



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel: (0253) 2539156/197, Student Helpline: (0253) 2539111/6659111
Website: www.muhs.ac.in, E-mail: fccc@muhs.ac.in



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, Team Dermatology with an Intake Capacity of 50 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 Tejal Ajmera

Mobile/Telephone no.: 9870745574

e-mail id: drtejalajmerachhabra@gmail.com



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

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

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

डॉ. राजेंद्र शिवाजी बंगाल

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

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S, M.D. (Forensic Medicine), D.N.B, L.L.B.

Registrar

MUHS/FC-CC/141111/037/2024

BY E-MAIL & SPEED POST

Date: 14/11/2024

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

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

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

Sir/ Madam,

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

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

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

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

(P.T.O.)

Professional Teaching Experience Certificate for Fellowship Courses Director

Title of the Course applied for:- Fellowship Course in Homeopathic DermatologyThis to Certify that Dr Samir Awinash Chaukhar has worked in the Department of Dr Batra's Academy Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	Jan 1993	Till date	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 Chaukar Age: 53 years (Date of Birth) 14/10/1969

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

Teaching Experience

Designation	Institution	From	To	Total Exp.
Demonstrator	Y.M.T.Hom.College, Mumbai	1/12/1993	30/11/1996	3 years
Lecturer	Y.M.T.Hom.College, Mumbai	1/12/1996	14/8/1999	2 years 8 months
	Y.M.T.Hom.College, Mumbai	16/6/2000	15/9/2001	1 year 3 months
Reader	Y.M.T.Hom.College, Mumbai	16/9/2001 – 15/9/2004		3 years
Professor	Y.M.T.Hom.College, Mumbai	16/9/2004- 11/9/2008		4 years
Head- Training/Dean	Dr Batras academy, Mumbai	12/9/2008- till date		16years
		Total		31 years

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Dr Batra's Positive Health Clinic Pvt.Ltd	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob:9892166616	Tele:022-33671200
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: 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 , Kashimira, Mira Road, Thane	
	ii) Nursing Home Registration No.		
04	iii) Establishment Year		
	i) Name of the Training Centre /Institute where course is to be conducted:	Dr Batra's Academy, Mumbai	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072 Mob:9892166616	
	iii) Contact Details:		
	iv) E-mail ID:		
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course: Fellowship Course in Homeopathic Dermatology. Approved Intake Capacity-50 Affiliated Since 2015	

	Certificate Course in cosmetology 1) Certificate Course in Homeopathic Cosmetology and Aesthetics Approved Intake Capacity-21 Affiliated Since 2022 2) Certificate Course in Hom management of Allergies and Respiratory ailments Approved Intake Capacity-28 Affiliated Since 2022 3) Certificate Course in Homeopathic Oncology Approved Intake Capacity- 50 Affiliated since 2024-25
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 20/12/20 NEFT/AXISPC0586727004/01191224229 24 NAS/HDFC0000084
06 Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes
07 Budgetary provision for the FC/CC/DC for the next 03 years	Yes
08 Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated 27 th April 2022
	Copy of Management Resolution attached?
	*Yes

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

3. Central Library

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

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	5	
3	Foreign		

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

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

- Internet / Med pub / Photocopy facility: **available**

- Library opening times: **10-5 PM**

- Reading facility out of routine library hours: **available**

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

4. Recreational facilities:

Not available

- Play grounds Gymnasium

5. Hostel Accommodation: NA

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

6. Residential accommodation for Staff / Paramedical staff : NA

7. Ethical Committee (Constitution) : YES

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

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

HOSPITAL INFORMATION

ANNEXURE – “C”

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

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

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

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

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

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

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

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

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

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

5 Casualty:/ Emergency Department:

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

6 Blood Bank:

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

7. Central Laboratory:

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

8. Central supply of Oxygen / Suction: Available
9. Central Sterilization Department Available
10. Ambulance (Functional) Available
11. Laundry: Outsourced
12. Kitchen Available
13. Incinerator: Functional / Non functional Outsourced
14. Bio-Medical waste disposal Outsourced
15. Generator facility Available
16. Medical Record Section: Computerized
 • ICD X classification Used / Not used
- Sign & Stamp
 Head of the Department
 Centre Date: Date:
- Sign & Stamp
 Dean/ Principal/ Director of Training

ANNEXURE "D"**DEPARTMENTAL INFORMATION**

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

1. Fellowship Specialty Department to be inspected: **DERMATOLOGY**
2. Date on which independent department of: functioning concerned specialty was created and started- 2016

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

Sr. No	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr Samir Chaukhar	Full Time	Dean/Mentor	MD (Hom)	20 years
2	Dr Rajan T.D.	Part Time	Professor	MD(Skin)	31 years
3	Dr Tejal Patel	Full Time	Mentor	MD (Hom)	15 years
4	Dr Renuka Amin	Full Time	Mentor	MD(Hom)	16 years
5	Dr Mathu Venkatesan	Full Time	Mentor	MD (Hom)	19 years
6	Dr Shahala Nadaf	Full Time	Mentor	MD (Hom)	25 years
7	Dr Monali Kulkarni	Full Time	Mentor	MD (Hom)	18 years
8	Dr Lakshmi Engineer	Full Time	Mentor	MD(Hom)	19 years
9	Dr Anagha Sant	Full Time	Mentor	MD(Hom)	16 years

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

Yes/No: Yes

since when: 2015

4. Specialty Department Infrastructure Details :

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

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

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2022-23	FCHD	35	Dr Samir Chaukhar, Dr Renuka Amin, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Tejal, Dr Lakshmi, Dr Anagha Sant
2023-24	FCHD	47	Dr Samir Chaukhar, Dr Renuka Amin, Dr Tejal Ajmera, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Lakshmi, Dr Anagha Sant, Dr Monali Kulkarni
2024-25	FCHD	45	Dr Samir Chaukhar, Dr Renuka Amin, Dr Tejal Ajmera, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Lakshmi, Dr Anagha Sant, Dr Monali Kulkarni
2025-26	FCHD		Dr Samir Chaukhar, Dr Renuka Amin, Dr Tejal Ajmera, Dr Shahala Nadaf, Dr Mathu Venkatesan, Dr Lakshmi, Dr Anagha Sant, Dr Monali Kulkarni

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

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

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

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

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

3. Intensive care Service provided by the Department: NA

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

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended (Jan-May)	Name of Clinic In-charge
1	Sakinaka	Mon-Sunday	10-8 pm	Hair- 125/Skin-105	Dr Swaroop Sampat
2	Ghatkopar	Mon-Sunday	10-8 pm	Hair- 90/Skin-88	Dr Komal Dixit
3	Borivali	Mon-Sunday	10-8 pm	Hair-200/ Skin-105	Dr Sejal Parekar
4	Thane	Mon-Sunday	10-8 pm	Hair-152/Skin-98	Dr Ram
5	Khar	Mon-Sunday	10-8 pm	Hair- 115/Skin-98	Dr Manisha Mehboobani
6	Chowpatty	Mon-Sunday	10-8 pm	Hair- 142/Skin-87	Dr Sultan Ali
7	Lokhandwala	Mon-Sunday	10-8 pm	Hair- 160/ Skin-120	Dr Shahid Saadan

5. Services provided by the Department:

i. Services

i. Video Microscopy

ii. Mesotherapy

iii. Gro Hair

iv. New Hair

v. Derma Heal

vi. Woodslamp

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

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

6. Space:

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

7. Office space:

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

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

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

ANNEXURE - "E"

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

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

Date: - 15/12/25

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 – “F”**Information of Mentor of Training Centre**
It shall be verified by the Head of the concerned Training Center,

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

Date: -15/12/25

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

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

Date: 15/12/18

Sign of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

ANNEXURE – "H"

DECLARATION

I, Dean of the Dr Batra's Academy, Mumbai solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure-F are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year 2025-2026, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-F are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure-F are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

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

This declaration is voluntarily signed by me on at Mumbai

Date: 15/12/25

Place: Mumbai



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



Mailbox of drsamir.chaukkar@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

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From: Manish Bijam [mailto:manish.bijam@drbatras.com]**Sent:** 19 December 2025 04:19:PM**To:** 'drsamir.chaukkar@drbatras.com'**Subject:** Affiliation fees 25-26**Importance:** High

Dear Dr

Year 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/AXISP00749489435/0109122524566_16/REGISTRAR MUHS NAS/HDFC0000064	40,000.00
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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, 1958 (Act I of 1958))

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, 1958, 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, 1958 and approval of the Central Govt.

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

ROC/Dele/U/S31(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

2004



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

NEED STANDARDS give the name of the company as existing prior to the change.
CERTIFIED AS TRUE

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

I, S.R

an psychiatric association)

, N.S.

vi

cer, C.K.J.R.



ENTRY

INTERIORS
UPPER HOUSE

INTERIORS

Dr. EATRA - Andheri

FOR TITLE: **INFORMATION**

ONCE THE FLARE-UP IS OVER

SCALE: 10 TO PAPER DATE: 27, 1934

REVISION NO: 20

11/10/2014 11:10 AM

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

[illegible]

PRODUCED BY AFRICAN EDUCATIONAL PRODUCTS

Original/Duplicate
सी.ए.ए. नं. : 39म
Regn.: 32M

[illegible]

भाषासी क्र.: 14084 दिनांक: 03/08/2023

₹. 1680.00

आणगांव मूळ वस्त्र, भंडनेन प्रिंट, मुन्नी-२ अंदाजे
1:58 PM ह्या वेळेस मिळेल.

सह.दु.नि.अंश-3.

बजट मुख्य: रु. 750000/-
 मोबाइल रु. 165000/-
 नगरीय सुद्रांक शुल्क: रु. 19500/-

हम, एन. गोविन्दराव
सह मुख्य निदेशक, अंधी क ३,
मुंबई उपनगर जिल्हा.

1) देणकाचा प्रकार: DHO स्कॉलर रु.660/-
 ऑडी/अमर्त्येश्वरी ऑर्डर क्रमांक: 0208202314107 दिनांक: 03/05/2023
 कॅम्पे नाव व पत्ता:

2) देणकाचा प्रकार: sChallan स्कॉलर रु.1000/-
 ऑडी/अमर्त्येश्वरी ऑर्डर क्रमांक: MH006078324202324 दिनांक: 03/08/2023
 कॅम्पे नाव व पत्ता:

REGISTERED ORIGINAL DOCUMENT
DELIVERED JUL 7 AUG 2022

CHALLAN
MTR Form Number-3



GRN	MH008078324202324M		BARCODE	[Barcode]		Date	01/08/2023-21:40:40		Form ID	36A																									
Department: Inspector General Of Registration						Payer Details																													
Stamp Duty						TAX ID / TAN (If Any)																													
Type of Payment: Registration Fee						PAN No.(If Applicable)																													
Office Name: BDRS ANDHERI NO 3 SUB REGISTRAR						Full Name			A A Toshli																										
Location: MUMBAI						File/Book No.			Office Premises: 2nd Floor, H. Kharilal Building,																										
Year: 2023-2024 One Time						Premises/Building																													
Account Head Details				Amount In Rs.		Road/Street			H. Kharilal Compound, Xuna Andheri Road, Sakinaka,																										
0030045501 Stamp Duty				19600.00		Area/Locality			Mumbai																										
0030063301 Registration Fee				1000.00		Town/City/District																													
						PIN			4 0 6 0 7 2																										
Remarks (If Any)						Second Party Name = Dr Balra Positive Health Products Limited ~																													
Defaced Amount: 20500.00						Amount In Words			Twenty Thousand Five Hundred Rupees Only																										
Payment Details: PUNJAB NATIONAL BANK						FOR USE IN RECEIVING BANK																													
Cheque/DD Details						Bank CIN			Ref. No.																										
Cheque/DD No.						Bank Date			RBI Date																										
Name of Bank						Bank Branch			PUNJAB NATIONAL BANK																										
Name of Branch						Branch No. / Date			1, 03/08/2023																										
Department ID: [Blank] NOTE: This challan is valid for document to be registered in Sub Registrar office only. Not valid for unregistered document. Mobile No.: 9826187945																																			
Challan Defaced Details <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Remarks</th> <th>Defacement No.</th> <th>Defacement Date</th> <th>Usoid</th> <th>Defacement Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>(S) 378-12889</td> <td>0003189180202324</td> <td>03/08/2023-13:55:01</td> <td>IGR188</td> <td>1000.00</td> </tr> <tr> <td>2</td> <td>(S) 378-12889</td> <td>0003189180202324</td> <td>03/08/2023-13:55:01</td> <td>IGR188</td> <td>19500.00</td> </tr> <tr> <td colspan="5">Total Defacement Amount</td> <td>20,500.00</td> </tr> </tbody> </table>												Sr. No.	Remarks	Defacement No.	Defacement Date	Usoid	Defacement Amount	1	(S) 378-12889	0003189180202324	03/08/2023-13:55:01	IGR188	1000.00	2	(S) 378-12889	0003189180202324	03/08/2023-13:55:01	IGR188	19500.00	Total Defacement Amount					20,500.00
Sr. No.	Remarks	Defacement No.	Defacement Date	Usoid	Defacement Amount																														
1	(S) 378-12889	0003189180202324	03/08/2023-13:55:01	IGR188	1000.00																														
2	(S) 378-12889	0003189180202324	03/08/2023-13:55:01	IGR188	19500.00																														
Total Defacement Amount					20,500.00																														



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

Receipt of Document Handling Charges

PRN 0208202314107

Receipt Date 03/08/2023

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

DEFACED

₹ 680

DEFACED

Payment Details

Bank Name PUNB

Payment Date 02/08/2023

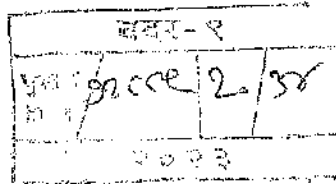
Bank CIN 10004152023080213207

REF No. 456643702

Deface No 0208202314107D

Deface Date 03/08/2023

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



CHALLAN
MTR Form Number-6



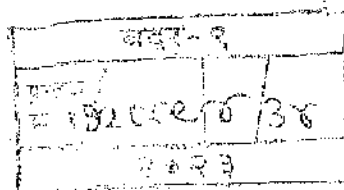
GRN	M/006078282202324M	BARCODE	[Barcode]		Date	01/09/2023 21:36:30		Form ID	38A	
Department Inspector General Of Registration					Payer Details					
Stamp Duty					TAX ID / TAN (If Any)					
Type of Payment Registration Fee					PAN No.(If Applicable)					
Office Name BDRS ANCHER NO 2 SUB REGISTRAR					Full Name		A A Teyals			
Location MUMBAI					Flat/Block No.		Offices Premises, 2nd Floor, H.Karve Building,			
Year 2023-2024 One Time					Road/Street		H.Karve Road, Sakinaka, Andheri			
Account Head Details				Amount In Rs.		Area/Locality		Mumbai		
0030045501 Stamp Duty				15500.00		Town/City/District				
0030083301 Registration Fee				1000.00		PIN		4 0 0 0 7 2		
Remarks (If Any)					Second Party Name = Dr Baiga Positive Health Clinic Private Limited					
Total					20,500.00		Words Twenty Thousand Five Hundred Rupees Only			
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque/DD Details					Bank CHQ Ref. No.		0300817/2023050200PAC		0205234894851	
Cheque/DD No.					Bank Date RIN Date		02/08/2023 -13:50:52		Not Verified with RBI	
Name of Bank					Bank Branch		PUNJAB NATIONAL BANK			
Name of Branch					Scrill No., Date		Not Verified with Scrill			
Mobile No.: 9820187061										

Department NO: _____
 NOTE: This challan is valid for document to be registered in Sub Registrar office only. Not valid for unregistered document.
 साक्षर चालन योग्य दस्तावेज निकासक कार्यालयस्य कार्यालयीन प्रयोगासाठी वैध आहे. नोंदणी न करता येईल. दस्तावेजाची नोंद करणे गरजेचे आहे.



बदर-९			
पुस्तक	अ १०२५१२	३	३४
१०२३			

Department of Stamp & Registration, Maharashtra	
Receipt of Document Handling Charges	
PRN 0208202314127	Date 02/08/2023
Received from A A Textile, Mobile number 9820167045, an amount of Rs.880/-, 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 16004162023080210007	REF No. 306623702
This is computer generated receipt, hence no signature is required.	



LEAVE & LICENSE AGREEMENT

THIS LEAVE & LICENSE AGREEMENT

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



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

(PAN NO. ABDPS8819H)

2. **ATUL K SHAH (PAN NO. AAQPS2041F)**

3. **DIVYA P SHAH (PAN NO. AAQPS2047D)**

4. **PARAS A SHAH (PAN NO. BOOPS8572J)**

बदर-९		
पुस्तक	क्र. १/१२५५५	३४
१०२३		

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

AND

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

For A. A TEXTILE

PROD/101

Atul Kantilal

Divya P. Shah

P. A. Shah

Atul

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, Kuria - Andheri Road, Sakinaka, Mumbai - 400 072 admeasuring about 2000 sq.ft. built up (Approx.) situated at land CTS No. 704 of Village Marol, Taluka Andheri, Mumbai Suburban District (hereinafter referred to as the said Licensed Premises).
- (b) The Licensee who are in need of suitable premises for a temporary period of 45 (fourty-Five) months from 01.04.2023 to 31.12.2026 for the purpose of its business requirements has approached and requested the Licensors to allow the Licensee to use and occupy the said Licensed Premises on temporary basis of 45 (Fourty-Five) months from 01.04.2023 to 31.12.2026 for the business requirements of the Licensee, which the Licensors have agreed.
- (c) In pursuance of the above, the Licensors have agreed to allow the Licensee to use the said Licensed Premises, admeasuring 2000 sq. ft. built up (Approx.)
- (d) The parties are desirous of reducing into writing the principal terms and conditions governing their mutual agreement as under:



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

The Licensors hereby allow and permits the Licensee to use and occupy the said Licensed Premises for a period of 45 (Fourty-Five) months, which period shall deemed to be commenced on and from 01.04.2023 and terminate on 31.12.2026.

From	01.04.2023
To	31.12.2026
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.

EXTREME
PL

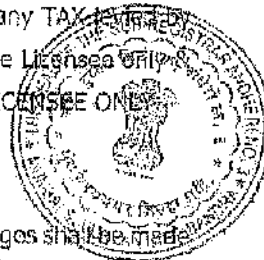
Atul

Divya

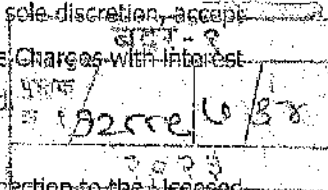
P. A. Shah

Bole

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



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



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

For A. A. TEXTILE
PL

Atul Shah
Atul Shah

B. Shah
B. Shah

P. A. Shah
P. A. Shah

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. 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 tenable 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.

19/05/2022

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

AA TEXTILE
PL

Atul K Shah

Divya P Shah

P.A. Shah

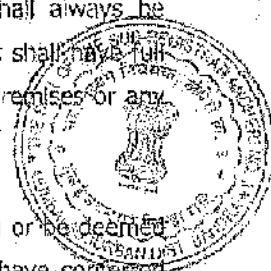
Atul

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.



मुद्रांक	192555	38
श	2023	

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 /

Atul Singh

Atul Singh

P. A. Shah

Dirya P. R.

P. A. Shah

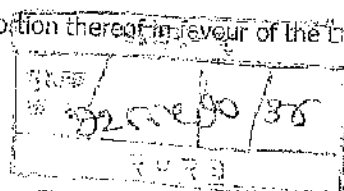
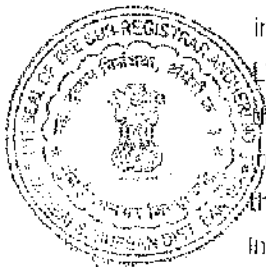
P. A. Shah

[Signature]

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

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

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



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

For A. A. TEXTILE
Ph

Blue ink stamp

Stamp Duty

P.A. Shah

Red ink stamp

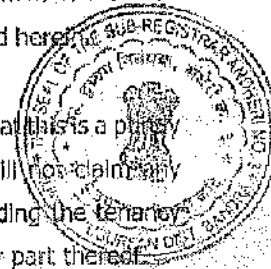
17. It is specifically agreed that if the Licensee fails to handover the vacant and peaceful possession of the said Licensed Premises to the Licensors upon the expiry or earlier termination of this agreement by efflux of time or otherwise then the Licensors shall have full right and authority to enter 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 tenable condition and all expenses in respect thereof shall be borne and paid by the Licensee only. No claims and / or demands on this account shall be entertained under any circumstances by the Licensors.

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



DATE	
19/02/2023	38
2023	

For A.A. TEXTILE
PT

Atul

Divya P L

P.A. Shetty

Shetty

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.



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

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

For A.A. TEXTILE

Paul Andrew

CHIMP P. L.

P. A. Shale

8

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.

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.



32/03/2020

For A. A. TEXTILE
PL

Proprietor

Atul Kumar

Atul Kumar

Divya P. S.

P. A. Shetty

P. A. Shetty

20/03/2020

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

SCHEDULE OF THE PROPERTY

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

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

For A. A. TEXTILE

PL

Proprietor

Mr. K. R. ... S. ...
Atul ... Divya P. ... P. A. ...

...



BCT-9	
...	...
...	...
...	...

SIGNED, SEALED AND DELIVERED
by the within named LICENSORS

A.A TEXTILE (Proprietor PANKAJ K SHAH)

& For A. A. TEXTILE

P.K.

MR. ATUL K SHAH

Proprietor

&

Atul K Shah

Mrs. Divya P Shah

&

Divya P. Shah

MR. PARAS A SHAH

P. A. Shah

SIGNED, SEALED AND DELIVERED
by the Within named LICENSEE

Dr. Batras' Positive Health)

Clinic Private Limited through.)

Its Authorized Signatory)

Mr. Jeetendra Suresh Jadhav

As per Board Resolution

In the presence of



In the presence of

1. *[Signature]*

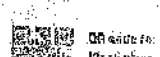
2. *[Signature]*

SET-9	
5/10/20	24/38
2023	





257-9			
15	252	CC	9E/38
7028			



750.000.000.000

^a Data are from the 1990 census.

D. H. NEAURKA



HELP: Ctrl + F5

U.S. 10123 Tol Ema No 12-24

28. *Neurospora crassa* (fruiting body)

3. Frequency of contact with the patient

© 1994 Blackwell Science Ltd, *Journal of Clinical Pharmacy and Therapeutics*, 19, 1-6

3400387-460474

For power information, consult the registration status

~~WATER-PROOF POWER~~ 50 digit numbers and is different from the one

number

Even if missed call on total 332 5958 from your registered mobile no.

For Data Related Copyrights see 10122

For laser light, the light is concentrated in a small area, and the intensity is high. This is why laser light is used in many applications, such as in surgery, in the manufacturing of microchips, and in the measurement of distances.

100-443887-100

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... ..

Test Construction

DISCUSSION

PLEASE NOTE THAT ALL INFORMATION COMMUNICATED TO YOUR ACCOUNT IS BEING SENT TO THE MAILING ADDRESS ON FILE WITH THE CREDIT CARD COMPANY. IF YOU HAVE A NEW MAILING ADDRESS, PLEASE CALL THE CREDIT CARD COMPANY TO UPDATE YOUR RECORDS. IF YOU HAVE A NEW MAILING ADDRESS, PLEASE CALL THE CREDIT CARD COMPANY TO UPDATE YOUR RECORDS. IF YOU HAVE A NEW MAILING ADDRESS, PLEASE CALL THE CREDIT CARD COMPANY TO UPDATE YOUR RECORDS.

[illegible]

Feature	Rate	Amount (\$)
Standard Energy (KWHs to 250,000)		
1. Base Charge		445.00
2. Vibration Charge		1256.40
3. Green power Tarif	0.00000	0.00
4. Energy charge		10922.40
5. Fuel Adjustment Charge (FAC) \$	0.60/kWh	0.00
6. Guaranteed electricity cost	21.00%	972.61
7. Administrative Base Rate on rate of electricity	34.02% incl	1110.24
(A) Current month's bill amount (Sum of 1 to 7)		3495.65
a. Utility		0.00
b. Delayed payment charge on previous month bill		470.51
c. Digital Payment Discount		0.00
d. Repetitive Bill discount		0.00
e. Energy Star discount		0.00
f. Subsidies		0.00
(B) Net other charges in current bill (Sum of a to f)		470.51
Current Month charges (A+B)		3966.16
Previous month's bill amount		3495.65
Payment received by 15-07-2023		4230.00
Principal payment discount		0.00
(C) Net previous balance		7331.06
Total bill for this month		49182.30
Electric charges		0.00
Read this Policy with this bill		40120.00

- Available on over-the-counter Visit <http://www.merck.com/medwatch>
- Best discount at its lowest price
- In one month one copy available per year
- To obtain for unpaid being used

[illegible]

2014年12月31日 12:00 截止
 2015年1月1日 12:00 截止
 2015年1月1日 12:00 截止

ROSEMAN School Hospital, Bronx, New York; David C. Clark, S.D.
Hofstra College, Hempstead, New York; Joseph J. Conner
CONRAD FINEBERG, RIATON
FRANK JACOBSON
BETHEL BAKER-GRIFFIN

- 7% pay on the whole amount outstanding by year
- One time interest on MDS (including balance)
- Rs. 10 percent per month if you pay for services E after the trial
 period will be guaranteed, but after the trial will be
 without a guarantee for more details
- As per the 2% interest on Security Deposit is at the bank rate declared
 by RBI on 1st April of the financial year. For FY 2023-24 it is 6.50%
- Electricity charges cost of Maharashtra electricity board on
 SLIP on Rs. 25/- per unit of 24, 10, 20 and
 Rs. 20, 20, 20/- Electricity of 14, 14, 14, 2020, The cost of electricity
 as per Govt. of Maharashtra and Maharashtra
 Electricity Board (MSEDCL) of 2018-2019

11

Scan this QR code for
Veritas Pay Centre (link to bill payment)

ADMINISTRATIVE SUBJECTS (A)

[illegible]

- [illegible]



आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
2464 2387 8507
आधार - सामान्य मापसत्या अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
ATUL KANTIL SHAM
KANTIL SHAM
18/12/1975
AADP50041F
Atul Kantil

For A. A. TEXTILES
P.L.
Proprietor

आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
6070 4166 9383
आधार - सामान्य मापसत्या अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
ATUL KANTIL SHAM
KANTIL SHAM
18/12/1975
AADP50041F
Atul Kantil

Atul Kantil

आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
4158 4945 9527
आधार - सामान्य मापसत्या अधिकार



आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
ATUL KANTIL SHAM
KANTIL SHAM
18/12/1975
AADP50041F
Atul Kantil

Atul Kantil

आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
3615 2805 4290
आधार - सामान्य मापसत्या अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT
GOVT. OF INDIA
PARAS ATUL SHAM
ATUL KANTIL SHAM
02/09/1989
AADP50041F
P.A. Sham

P.A. Sham

सदर-२
मूल्य रु २७२५९९५८/३४
२०२३


GOVERNMENT OF INDIA
 श्री. सुरेश जाधव
 Jadhav Suresh Jadhav
 जन्म १९६१ / Year of Birth: 1961
 पुणे / Pune

4212 5984 2133

अधिकार - सामान्य माणसाचा अधिकार

Unique Identification Authority of India
 सहायक निदेशक (आयडी),
 १०१ एच २, वि. भवन
 न्यायपालिका भवन, जय. भवन, अंधार
 पुणे, महाराष्ट्र, ४११००५

Address: 101 H 2, Vihar Bhavan,
 High Court Building, Jay Bhavan
 Bhavan, Court, Bhavan, Pune
 Maharashtra, 411005

4212 5984 2133

INCOME TAX DEPARTMENT **GOVT. OF INDIA**
 JESSENDRA SURESH JADHAV
 SURESH DASTAWEY JADHAV
 171131685
 KOP 40872



Bohla

वर्ग - १		
१९२८९२०	३१	
००२३		

भारत सरकार
Government of India

संयुक्त
SAINT LAL
विश्व विद्यालय-15-671998
पुरुष MALE

8021 7638 9981
VID: 8195 2022 4383 0056

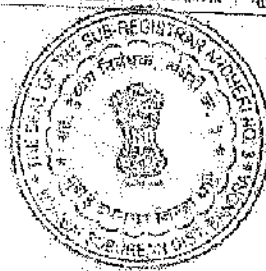
मोबा: 974472, 97471, 97472

भारतीय पहचान एवं पंजीकरण प्राधिकरण
National Identification Authority of India

विवरण
पुरुष, 15-671998, विश्व विद्यालय, पुरुष, 15-671998

Address:
612, Subash Road, 15-671998, 15-671998
Chennai, Tamil Nadu
India, Pincode: 600016

8021 7638 9981
VID: 8195 2022 4383 0056



बदल-९	
पुस्तक	29/31
क्र. 192502	2023

HEALTHCARE

Healing people. Changing lives.

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY DR. BATRA'S POSITIVE HEALTH CLINIC PRIVATE LIMITED HELD ON 26TH JULY 2023 AT THE REGISTERED OFFICE ADDRESS OF THE COMPANY AT 11,00A.M.

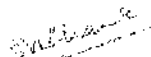
Registration of Property at Sakinaka

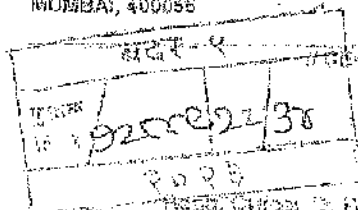
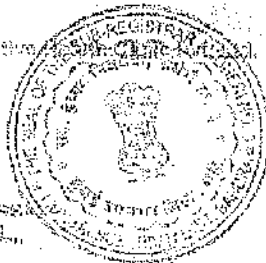
"RESOLVED THAT Mr. Jeetendra Jadhav - Executive Operations- Administration of the Company, whose specimen signature is appended here below, be and is hereby authorized to execute, register/lease/cancellation of property of the Company, to take all the necessary actions including registration/De registration of Lease Deed, and to sign all the necessary applications, forms, documents etc., only for Company's property by the name of Dr. Batra's Positive Health Clinic Pvt Ltd situated at 2nd Floor, H Keshavl 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. Shilpa Sawade
(Director)
DIN-0356750
A-302, ROYAL CHASSA
NEXT TO CITY MALL,
NEW LINK ROAD,
ANDHERI EAST,
MUMBAI, 400055



DECLARED TO BE TRUE COPY

Page 01/001 Dr. Batra's Positive Health Clinic Pvt. Ltd.
Keshavl Compound, 2nd Floor, Andheri Kurla Road, Sakinaka, Andheri East, Mumbai - 400072.
T: 022-2611 1202 | E: info@drbatras.com | CIN: U03100M11905PTC116005



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विश्वनाथ चिन्मणी
Jethanand Vishnudas Chinnani

जन्म तिथि / DOB: 05/08/1954

पुरुष / MALE

Mobile No.: 9820187045

7519 4871 8488

VID: 0187 7212 9874 2741

माझे आधार, माझी ओळख



भारतीय एकिकृत पहचान प्रमाणिका
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:
603 स्वयंसेवा, गोल मल्ला, गोल
मल्ला, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

Address:
603 Swaseva, Gool malla, Gool
malla, ULHASNAGAR, Thane,
Thane, Maharashtra - 421001

7519 4871 8488
VID: 0187 7212 9874 2741



भारत सरकार
GOVERNMENT OF INDIA

वर्ग-९	
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FORM - 2		
DATE	28/03/2023	38
2023		



भारत सरकार
GOVERNMENT OF INDIA



जेथानंद विश्वनाथ चिमगली
Jethanand Vishwanath Chimgali
जन्म तिथि / DOB: 02/04/1981
पुरुष / MALE
Mobile No: 9820187046

7618 4071 8498
VID: 8127 7212 8874 2711

माझे आधार, माझी ओळख



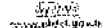
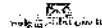
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राष्ट्रीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
803 स्वयं सेवक, गोड मंडी, गोड मंडी, उल्हासनगर
1, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

Address:
803 Swamy Sevak, God Mandi, God
Mandi, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7618 4071 8498
VID: 8127 7212 8874 2711



Handwritten signature/initials



OFFICE OF	
DATE	9/25/38
1938	



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विश्वनाथ चिमनानी
Jethanand Vishwanath Chimanani
जन्म तिथि / DOB: 23/04/1964
पुल्ल / MALE
Mobile No.: 9828437648

7519 4071 8498
UID : 3127 7212 8974 271

माझे आधार, माझी ओळख



ल.स. - ९	
पुल्ल	म. 1320002/38
००९३	

भारतीय विदेशी वृत्तव्य प्राधिकरण
INDIAN OVERSEAS INFORMATION AUTHORITY OF INDIA

पता:
603, लोदी अपार्टमेंट, गोल मल्लान, वरुणागर
1, वरुणागर, ठाणे,
महाराष्ट्र - 401001

Address:
603, Lodi apt, goal maidan, varu
nagar, 1, Varunagar, Thane,
Maharashtra - 401001

7519 4071 8498
UID : 3127 7212 8974 271



भारतीय विदेशी वृत्तव्य प्राधिकरण
INDIAN OVERSEAS INFORMATION AUTHORITY OF INDIA



पत्र-९	
दिनांक	१२/१२/३४
२०४३	



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विश्वनाथ चन्मनानी
Jethanand Vishandas Channanani

जन्म तिथि / DOB: 03/04/1964

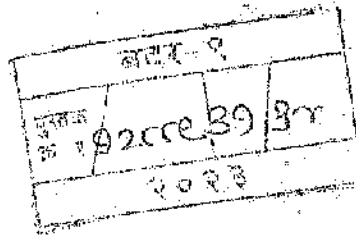
पुत्र / MALE

Mobile No.: 9826187646

7519 4871 8498

VID: 8107 7212 5974 2711

माझी आधार, माझी ओळख



भारतीय विश्वविद्यालय प्रशासन
INDIAN UNIVERSITY ADMINISTRATION

पता: ६०३ स्वर्ण अपार्ट, पोस्ट मार्ग, उल्हासनगर
१, उल्हासनगर, ठाणे,
४०१००१

Address:
603 Swarn apt, post mardan, ulhasnagar,
ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4871 8498

VID: 8107 7212 5974 2711



१०२२ १०२२ १०२२ १०२२ १०२२ १०२२ १०२२ १०२२ १०२२ १०२२



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1023	

गुरुवार, 03 अगस्त 2023 1:36 म.नं.

Figure 2

दफ्तर क्रमांक: 12889/2023

भौलदला: रु. 1,65,000/-

मसलेंले मुद्रांक शुल्क: रु. 19,500/-

प्रावर्ती दिनांक: 03/08/2023

अ. क्र. 12389 तार दि. 03-08-2023

सावरकराणांचे तत्व: ए ए हेल्सटाईन हे प्रोफेसर पेंशन के शाह

रोजी 1:23 म.नं. वा. हायर पेक्षा.

\$ 1000.00

₹. 680.00

पृष्ठसंख्या संख्या: 34

कुल: 1580.00

भारत रुग्ण संस्थाच्याची सही:

Bala
મુદત નો અગ્રાંક ૩
સહાયક નિવૃત્તિ અધિકારી કા. ૨.

सह. नि. अ. ४
सह. नि. अ. ४

इस्तास प्रकाशः 36-अ-लिख अथ वासवतये

मुद्रांक शुल्क : Stamp Duty at 0.25 per cent on sum of rent payable for the period of agreement and the amount of non-refundable deposit and interest calculated at the rate of 12 per cent per annum on the refundable deposit will be charged throughout the state.

शिका क्र. 103/08/2023 01:33:16 PM जी. वेळ: (माहसिना)

शिकाऊ. 2 03 / 08 / 2023 01 : 35 : 35 PM जी वेळ: (सी)

[illegible]

TET-2	
25	32-38
2023	



03/08/2023 1:42:10 PM

दशम गीतखाना भाग-२

न्यायः

दिनांक: 32/08/2023

कृष्ण नमोऽर्चः : ३००९/१२०८९/२०२३

संज्ञासूत्र १३६-अ-विच्च् अउ लाग्यास्येच्

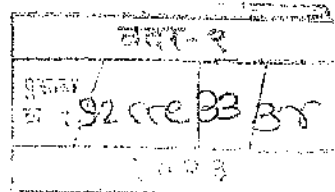
[illegible]

सहीत प्रमाणित करून देणारा कुलाकर्मीस १९७७ च्या शिक्षण विकासात्मक सेवा कला ऐनानुसार कला शिक्षक म्हणून कर्नाट, शिक्षण क्र.३ सँ वेळ:०३ / ०९ / २०२३ ०१ : ३९ : ५५ पर्यंत

भारत, -

अध्यापिका प्रमोदना अर्वा विद्यार्थीना कक्षाया पाठ्य पुस्तकांतुल्य कल्पना देवा पाठ्यां आत्मिकता, तत्वाची अंतर्गत प्रवृत्तिना

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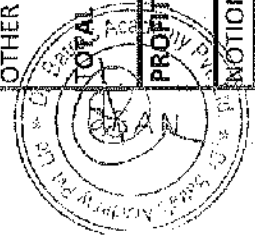
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DR BATRAS POSITIVE HEALTH CLINIC PVT LTD-UNIT- ACADEMY

Projected for next year

	Total (A)	Revenue e booked (B)	Spill over to (C)	Total	Revenue ue booked (D)	Spill over to	Revenue ue booked d (with adding	26-27 (roll over of 25-26)	26-27 (nov to march)	26-27	Spill over to
PARTICULARS	24-25	24-25	25-26	25-26	25-26	26-27	25-26			27-28	
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									6.7	6.7	3.3
MHFDA cosmetology course	4.7	4.7	0.0	1.4	1.4	0.5	1.4				
	1.6	1.6	0.0			0.0					
	0.0	0.0	0.0								
	0.9	0.9	0.0								
	1.1	1.1	0.0								
Total Revenue	46.8	31.5	15.3	45.8	15.3	31.0	30.7	31.0	30.1	61.1	29.8
DETAILS OF EXPENSES											
SALARY		23.7					24.3			25.0	
UNIVERSITY FEES (ACADEMY)		2.1					1.7			2.5	
LECTURE FEES		2.8					2.3			3.5	
OTHER ADMIN EXP		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	



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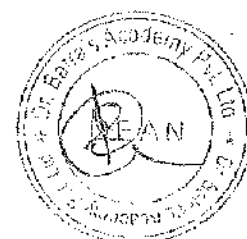
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26-27	27-28
32.3	29.5
8.6	8.4
1.5	2.0
11.5	10.0
6.7	10.0
61.1	59.9
25.0	26.0
2.5	3.0
3.5	4.0
3.5	4.0
34.5	37.0
26.6	22.9



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 Cosmetology	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
UNIVERSITY 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

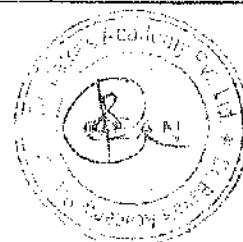


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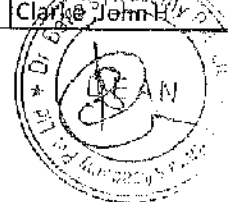
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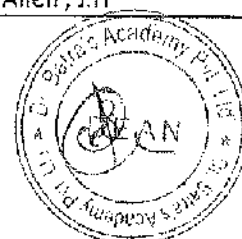
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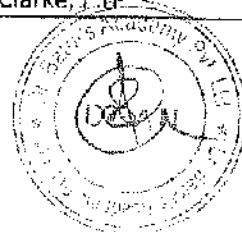
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257	Regional leaders	Nash E.B
258	Studies in the philosophy of healing	Boger, C.M
259	Practical chromopathy nature's plan of healing with light a	kulkarni, V.M.
260	The Prescriber ed. 9th	Clarke, J.H
261	Plain talks on avoided subjects	Gurernsey H.N
262	The New Cure for consumption ... ed 2nd	Burnett, J. C
263	Rheumatism	M.k Dey (Pub)
264	Gout And its cure ed - 2nd	Burnett, J. C
265	Miracles of mother tinctures with therapeutic hints and tr	Sinha, Y
266	Leaders for the use of sulphur with comparisons ed 3rd	Nash, E.B.
267	The Prescriber	Clarke, J.H
268	Specific Therapeutics ed - 2nd	Guzdar, S. J
269	Sound treatment of diarrhoea, ed 3rd	Kamthan, P.S.
270	Chronic Rheumatism	Bernoville & Rousseau
271	Homoeopathic Therapy Capable to remedy and remove gc	Kamthan, P.S.
272	Leaders for the use of sulphur with comparisons	Nash, E.B.
273	Hahnemann's Therapeutic hints ed - 3rd	Dudgeon, R. E
274	Kelp - The Health giver	Powell, F. W
275	Everyman's medicine chest	A Nelson & Co. (pub)
276	How to take the case and find the similimum ed - 3rd	Nash, E.B.
277	The schuessler's bioche - mic guide	Schuessler, W.H
278	First aid to the injured ed 39th	St John, ambulance ass
279	Non - Surgical treatment of diseases of the glands and bon	Clarke, J.H
280	Doctor durden's pocket - book ed - 10th	Durden



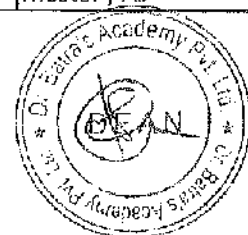
281	Park's Textbook of preventive and social medicine - 17th ed	Park, K
282	Life & Living - 2nd ed	M.L. Dhawale memorial
283	Perceiving 1 I.C.R. Kalpa - Tara Series Research in education	M.L. Dhawale memorial
284	Raw juice therapy	Lust, J.B
285	Miracles of Indian herbs - 1st ed	Singh Verma, G
286	Standard table dairy	
287	Understanding ECG Electrocardiography - 6th ed	Mehta, P.J
288	Scientific Hydropathy	kulkarni, V.M.
289	Modis text book of medical jurisprudence & toxicology - 6th ed	Modi, N.J
290	Text Book of dermatology for homeopathy - 4th ed	Gupta, R Manchanda, R
291	You can heal you life	Hey, L.L (Louise)
292	A Home guide .. Quick Bed - side prescriber	Singhal, J.N
293	Comparative Materia Medica for students	Chaukar, S.A / Sharma,
294	Comparative Materia Medica for students	Chaukar, S.A / Sharma,
295	Comparative Materia Medica for students	Chaukar, S.A / Sharma,
296	Comparative Materia Medica for students	Chaukar, S.A / Sharma,
297	Comparative Materia Medica for students	Chaukar, S.A / Sharma,
298	Comparative Materia Medica for students	Chaukar, S.A / Sharma,
299	Text book of Obstetrics - 3rd ed	Dutta, D. C
300	Text Book of Gynaecology and contraception - 13th ed	Dutta, D. C
301	Lotuse Materia Medica - 3rd ed	Murphy, R
302	Paediatrics in homeopathy	Kapse, A.R (Editor)
303	Clinical pediatrics for general practitioners	Shejwal, M.S
304	Skin Homeopathic approach to dermatology - 2nd ed	Master, F.J
305	From similia to synergy the evolution of homeopathy	Sankaran, R
306	Leader's in homeopathic therapeutics.	Nash, E.B.
307	Homeopathic materia medica	singh, S
308	Focus Materia medica	Vermeulen, F
309	Miasms, The Devious Intrigue.	Meha, k
310	Miasms, The Devious Intrigue.	Meha, k
311	Bronchial asthma and its homeopathic management	Shah, J
312	Bronchial asthma and its homeopathic management	Shah, J
313	Bronchial asthma and its homeopathic management	Shah, J
314	Bronchial asthma and its homeopathic management	Shah, J
315	Secret Lanthanides	Scholten, J.
316	Secret Lanthanides	Scholten, J.
317	Secret Lanthanides	Scholten, J.
318	Staphysagria, ...The wounded hero	Jain, B.S
319	Staphysagria, ...The wounded hero	Jain, B.S
320	The principles of homeopathic philosophy	Roy, M
321	Organon of Medicine	Hehnenmann, s.
322	Homeopathy and the elements.	scholten, J
323	The Substances of homeopathy. - 2nd ed	Shankaran, R.
324	The spirit of homeopathy - 2nd ed	Shankaran, R.
325	Comparative study on kent's materia medica	Gaskin, A.
326	A Dictionary of practical materia medica - vol -1	Clarke, J.H
327	A Dictionary of practical materia medica - vol -2	Clarke, J.H



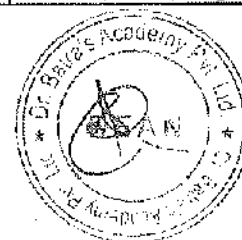
328	A Dictionary of practical materia medica vol -3	Clarke, J. H
329	Synthetic Repertory vol - 1	Barthel, H
330	Essentials of repertorization	Tiwari, S
331	The Substance of homoeopathy	Sankaran, R
332	Body Language and homoeopathy	Kulkarni, A
333	Essentials of pediatrics	Jain, P.B
334	Leucoderma ...its homoeopathic treatment	Wadia, S.R
335	Of Course you're angry .	Rosellini, G Worden, M
336	The Homoeopathic treatment of eczema	Logan, R
337	Homoeopathy & Mind (Materia Medica)	Mann, A.S. Singh, B
338	The Twelve tissue remedies of schussler ed 2nd	Boerick, W Dewey, W.A
339	Magical Herbalism	Cunningham, S
340	Drugs Addiction and its side Effects.	Refaeque, M
341	Drugs Addiction and its side Effects.	Refaeque, M
342	Children's Types .	Borland, D.M
343	Treat - Yourself' Method ed - 29th	Kirushna moorthy,
344	Be your own doctor with acupressure.	Gala, D
345	Incurable disease ? Don't despair	Gala, D
346	Life Changers	Tilakchand, K.L.
347	All is well	Tilakchand, K.L.
348	Hello Happiness...	Tilakchand, K.L.
349	Develop Leadership through public speaking	Nazareth, E.S.
350	Be your own doctor with acupressure.	Gala, D
351	The Diseases of the liver .	Burnett, J. C
352	Foods that heal..	Bakhar, H. K
353	Herbs that heal	Bakharu, H.K.
354	The water of life	Armstrong, J. W
355	Nature care treatment	Institution of naturopath
356	Foot Reflexology	Gala, D
357	Magnet Therapy	Gala, D
358	Juice - Diet for perfect health	Gala, D
359	Homoeopathy common ailments	Batra, M
360	Next Generation Practice of Homoeopathy	Krishna murthy
361	Efficacy of fasting	Gala, D
362	Ritalin Free Kids ed - 2nd	Ullman, J.R. / Ullman, R
363	Dr Bach flower.. Remedies of england	Krishna murthy
364	Pocket manual of homoeopathic materia medica and repert	Boericke, W
365	Oxford handbook of clinical surgery ed - 2nd	McLachlie, G. R. Leaper,
366	B.Jains Homoeopathic catalogue 2009	Allen, J.H
367	Handbook of the bach flower remedies	Chancellor, P.M
368	Bach Flower therapy	Scheffer, M.
369	Bach Flower remedies for everyone .	Master, F.J
370	Nosodes.the pacemakers of our materia medica	Sonawala, S. Parthasarat
371	Register of homoeopathic practitioners 2009	By Publisher
372	Changing the lifestyle	By Publisher
373	Yoga ...yogasana and pranayam for health	Sharama, P. D
374	Auckland ...The Official guide 2010-11	Not Mentioned



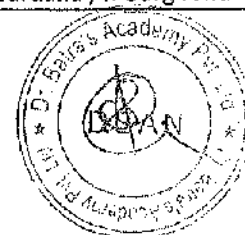
375	The Study of remedies by comparison	Roberts , H.A
376	Precautions in homoeopathic remedies	Gupta , S , C
377	The Twelve tissue remedies of schussler ed - 6th	Boerick , W Dewey , W.A
378	The Twelve tissue remedies of schussler ed - 6th	Boerick , W Dewey , W.A
379	Select your remedy	Das, B .
380	The group - remedy prescriber	Powell, E.F.W.
381	Rademacher's Universal and organ remedies	Ramseyer , A.A
382	Times of the remedies and moon phases . Ed 2nd	Boger , C.M.
383	New Remedies	Kant , J T
384	44 Remedies & 22 Eliminating rubrics	Boericke, Bidwell
385	Leading symptoms of thousand remedies	M Bhattacharya
386	Gold..As a remedy in disease.	Burnett , J .C
387	Gold..As a remedy in disease.	Burnett , J .C
388	Gray's Anatomy...Discriptive and applied ed - 34th	Davies , D.V
389	Human Anatomy	Chaurasia , B.D
390	Human Anatomy vol -1 ed - 2nd	Singh I
391	Human Anatomy vol -2 ed - 2nd	Singh I
392	Human Anatomy vol -3 ed - 2nd	
393	Text book of Obstetrics	Dutta , D.C.
394	Human Labor & Birth ed. 5th	Oxorn , H
395	Text Bood of Medical physiology	Guyton , A.C. Hall , J .E.
396	Text Bood of Medical physiology	Guyton , A.C.
397	Principles of anatomy and physiology ed - 9th	Tortora , G.J. Grabouwsk
398	The Physiological basis of medical practice	Best , C.H Taylor, N.B.
399	Physiology...perp manual for undergraduated.	Joshi, V.D
400	Human Physiology vol - 1	Chatterjee , C . C
401	Human Physiology vol - 2	Chatterjee , C . C
402	Diagnostic and statistical manual of mental disorders: Ed	Not Mentioned (Americ
403	A Concise textbook of human psychology	Sarabjeet kaur
404	Short practice of surgery ed - 23rd	Russell , R.C.G. Williams
405	A Concise textbook of surgery . Ed -3rd	Das , S
406	Bailey & Love's short practice of surgery	Rains, A.J.H Capper , W. n
407	A Manual on clinical surgery ed 3rd	Das, S
408	Under Graduate surgery	Nan, A.K.
409	Under Graduate surgery	Nan, A.K.
410	Outline of orthopaedics ed - 10th	Adams, J . C.
411	A text book of pathology	Dey , N.C / Dey , T.K
412	Basic Pathology ed - 4th	Robbins S.L Kumar, V.
413	Pathology Quick Review and MCQS ed 4th	Harsh Mohan
414	Pathology Quick Review and MCQS ed 5th	Harsh Mohan
415	Textbook of microbiology ed 4th	Ananthanarayanan panik
416	Practical pathology and microbiology ed-13th	Dey , N.C / Dey , T.K
417	Hair ...Everything you ever wanted to know	Batra A
418	Hair ...Everything you ever wanted to know	Batra A
419	Hair care ... A Complete solution to your hair problems	Dua , S
420	Hair loss ...Explained & Analysed	Master , F.J
421	Hair loss ...Explained & Analysed	Master , F.J



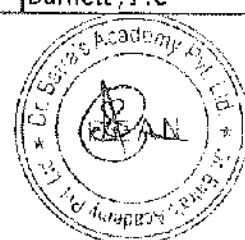
422	A Handbook on the ... Diseases of children ed 4th	Fisher , C.E.
423	Nelson Textbook of pediatrics ed-17th	Behrman , R.E Kliegman
424	Achar's Text book of pediatrics. Ed 3rd	Viswanathan, J Desai , A
425	Internal Medicine	Stein , J.H
426	API Textbook of medicine ed-7th	Shah , S.N.
427	API Textbook 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	Eimiger , 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 Bhandari
452	Pharmacology and pharmacotherapeutics vol - 2 ed 11	Satoskar , R.S Bhandari
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 ,



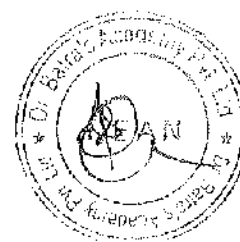
469	The Healing power of illness.	Dethlefsen, T.
470	IDR .. Indian drug review	By Publisher
471	Goodman and Gilman's the pharmacological basis of therapeutics	Gilman, A.G. / Goodman
472	Oxford handbook of clinical specialties ed - 6th	Collier, J. / Longmore, N
473	Miracles of fruits ed 5th	Verma, G.S.
474	ABC Of Medicine (with mnemonics) ed -6th	Golwalla, A.F. / Golwalla
475	Review for usmle united states medical licensing examination	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 exanthemata	Dearborn, F.M.
488	Diseases of the skin including the exanthemata	Dearborn, F.M.
489	Skin diseases ed - 2nd	Douglass, M.E.
490	Dermatology vol-1 ed -3rd	Bolognia, J.L. / Jorizzo, J
491	Dermatology vol-2 ed -3rd	Bolognia, J.L. / Jorizzo, J
492	Pediatric Dermatology vol-1 ed - 4th	Schachner, L.A. Hansen, S.
493	Pediatric Dermatology vol-2 ed - 4th	Schachner, L.A. Hansen, S.
494	Rook's Textbook of Dermatology ed - 7th vol - 2	Burns, T Breathnach, S.
495	Atlas of clinical dermatology ed - 4th vol	Vivier, A.D
496	Fitzpatrick's Dermatology in general medicine vol - 1 ed	Goldsmith, L.A. Katz, S.
497	Fitzpatrick's Dermatology in general medicine vol - 2 ed	Goldsmith, L.A. Katz, S.
498	Comprehensive dermatology and sexual transmitted diseases	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 transmitted diseases	Khanna, N
511	Sexually transmitted diseases. Ed 5th	Sehgal, V.N
512	Roxburgh's common skin diseases. Ed 18th	Marks, R. / Motley, R
513	Ladvi'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, W.M.j
542	Diseases of the spleen and the 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 care 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 / Welr , 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	Miracales of neem tree	Varma , G.S
569	How tp takle the case and to find the similimum ed - 3rd	Nash , E.B.
570	Biochemistry ...is a boom to suffering humanity	Dr Madaus & co.
571	Christion Science sentinel vol - 72	Welz , 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 !	Clayton , M
576	Monthly Indes of medical specialities - MIMS VOL - 26	Gulhati , C.M.
577	Monthly Indes 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



DR BATRA'S ACADEMY, Mumbai

(AFFILIATED TO MUHS NASHIK)

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FELLOWSHIP/ CERTIFICATE COURSES

MEDICAL EDUCATION UNIT

Constitution

Sr.no	Name of Faculty	Post	Designation in MEU
1.	Dr Samir Chaukkar	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



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NOTICE

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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

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

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

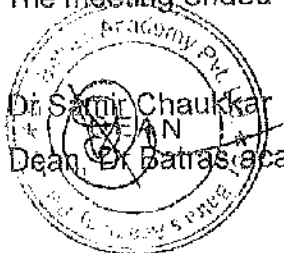
Sr.no	Name of Faculty	Post	Designation in MEU
1.	Dr Samir Chaukhar	Dean	Chairman
2.	Dr Tejal Ajmera	Mentor	Coordinator
3.	Dr Renuka Amin	Mentor	Member
4.	Dr Komal Dixit	Mentor	Member
5.	Dr Shahala Nadaf	Mentor	Member
6.	Dr Mathu venkatesan	Mentor	Member
7.	Dr Anagha Sant	Mentor	Member

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

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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

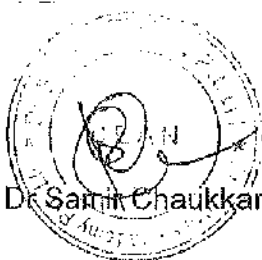
(210)

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



Dean, Dr Batra's Academy, Mumbai

16/4/2026

(21)

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 Chaukkar	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 Chaukkar welcomed all members.

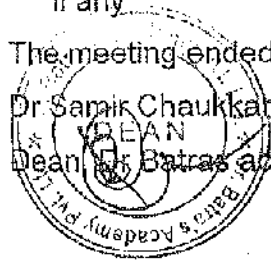
Minutes of the last MEU meeting were read and approved by all members

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 Chaukkar
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.

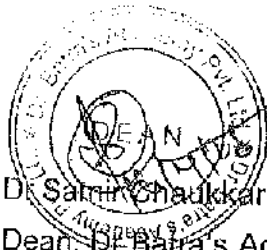
16/4/2026

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



Dean, Dr Batra's Academy, Mumbai

1

**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.Tajal Ajmera M.D(Hom) Dr.Renuka Amin M.D(Hom) Dr.Shahala Nadaf M.D(Hom)	Coordinator- Dr Batra's Academy Mentor- Dr Batra's Academy Mentor- Dr Batra's Academy	Medical Scientists
	Dr Rajeshree Mayekar M.D (Skin) DVD	Mentor- Dr Batra's Academy	Clinician
	Adv Namita Pradhan BA.L.L.B,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)	Dean- Dr Batra's Academy	Member Secretary

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

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

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

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



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



// CERTIFIED TO BE TRUE COPY //

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, Kashmirira 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'sTM 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

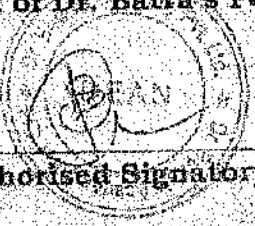
The courts in Mumbai shall have exclusive jurisdiction to deal with any dispute arising out of this MOU.

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.

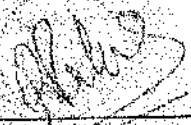
By signing below each party agrees to the terms of this agreement.

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



Authorised Signatory

For ASHISH MULTISPECIALITY HOSPITAL



Authorised Signatory

* Marked fields are mandatory

HOSPITAL INFORMATION SHEET

HOSPITAL NAME*	ASHISH HOSPITAL MUTISPECIALITY		
CATEGORY OF LEGAL CONSTITUTION OF HOSPITAL (Type of Organization)	- A PARTNERSHIP IN WHICH SOME OR ALL PA		
ADDRESS1*	105 MANSHI CLASSIC OPP IARI MARI TALAV KA		
ADDRESS2			
AREA*	MIRA ROAD		
LANDMARK 1			
CITY NAME*	THANE		
STATE NAME*	MAHARASHTRA		
PIN CODE*	401107		
STD CODE*			
PHONE NO*	9819250565		
FAX NO*			
EMAIL*	ashshhospital2220@gmail.com		
HOSPITAL REGISTRATION NO*	MH/THN/MBMC/2018-156		
ROHINI (Registry of Hospital In Network Insurance) REGISTRATION NO*			
PAN NO*	AGHPP8446J		
Central KYC Number*			
Name as per PAN Card*	RAJESH PANDURANG PALANDE		
SERVICE TAX NO.			
TAN NO.			
TPA Desk Timing (Monday To Saturday)*	11AM TO 6 PM		
TPA Desk Timing (Sunday)*	11AM TO 4 PM		
ZONE (East/West/North/South)	EAST		
HOSPITAL CATEGORY*			
Bank Account Details	Please fill in details of bank account to which bank copy		
Name of the Bank Account (Beneficiary name)*	ASHISH HOSPITAL MUTISPECIALITY		
BANK NAME*	ICICI BANK		
BR MICR CODE*			
IFSC CODE NEFT*	ICIC0000028		
ACCOUNT TYPE*	CURRENT		
ACCOUNT NO*	2805500774		
Contract Information			
TPA CO-ORDINATOR*	SAKINA H	9372964763	sakinah
BILLING PERSON *	EKTA PAT	8369448117	patelekl
Administrator *	DR RAJES	9819250565	palande
Medical Director *	DR ASHISH	PALANDE	
Medical Superintendent *	DR SNEHA	8691066662	
Marketing Head *	PRAGATI	8451025201	pragatic
CEO *			
New Beds			
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
HCU		
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. OPN. THEATRES*	2	
No of Operation Theatre Major	1	
No of Operation Theatre Minor	1	
Labor OT	1	
Operating hours	1	
Recovery Rooms	1	
Portable ECG, Cardiac Monitor	9	
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 Indian Doctors		
MD/MS doctors	YES	
MBBS Doctors	YES	
Blend of doctors	YES	

Allied Medicine Doctors	YES
Hospital Quality Indicators	
Total No of Full time doctors with qualification appropriate	10
No of consultant who are not on rolls of the hospital	30
No of surgeons or interventionists (Not on full time)	15
Total No of Post graduate (MD (anesthesia, Gen Med)	10
No of Doctors with the qualification of MBBS, available	8
No of surgeons or interventionists (Not on full time)	10
No of qualified nurses available exclusively in ICU take	8
Total No of qualified nurses (B.Sc. Nursing, GNM,) in	15
No of doctors exclusively available for ICU	8
DOCTOR- BED RATIO - No of Medical Practitioners 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
Span of Control	
Doctor to patient Ratio*	
Nurse to patient Ratio*	
Training/No training/Yes/No	
DNB/MD/MCH/DM training hospital	
Diploma Training Hospital	
Nursing School	YES
No training	No.
Accreditation/Other Accredited and/or other documents with HIS	
NABH Accreditation Level	
JCI Accreditation	
ISO Certification	
IPHS Certification	
NABL Certification	
No Accreditation	
Other Certificates (Please attach 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/Physician/Allied Services 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

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	
EFG		OUT SOURCE	
Availability of Medical Speciality Yes/No			
ORTHOLOGY	YES	CARDIOLOGY	YES
ENT	YES	CRITICAL CARE	YES
BURN	YES	GENERAL MEDICINE	YES
PLASTIC SURGERY	YES	INFECTIOUS DISEASE	YES
OBS & GYNECOLOGY	YES	NEPHROLOGY	YES
GENITOURINARY	YES	NEUROLOGY	YES
PEDIATRIC	YES	PULMONOLOGY	YES
ONCOLOGY	YES	DERMATOLOGY	YES
ORTHOPEDICS	YES	ENDOCRINOLOGY	YES
TRAUMA	YES	DENTAL	YES
GENERAL SURGERY	YES	DAY CARE	YES
GASTROENTEROLOGY	YES	LAPAROSCOPIC SURGERY	YES
	YES	RHEUMATOLOGY	YES
STAFFING			
MD Physician		YES	
MBBS Physician		YES	
MD / MBBS Female Physician		YES	
AD Cardiologist		YES	
MD Pathologist			
AD Radiologist		YES	
DMLT Laboratory Technician		NO	
Nurses		YES	
OT Technicians		YES	
X-Ray Technician		YES	
ECG Technician		YES	
Diagnostic Technician		YES	
Audiometrist			
Physiotherapist		YES	
Ophthalmologist		YES	
Dentist			
Insurance Client Coordinator		YES	
(Please indicate with the appropriate code given in brackets the level of)			
Appointment System	TOKEN NUMBERS		
Frequency of requisitions			
Reporting of pathology / radiology results			

Patient Billing Department	
Medical Records Department	
ANNEXURE I - Format For Consultant Information	
Consultant Name	DR DNYNESHWAR HALNOR
Specialty	MD PHYSICIAN
Registration Number	
OPD days and timings	MONDAY TO FRIDAY
Private Clinic	
Address	LARIS MULTISPECIALITY CLINIC KANAKIA ROAD
Telephone Numbers	8976253447
Timings	10AM TO 2PM
Residence	
Address	AYUR,S NAMGLOW MARIGOLD LANE BAVERLY
Telephone Number	
Mobile Number	8976253447
Email address (if any)	
Please Note: You can add consultant information in above format.	

Disclaimer: I/We the owner(s)/superintendent/CEO/MD/Chairman of the hospital here by submit hospital information and application for getting empanelled with Bajaj Allianz General Insurance Company, Information provided in Hospital information sheet will be consider true & final from hospital.

Bajaj Allianz General Insurance Company preserves rights to Audit the hospital, if any discrepancy found at the time of Audit Bajaj Allianz Insurance will take action against the

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			
2.	DR MELVILE ALVAREZ (MD,MEDICINE)			3. DR ASHISH PALANDE (MBBS)
5.	DR DNYNESHWAR HALNOR (MD,PHYSICIAN)			4. DR MOHAMMAD SHOAIB (MD,MEDICINE)
CARDIOLOGIST DEPARTMENT				
1.	DR SAINATH HEGDE (MD,DM HEART SPECIALIST)			
2.	DR ABHJEET 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 NAGAKATTI (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,Laproc)			4. DR.BRIJESH DUBEY (MS,Senior Surgeon)
PHYSIOTHERAPY				
1.	DR.MAHIMA NIGAM			2.DR DARSHINI DESAI
ENT SPECIALIST				
1.	DR.RAM SINGH (EAR,NOSE & THORAT SPECIALIST)			
2.	DR.RAHUL PATIL (EAR,NOSE & THORAT SPECIALIST)			
SKIN SPECIALIST				
1.	DR.NISHIGANDHA HARIDAS (MBBS MD DERMATOLOGY)			

विद्यापीठ
UNIVERSITY OF MUMBAI

आणंदी मुंबई विद्यापीठाचे कुलपती, कुलगुरु आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की टोपीवाला नॅशनल मेडिकल कॉलेजच्या राजेश्री गणेश चव्हाण त्या जानेवारी १९९६ मध्ये घेण्यात आलेली वैयक्त अधिस्नातक (शाखा क्रमांक ६ : त्वचारोग) परीक्षा उत्तीर्ण झाल्या असून दिनांक ३ डिसेंबर १९९६ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना वैयक्त अधिस्नातक ही पदवी प्रदान करण्यात आली आहे.

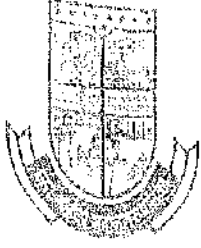
विद्यापीठाची मुद्रा व कुलपतीची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Rajeshree Ganesh Chavan of Topiwala National Medical College having passed the Doctor of Medicine (Branch VI : Skin Diseases) degree examination held in January 1996, the degree of Doctor of Medicine has been conferred on her at the Consecration held in Mumbai on 3rd December, 1996.

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

List of Documents Required for Empanelment			
S.No	Document required	Mandatory	Terms and Conditions
1	Category Of Legal Constitution Of Hospital	Yes	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
2	Complete Hospital Tariff List including procedure chara	Yes	
3	Original Hospital Photos (NOT hospital Broucher's).	Yes	
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

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



दस्तावेज : २८१९२८२८ / २८१९३०२८ / २८१८११८३ / २८१८१३५३ / २८१४५९८५
फैसल : २८१९७६३६

मिरा-भाईंदर महानगरपालिका

मुख्य कार्यालय भाईंदर

MIRA-BHAINDAR MUNICIPAL CORPORATION

स्व. इंदिरा गांधी भवन, छत्रपती शिवाजी महाराज मार्ग, भाईंदर (प.), ता.मि. डा. ४०११०१

आ.क्र.: अनपा/साव.डा. 9606/2028-24

दिनांक : 20/09/2024

FORM 'C' - RENEWAL

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

SEE RULE - 5

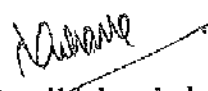
This is to certify that DR. RAJESH PANDURANG PALANDE has been registered under the Bombay Nursing Home Registration Act 1949 in ASHISH HOSPITAL MULTISPECIALITY Situated at Shop no. 30, 31, 32, B/101, 102, C/104, 105 & 106 Manasi classic Co-op. Housing Society, Opp Jarimari Talao, kashigaon, Kashimira, 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




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

Annexure-A

The details of each faculty (Teaching staff / Medical Professional/Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents to be submitted along with list of Teaching staff. (Separate form shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr Samir Chaukkar
02.	Date of Birth	:	14/10/1969
03.	Address	:	6a uttung, sonawala road, goregaon east, Mumbai 400063
04.	Tel.No./ Mob.No.	:	9892166616
05.	e-mail id	:	drsamirchaukkar@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach on documentary proof)	:	BHMS, MD
08.	Teaching experience/ experience /Consultant/Mentor (attached document proof with signature of Head)	:	6 th Dec 1993- 11 th Sep 2008- YMT Homeopathic college, Mumbai 12 th Sep 2008- till date- Dean Dr Batras Academy Mumbai
09.	Present Appointment	:	Dean Dr Batras Academy Mumbai
10.	Publications (List & Proof)	:	Book on comparative material Medica for students by B Jain publishers
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

- Note:**
1. Unit wise teaching/Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. **DONOT** devise your own format otherwise the information will not be considered. Fill up all columns
 3. Publications: Give only full articles in indexed journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

Date: 25/8/20

Sign of Teaching Staff

Countersigned & Stamp by Head of Institute

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificate issued by competent authority of the place of working). Their experienced details in different Designations and unit wise distribution is given in the faculty table above.



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. Samir Chaukkar** has worked in the Department of **Homeopathic Dermatology** as per following details.

A) General Experience:-

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

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

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

मुंबई विद्यापीठ



UNIVERSITY OF BOMBAY

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

विद्यापीठाची मुद्रा व कुलपतीची स्वाक्षरी यांसह साक्षीचे अंकित.

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

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

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

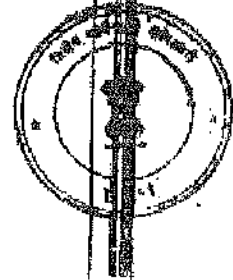
Special Assistant Officer

Room No. 10/111

Plot No. 1, C. S. Society,
Kandivli, Mumbai - 400 071.

Greta V. Sharma

कुलपती, मुंबई विद्यापीठ



मुंबई विद्यापीठ University of Mumbai

आम्ही मुंबई विद्यापीठाने कुलायली, कुलायल आणि व्यवस्थापन परिषदेचे
सदस्य असलेल्या प्रमाणित करतो की येथील मेडिकल ट्रस्ट ऑफ रिसेर्च सेंटरचे
वा.य. टी. होमिओपॅथिक मेडिकल कॉलेजचे समीर अविनाश चौवकर, हे
जानेवारी २००५ मध्ये घेण्यात आलेली वैद्यक अधिरिणातक (होमिओपॅथी)
(बाह्यरथ) (शाखा क्रमांक : (अ) होमिओपॅथिक औषधिविज्ञान) परीक्षा
उत्तीर्ण करून अगस्त २२ दिनांक, २००५ रोजी मुंबई येथे झालेल्या
दीक्षा समारंभात त्यांना

वैद्यक अधिरिणातक (होमिओपॅथी) (बाह्यरथ)

ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलगुरुंची स्वाक्षरी सोबत राखीव असेल.

*We, the Chancellor, Vice-Chancellor and Members of the
Management Council of the University of Mumbai certify that
Samir Avinash Chavkar of Yerala Medical Trust and Research
Center's Y. M. T. Homoeopathic Medical College having passed the
Doctor of Medicine (Homoeopathy)(External) (Branch : (a)
Homoeopathic Materia Medica) degree examination held in
January 2005, the degree of*

Doctor of Medicine (Homoeopathy)(External)

*has been conferred on him at the Convocation held in Mumbai on
12th December, 2005.*

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

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

Special Teacher, Officer

Road No. 11

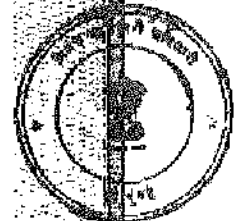
Plot N

Chemist, Mumbai

मुंबई, १२ डिसेंबर २००५
VICE-CHANCELLOR



1905 FOUNDED



No. 08116

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Practitioner's Certificate

Application No. 19740

Date of Registration 1-5-1993



THIS IS TO CERTIFY THAT

Dr. (Shri/Sri./Smt.) Chaukhar Sarvir
Anirash

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

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

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



[Signature]
Signature of the Registrar



ANNEXURE - "F"

Information of Mentor of Training Centre

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. 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.	Tel. No. / Mob. No.	: 9870745574
05.	e-mail id	: drtejalajmera@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: DHMS, MD, FCHD, FMC, CCPH, CCHO
08.	Teaching Experience / Health Sciences Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: Training and teaching the UGs at Dr Batra's Clinics since last 25 years and working as coordinator and mentor for Dr Batra's Academy since last 5 years
09.	Present Appointment	: Mentor, Dr Batra's Academy, Mumbai
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: 06-09-2011

Name & Sign. of Mentor _____

For the use of affiliated Training Centers

I have verified the eligibility of the above mentioned candidate as per the criteria of eligibility prescribed by the University vide Case No. 7 of 2017 and the University Direction No. 05/2017 (Amended) and University Circular No. 0019/2017 /CC/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-B

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

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

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

A) General Experience:-

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

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

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

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department



Sign & Stamp
Dean/Principal/Head of Institute



MAHARASHTRA COUNCIL OF HOMOEOPATHY

Piramal Mansion, 3rd Floor, 235, Dadabhai Naoroji Road, Fort, Bombay - 400 001

No. 6002

Certificates showing the number of marks gained by Shri Shri. Kom. Ajay S. V. V. V. in each field of passing in the Third D.H.M.S. Examination of Central Council of Homoeopathy course held at Amalgaon, 100 C.D. 12

Roll No. 105

Sl. No.	First Part of Medicine				Second Part of Medicine				Third Part of Medicine				Fourth Part of Medicine				Fifth Part of Medicine				Sixth Part of Medicine				Seventh Part of Medicine				Eighth Part of Medicine				Ninth Part of Medicine				Tenth Part of Medicine				Eleventh Part of Medicine				Twelfth Part of Medicine				Thirteenth Part of Medicine				Fourteenth Part of Medicine				Fifteenth Part of Medicine				Sixteenth Part of Medicine				Seventeenth Part of Medicine				Eighteenth Part of Medicine				Nineteenth Part of Medicine				Twentieth Part of Medicine				Twenty-first Part of Medicine				Twenty-second Part of Medicine				Twenty-third Part of Medicine				Twenty-fourth Part of Medicine				Twenty-fifth Part of Medicine				Twenty-sixth Part of Medicine				Twenty-seventh Part of Medicine				Twenty-eighth Part of Medicine				Twenty-ninth Part of Medicine				Thirtieth Part of Medicine				Thirty-first Part of Medicine				Thirty-second Part of Medicine				Thirty-third Part of Medicine				Thirty-fourth Part of Medicine				Thirty-fifth Part of Medicine				Thirty-sixth Part of Medicine				Thirty-seventh Part of Medicine				Thirty-eighth Part of Medicine				Thirty-ninth Part of Medicine				Fortieth Part of Medicine				Forty-first Part of Medicine				Forty-second Part of Medicine				Forty-third Part of Medicine				Forty-fourth Part of Medicine				Forty-fifth Part of Medicine				Forty-sixth Part of Medicine				Forty-seventh Part of Medicine				Forty-eighth Part of Medicine				Forty-ninth Part of Medicine				Fiftieth Part of Medicine				Fifty-first Part of Medicine				Fifty-second Part of Medicine				Fifty-third Part of Medicine				Fifty-fourth Part of Medicine				Fifty-fifth Part of Medicine				Fifty-sixth Part of Medicine				Fifty-seventh Part of Medicine				Fifty-eighth Part of Medicine				Fifty-ninth Part of Medicine				Sixtieth Part of Medicine				Sixty-first Part of Medicine				Sixty-second Part of Medicine				Sixty-third Part of Medicine				Sixty-fourth Part of Medicine				Sixty-fifth Part of Medicine				Sixty-sixth Part of Medicine				Sixty-seventh Part of Medicine				Sixty-eighth Part of Medicine				Sixty-ninth Part of Medicine				Seventieth Part of Medicine				Seventy-first Part of Medicine				Seventy-second Part of Medicine				Seventy-third Part of Medicine				Seventy-fourth Part of Medicine				Seventy-fifth Part of Medicine				Seventy-sixth Part of Medicine				Seventy-seventh Part of Medicine				Seventy-eighth Part of Medicine				Seventy-ninth Part of Medicine				Eightieth Part of Medicine				Eighty-first Part of Medicine				Eighty-second Part of Medicine				Eighty-third Part of Medicine				Eighty-fourth Part of Medicine				Eighty-fifth Part of Medicine				Eighty-sixth Part of Medicine				Eighty-seventh Part of Medicine				Eighty-eighth Part of Medicine				Eighty-ninth Part of Medicine				Ninetieth Part of Medicine				Ninety-first Part of Medicine				Ninety-second Part of Medicine				Ninety-third Part of Medicine				Ninety-fourth Part of Medicine				Ninety-fifth Part of Medicine				Ninety-sixth Part of Medicine				Ninety-seventh Part of Medicine				Ninety-eighth Part of Medicine				Ninety-ninth Part of Medicine				One hundredth Part of Medicine				One hundred and first Part of Medicine				One hundred and second Part of Medicine				One hundred and third Part of Medicine				One hundred and fourth Part of Medicine				One hundred and fifth Part of Medicine				One hundred and sixth Part of Medicine				One hundred and seventh Part of Medicine				One hundred and eighth Part of Medicine				One hundred and ninth Part of Medicine				One hundred and tenth Part of Medicine				One hundred and eleventh Part of Medicine				One hundred and twelfth Part of Medicine				One hundred and thirteenth Part of Medicine				One hundred and fourteenth Part of Medicine				One hundred and fifteenth Part of Medicine				One hundred and sixteenth Part of Medicine				One hundred and seventeenth Part of Medicine				One hundred and eighteenth Part of Medicine				One hundred and nineteenth Part of Medicine				One hundred and twentieth Part of Medicine				One hundred and twenty-first Part of Medicine				One hundred and twenty-second Part of Medicine				One hundred and twenty-third Part of Medicine				One hundred and twenty-fourth Part of Medicine				One hundred and twenty-fifth Part of Medicine				One hundred and twenty-sixth Part of Medicine				One hundred and twenty-seventh Part of Medicine				One hundred and twenty-eighth Part of Medicine				One hundred and twenty-ninth Part of Medicine				One hundred and thirtieth Part of Medicine				One hundred and thirty-first Part of Medicine				One hundred and thirty-second Part of Medicine				One hundred and thirty-third Part of Medicine				One hundred and thirty-fourth Part of Medicine				One hundred and thirty-fifth Part of Medicine				One hundred and thirty-sixth Part of Medicine				One hundred and thirty-seventh Part of Medicine				One hundred and thirty-eighth Part of Medicine				One hundred and thirty-ninth Part of Medicine				One hundred and fortieth Part of Medicine				One hundred and forty-first Part of Medicine				One hundred and forty-second Part of Medicine				One hundred and forty-third Part of Medicine				One hundred and forty-fourth Part of Medicine				One hundred and forty-fifth Part of Medicine				One hundred and forty-sixth Part of Medicine				One hundred and forty-seventh Part of Medicine				One hundred and forty-eighth Part of Medicine				One hundred and forty-ninth Part of Medicine				One hundred and fiftieth Part of Medicine				One hundred and fifty-first Part of Medicine				One hundred and fifty-second Part of Medicine				One hundred and fifty-third Part of Medicine				One hundred and fifty-fourth Part of Medicine				One hundred and fifty-fifth Part of Medicine				One hundred and fifty-sixth Part of Medicine				One hundred and fifty-seventh Part of Medicine				One hundred and fifty-eighth Part of Medicine				One hundred and fifty-ninth Part of Medicine				One hundred and sixtieth Part of Medicine				One hundred and sixty-first Part of Medicine				One hundred and sixty-second Part of Medicine				One hundred and sixty-third Part of Medicine				One hundred and sixty-fourth Part of Medicine				One hundred and sixty-fifth Part of Medicine				One hundred and sixty-sixth Part of Medicine				One hundred and sixty-seventh Part of Medicine				One hundred and sixty-eighth Part of Medicine				One hundred and sixty-ninth Part of Medicine				One hundred and seventieth Part of Medicine				One hundred and seventy-first Part of Medicine				One hundred and seventy-second Part of Medicine				One hundred and seventy-third Part of Medicine				One hundred and seventy-fourth Part of Medicine				One hundred and seventy-fifth Part of Medicine				One hundred and seventy-sixth Part of Medicine				One hundred and seventy-seventh Part of Medicine				One hundred and seventy-eighth Part of Medicine				One hundred and seventy-ninth Part of Medicine				One hundred and eightieth Part of Medicine				One hundred and eighty-first Part of Medicine				One hundred and eighty-second Part of Medicine				One hundred and eighty-third Part of Medicine				One hundred and eighty-fourth Part of Medicine				One hundred and eighty-fifth Part of Medicine				One hundred and eighty-sixth Part of Medicine				One hundred and eighty-seventh Part of Medicine				One hundred and eighty-eighth Part of Medicine				One hundred and eighty-ninth Part of Medicine				One hundred and ninetieth Part of Medicine				One hundred and ninety-first Part of Medicine				One hundred and ninety-second Part of Medicine				One hundred and ninety-third Part of Medicine				One hundred and ninety-fourth Part of Medicine				One hundred and ninety-fifth Part of Medicine				One hundred and ninety-sixth Part of Medicine				One hundred and ninety-seventh Part of Medicine				One hundred and ninety-eighth Part of Medicine				One hundred and ninety-ninth Part of Medicine				Two hundredth Part of Medicine				Two hundred and first Part of Medicine				Two hundred and second Part of Medicine				Two hundred and third Part of Medicine				Two hundred and fourth Part of Medicine				Two hundred and fifth Part of Medicine				Two hundred and sixth Part of Medicine				Two hundred and seventh Part of Medicine				Two hundred and eighth Part of Medicine				Two hundred and ninth Part of Medicine				Two hundred and tenth Part of Medicine				Two hundred and eleventh Part of Medicine				Two hundred and twelfth Part of Medicine				Two hundred and thirteenth Part of Medicine				Two hundred and fourteenth Part of Medicine				Two hundred and fifteenth Part of Medicine				Two hundred and sixteenth Part of Medicine				Two hundred and seventeenth Part of Medicine				Two hundred and eighteenth Part of Medicine				Two hundred and nineteenth Part of Medicine				Two hundred and twentieth Part of Medicine				Two hundred and twenty-first Part of Medicine				Two hundred and twenty-second Part of Medicine				Two hundred and twenty-third Part of Medicine				Two hundred and twenty-fourth Part of Medicine				Two hundred and twenty-fifth Part of Medicine				Two hundred and twenty-sixth Part of Medicine				Two hundred and twenty-seventh Part of Medicine				Two hundred and twenty-eighth Part of Medicine				Two hundred and twenty-ninth Part of Medicine				Two hundred and thirtieth Part of Medicine				Two hundred and thirty-first Part of Medicine				Two hundred and thirty-second Part of Medicine				Two hundred and thirty-third Part of Medicine				Two hundred and thirty-fourth Part of Medicine				Two hundred and thirty-fifth Part of Medicine				Two hundred and thirty-sixth Part of Medicine				Two hundred and thirty-seventh Part of Medicine				Two hundred and thirty-eighth Part of Medicine				Two hundred and thirty-ninth Part of Medicine				Two hundred and fortieth Part of Medicine				Two hundred and forty-first Part of Medicine				Two hundred and forty-second Part of Medicine				Two hundred and forty-third Part of Medicine				Two hundred and forty-fourth Part of Medicine				Two hundred and forty-fifth Part of Medicine				Two hundred and forty-sixth Part of Medicine				Two hundred and forty-seventh Part of Medicine				Two hundred and forty-eighth Part of Medicine				Two hundred and forty-ninth Part of Medicine				Two hundred and fiftieth Part of Medicine				Two hundred and fifty-first Part of Medicine				Two hundred and fifty-second Part of Medicine				Two hundred and fifty-third Part of Medicine				Two hundred and fifty-fourth Part of Medicine				Two hundred and fifty-fifth Part of Medicine				Two hundred and fifty-sixth Part of Medicine				Two hundred and fifty-seventh Part of Medicine				Two hundred and fifty-eighth Part of Medicine				Two hundred and fifty-ninth Part of Medicine				Two hundred and sixtieth Part of Medicine				Two hundred and sixty-first Part of Medicine				Two hundred and sixty-second Part of Medicine				Two hundred and sixty-third Part of Medicine				Two hundred and sixty-fourth Part of Medicine				Two hundred and sixty-fifth Part of Medicine				Two hundred and sixty-sixth Part of Medicine				Two hundred and sixty-seventh Part of Medicine				Two hundred and sixty-eighth Part of Medicine				Two hundred and sixty-ninth Part of Medicine				Two hundred and seventieth Part of Medicine				Two hundred and seventy-first Part of Medicine				Two hundred and seventy-second Part of Medicine				Two hundred and seventy-third Part of Medicine				Two hundred and seventy-fourth Part of Medicine				Two hundred and seventy-fifth Part of Medicine				Two hundred and seventy-sixth Part of Medicine				Two hundred and seventy-seventh Part of Medicine				Two hundred and seventy-eighth Part of Medicine				Two hundred and seventy-ninth Part of Medicine				Two hundred and eightieth Part of Medicine				Two hundred and eighty-first Part of Medicine				Two hundred and eighty-second Part of Medicine				Two hundred and eighty-third 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MEMORANDUM FOR THE VICE-CHANCELLOR
SUBJECT: [Illegible]

The Vice-Chancellor is requested to
[Illegible text]

THE VICE-CHANCELLOR

OF THE UNIVERSITY OF CALIFORNIA

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

VICE-CHANCELLOR

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

No 13139

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

सुविधा समितीसुविधासमिती

Certificate No. 26214

Date of Registration 22-01-1978



THIS IS TO CERTIFY THAT

Dr. J. Shri. Sant. I. K. Patil, Tejpal Chetani

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

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

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

Signature of the Registrar

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Shambhaji Naik
02.	Date of Birth	22/09/1977
03.	Address	Plot No 1783, Section 03, Sector Nagar, Anandnagar, Hyderabad - 500048
04.	Tel. No. / Mobile No.	0448155234
05.	E-mail id.	drshambhaji.naik@gmail.com
06.	Nationality	Indian
07.	Qualification in dentistry (Attach documentary proof)	BDS (M.Sc.) - Organizational medicine & Health care Public Health ANCP (M.Sc.) - Counselling & Psychotherapy ECTD (Postgraduate Course in Homeopathic Dermatology)
08.	Teaching Experience / Health Sciences / Professional Experience (Attach document proof with signature of Head of the Institute. Also give mandatory to attach Self-Statement Philosophy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Certificate Course)	Lecturer, Andhra Pradesh - 1997 to 2006 to 2007 to 2010 Reader, Associate Professor - 01/07/2010 to 01/07/2013
09.	Present Appointment	Mentor at Dr. Bhatia Academy, Mumbai
10.	Publications (print & e-print)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: 29/01/2020

For the use of affiliated University

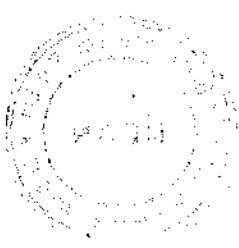
Name & Sign. of Mentor

I have verified the eligibility of the candidate against the criteria of eligibility prescribed by the University of Hyderabad and the Ministry of Health and Family Welfare, Government of Andhra Pradesh, Hyderabad.

Sign & Stamp
 Head of the Department
 Date:

Sign & Stamp
 Deputy Director of Training
 Date:

Training Centre Ronald Swal



Annexure-B

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

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

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

A) General Experience:-

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

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

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

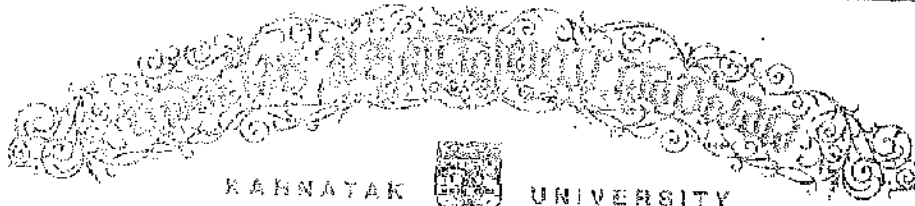
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department
Date:

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



KARNATAK

UNIVERSITY

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ವಿಸೇಸ ಕುಲಸಭೆಯ ಸದಸ್ಯರು,
We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Karnatak University certify that

ನದಾಜ್ ಶಹಾಲಾ ಶಾಹುಸಾಹೇಬ
ಎ.ಎಂ.ಶೇಖರ್ ಗೋಪಾಲಕೃಷ್ಣಾಚಾರ್ಯ ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ್
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ಪ್ರಥಮ ದರ್ಜೆಯಲ್ಲಿ ಉತ್ತೀರ್ಣರಾಗಿ ಪದವಿ ಪಡೆದರು

Nadaf Shahala Shahusahab
A.M. Shaikh Homoeopathic Medical College Belgium
having been examined in December 1996 with Reg. No. 78.....and
placed in the First Class, the Degree of

ಬ್ಯಾಚಲರ್ ಆಫ್ ಹೋಮಿಯೋಪಾಥಿಕ್ ಮೆಡಿಸಿನ್ ಆಂಡ್ ಸರ್ಜರಿ

Bachelor of
Homoeopathic Medicine & Surgery

ಇವರಿಗೆ ಪ್ರಮಾಣಪತ್ರ ಧಾರವಾಡ ರಾಜ್ಯ ಲಯಿಂಗ್ ಸಾಂಸ್ಕೃತಿಕ ತಾಂತ್ರಿಕ ಶಾಲೆಯಲ್ಲಿ
ಬಿ.ಎ.ಎಸ್. ಪ್ರಕ್ರಿಯೆ ಅನುಷ್ಠಾನಗೊಂಡಿದೆ.

has been conferred on Bachelor of Homoeopathy, on the twenty eighth day of the
month of February in the year one thousand nine hundred ninety nine.

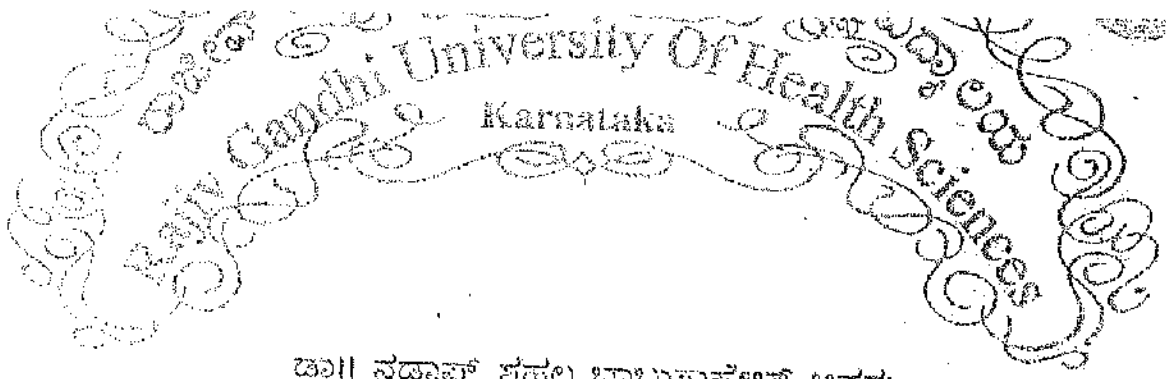
ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಅಧಿಕಾರವಹಾರದ ಮೂಲಕ ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

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

No. of Certificate 2874



Signature
Vice-Chancellor



ಡಾ|| ನದಾಫ್ ಶಹಲ ಬಾಬುಸಾಹೇಬ್ ಅವರು

ಎಂ. ಡಿ (ಹೋಮಿಯೋಪತಿ) ಹೋಮಿಯೋಪತಿಕ್ ಫಿಲಾಸಫಿ

ಇವರನ್ನು ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮಾರ್ಗದರ್ಶಕ ಮಂಡಳಿಯು ಡಿ. 13, 2002 ರಲ್ಲಿ, ಅಗತ್ಯವಾದ ಅರ್ಹತೆಯನ್ನು

ಸೆಪ್ಟೆಂಬರ್ 2001

ಜಾರ್ಜಿಯಾ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮಾರ್ಗದರ್ಶಕ ಮಂಡಳಿಯು

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮಾರ್ಗದರ್ಶಕ ಮಂಡಳಿಯು ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮಾರ್ಗದರ್ಶಕ ಮಂಡಳಿಯು

Certifies that

Dr. NADAF SHAHALA BABUSAHEB

has been found to be a First Graduate Degree of

M. D. (HOMOEOPATHY) HOMOEOPATHIC PHILOSOPHY

in accordance of the fulfillment of the requirements for the
first degree in the examination held during

SEPTEMBER 2001

Under the aegis of the University



Secretary

Dr. Nadaf Shahala Babusaheb



02-02-2002

13.03.2002

The Karnataka Board of Homoeopathic System of Medicine



Certificate of Registration

This is to Certify that Dr. Nadaf Shahala Babusahab

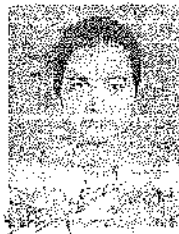
has been duly registered for life time under the Section 22 of the Karnataka Homoeopathic Practitioners Act 1961 (Karnataka Act 35 of 1961)

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

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

Bangalore

Date 18-4-1998



[Signature]
Registrar

ANNEXURE - "F"

Information of Mentor of Training Centre

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Renuka B. Amin
02.	Date of Birth	02.12.1974
03.	Address	B-705, Nirman Apts, Vikas Nagar, Amber (R.F.)
04.	Tel. No./ Mob. No.	9702336392
05.	e-mail id	chrenukkabishamin@gmail.com
06.	Nationality	BHARATIYA
07.	Qualification in details (attach documentary proof)	M.D. (Hom); C.G.O (B.J. Media) Certificate in Radiant Relationships
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	2015 - till date; 2009 - 2011 (Smt. CMP Homoeopathic medical college)
09.	Present Appointment	Mentor for FCHD (Dr. Bhatia Academy)
10.	Publications (List & Proof)	Book In process: Vedanta and Homoeopathy
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: - 20.10.24

Name & Sign of Mentor
Dr. Renuka B. Amin

For the use of affiliated Training Center:

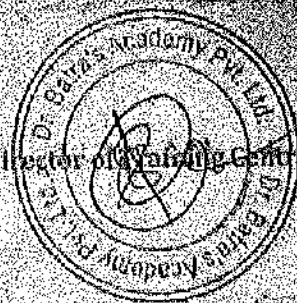
I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide Clause No. 7 of the University Ordinance No. 01/2022 (Amended).

Sign & Stamp
Head of the Training Centre
Date:



Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
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. Renuka Amin** has worked in the Department of **Homoeopathic Dermatology** as per following details.

A) General Experience:-

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

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

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

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department

Date:

Sign & Stamp
Dean/Principal/Head of Institute

Date:

MHARASHTRA COUNCIL OF HOMOEOPATHY
MUMBAI

1025

Dated

11/11/87

Central Council of Homoeopathy

This is to certify that Smt / Smt. Salim Renuka Yadav

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

1987. His/Her Roll Number was 214 in the said Examination.



[Signature]

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

checked by

**MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK**

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

Shri/Smt. RENUKA DISWANTH AMIN

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

having been examined and found
duly qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

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

PRN 3109244509

20th May 2010

P. Inankar

VICE-CHANCELLOR

महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आरोग्य, पदसंगट आरोग्य विज्ञान विद्यापीठ

कुलपति, प्रकुलपति, कुलसचिव

व्यवस्थापन परिषद व विद्यापीठ सदस्य

प्रमाणित करतो की,

नवी मुंबई येथील वाय एम टी चे

होमिओपॅथिक मेडीकल कॉलेज व

हॉस्पिटल चे/चा

रेंगुका विश्वजिन अमिन

हे/ह्या नांवधर-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.

P. Inankar

कुलगुरु

No. 008375

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 24800

Date of Registration 11-03-97



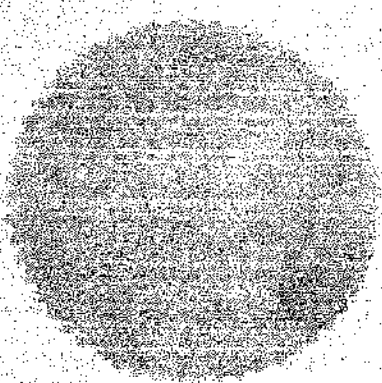
THIS IS TO CERTIFY THAT

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

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

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

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



[Signature]
Signature of the Registrar

ANNEXURE – "F"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	DR ANAGHA SANI
02.	Date of Birth	14/03/1970
03.	Address	5, Indraprastha, Bavdhan PUNE
04.	Tel. No./ Mob. No.	9371048058
05.	e-mail id	anaghasant@gmail.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	DHMS MD (Hom), FCHD
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	27 yrs work exp.
09.	Present Appointment	Self exp.
10.	Publications (List & Proof)	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	-
12.	Any other relevant information	-

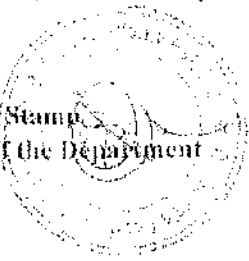
Date: - 9/06/2022

Name & Sign. of Mentor: *Dr. Anagha Sani*

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/EC/CC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Centre
Date:



Sign & Stamp
Dean/ Principal/ Director of Training

Date:



Training Centre Round Seal

Annexure-B

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

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

A) General Experience:-

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

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

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

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department
Date:

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

MAHARASHTRA COUNCIL OF HOMOEOPATHY BOMBAY



This is to certify that

Subscribed

the within signed

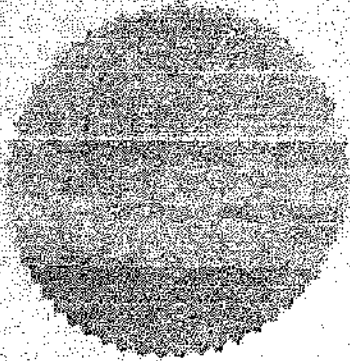
Shri. S. K. Dabey, B.A., B.L.,
having been examined in the subjects listed below for
the Diploma in Homoeopathic Medicine and Surgery
and passed the Final Examination in ~~1944~~
and having been qualified for the same, the Diploma in
Homoeopathic Medicine and Surgery

D. H. M. S.

is hereby conferred and signed at BOMBAY on the 24th
day of April 1941. In testimony whereof the seal
and signatures of the ~~President~~ and Registrar of the said Council
have been affixed and the following dates are noted:
5-10-1941 5-11-1941

1. Anatomy
2. Physiology
3. Systemic Pathology and
Surgery
4. Homoeopathic Materia Medica
Chemistry and Dispensing
5. Botany

6. Pharmacology
7. Therapeutic Medicine
Practice of Medicine
8. Surgery
9. Homoeopathic Symplocology & Chemistry
10. Homoeopathic Materia Medica
Therapeutics and Rep.



Dr. D. P. TITAP
ADMINISTRATOR

B. G. Mahapatra
REGISTRAR

Maharashtra Council of Homoeopathy
20, N. Road, Fort, Bombay-400001.

MAHARASHTRA UNIVERSITY
OF HEALTH SCIENCES, NASHIK

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

Smt. Smt. SANT ABHAGINA NINANA NAY

of (Smt. Smt. Kanchana Kanchana Kanchana
Medical College, Nashik)

having been examined and found
duly qualified for the

Doctor of Medicine in

Homoeopathic Materia Medica

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

महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

उपची. प्रचारक आरोग्य विज्ञान विद्यापीठ
कुलपति, कुलसचिव, कुलसचिव
अध्यक्षमण परिषद व विद्यापीठमंडळ अध्यक्ष

प्रमाणित करतो की,
अचि. मेथील सौनाजीबाई अरबाबाई
होमिओपॅथिक अकादमिक महाविद्यालय
चे/च्या

संत अनन्दा भनगर

इ/च्या मनु २००९ मध्ये
एम. डी. होमिओपॅथी
(होमिओपॅथिक मटेरिया मेडी)

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

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Bombay

Similia Similibus Curentur

Certificate No. 22383

Date of Registration 30/1/60

This is to certify that Dr. Sant Anagha Chavanji

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

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

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



Dr. Sant Anagha Chavanji

Signature of the Registrar

ANNEXURE - "F"

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. L. Mathuvenkatesan
02.	Date of Birth	: 30.07.1968
03.	Address	: 30, Salem Main Road Mallasamudram Namakkal Dist. Pin: 637503
04.	Tel. No. / Mob. No.	: 99940 93969
05.	e-mail id	: drmathuvenkatesan.l@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details (attach documentary proof)	: MD(Hon)
08.	Teaching Experience / Health Sciences: Profession Experienced (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 9 years 24 years
09.	Present Appointment	: Mentor, Dr Batra's Academy, Mumbai
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 9 years
12.	Any other relevant information	

Date: 21/06/22

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date: 21/6/22

Sign & Stamp
Dean/Principal/Director of Training Centre
Date: 21/6/22

Training Centre Round Seal

Annexure-B

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

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

A) General Experience:-

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

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

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

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

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

No. of Publications	National / International
2	

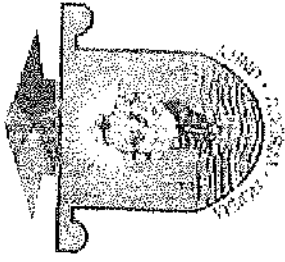
Sign & Stamp
Head of the Department



Sign & Stamp
Dean/Principal/Head of Institute



Vinayaka Missions University



FACULTY OF HOMOEOPATHY

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

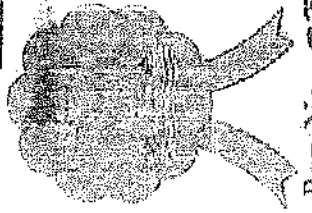
Marthu Venkatesan. L.

has been admitted to the Degree of

Doctor of Medicine in Homoeopathy (Practice of Medicine)

having been certified by the duly appointed Examiners
to be qualified to receive the same at the Examination

held in November 2006 and placed in Pass class.



Given under the seal of the University

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

Reg. No.: 03PH05

Rajen Shan
Registrar

Mathuram
Vice-Chancellor

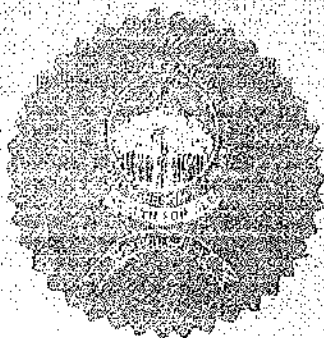
The Tamil Nadu Dr. M.G.R. Medical University
CHENNAI

FACULTY OF HOMOEOPATHY

The Governing Council of THE TAMIL NADU
Dr. M. G. R. MEDICAL UNIVERSITY hereby makes known that

MATHUVENKATESAN L

has been admitted to the Degree of BACHELOR OF HOMOEOPATHIC
MEDICINE AND SURGERY ~~he/she~~ having been certified by
duly appointed Examiners to have qualified to receive the
same at the Examination held in APRIL 1998



Given under the Seal of the University.

CHENNAI
DATE

R. S. Srinivasan
REGISTRAR

V. K. Anandakannan
VICE-CHANCELLOR
Dr. K. ANANDAKANNAN
M.S. D.O. (R.M.S.), A.C.S.

S.No. 02928



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

Homoeopathy Medical Registration Certificate - A

ஓமியோபதி மருத்துவ பதிவு சான்றிதழ்

Rego. No. 969

[Vide Rule 11 (6)]

Date: 08/02/2007

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

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

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



(G. RAJASEKARAN)

J

Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

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

A) General Experience:-

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

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

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

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department

Date:

Sign & Stamp
Dean/Principal/Head of Institute

Date:

University of Pune certifies
Kulkarni

Monali Vinayak
Name Phailaya
Date Karasabheb (Mhaske Homoeopathic
Medical College Ahmednagar)

having been examined and found duly
qualified for the degree of

Doctor of Medicine
(Enteernal Course)
(Homoeopathy)

Materia Medica

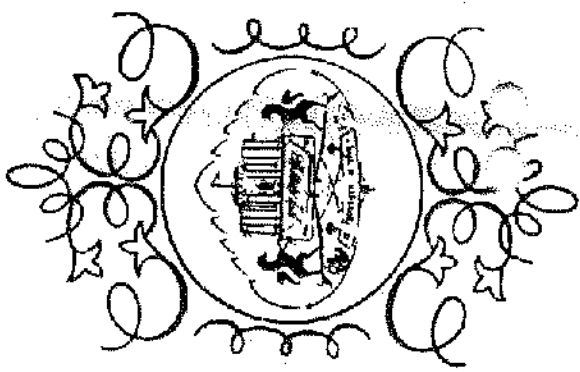
in April 2007

said degree has been conferred on her.

In testimony whereof is set
the seal of the said University

Prof. Ghas

University of Poona
(Formerly)



पुणे
विद्यापीठ

कुलकर्णी
मोनाली विनायक
आईचे नाव झेलजा
हे/चा लेट काकासाहेब म्हस्के
मेडिकल कॉलेज, अहमदनगर
एप्रिल २००७ मध्ये

वैद्यक निष्ठा
(काश्चिःस्य कोर्स)
(होमिओपॅथी)

(विषय: मॅटेरिया मेडिका)

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

DUPLICATE COPY

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Simla Simlibes Circular

Certificate No. 24215

Date of Registration 28-6-1986



THIS IS TO CERTIFY THAT

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

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

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

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

Signature of the Registrar

Annexure - I

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

Sr. No.	Particular	Information to be filled																												
01	Name of the Mentor	LAKSHMI ENGINEER																												
02	Date of Birth	20/7/1960																												
03	Address	C-403, AHANTA, Malad (W) 6																												
04	Tel No / Mob No	9804212305																												
05	E-mail id	sanroshp@gmail.com																												
06	Nationality	INDIAN																												
07	Qualification in details (attach documentary proof)	M.D.(HOM)(HNM), B.H.M.S																												
08	Teaching experience / Health Sciences Profession experience / Consultant/Mentor (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	A) General Experience: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>STIC</td> <td>1990</td> <td>1993</td> <td>3 yrs</td> </tr> <tr> <td>IC</td> <td>1993</td> <td>2003</td> <td>10 yrs</td> </tr> <tr> <td>Reader</td> <td>2003</td> <td>2005</td> <td>2 yrs</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship/Certificate Course: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>CHC</td> <td>2006</td> <td>2020</td> <td>14 yrs</td> </tr> <tr> <td>Mentor</td> <td>2015</td> <td>Indefinite</td> <td>7 yrs</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	STIC	1990	1993	3 yrs	IC	1993	2003	10 yrs	Reader	2003	2005	2 yrs	Designation	From	To	Total Period (Yrs. & Months)	CHC	2006	2020	14 yrs	Mentor	2015	Indefinite	7 yrs
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Mentor	2015	Indefinite	7 yrs																											
09	Present Appointment	Clinical practice																												
10	Publications (List & Proof)	CHC Homeopathic Consultation																												
11	Post Graduate Teaching experience (attach documentary evidence)																													
12	Any other relevant information																													

Date: _____

Name & Sign of Mentor

For the use of affiliated Training Center:

I, _____, Head of the _____, have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University _____ of the University Direction No. 05/2017 (Amended).

Sign of Head of the Department
(HOD) of concerned Department
of _____
Date: _____

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

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

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

A) General Experience:-

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

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

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

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department

Date:

Sign & Stamp
Dean/Principal/Head of Institute

Date:

_____ and the undersigned


 Bachelor of
 Homoeopathic Medicine
 and Surgery

1755
In Witness whereof we set the Seal of the
said University and the Signature of the said
Vice-Chancellor.

Mr. D. B. ...

672 Charles

University of Mumbai

मुख्य विद्यापीठ

On

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

Doctor of Medicine

(Homoeopathy) (External)

Branch A - Homoeopathic Materia Medica

Lakshmi Suresh Engineer

Central Medical, Free and Research Center, Y.M.T.

Homoeopathic Medical College

for the examination held

in July 2006

at the Convocation

held on 1st January 2007

At

अध्यक्ष, कुलपति

आचार्य

प्रमुख उपकुलपति

वेद्यक अधिस्तानक

होम्योपैथी (बाह्य)

शाखा A - होम्योपैथी मटेरिया मेडिका

आचार्य

लक्ष्मी सुरेश इंजीनियर

केंद्र चिकित्सा, मुक्त

आरंभिक केंद्र, य.म.टी.

होम्योपैथी वैद्यकीय महाविद्यालय

ज्यामिती परीक्षा घेतलेली

जुलै 2006

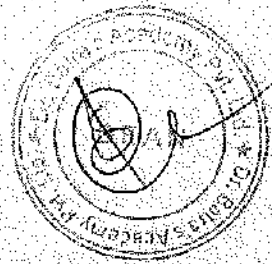
आचार्य

ज्यामिती परीक्षा घेतलेली

ज्यामिती परीक्षा घेतलेली

MENTORS PUBLICATIONS			
DERMATOLOGY			
Sr. No	Mentor	Name of Article	Location
1	Dr Samir Chaukar	1) Role Of Abuse In Pregnancy Leading To Autism 2)The Flamboyant young girl	Mumbai
2	Dr Tejal Ajmera	1)Usefulness of Homeopathy in Perianal Condylomata Acuminata 2)Efficacy of Homeopathic Treatment in Preventing Progression to Erythrodermic Psoriasis: A Case Study 3)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 recurent 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



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



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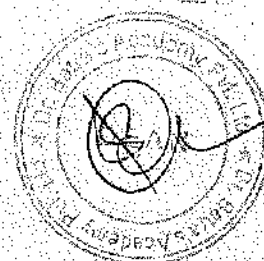
www.dr-batra.com



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

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



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