DISEASE	YES
NEPHROLOGY	YES
NEUROLOGY	YES
PULMONOLOGY	YES
DERMATOLOGY	YES
ENDOCRINOLOGY	YES
DENTAL	YES
DAY CARE	YES
LAPAROSCOPIC SURGERY	YES
RHEUMATOLOGY	YES
Specialist	YES
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)
Appointment System	TOKEN NUMBERS
Entry of requisitions	
Reporting of pathology / radiology results	

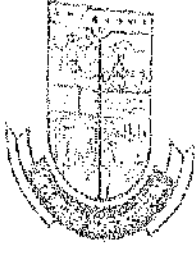
Sr.No	Doctor Name	Doctor Speciality	Registration no	Doctors Q1	Doctor Contact no (optional)
	Dr.Rajesh .P.Palande (MD,FCAH,CCMP) ADMIN				
	GENERAL MEDICINE DEPARTMENT				
1.	DR SONU PURI			3. DR ASHISH PALANDE (MBBS)	
2.	DR MELVILE ALVAREZ (MD,MEDICINE)			4. DR MOHAMMAD SHOAIB (MD,MEDICINE)	
5.	DR DNYNESHWAR HALNOR (MD,PHYSICIAN)				
	CARDIOLOGIST DEPARTMENT				
1.	DR SAINATH HEGDE (MD,DM HEART SPECIALIST)				
2.	DR ABHIJEET AKLUJKAR (MD,DM HEART SPECIALIST				
	CHEST PHYSICIAN DEPARTMENT				
1.	DR. KAMLESH PANDEY (MD,CHEST PHYSICIAN)				
2.	DR. DHARMENDRA DUBEY (MD FELLOW CHEST PHYSICIAN)				
3.	DR TEJAS DESHPANDE (MD, CHEST PHYSICIAN)				
	PSYCHIATRIST DEPARTMENT				
1.	DR. GAMBHIRE (MD, Pyschiatrist)			2.DR SUJAY (MD,PPS)	
2.	DR RAHUL KHEMANI (MD,PYSCHIATRIST)				
	OBST. GYNACE.				
1.	DR SNEHAL.R.PALANDE (MS.Obst & Gynance (AY),Admin)				
2.	DR ARCHANA AKHADE (MS.Obst & Gynance)			6.DR KAMAL MADAM (MS.Obst & Gynance)	
3.	DR RAJENDRA NAGAKATI (MD,OBG)			7.DR DILIP YADAV (MBBS, CPS,Obst & Gynance)	
4.	DR VIPIN CHEKAR (MD,OBG)			8.DR NEHA SANGHVI (MBBS,DNB,Obst & Gynance)	
5.	DR NANDA SAWANT			9.DR PRAMOD SURVASE (MS.Obst & Gynanc)	
	Super Specialist Surgeon				
1.	DR.KRUTHART THAKKAR (Neuro & Cancer Surgeon)				
2.	DR.SAMEER PAREEKH (Neuro Surgeon)			4.DR SHASHANK KAMAT (MS,Urogolist)	
3.	DR PANDURANG REDDY (Neuro Surgeon)			5.DR SANDDEP BHURKE (Neprologist)	
	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)				
2.	DR KAPIL SHUKLA (MD.Child sp.)			3..DR PRIYAM MISHRA (MB,DCH)	
	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,Laprost)			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)				

nan, R.M.
.B.

Item	List of Other Panel Insurance Companies/TPA.	Yes	NA kindly share confirmation letter or proof received from the TPA/Insurance Companies
20	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

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

Signature of _____



सुरक्षा : २८१९२८८ / २८१९७२८ / २८१९२८३ / २८२८३५३ / २८१९४८५
फैक्टर : २८१९७२३

मिरा-भाईंदर महानगरपालिका

मुख्य कार्यालय भाईंदर

MIRA-BHAINDAR MUNICIPAL CORPORATION

स्व. रंदिता गांधी भवन, चक्रवर्ती शिवाजी महाराज मार्ग, भाईंदर (प.), ता. नि. तालुका ४०११०१

प्रा.क्र. : मुजपा/स्वा. उ. १८०८/२०२४-२५

दिनांक : २०/०९/२०२५

FORM 'C' - RENEWAL

**Certificate of Registration under section 5 of Maharashtra (Bombay)
Nursing Home Registration (Amendment) Rules 2021.**

SEE RULE - 5

This is to certify that **DR. RAJESH PANDURANG PALANDE** has been registered under the Bombay Nursing Home Registration Act 1949 in **ASHISH HOSPITAL MULTISPECIALITY** Situated at Shop no. 30, 31, 32, B/101, 102, C/104, 105 & 106 Manasi classic Co-op. Housing Society, Opp Jarimari Talao, kasbigaon, Kashmirira, Mira Road (E) has been, authorized to carry out the said nursing home.

Registration No : **MH/THN/MBMC/2018 - 156**
Date Of Registration : **13/08/2018**
Date of Renewal : **20/01/2025**
Place : **Head Office, MBMC**
No. o Beds : **30**

This certificate of Renewal of Registration shall be valid upto- **31st MARCH 2027**
However this registration shall stand cancelled, if any of the conditions which are considered while granting the registration are found to be breached.

Date: **20/01/2025**



(Signature)
(Dr. Nandkishor Lahane)
Medical Officer of Health
Mira Bhainder Municipal Corporation

MEMORANDUM OF UNDERSTANDING

This Memorandum of understanding (MOU) is made on 1st day of May, 2024.

By and Between

DR BATRA'S POSITIVE HEALTH CLINIC PVT .LTD. a Company incorporated under the companies Act, 1956 and having its Registered office situated at 2nd Floor, H Kantilal Compound , Andheri Kurla Road, Sakinaka Andheri east , Mumbai 400072 (hereinafter referred to as (Dr Batra's) of The one part and

ASHISH MULTISPECIALITY HOSPITAL and having its registered office situated at B101,102 C 104/106, Manshi Classic, Opp Jari Mari talab, Kashimira Mira Road (hereinafter referred to as **ASHISH MULTISPECIALITY HOSPITAL**) the other part

WHEREAS

- A. Dr Batra's through its unit Dr Batra's Academy conducts various homeopathy courses affiliated under the Maharashtra University.
- B. Ashish Multispeciality Hospital is well known hospital in Mira road providing pathology and Histopathology services.
- C. Dr Batra's has a vision to promote the awareness about benefits of Homeopathic treatment and imparting education so as to spread knowledge globally and are desirous of conducting MUHS (Maharashtra University of Health Sciences) Courses of Homeopathy
- D. Ashish Multi speciality Hospital wishes to offer the services in support of conducting work/completing mission of the party of the first part.

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

H. Kantilal Compound, 2nd Floor, Andheri, Kurla Road, Sakinaka, Andheri East, Mumbai - 400 072

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

1 VALIDITY

This MOU shall be valid for 36 months commencing from 1st day of May 2024 till 31st may 2027

2 SCOPE OF SERVICES

- 2.1 Both the parties agree to admit patients visiting Dr. Batra's Clinics as and when necessary.
- 2.2 Both the parties agree to carry out investigations of patients of patients visiting Dr. Batra's Clinics.
- 2.3 ASHISH MULTISPECIALITY HOSPITAL will help in providing Laboratory services to Dr. Batra's with respect to pathology /and or Histopathology tests.
- 2.4 ASHISH MULTISPECIALITY HOSPITAL will offer to help in providing any other Laboratory services to Dr. Batra's other than pathology and / or Histopathology samples. In furtherance of educational pursuit.

3 THE ARRANGEMENT

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

4 DELIVERABLES FROM DR. BATRA'S

DR. BATRA'S may send patients for necessary treatment to ASHISH MULTISPECIALITY HOSPITAL

5 DELIVERABLES FROM ASHISH MULTISPECIALITY HOSPITAL

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

6 **INDEMNIFICATION**

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

7 **NO BINDING CLAUSE**

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

8. **ARBITRATION**

Any dispute between the parties hereto shall be referred to the sole arbitration appointed by both the parties with mutual consent and shall be subject to the provisions of the Arbitration and Conciliation Act, 1996 and any further amendments from time to time. The decision of the Arbitrator shall be final and binding and the language of the proceedings shall be English.

9. **JURISDICTION**

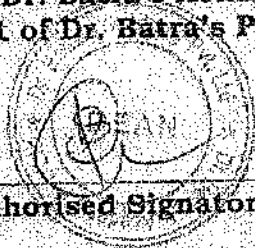
The courts in Mumbai shall have exclusive jurisdiction to deal with any dispute arising out of this MOU.

10. **NOTICES**

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

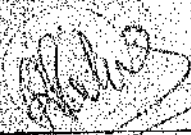
By signing below each party agrees to the terms of this agreement.

For Dr. Batra's Academy
Unit of Dr. Batra's Positive Health Clinic Private Limited



Authorised Signatory

For ASHISH MULTISPECIALITY HOSPITAL



Authorised Signatory

Certificate Course in Homeopathic Cosmetology and Aesthetics

List of Equipments and Instruments in the Cosmetology OPD

Skin and face machines

- 1) Laser Hair reduction - Triple wave length Diode
- 2) Hydra facial machine- Hydrafet probe, Ultrasonic scrubber, Ultrasonic electroporation, radio frequency, cooling probe, hydra dermabrasion probe

Skin brightening, Skin polishing, Skin rejuvenation

- 3) Radio-frequency for face lifting
- 4) Ultrasound for collagen boosting

Hair machines

- 1) Cool relax machine for hair treatment- Non needle non invasive mesotherapy
- 2) HVT laser for hair- Low Level Light therapy
- 3) Derma rollers for deep penetration and rejuvenation of hair tissues- STM cell therapy
- 4) Hydrafet Machine- Deep cleansing of scalp and infusion of hair vitalising serum

4 Types of peels

- 1) Acne (salicylic acid peel)
- 2) Rejuvenation (Arginine Peel)
- 3) Skin pigmentation (hyaluronic acid lactic and Glicolic peel)
- 4) Skin brightening (mandelic peel)

Hydra jet for moisturizing and cleaning scalp

DR BATRA'S ACADEMY, Mumbai

(AFFILIATED TO MUHS NASHIK)

206

FELLOWSHIP/ CERTIFICATE COURSES

MEDICAL EDUCATION UNIT

Constitution

Sr.no	Name of Faculty		Post	Designation in MEU
1.	Dr Samir Chaukhar		Dean	Chairman
2.	Dr Tejal Ajmera		Mentor	Coordinator
3.	Dr Renuka Amin		Mentor	Member
4.	Dr Komal Dixit		Mentor	Member
5.	Dr Shahala Nadaf		Mentor	Member
6.	Dr Mathu venkatesan		Mentor	Member
7.	Dr Anagha Sant		Mentor	Member



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.

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NOTICE

209

This is to inform to all members of MEU of Dr Batra's Academy Mumbai, that there will be a meeting on 15th Dec 2025 at 2 pm in academy auditorium in Hybrid mode. The link will be shared shortly

The agenda will be

- 1) Curriculum Implementation- Lecture schedules
- 2) Assessments- Planning of internal assessments
- 3) Academic Innovations- any new courses
- 4) Research Titles



Dean, Dr Batra's Academy, Mumbai

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Minutes of the meeting of Medical Education Unit held on 25th Dec 2026 at 2:00pm in
MEU Dr Batras academy Mumbai

208

Following members attended the MEU meeting held at Dr Batra's academy, Mumbai

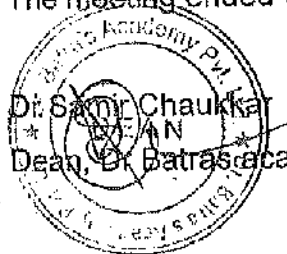
Sr.no	Name of Faculty	Post	Designation in MEU
1.	Dr Samir Chaukhar	Dean	Chairman
2.	Dr Tejal Ajmera	Mentor	Coordinator
3.	Dr Renuka Amin	Mentor	Member
4.	Dr Komal Dixit	Mentor	Member
5.	Dr Shahala Nadaf	Mentor	Member
6.	Dr Mathu venkatesar	Mentor	Member
7.	Dr Anagha Sant	Mentor	Member

The Chairman, of the committee Dr Samir Chaukhar welcomed all members

Points Discussed

- 1) Curriculum Implementation: It was decided that the lecture schedules for fellowship and certificate courses should be planned and reviewed and Discussion on integrating clinical topics, reviewing Timetable/Curriculum Committee decisions
- 2) Assessments: Planning of internal assessment schedules for fellowship and certificate courses was discussed
- 3) Academic Innovations: Discussion of new value-added courses like endocrinology, mental health
- 4) Research title to be finalized with mentors

The meeting ended with a vote of thanks by the coordinator



Dean, Dr Batras academy/Chairman MEU

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.

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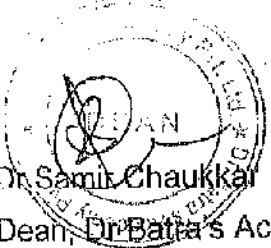
Attendance of MEU meeting held on 25th Dec 2025

209

The MEU meeting on 25th Dec 2025 was attended by following members

Name of Member	Mode of attendance
Dr Samir Chaukkar	Offline
Dr Tejal Ajmera	Offline
Dr Shahala Nadaf	Online
Dr Anagha Sant	Online
Dr Mathu	Online
Dr Komal Dixit	Offline

Member Dr Mathuvenkatesan was absend and had informed about his absentee by telephone


Dr Samir Chaukkar
Dean, Dr Batra's Academy, Mumbai

1/4/2026

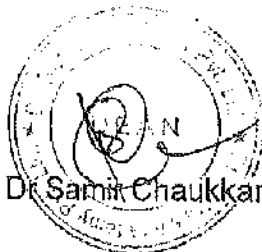
(210)

NOTICE

This is to inform to all members of MEU of Dr Batra's Academy Mumbai, that there will be a meeting on 16th April 2026 at 2 pm in academy auditorium in Hybrid mode. The link will be shared shortly

The agenda will be

- 1) Different Modes of Teaching
- 2) Assessments- Planning of internal assessments
- 3) Regular Online Meetings



Dr Samir Chaukhar

Dean, Dr Batra's Academy, Mumbai

ne)

16/4/2026

(241)

Minutes of the meeting of Medical Education Unit held on 16th April 2026 at 2:00pm in MEU Dr Batras Academy Mumbai. Following members attended the MEU meeting held at Dr Batra's academy, Mumbai

Sr.no	Name of Faculty	Designation in MEU
1.	Dr Samir Chaukhar	Dean
2.	Dr Tejal Ajmera	Coordinator
3.	Dr Renuka Amin	Member
4.	Dr Shahala Nadaf	Member
5.	Dr Mathu venkatesan	Member
6.	Dr Anagha Sant	Member

The Chairman, of the committee Dr Samir Chaukhar welcomed all members.

Minutes of the last MEU meeting were read and approved by all members

Points Discussed

- 1) Mode of Teaching:** It was decided that the lecture for fellowship and certificate courses should also be offline at academy with students from Mumbai attending them and students from outside Mumbai can attend online. There will be planned contacts sessions once a month at Mumbai for all students
- 2) Assessments:** Mode of internal assessment schedules like regular MCQs and short answer questions online as well as offline to be implemented for fellowship and certificate courses was discussed
- 3) Regular online meetings** with students to discuss their queries and complaints if any

The meeting ended with a vote of thanks by Coordinator

Dr. Samir Chaukhar
Dean
Dr Batras academy/Chairman MEU



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11
12
13

16/4/2026

Attendance of MEU meeting held on 16th April 2026

(2/2)

The MEU meeting on 16th April 2026 was attended by following members

Name of Member	Mode of attendance
Dr Samir Chaukhar	Offline
Dr Tejal Ajmera	Offline
Dr Shahala Nadaf	Online
Dr Anagha Sant	Online
Dr Mathu	Online
Dr Komal Dixit	Offline
Dr Mathuvenkatesan	Online



Dr. Samir Chaukhar
Dean, Dr. Batra's Academy, Mumbai

Dr Batras Academy

Institutional Ethics
Committee

Sr.
No

Name of Members

Post

Designation

Dr Dhanaji Bagal

MD Hom

VICE PRINCIPAL
Dr.G.D.Pol Foundation's
Y.M.T Homeopathic Medical
College, Kharghar, Navi Mumbai

Chairperson

Dr. Tejal Ajnera M.D(Hom)
Dr. Renuka Amin M.D(Hom)
Dr. Shahala Nadaf M.D(Hom)

Coordinator- Dr Batra's Academy
Mentor- Dr Batra's Academy
Mentor- Dr Batra's Academy

Medical Scientists

Dr Rajeshree Mayekar

M.D (Skin) DVD

Mentor- Dr Batra's Academy

Clinician

Adv Namita Pradhan
BA,LLB,LLM

Legal Expert- Dr Batra's Positive
Health Clinics

Legal Expert

Mr Ashish Chaukhar

Bsc,LLB

Founder- Vasundhara
Foundation (NGO)

Social Scientist

Dr. Prashant Tamboli
MD Hom

Professor, Dept of Statistics

Statistician
Theologian

Mr. Vishal Bhalerao

Admin Excecutive- Dr Batra's
Academy

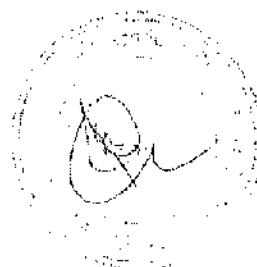
Lay Person

Dr Samir Chaukhar
M.D.(Hom)
-A

Dean- Dr Batra's Academy

Member Secretary

ociation (puh)

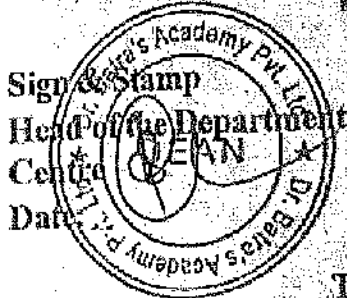


ANNEXURE - "G"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Coordinator	: Dr Sheetal Sawant
02.	Date of Birth	: 28/4/1981
03.	Address	: L 002 Country Park Society, Dattapada road, Borivali East, Mumbai 400068
04.	Mob. No.	: 9967230986
05.	E-mail id	: drsheetal28@gmail.com
06.	Nationality	: Indian
07.	Qualification in details: (attach documentary proof)	: MD (Hom), Fellowship in Homeopathic Dermatology (MUHS)
08.	Present Appointment	: Coordinator- Certificate Course in Cosmetology - Dr Batra's Academy
09.	Any other relevant information	Working with Dr Batra's as Chief Homeopathic consultant since 2012

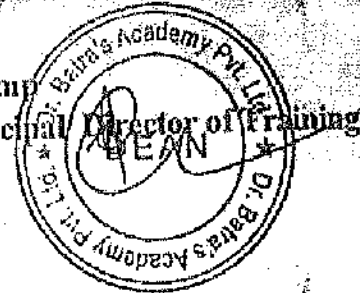
Date: 24/10/24



Training Centre Round Seal

S.D. Sawant
Sign. of Co-ordinatorSign & Stamp
Dean/ Principal Director of Training

Date:



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. Sheetal Sawant** has worked in the Department of **Homeopathic Cosmetology Course** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	2005	2025	20 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:

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

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

Shri/Smt. SAWANT SHEETAL DEEPAK

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

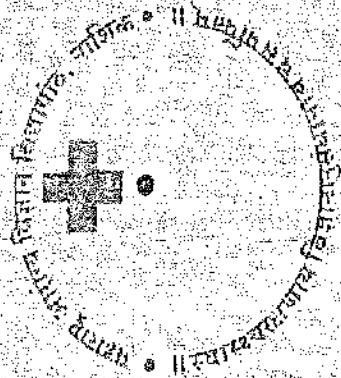
having been examined and found duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

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

PRN 3108164056
20th May 2010

Nilima K. Kulkarni
VICE-CHANCELLOR



**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन परिषद व विद्यापरिषद सदस्य प्रमाणित करतो की, नवी मुंबई येथील वाय.एम.टी.चे होमिओपॅथीक मेडीकल कॉलेज व हॉस्पिटल चे/च्या

सावंत शीतल दिपक

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.

निलिमा बीरसागर
कुलगुरु

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Sushila Sushilbhai Gorekar

Certificate No. 1000

Date of Registration 10-3-2007



THIS IS TO CERTIFY THAT

Dr. (Shri) Sant. Komari

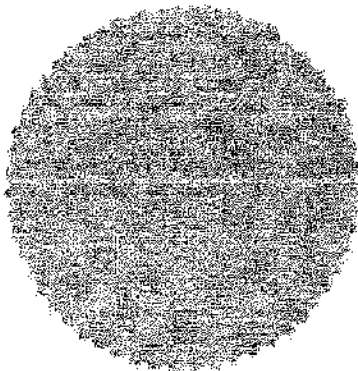
Practitioner

Dr. Sant

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 of the Registrar

Information of Member of Training Center
It shall be verified by the Head of the concerned Training Center;

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

Date: 1/26/52

Name & Sign of Operator

DR. G. K. RUDOLPH: CHA-15, CHA-16

For the use of affiliated Training Centers

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 09/2017 (amended) and University Circular No. AUIS/AUC/ACEL/736/2019 dated 10/09/2019.

Sign & Stamp
Head of the Department
Central
Date:

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

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. Gurumayin Chand Sharma** has worked in the Department of **Homeopathic Cosmetology Course** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2009	2025	16 years

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2017	2025	8 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: _____

051602



**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA**

ಶಾಲಾ ಕುಲಮುಖ್ಯಮಾನ್ಯ ಚಂದರ್ ಶರ್ಮಾ

ತಾವು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಪೂರೈಸಿದ 2017ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವವರನ್ನು ದೃಢೀಕರಿಸುತ್ತಾ

ಡಾಕ್ಟರ್ ಆಫ್ ಹೋಮಿಯೋಪತಿ ಇನ್ ಒರ್ಗನಿಕ್ ಮೀಡಿಸಿನ್ (ಆರ್ಟಿಗನಿಕ್)

ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಸಬ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರೊಂದಿಗೆ
ನಾಲ್ಕು-12ನೇ ಏಪ್ರಿಲ್ 2018 ರಂದು ನಡೆದ 20th ನೇ ಫಲಕೋತ್ತರವೆದರು

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರವಾಸ ಮಾಡಿದ್ದೇವೆ.

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

DOCTOR OF MEDICINE IN HOMOEOPATHY (ORGANON)

on

DR. GURUMAYUM CHAND SHARMA

*in recognition of fulfillment of the requirements for the said
Post Graduate Degree in the examination held during OCTOBER 2017*

*Given under the seal of the University, in the
20th Convocation held on 12 April 2018*



*Dr. M.K. Ramesh
Vice Chancellor*

Bangaluru Date: 12/04/2018

Reg. No. 54160102

College: FR. MULLER HOMOEOPATHIC MEDICAL COLLEGE, MANGALORE

ಕ್ರ.ಸಂ. 0101909



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ಗುರುಮಾಯುಮ್ ಚಂದ್ ಶರ್ಮಾ

ರವರು, ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು

ಜನವರಿ 2009 ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ವೃತ್ತೀಕರಿಸುತ್ತಾ

ಬ್ಯಾಚುಲರ್ ಆಫ್ ಹೋಮಿಯೋಪಥಿಕ್ ಮೆಡಿಸಿನ್ ಅಂಡ್ ಸರ್ಜರಿ

ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸನುಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ

ನಾವು ೩೦ನೇ ಮಾರ್ಚ್ ೨೦೧೧ ರಂದು ನಡೆದ ೧೩ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

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

BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY
on

Dr GURUMAYUM CHAND SHARMA

in recognition of fulfillment of the requirements for the said

Degree in the examination held during JANUARY 2009

Given under the seal of the University, in the

13th Convocation held on 30th March 2011



lesv
Vice-Chancellor



Bengaluru Date : 30/03/2011



Sl. No. N 19-3-15

Form B (Rev. 01)

Registration No. A 10758

The Karnataka Board of Homoeopathic System of Medicine

 Certificate of Registration

This is to Certify that Dr. GURUMAYUM CHAND SHARMA

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

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

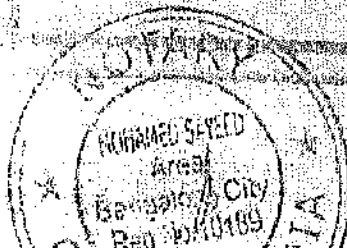
Subject to the provisions of the Karnataka Homoeopathic Practitioners Act, 1961, this certificate has been issued.

Bangalore

Date 13-07-2010




Registrar



ATTESTED TRUE COPY


MOHAMMED SAYED, Esq., LL.M.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA 09/11/17

28 NOV 2017

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

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

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

Date:

Name & sign of Mentor

For the use of affiliated Training centre

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide Clause No. 7 of the University Ordinance No. 01/2022 (Amended).

Head of the Department

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. Poonam Dand** has worked in the Department of **Homeopathic Cosmetology Course** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1999	2025	26 years

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2002	2025	23 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:

MAHARASHTRA COUNCIL OF HOMOEOPATHY
BOMBAY

This is to certify that



Shri. D. H. M. S. D. H. M. S.
having been examined in the subjects which bear up
the Diploma in Homoeopathic Medicine and Surgery
and passed the final Examination held on 1st May 1957
and having found qualified for the same, the Council of
Homoeopathic Medicine and Surgery

D. H. M. S.

has hereby conferred on D. H. M. S. D. H. M. S.
the Diploma in Homoeopathic Medicine and Surgery
and has issued the Diploma in Homoeopathic Medicine and Surgery
to D. H. M. S. D. H. M. S. on 1st May 1957.

Witness my hand and the seal of the Council of Homoeopathy
at Bombay this 1st day of May 1957.

Secretary
Maharashtra Council of Homoeopathy
Bombay

20220918_095000.jpg

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

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

Shri/Smt. SAWANT SHEETAL DEEPAK

of Y.M.T. HOMOEOPATHIC MEDICAL
COLLEGE & HOSPITAL, NAVI MUMBAI

having been examined and found
duly qualified for the

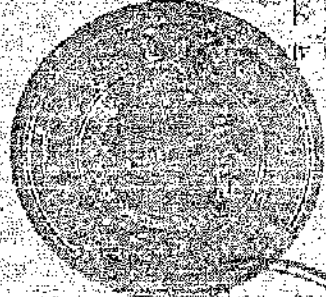
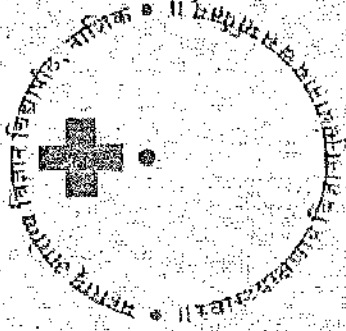
*Bachelor of Homoeopathic
Medicine & Surgery*

in July-2005
the said Degree has been
conferred on him/her.
In testimony whereof is set
the seal of the said University.

PRN 1500254051

24th April 2007

Amreshwar
VICE-CHANCELLOR



07050069

**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु,
व्यवस्थापन परिषद व विद्यापीठाचे सदस्य
प्रमाणित करतो की,
नवी मुंबई येथील वाय.एम.टी.चे
होमिओपॅथीक मेडीकल कॉलेज व
हॉस्पिटल चे/च्या

सावंत शीतल दिपक

हे/हया जुलै-२००५ मध्ये

**समचिकित्सा-वैद्यक आणि
शल्यचिकित्सा स्नातक**

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

Amreshwar
कुलगुरु

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

We the Chancellor, the President, the Vice-Chancellor, the Members of the Management Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik.

SRI/STC. DANDIPOONAM DINESH

**OF DHONDUMAMASATHE
HOMOEOPATHIC MEDICAL
COLLEGE, PUNE**

has been examined and found
satisfactory for the

United Brotherhood

of Homoeopathic Medicine

of the year

19-10-2002

The said degree has been

conferred on the holder
in testimony whereof the
University of Health Sciences

UNIVERSITY

UNIVERSITY

**MAHARASHTRA
UNIVERSITY OF HEALTH SCIENCES, NASHIK**

विमान विज्ञान, नाशिक

महाराष्ट्र विमान विज्ञान

महाराष्ट्र विमान विज्ञान

महाराष्ट्र विमान विज्ञान

महाराष्ट्र विमान विज्ञान

महाराष्ट्र विमान विज्ञान

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महाराष्ट्र विमान विज्ञान

महाराष्ट्र विमान विज्ञान

**श्रीगुरु समर्थकित्या - अथवा
आणि शल्यचिकित्सा स्नातक**

प्रवेशी वर्षीय शल्यचिकित्सा

श्रीगुरु समर्थकित्या - अथवा

आणि शल्यचिकित्सा स्नातक

आणि शल्यचिकित्सा स्नातक

UNIVERSITY

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

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

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

Date:

Name & Sign of Mentor

For the use or affiliated Training centre

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide Clause No. 7 of the University Ordinance No. 01/2022 (Amended).

Head of the Department

Signature

Dean/Principal Director of Training Centre

Signature

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. Falguni Joshi** has worked in the Department of **Homeopathic Cosmetology Course** 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	2008	2025	17 years

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

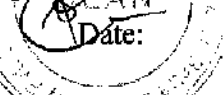
C) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for: -

No. of Publications	National / International
2	

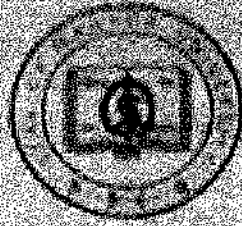
Sign & Stamp
Head of the Department

Date: 

Sign & Stamp
Dean/Principal/Head of Institute

Date: 

Nagpur University



**Bachelor of Homoeopathic
Medicine and Surgery**

(Faculty of Medicine)

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

Nagpur

Dated September 14, 1998



B. S. Chaudhary
Vice-Chancellor

**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

U-19

10511 FALGUNI
 10512 CHANDRA

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

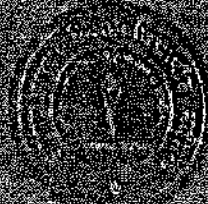
having been examined and found
duly qualified for the

Quarterly of Medicine in
Homeopathic Repertory

14 Nov 2011

The said Degree has been conferred within the University, United in Scotland, and University.

FOR CHANGES ON



पहाराष्ट्र आराम्य
विज्ञान विद्यापीठ, नागपूर

ब्राह्मण समाजपर आक्रमक विचार विचारधारा
प्रवर्तनीय प्रवृत्तियों को
प्रकाशमान पालिका विद्यापीठ के
प्रशासनिक कार्य को
नवीन सुवर्ण सभित्त ब्राह्मण समाज
प्रशासनिक विचार विचारधारा को
रूपान्तरण च/का

जोष्टी माल्यांनी प्रविष्ट

ए/तया नोकरा - २००० रुपये
ए/डा. ह्रीमितीपति
(रेपटरी)

परीक्षा-समाप्ति-पश्चात् प्रत्येक परीक्षार्थी को
 १. प्रश्न-पत्रों का निरीक्षण करके
 २. प्रश्न-पत्रों में त्रुटि-पूर्ण प्रश्नों का
 ३. प्रश्न-पत्रों में त्रुटि-पूर्ण प्रश्नों का
 ४. प्रश्न-पत्रों में त्रुटि-पूर्ण प्रश्नों का

**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

Mr. **JOSHI FAUGUNI
PRAVINCHANDRA**

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

having been examined and found
duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

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

[Signature]

VICE-CHANCELLOR

**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**

आम्ही, महाप्रिंट, उपप्रिंट, विज्ञान विद्यापीठाचे
कुलपति, उपकुलपति, कुलगुरू,
कार्यवाहक परिषद व विद्यापीठ सदस्य
प्रमाणित करतो की,
नवी मुंबई येथील आय एम टी वी
होमिओपॅथीक मेडिकल कॉलेज व
हॉस्पिटल यांच्या वतीने

जोशी फागुनी प्रविणचंद्र

हे/ह्या नोव्हेंबर - २००८ मध्ये

एम.डी. होमिओपॅथी
(रेपर्टरी)

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



[Signature]

VICE-CHANCELLOR

1960

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Mumbai

Similia Similibus Curentur

Certificate No. 27300

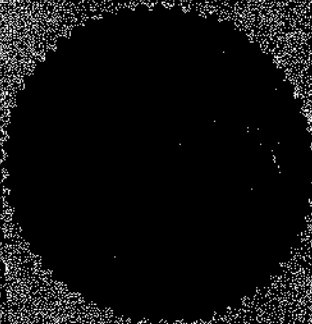
Date of Registration

This is to certify that Dr. Miss. Jeeba Falguni Karmacharya

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.

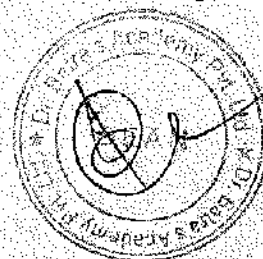


[Signature]
Registrar

2019/4/13 19:43

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 Almera	1)Usefulness of Homeopathy in Perianal Condylomata Acuminata 2)Efficacy of Homeopathic Treatment in Preventing Progression to Erythrodermic Psoriasis: A Case Study 3)Homoeopathic 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 Trac	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



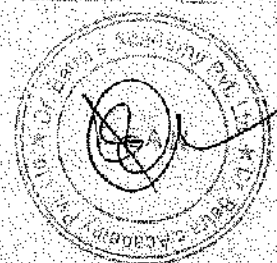
www.drbatras.com



01-22-2267-1000

RESPIRATORY AND ALLERGIES			
Sr. No		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	Mumbai
4	Dr Shobha Shah	2. HOMEOPATHIC MANAGEMENT OF SINUSITIS	Mumbai
5	Dr Gurumayum Sharma	1) Post COVID Phobia ,2) Why do I Suffer wrongly	Mumbai
		Guttate Psoriasis Treated With Homeopathy - A Case Report	Bangalore

Oncology			
Sr. No		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 tonsillar	Nashik
3	Dr Tanvir Hussain	Homeopathic 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 homeopathy 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, theime 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.

