

List of formats

- (I) Application (new & for Cont. of Affiliation) cum Visitation Performa – Annexure - C

Training Center Letter Head

INSTRUCTIONS

- (i) Application for Recognition of Institute for Starting Fellowship/Certificate Course(s)
(ii) Application to Start/Increase Intake Capacity of Fellowship/Certificate Course(s)
(iii) Application for Continuation/Renewal of Fellowship/Certificate Course(s)

1. The Management/Institute/College/Training Centre/Hospital/University Department seeking
- (i) Recognition of MUHS for starting Fellowship/Certificate Course(s),
 - (ii) Permission to Start/Increase Intake Capacity of Fellowship/Certificate Course(s) and
 - (iii) Continuation/Renewal of Fellowship/Certificate Course(s),
- shall submit the application(s) in Spring File.
- (a) **in original, along-with the attested supporting documents mentioned therein, and**
 - (b) **soft copies in a Pen drive, in .PDF FORMAT ONLY**, containing scanned copies of
 - (aa) **Original** application(s) for Recognition of Institute/Start/Increase Intake Capacity/Continuation/Renewal of Fellowship/Certificate Course(s) and,
 - (bb) **All the mandatory supporting documents** as mentioned in the respective applications,
 - (iii) Consolidated single NEFT/Demand Draft of
 - (a) **Rs 2,00,000/-** towards 'Recognition Fees',
 - (b) **Rs 50,000/-** per course for Starting/Continuation/Renewal of Fellowship Course &
 - (c) **Rs 40,000/-** per course for Starting/Continuation/Renewal of Certificate Coursedrawn in favour of 'The Registrar, Maharashtra University of Health Sciences, Nashik' on any Nationalized Bank, payable at Nashik.

Fee for Recognition of Institute and Starting of New Fellowship And Certificate Course shall be as per Affiliation Fee Notification as amended by the University from time to time.

2. **'Continuation/Renewal of Affiliation'** for Fellowship and Certificate Course(s) for **every Academic Year is mandatory**.
3. Read the 'Rules and Regulations' carefully before filling the application.
4. **Strike-out whichever not required/ OR Where ever the fields are not applicable,** please Mention as –N. A. –

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

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



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U85110MH1999PTC118005

Training Center Letter Head



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

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

To,

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

Sir,

I am/We are herewith submitting the application with a request under section 64 (3) of the Maharashtra University of Health Sciences Act, 1998, for Recognition of my/our Institute for starting *Fellowship/Certificate Course in Fellowship in Horn Dermatology with an Intake Capacity of 50 students, from the academic year 2026-27

Following are the particulars:

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

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

- **Date of last inspection of the department:** 17/12/2025
(Write Not Applicable for first inspection)

- **Purpose of Last Inspection:** COA

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

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

Name: Dr Tejal Agrmera

Mobile/Telephone no.: _____

e-mail id: drtejal-agrmera@drbatras.com

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



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U85110MH1999PTC118005



Mailbox of drsamir.chaukhar@drbatras.com

Subject: Re: Continuation of affiliation

From: Jitesh Bhatte <jitesh.bhatte@drbatras.com> on Tue, 25 Aug 2026 15:37:20

To: "aaras.vasa" <aaras.vasa@drbatras.com>, <drsamir.chaukhar@drbatras.com>

Cc: "mahendrarohekar" <mahendra.rohekar@drbatras.com>, "DrBindu Sharma" <drbindu.sharma@drbatras.com>

Paid

25-08-2026	COURSE FEES-UNIVERSITY	NEFT/AXISP00830161195/0125082611552	161/REGISTRAR MUHS NAS/HDFC0000064	50,000.00
25-08-2026	COURSE FEES-UNIVERSITY	NEFT/AXISP00830161196/0125082611552	162/REGISTRAR MUHS NAS/HDFC0000064	40,000.00
25-08-2026	COURSE FEES-UNIVERSITY	NEFT/AXISP00830161197/0125082611552	163/REGISTRAR MUHS NAS/HDFC0000064	40,000.00
25-08-2026	COURSE FEES-UNIVERSITY	NEFT/AXISP00830161198/0125082611552	164/REGISTRAR MUHS NAS/HDFC0000064	40,000.00

Best Regards,



Jitesh Bhatte
AGM - Accounts

Mobile No: +91 74982 76058
Board Line: +91 22 33671268

OUR CORE VALUES:

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



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From: aaras.vasa <aaras.vasa@drbatras.com>

Sent: 24 August 2026 15:55

To: drsamir.chaukhar@drbatras.com

Cc: 'jiteshbhatte' <jitesh.bhatte@drbatras.com>; 'mahendrarohekar' <mahendra.rohekar@drbatras.com>;

'DrBindu Sharma' <drbindu.sharma@drbatras.com>

Subject: RE: Continuation of affiliation

ok

Best Regards,



Aaras Vasa
Executive Director
Group Chief Financial officer

Board line: +91 22 33671200;212

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From: drsamir.chaukhar@drbatras.com [mailto:drsamir.chaukhar@drbatras.com]

Sent: 24 August 2026 15:45

To: aarasvasa <aaras.vasa@drbatras.com>

Cc: jiteshbhatte <jitesh.bhatte@drbatras.com>; mahendrarohekar <mahendra.rohekar@drbatras.com>;

DrBindu Sharma <drbindu.sharma@drbatras.com>

Subject: Continuation of affiliation

Dear Sir

Welcome to Rediffmail NG: Inbox

Dermatology- 50,000/-
cosmetology- 40,000/-
Allergies/Resp- 40,000/-
Oncology- 40,000/-

Total- 1,70,000/-

Dr. Samir Chaukkar

Mobile No: +91 87677 02498
Board Line: +91 22 33671136

Professional Teaching Experience Certificate for Fellowship Courses Director

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

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

A) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	Jan 1993	Till date	33 years 7 months	
Professor	Dec 1993	Aug 2008	15 years	

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

Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant	Sep 2008	Dec 2015	6 years	9 months
Dean, Dr Batra's Academy	Jan 2016	Till date	10 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		18 years
		Total		32 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 , Kashmiri, 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 Tele:022-33671236	
	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)	Certificate Course in Homeopathic Endocrinology
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes NEFT/AXISP00830161195/ 0125082611552_161/REGI STRAR MUHS NAS/HDFC0000064
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes
07	Budgetary provision for the FC/CC/DC for the next 03 years	Yes
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated 27 th April 2022
		Copy of Management Resolution attached?
		*Yes

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

3. Central Library

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

Journals:

1	Journals		Total	concerned Fellowship subject
2	Indian		5	
3	Foreign			

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

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

- Internet / Med pub / Photocopy facility: available
 - Library opening times: 10-5 PM
 - Reading facility out of routine library hours: available
- (Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

Not available

- Play grounds Gymnasium

5. Hostel Accommodation: NA

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

6. Residential accommodation for Staff / Paramedical staff : NA

7. Ethical Committee (Constitution) : YES

8. Medical Education Unit (Constitution) : YES
(Specify number of meetings held annually & minutes thereof)

9. Any other faculty specific information required :

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

HOSPITAL INFORMATION

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

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

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

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

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

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

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

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

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

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

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

5. Casualty:/ Emergency Department:

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

6. Blood Bank :

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

7. Central Laboratory:

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

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

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



Sign & Stamp
Dean/ Principal/ Director of Training



Training Centre Round Seal

ANNEXURE "D"

DEPARTMENTAL INFORMATION

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

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

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

Sr. No	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr Samir Chaukhar	Full Time	Dean /Mentor	MD (Hom)	21 years
2	Dr Ashwini Kumar	Full Time	Mentor	MD(Hom)	22 years
3	Dr Sachin Patil	Full Time	Mentor	MD (Hom)	20 years
4	Dr Nayeemunissa	Full Time	Mentor	MD (Hom)	20 years
5	Dr Mamata Tapas	Full Time	Mentor	MD (Hom)	20 years
6	Dr Swapnil Naik	Full Time	Mentor	MD (Hom)	19 years
7	Dr Mathuvenkatesan	Full Time	Mentor	MD (Hom)	19 years
8	Dr Jayshree Rathva	Full Time	Mentor	MD (Hom)	8 years
9	Dr Renuka Amin	Full Time	Mentor	MD (Hom)	17 years
10	Dr Shahala Nadaf	Full Time	Mentor	MD (Hom)	25 years
11	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	47	Dr Samir Chaukhar, Dr Mathu Venkatesan, Dr Mamta Tapas, Dr Jarshree Rathwa, Dr Swapnil Naik, Dr Ashwini Kumar Dwivedi, Dr Nayeemunissa Begum
2026-27	FCHD		Dr Samir Chaukhar, Dr Mathu Venkatesan, Dr Mamta Tapas, Dr Jarshree Rathwa, Dr Swapnil Naik, Dr Ashwini Kumar Dwivedi, Dr Nayeemunissa Begum

(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:**

1. **Services**

- i **Video Microscopy**
- ii **Mesotherapy**

iii. Gro Hair

iv. New Hair

v. Derma Heal

vi. Woodslamp

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

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

6. Space:

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

7. Office space:

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

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

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

ANNEXURE – “E”

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

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

Date: -**Name & Sign. of Director****For the use of affiliated Training Center:**

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

Sign & Stamp
Head of the Department
Date:



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

**Training Centre Round Seal**

ANNEXURE – “F”

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

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

Date: -**Name & Sign. of Mentor****For the use of affiliated Training Center:**

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

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

ANNEXURE – “G”

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

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

Date:**Sign. of Co-ordinator**

Sign & Stamp
Head of the Department
Date:



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



Training Centre Round Seal

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 on 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 dt. 16/12/2004

the name of the said company is this day changed to

DR. BATRAS' POSITIVE HEALTH CLINIC PRIVATE LIMITED

Given under my hand at BOMBAY this 20th

day of DECEMBER ~~(one thousand nine hundred~~

~~and ninety~~ 2004).



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

NOTE: ~~He has~~ 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.



378/12889

Thursday, August 03, 2023

1:36 PM

पावती

Original/Duplicate

नोंदणी क्र. 39M

Regn.:39M

पावती क्र.: 14084 दिनांक: 03/08/2023

गावाचे नाव: मरोळ

इंग्रजीपत्राचा अनुक्रमांक: वदर8-12889-2023

वस्तुपत्राचा प्रकार: 36-अ-लिन्ड वॉड लायसन्सेस

मादर करण्याच्या नाव: ए ए टेक्सटाईल से प्रॉपराईटर पंकज के शाह

नोंदणी फी

रु. 1000.00

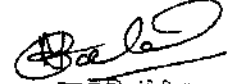
वस्तु हाताळणी फी

रु. 680.00

पृष्ठांची संख्या: 34

एकूण:

रु. 1680.00

आपणास मूळ वस्तु, थंबलेन प्रिंट, मूली-२ बंदाले
1:56 PM ह्या वेळेस मिळेल.

सह. दु. नि. अधीक्षक-3

वाजार मूल्य: रु. 750000/-

मोबदला रु. 165000/-

मार्गलेन मुद्रांक शुल्क: रु. 19500/-

एम. एन. गायकवाडे

मह. शुल्क निदेशक, अंधेरी क्र. ३,
मुंबई उपनगर जिल्हा

1) देयकाचा प्रकार: DHC नकस: रु. 680/-

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

विक्रेते नाव व पत्ता:

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

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

विक्रेते नाव व पत्ता:

P.H.

REGISTERED ORIGINAL DOCUMENT
DELIVERED ON 7-AUG-2023



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

Receipt of Document Handling Charges

PRN 0208202314107

Receipt Date 03/08/2023

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

DEFACED

₹ 680

DEFACED

Payment Details

Bank Name PUNB

Payment Date 02/08/2023

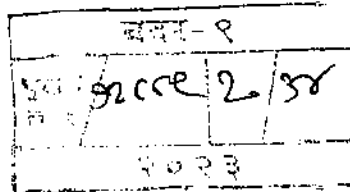
Bank CIN 10004152023080213207

REF No. 456643702

Deface No 0208202314107D

Deface Date 03/08/2023

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



Department of Stamp & Registration, Maharashtra	
Receipt of Document Handling Charges	
PRN 0208202314107	Date 02/08/2023
Received from A A Textile, Mobile number 9820187045, an amount of Rs.680/-, towards Document Handling Charges for the Document to be registered (ISARITA) in the Sub Registrar office Joint S.R. Andheri 3 of the District Mumbai Sub-urban District.	
Payment Details	
Bank Name PUNB	Date 02/08/2023
Bank CIN 10004152023080213207	REF No. 456843702
This is computer generated receipt, hence no signature is required.	



वर्कर-९	
921520	38
2023	

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)

बंदर-९		
पुस्तक	92	38
क्र १	92	38
२०२३		

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

AND

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

For A. A. TEXTILE

Proprietor

Atul Shah

Atul Shah

Divya P. Shah

Paras A. 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, Kurla - Andheri Road, Sakinaka, Mumbai - 400 072 admeasuring about 2000 sq.ft. built up (Approx.) situated at land CTS No. 704 of Village Marol, Taluka Andheri, Mumbai Suburban District (hereinafter referred to as the said Licensed Premises).
- (b) The Licensee who are in need of suitable premises for a temporary period of 45 (forty-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 (Forty-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 (Forty-Five) months which period shall deemed to be commenced on and from 01.04.2023 and terminate on 31.12.2026.

WITNESSES	01.04.2023	31.12.2026
NO. 92500 E 378		
2.	The Licensors have provided the said Licensed Premises as per the requirements of the Licensee. A common passage will be common in use for all the parties (Front and Back side), for exit & entry purpose.	

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

EXFILE
PL

Atul Chavhan

Dirju P.h

P.A. Shale

Atul

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.

बिल-१	
पुस्तक	१२००६३४
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5. The Licensors agree to provide electricity connection to the Licensed Premises with separate electricity meter to enable Licensee to maintain and run their equipments, machines, lighting, air conditioners, computers, fax machines, etc. and also water connection for drinking water purposes. However, the Licensors are not responsible for supply of Electricity and Water which are regulated by concerned authorities. Electricity Charges will be paid to the Licensors within 7 days from the date of raising debit note on actual. Failure to pay electricity and water charges will entitle the Licensors to discontinue this service for the said Licensed Premises and also pay levy/ penalty imposed by concern authority for delayed payment/ default. The Licensee shall not be entitled to any reduction in the License Fees on account of non-availability of electricity and /

For A. A. TEXTILE
PS

Atul Shah
Atul Shah

D. Shah
Divya P. Shah

P. Shah
P-A. Shah

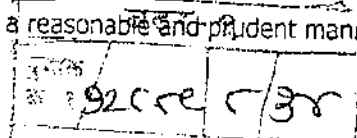
Shah

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. 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.



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

For A A TEXTILE
PL

Atul K Shah

Divya P.S.

P.A. Shah

Author

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

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

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

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

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

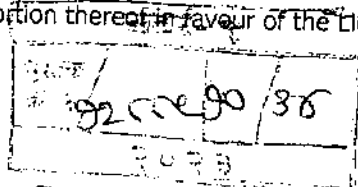


पुस्तक क्र १९२००२३४	३४
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or the Licensors may make good the same and they are entitle to deduct the expenses thereof from the security deposit of the Licensee.

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

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



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

For A. A. TEXTILE
PB

Atul Kumar

Prakash P. D.

P. A. Shah

Shah

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

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

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

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

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



बंदर-२	
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For A. A. TEXTILE

Proprietor

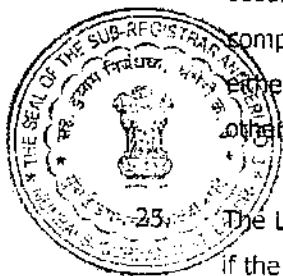
Atul K. Sharma
Atul Sharma

Divya P. L.

P. A. Shahe

Arjun

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

Atul Mishra

Dr. P. R.

F. A. Shah 8

Atul

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

27. The Licensors has allowed the Licensee to use the Fixed furniture & fittings of the said Licensed Premises on the condition that these items will be kept and maintained with proper repair and maintenance and will be returned to the Licensors in the same good condition as these items were given to the Licensee, normal wear and tear accepted.
28. We hereby declared that in case of redevelopment, licensor shall terminate the agreement by giving **3 months'** notice period to the licensee. Licensee has to vacate the premises along with their belongings and handover the possession of the premises back to the licensor. This 3 months' notice period for redevelopment purpose is even applicable during the lock-in period.
29. The Licensors and the Licensee agrees that this Agreement shall alone govern the rights and obligations of the parties hereto. It is not entitled to protection under any of the provisions of the Maharashtra Rent Control Act, 1999 or any statutory modification or re-enactment thereof and therefore shall not have any claim, right of tenancy or sub tenancy or any other right in respect of the said Premises or any part thereof at any time hereafter notwithstanding any new Law, change in Law or Judgment, decree or order of any court. It is hereby expressly agreed that the Licensee's status in respect of the Premises either under this Agreement or otherwise shall be that of a mere licensee.
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 is belongings within 48 hours of default.



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For A. A. TEXTILE
Proprietor

Atul Shah
Atul Shah
Divya P. h
P. A. Shah

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

SCHEDULE OF THE PROPERTY

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

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

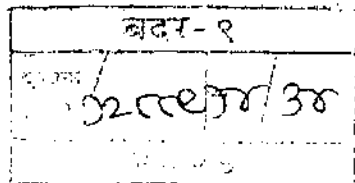
For A. A. TEXTILE

PL

Proprietor

Atul medium Dirfer P.2 P.A. shah

Handwritten signature



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

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]*

बंदर-९		
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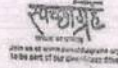
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Adani Electricity

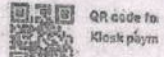


5232

COMMERCIAL



36150 Points Earned



A.A. TKNLES

H KANTIL COMPO 2ND FLR KURLA ANDHERI RD NR SISI SAKIN
AKA MUMBAI 400072

Mobile: 70-86
Email: lno@perfectlifestyles.in
PAN: GST:

BILL DATE
21-07-2023

TARIFF
LT II (A)

BILL DISTRIBUTION NO.
Powal/Sakl/03/217/025/025
/001

METER STATUS
Active

CONNECTION DATE
Prior to Aug-2011

BILLING STATUS
Regular

CYCLE NUMBER
03

SANCTIONED LOAD (kW)
9.70

PRESENT READING DATE
19-07-2023

TYPE OF SUPPLY
THREE PHASE

BILL NUMBER
101923633514

PREVIOUS READING DATE
19-06-2023



CA NO: 191012922
₹48120.00

Bill Month
July 2023

Bill Period: 20-06-2023 - 19-07-2023

Units Consumed
3288

Previous Units: 3390

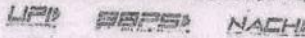
Current Month Bill
₹4519.93

Previous Outstanding
₹13131.86

The due date refers to only current bill amount, previous balance is payable immediately

- Round sum payable by discount date: 28-07-2023 Amt: ₹47940.00 Discount: ₹275.04
- Round sum payable after due date: 11-08-2023 Amt: ₹48550.00 DPC: ₹631.50

Scan code to pay your bill via (Use any UPI app)

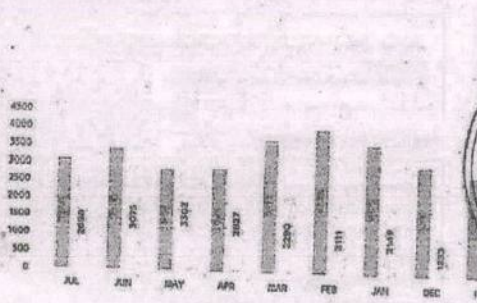


Nearest Collection Centre (Cash/Cheque)

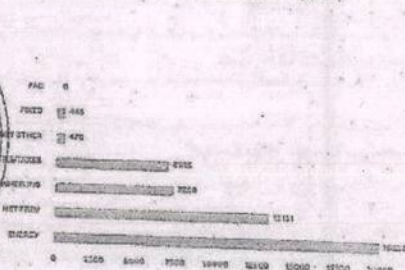
Adani Electricity Sakinaka Junction, Near park devis, Andheri(E), Mumbai-400072

R D NERURKAR
District Head
(Power Distribution)

CONSUMPTION TREND



Current year Previous year MAJOR BILL COMPONENTS (Rounded off) (₹)



METER DETAILS

Meter Number	Present Reading	Previous Reading	Multiplying Factor	Consumption Units(kWh)
7709950	312872.00	309584.00	1	3288

HELP CENTER

19122 Toll Free No. (24x7) www.adanilectricity.com

helpdesk.mumbalelectricity@adanil.com

Adani Electricity Sakinaka Junction, Near park devis, Andheri(E), Mumbai-400072

For power interruption complaint or restoration status
SMS POWER <9 digit account no.> to 7065313030 from mobile no.
Whatsapp POWER <9 digit account no.> to 9874519122 from any mobile number
Give us missed call on 1800 532 9968 from your registered mobile no.

For Portal Related Complaint call us: 19122

For Internal complaint redressal system(CRS), visit our website: www.adanilectricity.com

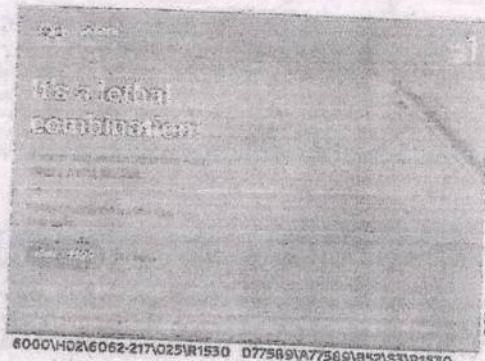
Join us on: (Social media icons)

Total Consumption

IMPORTANT MESSAGE

- Please pay this bill by Online / RTGS / NEFT / Cheque or Demand Draft.
- Please note that all important communication related to your account are being sent on 70-86 registered with us. In case of any change, do inform us immediately to avoid any inconvenience and enjoy our uninterrupted services.
- In view of MERC order in case no. 325 of 2019, cash payment limit towards electricity bills is fixed at Rs.5,000/- per account per month. For payment of amount greater than Rs.5,000 please use convenient digital channels / online / cheque modes.
- Tentative meter reading date for your AUG-23 bill is 19/08/2023

CONSOLIDATED STAMP DUTY PAID BY ORDER NO. L04/C80/72/2023/ Validity Period Dt. 01/07/2023 to Dt. 31/03/2025/25.05 DT. 20 JUN 2023



Head	Rate	Amount (₹)
Electrical Energy (HSN code 27110000)		
1. Fixed Charge		843.00
2. Varying Charges		7255.48
3. Green power Tariff	0.00/kwh	0.00
4. Energy charge		15092.40
5. Fuel Adjustment Charge (FAC) #	0.00/unit	0.00
6. Government electricity duty	21.00%	5795.81
7. Maharashtra Excise tax on sale of electricity	34.00/unit	1119.24
(A) Current month's bill amount (Sum of 1 to 7)		34519.93
a. Others		0.00
b. Delayed payment charge on previous month's bill		470.51
c. Digital Payment discount		0.00
d. Paperless E-Bill discount		0.00
e. Incentive on arrears		0.00
f. Adjustments		0.00
(B) Net other charges in current bill (Sum of a to f)		470.51
Current Month charges (A+B)		34990.44
Previous month's bill amount		9551.86
Payment received upto 10-07-2025		42382.00
Prompt payment discount		0.00
(C) Net previous balance		15151.86
Total Bill Amount (A+B+C)		46512.30
Amount deferred		0.00
Round Sum Payable with this bill		46512.30

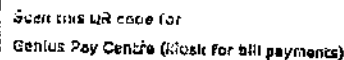
LT II (A) COMMERCIAL Unit/Amount	Fixed Charge Per month	Energy Charge Per Unit	Withstanding Charge Per Unit	FAC Rate Price/Unit Jul-23
all units	445.00			0.00

Two half a day of the workers will pay 1.12 in the afternoon and 0.25 in the morning. They should be paid for this

LAST PAYMENT DETAILS

Payment Date 19 July 2017	Payment Amount ₹ 208.00	Outstanding Balance ₹ 208.00
------------------------------	----------------------------	---------------------------------

www.aaronselectricity.com



भारत सरकार
Government of India

पंकज कान्ति लाल शाह
Pankaj Kantilal Shah
जन्म तिथि/DOB: 17/08/1955
पुरुष/MALE

2464 2387 8507

आधार - सामान्य माणसाचा अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ABDP88819H

PANKAJ KANTILAL SHAH
पंकज कान्ति लाल शाह
KANTILAL LALAMSHI SHAH
17/08/1955

For A. A. TEXTILE

P.A.
Proprietor

भारत सरकार
Government of India

अतुल कान्ति लाल शाह
Atul Kantilal Shah
जन्म तिथि/DOB: 12/12/1955
पुरुष/MALE

6070 4166 9383

आधार - सामान्य माणसाचा अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

अतुल कान्ति लाल शाह
ATUL KANTILAL SHAH
KANTILAL SHAH
12/12/1955
Permanent Account Number
AAQPS2041F

Atul Kantilal

Atul Kantilal

भारत सरकार
Government of India

दिव्या पंकज शाह
Divya Pankaj Shah
जन्म तिथि/DOB: 12/12/1982
स्त्री/FEMALE

4158 4945 9527

आधार - सामान्य माणसाचा अधिकार



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AAQPS2047D

DIVYA PANKAJ SHAH
दिव्या पंकज शाह
CHABILSHAI DEVSIBHAI SHAH
12/12/1982

Divya P.R.

भारत सरकार
Government of India

पारस अतुल शाह
Paras Atul Shah
जन्म तिथि/DOB: 02/09/1989
पुरुष/MALE

3615 2805 4290

आधार - सामान्य माणसाचा अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

पारस अतुल शाह
PARAS ATUL SHAH
ATUL KANTILAL SHAH
02/09/1989
Permanent Account Number
BOCP88572J

P.A. Shah

बदर-९		
पुस्तक क्र १	9250092	38
२०२३		

भारत सरकार
Government of India

जितेंद्र सुरेश जाधव
Jitendra Suresh Jadhav
जन्म वर्ष / Year of Birth - 1985
पुरुष / Male

4212 5984 2133

भाधार - सामान्य माणसाचा अधिकार

Unique Identification Authority of India

पत्ता ए-403 बाळकृष्ण अपार्टमेंट,
100 फीट रोड, मिरा भायंडर
फ्लायओवर हीज जवळ, ठाणे, भायंडर
ईस्ट, महाराष्ट्र, 401105

Address: A-403 Balakrishna Apt, 100 Feet
Road Near Mira Bhandekar Flyover
Bridge, Thane, Bhandekar East
Maharashtra, 401105

4212 5984 2133

1547 250 1547

Help@uidai.gov.in

WWW

www.uidai.gov.in

आयकर विभाग भारत सरकार
INCOME TAX DEPARTMENT GOVT. OF INDIA

JITENDRA SURESH JADHAV
SURESH DATTATRAY JADHAV

17/10/1985

PROVISIONAL ACCOUNT NUMBER

AKQPJ39JTM



Signature

बदर-९		
क्र. १	१२८८२०	३४
२०२३		

भारत सरकार
Government of India

Download Date: 04/11/2020

Issue Date: 07/07/2020

संत लाल
SANT LAL
जन्म तिथि/DOB: 15/07/1992
पुरुष MALE

8021 7838 9981
VID : 9195 2922 4303 0056

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
ग्राम, पूर्ववर्तमान, कुकवाली, चैला जस्ता, कुशीनगर,
उत्तर प्रदेश - 274206

Address:
C/O: Suryanarayana, Kukkawaliya, Naka
Chhapra, Kushinagar,
Uttar Pradesh - 274206

8021 7838 9981
VID : 9195 2922 4303 0056

1947 | info@uidai.gov.in | www.uidai.gov.in



बदर-९

पुस्तक		
क्र 1925	29	37
२०२३		



HEALTHCARE

Healing people. Changing lives.

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY DR. BATRAS POSITIVE HEALTH CLINIC PRIVATE LIMITED HELD ON 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/renew/cancellation, property of the Company, to take all the necessary actions including registration/De registration of Lease Deed, and to sign all the necessary applications, forms, documents etc., only for Company's property by the name of Dr Batra's Positive Health Clinic Pvt Ltd situated at 2nd Floor, H Kantilal Compound Andheri Kurla Road, Sakinaka, Andheri East, Mumbai, Maharashtra 400072 and on behalf of the Company and to represent the Company before sub-registrar of assurance, various departments of State Government, Local Government and Municipal Authorities, for the said purposes."

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

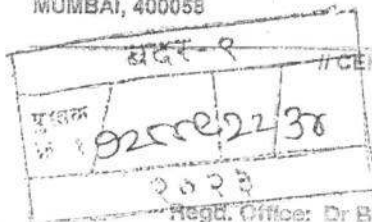
Jeetendra

Mr. Jeetendra Jadhav
(Executive Operations- Administration)

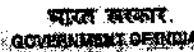
For Dr. Batra's Positive



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



Regd. Office: Dr Batra's™ Positive Health Clinic Pvt. Ltd.
H Kantilal Compound, 2nd Floor Andheri Kurla Road, Sakinaka, Andheri East, Mumbai - 400072.
T-91-22 3337 1200 | W www.drbatras.com | CIN: U85110MH1999PTC118005



जेठानंद विशनदास चिमनानी
Jethanand Vishindas Chimmnani

जन्म तारीख: / DOB: 03/04/1964

पुरुष / MALE

Mobile No.: 9820187046

7519 4871 8498

UID: B127 7252 8574 2711

माझे आधार, माझी ओळख

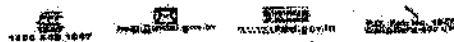


समस्त विदेशी वस्तुओं का आयात
UNION INDUSTRY AUTHORITY OF INDIA

पत्रिका:-
६०३ स्वर्णी अथा, गोल मंशन, गोल मैदान, उल्हासनाथ
१, उल्हासनाथ, काठे,
महाराष्ट्र - ४२१६०१

Address:
603 sweety apt. goal maidan, goal
maidan, UHASHNAGAR 1, Uhashnagar,
Thane, Maharashtra - 421001

7618 4871 5490
WD: 012 7212 674 279



बदा-९		
पुस्तक क्र. १२५२३/३४		
१०१३		



वर्ग-९		
पुस्तक नं. १	92562730	30
००२३		



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विशनदास चिम्बानी

Jethanand Vishandas Chitambar

जन्म तारीख / DOB: 03/04/1984

पुल्ल / MALE

Mobile No.: 9820187045

7519 4871 8498

VID : 8127 7212 8074 2711

माझे आधार, माझी ओळख



खदर-९
प्रमाणित १२५५०५३४
२०२३

भारतीय विशिष्ट सूचना प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:
603 sweety apt, goal maiden, goal
maiden, ULHASNAGAR-1, Ulhasnagar,
Thane, Maharashtra - 421001

Address:
603 sweety apt, goal maiden, goal
maiden, ULHASNAGAR-1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4871 8498
VID : 8127 7212 8074 2711



१९२९ ३१७ १२४४
help@uidai.gov.in www.uidai.gov.in

Handwritten signature/initials



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207.0	



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विशनदास चिन्नाणी

Jethanand Vishandas Chinnani

जन्म तारीख / DOB: 03/04/1964

पुरुष / MALE

MobNo No.: 9820187048

7519 4871 8498

VID : 9127 7212 8974 2711

माझे आधार, माझी ओळख



बदर-९		
पुस्तक	क्र. ३२८८९२	३४
२०२३		

भारतीय विश्वविद्यालय प्राधिकरण
UNIVERSITY INFORMATION AUTHORITY OF INDIA

पता:
603 ६वीटी अपा, गोला मैदान, गोला मैदान, उल्हासनगर
1, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

Address:
603 ६वीटी अपा, goal maidan, goal
maidan, ULHASHNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4871 8498
MOB : 9820 1874 2711



1800 400 1800 १८०० ४०० १८०० १८०० ४०० १८०० १८०० ४०० १८००



பட்டி-௪		
பதிவு	920042	38
2023		



भारत सरकार
GOVERNMENT OF INDIA



जैथानंद विशनदास चिखनानी
Jethanand Vishandas Chikhanani

जन्म तारीख / DOB: 03/04/1964

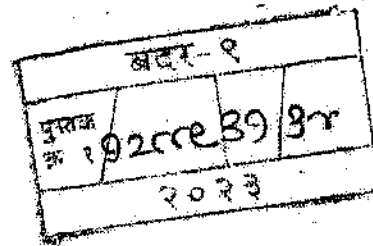
पुरुष / MALE

Mobila No.: 9820187048

7519 4871 8498

VID : 9127 7212 8974 2711

माझे आधार, माझी ओळख



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
503 स्वयंती अपार्ट, गोला मैदान, गोला मैदान, उल्हासनगर
1, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

Address:
503 swasty apt, goal maiden, goal
maiden, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4871 8498
VID : 9127 7212 8974 2711





बदल - ९			
पत्रिका	९२८८३०	३४	
२०२३			

378/12889

गुरुवार, 03 ऑगस्ट 2023 1:36 म.नं.

दस्त गोपबारा भाग-1

वदर9

दस्त क्रमांक: 12889/2023

दस्त क्रमांक: वदर9 /12889/2023

वाजार मुख्य: रु. 7,50,000/-

मोबदला: रु. 1,65,000/-

भरलेले मुद्रांक शुल्क: रु.19,500/-

दु. नि. सह. दु. नि. वदर9 यांचे कार्यालयात

पावती:14084

पावती दिनांक: 03/08/2023

अ. क्र. 12889 वर दि.03-08-2023

सादरकरणाचे नाव: ए ए टेक्सटाईल चे प्रॉपराईटर पंकज के शाह

रोजी 1:33 म.नं. वा. हजर केला.

नोंदणी फी

रु. 1000.00

दस्त हाताळणी फी

रु. 680.00

पृष्ठांची संख्या: 34

P.L.

दस्त हजर करणाऱ्याची सही:

एकुण: 1680.00

(Signature)
सह. दु. नि. अंधेरी-3
सह मुख्य निबंधक अंधेरी क्र. 3.

(Signature)
सह. दु. नि. अंधेरी-3
सह मुख्य निबंधक अंधेरी क्र. 3.

दस्ताचा प्रकार: 36-अ-लिज्द अँड लायसन्सेस

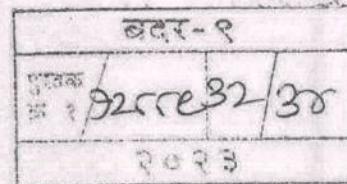
मुद्रांक शुल्क: Stamp Duty at 0.25 per cent on sum of rent payable for the period of agreement and the amount of non-refundable deposit and interest calculated at the rate of 10 per cent per annum on the refundable deposit will be charged throughout the state.

शिक्षा क्र. 1 03 / 08 / 2023 01 : 33 : 16 PM ची वेळ: (सादरीकरण)

शिक्षा क्र. 2 03 / 08 / 2023 01 : 36 : 35 PM ची वेळ: (फी)

(Signature)
सह. दु. नि. अंधेरी-3
सह मुख्य निबंधक अंधेरी क्र. 3.

(Signature)
सह. दु. नि. अंधेरी-3
सह मुख्य निबंधक अंधेरी क्र. 3.





03/08/2023 14:21:10 PM

दस्तावेज प्रकार-2

बंदर-9

दस्तावेज क्रमांक: 12689/2023

दस्तावेज क्रमांक: 12689/2023

दस्तावेज प्रकार: 36-अ-विच्छेद अर्ध सायमन्स

अनु क्र.	पत्रकाराचे नाव व पत्ता	पत्रकाराचा प्रकार	द्वाराचित्र	उत्तर प्रमाणित
1	नाव: ए.ए. देवसाईकर प्रॉपर्टी डेव्हलपर्स प्रा. लि. पत्ता: फ्लॉट नं. -, माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल विलिडिंग, फ्लॉट साईड ए, ब्लॉक नं: साकीनाका, अन्धेरी पूर्व, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ला अन्धेरी रोड, महाराष्ट्र, MUMBAI पिन नंबर: ABDS8819H	सायनेन्स वय: 65 स्वाक्षरी: P. A.		
2	नाव: अजय शाह - पत्ता: फ्लॉट नं. -, माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल विलिडिंग, फ्लॉट साईड ए, ब्लॉक नं: साकीनाका, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ला अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: AAQPS2041F	सायनेन्स वय: 68 स्वाक्षरी: Atul Ambekar		
3	नाव: दिव्या पी शाह - पत्ता: फ्लॉट नं. -, माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल विलिडिंग, फ्लॉट साईड ए, ब्लॉक नं: साकीनाका, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ला अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: AAQPS2047D	सायनेन्स वय: 63 स्वाक्षरी: Divya P. S.		
4	नाव: पारस ए शाह - पत्ता: फ्लॉट नं. -, माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल विलिडिंग, फ्लॉट साईड ए, ब्लॉक नं: साकीनाका, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ला अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: BOOPS8572J	सायनेन्स वय: 33 स्वाक्षरी: P. A. Shah		
5	नाव: डॉक्टर बन्ना पोपिटिह हेलथ प्रोडक्ट्स लिमिटेड चे अविराज सिलेवरी निवेद सुरुज जाधव - पत्ता: फ्लॉट नं. -, माळा नं: -, इमारतीचे नाव: एच कांतीनाल विलिडिंग, ब्लॉक नं: साकीनाका, अन्धेरी पूर्व, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ला अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: AACCP2995G	सायनेन्स वय: 38 स्वाक्षरी: B. S.		

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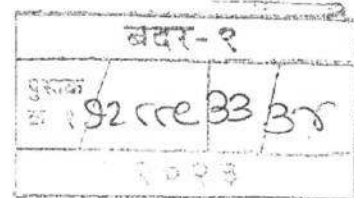
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अनु क्र.	पत्रकाराचे नाव व पत्ता	पत्रकाराचा प्रकार	द्वाराचित्र	उत्तर प्रमाणित
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2	नाव: संजय सुर्वे नारायण... वय: 41 पत्ता: वेणारग्राम पिन कोड: 400072	सायनेन्स वय: 41 स्वाक्षरी: S. S.		

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प्रमाणित करणेत येते की, या दस्तावेध्ये एकूण.....पाने आहेत.

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

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

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 Care	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			0.0					
	0.9	0.9	0.0			0.0					
	1.1	1.1	0.0			0.0					
Total Revenue	46.8	31.5	15.3	45.8	15.3	31.0	30.7	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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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
UNIVERCITY FEES (ACADEMY)	2.1	1.7
LECTURE FEES	2.8	2.3
OTHER ADMIN EXP	3.6	2.9
TOTAL EXPENSES	32.2	31.2
PROFIT FOR THE YEAR	-0.7	-0.5



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219	Homoeopathic Pharmacopoeia ed 15th	Bhattacharya , M
220	A Manual Of Pharmacodynamics .ed 8th	Hughes , R
221	Paediatrics in homoeopathy	Kapse , A.R (E.D)
222	Curability of cataract with medicines ed-2nd	Burnett , J .C
223	The Biochemic system of medicine ed 34th	Carey G.W
224	Blood Pressure its etiology and treatment ed 2nd	Banerjee,N.K
225	Organon of medicine ed -6th	Hahnemann, S.
226	Hahnemannian totolity symposiun - standardization, part 1	Dhawale , M.L
227	Hahnemannian totolity symposiun - standardization, part 2	Dhawale , M.L
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229	Temperament Types - A Study ed -2nd	Humran wala p
230	A Collection on carcinosinum	Singh , m Singh , S .
231	Cancer and its cure	Chugha , B.R
232	Heal thyself , Vol IXX	Barked J.E
233	The Lesser writings	Boenning hausen



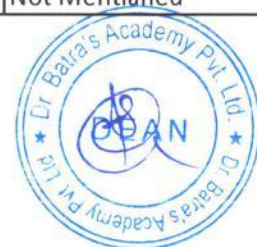
234	The Absorbent Mind ed - 4th	Mantessori , M .
235	The Lesser writings	Hahnemann, S.
236	My Experiences with ferrum Metallicum	Shah , R
237	Therapeutic Pointers and lesser writings...	Farrington , E.A
238	Therapeutic Guide..	Jahr, G.H.G
239	Mental Diseases and their modern treatment	Talcott S.H
240	The Prescriber	Clarke ,John H
241	The Medical Discoveries of edward bach , physician	Weeks , N
242	Schuessler Biochemistry ed - 3rd	kulkarni , V.M.
243	Cancer	Roussy , G
244	Churchill's Pocketbook of diabetes	Krentz , A .J
245	Diabetes Mellitus	Morgan , W
246	Schuessler Biochemistry	Champan , J .B
247	Mental Diseases and the modern treatment	Jalcatt , S.H
248	Organon of the art of healing	Hahnemann, S.
249	Essentials of diseases of the eye .	Norton , A.B
250	Causation Guide light for prescribers .	Bhardwaja H.L
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252	The Prescriber ed 9th	Clarke ,J H
253	Schuessler's Biochemistry	champan , J.B
254	The Principles and practicability of boenninghausen's ther	Roberts , H.A
255	The Testimony of the clinic	Nash , E.B.
256	Regional leaders	Nash E.B
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 tre	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 , I
271	Homoeopathic Therapy Capable to remedy and remove g	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 fine the similimum ed - 3rd	Nash , E.B.
277	The schuessler ' 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	Park, k
282	Life & Living - 2nd	M.L. Dhawale memorial
283	Perceiving I.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	Singh Verma, G
286	Standard table dairy	
287	Understanding ECG Electrocardiography - 6th	Mehta, P.j
288	Scientific Hydropathy	kulkarni, V.M.
289	Modi's text book of medical jurisprudence & toxicology - 1st	Modi, N.J
290	Text Book of dermatology for homeopathy - 4th	Gupta, R Manchanda, R
291	You can heal your 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,
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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	Dutta, D. C
300	Text Book of Gynaecology and contraception - 13th	Dutta, D. C
301	Lotuse Materia Medica - 3rd	Murphy, R
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303	Clinical pediatrics for general practitioners	Shejwal, M.S
304	Skin Homeopathic approach to dermatology - 2nd	Master, F.J
305	From similia to synergy the evolution of homeopathy	Sankaran, R
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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
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315	Secret Lanthanides	Scholten, J.
316	Secret Lanthanides	Scholten, J.
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318	Staphysagria, ...The wounded hero	Jain, B.S
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321	Organon of Medicine	Hehnenmann, s.
322	Homeopathy and the elements.	scholten, J
323	The Substances of homeopathy. - 2nd	Shankaran, R.
324	The spirit of homeopathy - 2nd	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



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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 Hearbalism	Cunningham , S
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343	Treat - Youselfe' 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
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352	Foods that heal..	Bakhar, H .K
353	Hearbs 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	Mclatchie, G .R. Leaper ,
366	B.Jains Homoeopathic catalogue 2009	Allen , J.H
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370	Nosodes.the pacemakers of our materia medica	Sonawala, S. Parthasarat
371	Register of homoeopathic practitoners 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
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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. Grabouws
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
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402	Diagnostic and statistical manual of mental disorders. Ed	Not Mentioned (American
403	A Concise textbook of human psychology	Sarabjeet kaur
404	Short practice of surgery ed - 23rd	Russell , R.C.G. Williams
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406	Bailey & Love's short practice of surgery	Rains, A.J.H Capper , W.M
407	A Manual on clinical surgery ed 3rd	Das, S
408	Under Graduate surgery	Nan, A.K.
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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
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420	Hair loss ...Explained & Analysed	Master , F.J
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425	Internal Medicine	Stein , J.H
426	API Textbook of medicine ed-7th	Shah , S.N.
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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
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447	Oxford handbook of clinical Medicine ed 6th	Longmore , M Wilkinson
448	Oxford handbook of clinical Medicine ed 6th	Longmore , M Wilkinson
449	The Practice of medicine ed - 4th	Custis , M.A
450	Biochemical Values in clinical medicine ed - 5th	Eastham , R.D.
451	Pharmacology and pharmacotherapeutics ed - 18	Satoskar , R.S Bhandar
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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
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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 ,



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475	Revie for usmle united states medical licensing exmination	Rosner , M . H. Lazar , A.I
476	A Guide to physical examination and history taking ed 4th	Bates , B
477	Review to post graduate medical entrance examinations	Arora , A /Tripathi , A
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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.
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486	Natural skin care	Laughran , J
487	Diseases of the skin including the exanthenata	Dearborn , F.M.
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489	Skin diseases ed - 2nd	Douglass , M.E.
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494	Rook's Textbook of Dermatology ed - 7th vol - 2	Burns , T Breathnach , S .
495	Atlas of clinical dermatolgy ed - 4th vol	Vivier , A.D
496	Fitspatrick 's Dermatology in general medicine vol - 1 ed	Goldsmith , L.A Katz , S.
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501	Lever's Histopathology of the skin ed - 10th	Elder , D.E
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510	Illustrated synopsis of dermatology and sexually transmitt	Khanna , N
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512	Roxburgh's common skin diseases. Ed 18th	Marks , R / Motley , R
513	Iadvl's concise text book of dermatology	Viswanath, V
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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
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535	Catalogue & reference book	Hahnemann , S.
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537	Heal Thyself vol -23	Barker , J .E
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541	Desires and aversions ed - 2nd	Guernsey , WM .j
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544	Materia medica in miniature .	By Publisher
545	A Brief Study Course in homeopathy ed 2nd	Wright , E
546	Elements of homeopathic pharmacy	Sankaran , R
547	Prophylactics in homeopathy ed - 2nd	Sankaran , R
548	Different ways of finding the remedy	Tyler M.L
549	Floral healing	Rau , H .S
550	The Bowel Nonsens	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 homeo	Lutze , F.H
558	The christian science journal	By Publisher
559	On Fistula and its radical cure by medicines ed - 2nd	Burnett , J .C
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561	Catalogue & reference book	By Publisher
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563	Repertorising	Tyler , M / Weir , J
564	Menstruation	Guernsey ,J
565	Astro - Biochemistry	Sawtell , V
566	Everyman's medicine chest	By Publisher
567	Before the doctor comes ed - 2nd	Cox , D Jones , T.W
568	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.
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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

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.

Attendance of MEU meeting held on 25th Dec 2025

(209)

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

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

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


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

1/4/2026

(210)

NOTICE

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

The agenda will be

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



Dr Samir Chaukhar

Dean, Dr Batra's Academy, Mumbai

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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
Dean Dr Batras academy/Chairman MEU



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16/4/2026

(212)

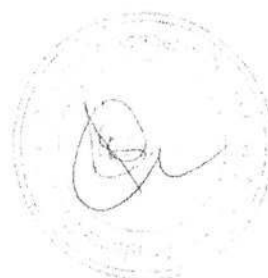
Attendance of MEU meeting held on 16th April 2026

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

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


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

Dr Batras Academy Institutional Ethics Committee			
Sr. No	Name of Members	Post	Designation
1.	Dr Dhanaji Bagal MD Hom	VICE PRINCIPAL Dr.G.D.Pol Foundation's Y.M.T Homeopathic Medical College, Kharghar, Navi Mumbai	Chairperson
2.	Dr.Tejal Ajmera M.D(Hom) Dr.Renuka Amin M.D(Hom) Dr.Shahala Nadaf M.D(Hom)	Coordinator- Dr Batra's Academy Mentor- Dr Batra's Academy Mentor- Dr Batra's Academy	Medical Scientists
3.	Dr Rajeshree Mayekar M.D (Skin) DVD	Mentor- Dr Batra's Academy	Clinician
4.	Adv Namita Pradhan BA.L.L.B,LLM	Legal Expert- Dr Batra's Positive Health Clinics	Legal Expert
5.	Mr Ashish Chaukhar Bsc,LLB	Founder- Vasundhara Foundation (NGO)	Social Scientist
6.	Dr.Prashant Tamboli MD Hom	Professor, Dept of Statistics	Statistician Theologian
7.	Mr. Vishal Bhalerao	Admin Excecutive- Dr Batra's Academy	Lay Person
8.	Dr Samir 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.


Dr. Samir Chaukkar
(Dean, Dr Batras Academy)

// 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 refeffed to as (Dr Batra's) of The one part and

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

WHEREAS

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

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

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

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

1 VALIDITY

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

2 SCOPE OF SERVICES

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

3 THE ARRANGEMENT

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

4 DELIVERABLES FROM DR. BATRA'S

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

5 DELIVERABLES FROM ASHISH MULTISPECIALITY HOSPITAL

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

6 INDEMNIFICATION

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

7 NO BINDING CLAUSE

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

8. ARBITRATION

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

9. JURISDICTION

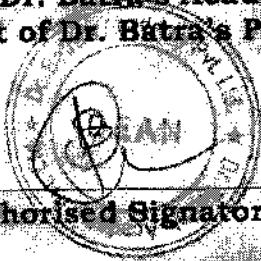
The courts in Mumbai shall have exclusive jurisdiction to deal with any dispute arising out of this MOU.

10. NOTICES

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

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

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



Authorised Signatory

For ASHISH MULTISPECIALITY HOSPITAL



Authorised Signatory

*** 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 MANSI CLASSIC OPP JARI MARI TALAV KA		
ADDRESS2			
AREA*	MIRA ROAD		
LANDMARK_1			
CITY_NAME*	THANE		
STATE_NAME*	MAHARASHTRA		
PIN_CODE*	401107		
STD_CODE*			
PHONE_NO*	9819250565		
FAX_NO*			
EMAIL*	ashshhospital2220@gmail.com		
HOSPITAL REGISTRATION NO*	MH/THN/MBMC/2018-156		
ROHINI (Registry of Hospital In Network Insurance)REGISTRATION NO*			
PAN NO*	AGHPP8446J		
Central KYC Number*			
Name as per PAN Card*	RAJESH PANDURANG PALANDE		
SERVICE TAX NO.			
TAN NO.			
TPA Desk Timing(Monday To Saturday)*	11AM TO 6 PM		
TPA Desk Timing(Sunday)*	11AM TO 4 PM		
ZONE(East/West/North/South)	EAST		
HOSPITAL CATEGORY*			
* FINANCE DETAILS		Please fill Mandate form & attach scan copy	
Name of the Bank Account(Beneficiary name)*	ASHISH HOSPITAL MUTISPECIALITY		
BANK_NAME*	ICICI BANK		
BR_MICR_CODE*			
IFSC_CODE_NEFT*	ICIC0000028		
ACCOUNT_TYPE*	CURRENT		
ACCOUNT_NO*	2805500774		
Contact Information			
Designation	Name	Mobile Number	Email Id
TPA CO-ORDINATOR*	SAKINA H	9372964763	sakinah
BILLING_PERSON *	EKTA PAT	8369448117	patelekt
Administrator *	DR RAJES	9819250565	palande
Medical Director *	DR ASHISH PALANDE		
Medical Superintendent *	DR SNEH	8691066662	
Marketing Head *	PRAGATI	8451025201	pragatic
CEO *			
Bed Strength Details		No. of Beds	nt per D
TOTAL BEDS*	30		
General Ward - Non AC	7		2000
General Ward - AC	4		2500
Semi Private Room - Non AC			
Semi Private Room - AC	1		5000
Triple Sharing - Non AC	1		2500
Triple Sharing - AC			
Emergency/Casualty Bed	1		2500

Day Care Bed	2	3500
Single/Private Room - Non AC		
Single/Private Room - AC	3	4000
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 OPRN THEATRES*	2	
No of Operation Theatre Major	1	
No of Operation Theatre Minor	1	
Labor OT	1	
Operating hours	1	
Recovery Rooms	1	
Portable ECG, Cardiac Monitor	9	
Boyle's Apparatus	1	
Portable x-ray within OT	1	
Centralized Oxygen Connections	30	
Separate Sterilization Area	YES	
General Information		
Medical Establishment Indemnity Cover present:	YES	
Ultrasound/scanning facility registered with the District Health & Family Welfare Officer	YES	
Coding Procedure followed by Medical records Department	YES	
Bed Occupancy Rate in the hospital:	YES	
Surcharge on the hospitalization expenses:	YES	
% of Surcharge	YES	
Service charge on the hospitalization expenses:		
% of Service Charge:		
Credit cards accepted for hospitalization expenses*	YES	
CENTRALISE STERILISE SUPPLY DEPARTMENT*	YES	
24 HR POWER BACK UP*	YES	
MEDICAL AUDIT ON REGULAR BASIS*	YES	
FIRE SAFETY EQUIPMENT*	YES	
MEDICAL RECORDS DEPT	YES	
BIOMEDICAL WASTE FACILITY*	YES	
USE OF ICD 10	YES	
INCUBATORS	YES	
OT-LAMINAR AIR FLOW	YES	
HOSPITAL INFECTION CONTROL MEASURES*	YES	
Availability of in-house doctors-Yes/No		
MD/MS doctors	YES	
MBBS Doctors	YES	
Blend of doctors	YES	

Allied Medicine Doctors	YES
Hospital Quality Indicators	
Total No of Full time doctors with qualification appro	10
No of consultant who are not on rolls of the hospital	30
No of surgeons or interventionists (Not on full time r	15
Total No of Post graduate (MD (anesthesia, Gen Med	10
No of Doctors with the qualification of MBBS, availa	8
No of surgeons or interventionists (Not on full time r	10
No of qualified nurses available exclusively in ICU tak	8
Total No of qualified nurses (B.Sc. Nursing, GNM,) in	15
No of doctors exclusively available for ICU	8
DOCTOR- BED RATIO - No of Medical Practitioners w	10
NURSE-BED RATIO - No of Qualified and Registered N	15
DOCTOR-PATIENT(BED) RATIO IN ICU - No of Medical	10
NURSE-PATIENT (BED) RATIO IN ICU - Number of Qua	8
Availability of Nurses-Yes/No	
All Registered Nurses	YES
Blend of nurses	YES
All ANM	YES
Span of Control	
Doctor to patient Ratio*	
Nurse to patient Ratio*	
Teaching/Training-Yes/No	
DNB/MD/MCH/DM training hospital	
Diploma Training Hospital	
Nursing School	YES
No training	No.
Accreditation (Please attached all applicable documents with HIS)	
NABH Accreditation Level	
JCI Accreditation	
ISO Certification	
IPHS Certification	
NABL Certification	
No Accreditation	
Other Certificates (Please attached all applicable documents with HIS)	
Human Organ Transplant Registration Certificate (HOTA))	
Pre Natal Diagnostic Test Registration Certificate (PNDT)	YES
Medical Termination Of Pregnancy (MTP) Registration Certificate	YES
Bio Medical Waste Certificate	YES
FDA Pharmacy License	YES
Particulars of Diagnostic / Day Care / Ancillary Facilities:- Yes/No/Outsourced	
BIOCHEMISTRY	OUT SOURCE
CLINIC_PATHOLOGY	YES
HEMATOLOGY	YES
RAD_IMM_ASSAY_RIA	
ULTRASOUND	YES
X_RAY	YES
ECG	YES
CT_SCAN	OUT SOURCE
MRI	OUT SOURCE
PFT_SPIROMETRY	OUT SOURCE
TREAD_MILL_TEST	OUT SOURCE
CHEMOTHERAPY_UNIT	NO.
DIALYSIS_UNIT	NO

BLOOD_BANK	NO
INHOUSE_PHARMACY	NO
ISOLATION_WARDS	YES
HOLTER	NO
ECHO	NO
EMG	YES
GAMMA_KNIFE	NO
COBALT_UNIT	NO
X_KNIFE	NO
BRONCHOSCOPY_LAB	NO
CATH_LAB	NO
LR_ACCELERATOR	NO
DSA	NO
LASERS	NO
PHYSIOTHERAPY	OUT SOURCE
Availability of Ambulance facilities	YES
EMERGENCY	YES
PHOTOTHERAPY	YES
EEG	OUT SOURCE
Availability of Medical Specialty-Yes/No	
OPHTHALMOLOGY	YES
ENT	YES
BURN	YES
PLASTIC SURGERY	YES
OBS & GYNECOLOGY	YES
GENITOURINARY	YES
PEDIATRIC	YES
ONCOLOGY	YES
ORTHOPEDICS	YES
TRAUMA	YES
GENERAL SURGERY	YES
GASTROENTROLOGY	YES
CARDIOLOGY	YES
CRITICAL CARE	YES
GENERAL MEDICINE	YES
INFECTIOUS DISEASE	YES
NEPHROLOGY	YES
NEUROLOGY	YES
PULMONOLOGY	YES
DERMATOLOGY	YES
ENDOCRINOLOGY	YES
DENTAL	YES
DAY CARE	YES
LAPAROSCOPIC SURGERY	YES
RHEUMATOLOGY	YES
STAFFING	YES
MD Physician	YES
MBBS Physician	YES
MD / MBBS Female Physician	YES
MD Cardiologist	YES
MD Pathologist	
MD Radiologist	YES
DMLT Laboratory Technician	NO
Nurses	YES
OT Technicians	YES
X-Ray Technician	YES
ECG Technician	YES
Dietician	YES
Audiometrist	
Physiotherapist	YES
Ophthalmologist	YES
Dentist	
Insurance Client Coordinator	YES
Information Technology:	(Please indicate with the appropriate code given in brackets the level of computerization)
Appointment System	TOKEN NUMBERS
Entry of requisitions	
Reporting of pathology / radiology results	

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

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 has rights to take action against the

Sr No	Doctor Name	Doctor Speciality	Registration no	Doctors Q	Doctor Contact no (optional)
Dr.Rajesh .P.Palande (MD,FCAH,CCMP) ADMIN					
GENERAL MEDICINE DEPARTMENT					
1.	DR SONU PURI				
				3. DR ASHISH PALANDE (MBBS)	
2.	DR MELVILE ALVAREZ (MD,MEDICINE)			4. DR MOHAMMAD SHOAIB (MD,MEDICINE)	
5.	DR DNYNESHWAR HALNOR (MD.PHYSICIAN)				
CARDIOLOGIST DEPARTMENT					
1.	DR SAINATH HEGDE (MD,DM HEART SPECIALIST)				
2.	DR ABHIJEET AKLUJKAR (MD,DM HEART SPECIALIST				
CHEST PHYSICIAN DEPARTMENT					
1.	DR. KAMLESH PANDEY (MD,CHEST PHYSICIAN)				
2.	DR. DHARMENDRA DUBEY (MD FELLOW CHEST PHYSICIAN)				
3.	DR TEJAS DESHPANDE (MD, CHEST PHYSICIAN)				
PSYCHIATRIST DEPARTMENT					
1.	DR. GAMBHIRE (MD, Pyschiatrist)		2.	DR SUJAY (MD,PPS)	
2.	DR RAHUL KHEMANI (MD.PYSCHIATRIST)				
OBST.GYNACE.					
1.	DR SNEHAL.R.PALANDE (MS.Obst & Gynance (AY),Admin)				
2.	DR ARCHANA AKHADE (MS.Obst & Gynance)		6.	DR KAMAL MADAM (MS.Obst & Gynance)	
3.	DR RAJENDRA NAGAKATI (MD,OBG)		7.	DR DILIP YADAV (MBBS, CPS,Obst & Gynance)	
4.	DR VIPIN CHEKAR (MD,OBG)		8.	DR NEHA SANGHVI (MBBS,DNB,Obst & Gynance)	
5.	DR NANDA SAWANT		9.	DR PRAMOD SURVASE (MS.Obst & Gynanc)	
Super Specialist Surgeon					
1.	DR.KRUTHART THAKKAR (Neuro & Cancer Surgeon)				
2.	DR.SAMEER PAREEKH (Neuro Surgeon)		4.	DR SHASHANK KAMAT (MS,Urogolist)	
3.	DR PANDURANG REDDY (Neuro Surgeon)		5.	DR SANDDEP BHURKE (Neprologist)	
ORTHOPEDIC DEPARTMENT					
1.	DR.SURI (MB,DNB,Orthopedic Surgeon)		4.	DR.AMIT DAVE (DNB,Orth)	
2.	DR SANDEEP YADAV (DNB,Ortho)				
3.	DR.HARSH PATEL (MB,D.ORTHO)				
PEADIATRIC DEPARTMENT					
1..	DR VEDPRAKASH (DCH)				
2.	DR KAPIL SHUKLA (MD.Child sp.)		3..	DR PRIYAM MISHRA (MB,DCH)	
NEUROLOGIST DEPARTMENT					
1.	DR MEHBOOB (MD,MEUROLOGIST)		2.	DR YOGESH PATIDAR (MD, Neurophysician)	
PLASTIC SURGEON DEPARTMENT					
1.	DR MITHAL PATEL		2.	DR MANGESH PAWAR	
SURGERY DEPARTMENT					
General Laparoscopic Surgeon					
1.	DR. VIKARAM GAJRE (MS,Gen,Surgery)		3.	DR. ROHIT SINGH (MS,Gen,Surgeon Laprosc)	
2.	DR.RAJESH GUPTA (MBBS,DNB,Surgeon,Laprosc)		4.	DR.BRIJESH DUBEY (MS,Senior Surgeon)	
PHYSIOTHERAPY					
1.	DR.MAHIMA NIGAM		2.	DR DARSHINI DESAI	
ENT SPECIALIST					
1.	DR.RAM SINGH (EAR,NOSE & THORAT SPECIALIST)				
2.	DR.RAHUL PATIL (EAR,NOSE & THORAT SPECIALIST)				
SKIN SPECIALIST					
1.	DR.NISHIGANDHA HARIDAS (MBBS MD DERMATOLOGY)				

मुंबई विद्यापीठ



UNIVERSITY OF MUMBAI

आम्ही 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 वैद्यक अधिस्नातक (शाखा क्रमांक ६ : त्वचारोग) परीक्षा उत्तीर्ण झाल्या असून दिनांक ३ डिसेंबर १९९६ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना वैद्यक अधिस्नातक ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलपतीची स्वाक्षरी यांसह साक्षीने अंकित.

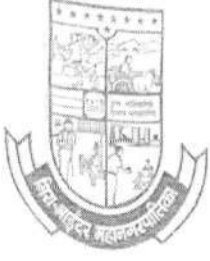
We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Rajeshree Ganesh Chavan of Topiwala National Medical College having passed the Doctor of Medicine (Branch VI : Skin Diseases) degree examination held in January 1996, the degree of Doctor of Medicine has been conferred on her at the Convocation 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
			A) Incorporated Company (Pvt. Ltd / Ltd.) : Certificate Of Incorporation issued By Registrar Of Companies B) Sole Proprietorship : Fill Declaration Form I C) Partnership Proprietorship : Fill Declaration Form II D) Public Trust : Certificate of Incorporation issued by Charity Commissioner E) Private Trust : Fill Declaration Form III F) Limited Liability Partnership(LLP) : Fill Declaration Form IV & Certificate of incorporation issued by Registrar of Companies
1	Category Of Legal Constitution Of Hospital	Yes	
2	Complete Hospital Tariff List including procedure charge	Yes	NA
3	Original Hospital Photos (NOT hospital Broucher's).	Yes	NA
4	Valid Hospital Registration Certificate	Yes	Hospital is registered under any of the following body :- Government/Local Authority/prefreably 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 (PNDT)	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	
19	Bio Medical Waste Certificate	Yes	Optional NA



दूरध्वनी : २८१९२८२८ / २८१९३०२८ / २८१८११८३ / २८१८१३५३ / २८१४५९८५

फैक्स : २८१९७६३६

मिरा-भाईंदर महानगरपालिका

मुख्य कार्यालय भाईंदर

MIRA-BHAINDAR MUNICIPAL CORPORATION

स्व. इंदिरा गांधी भवन, छत्रपती शिवाजी महाराज मार्ग, भाईंदर (प.), ता.जि. ठाणे-४०११०१

जा.क्र.: अजपा/साव.डा./१८०८/२०२४-२५

दिनांक : २०/०९/२०२५

FORM 'C' - RENEWAL

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

SEE RULE - 5

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

(Dr. Nandkishor Lahane)
Medical Officer of Health

Mira Bhaindar Municipal Corporation

Date: - **20/01/2025**



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 from shall be filed for Director, Co-ordinator & Mentor)

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr Samir Chaukhar
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	:	drsamirchaukhar@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach on documentary proof)	:	BHMS, MD
08.	Teaching experience/ Medical: Profession / 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. **DO NOT** 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)

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

This is to certify that **Dr. SAMIR CHAUKKAR** has
worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes
as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1993	2026	33 years

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2005	2026	21 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
5	



मुंबई विद्यापीठ



UNIVERSITY OF BOMBAY

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

विद्यापीठाची मुद्रा व कुलपतीची स्वाक्षरी यांसह साक्षीने अंकित.

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

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

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

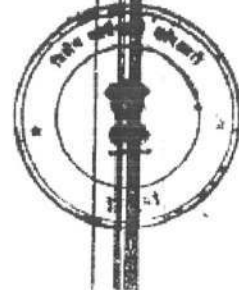
Special Verification Officer

Ref. No. 10513

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

Ms. Gita V. Sharma

कुलपती CHANCELLOR



मुंबई विद्यापीठ University of Mumbai

ॐम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरु आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की येरला मेडिकल ट्रस्ट अँड रिसर्च सेंटरचे वाय. एम. टी. होमिओपॅथिक मेडिकल कॉलेजचे समीर अविनाश चौवकर, हे जानेवारी २००५ मध्ये घेण्यात आलेली वैद्यक अधिस्नातक (होमिओपॅथी) (बहिःस्थ) (शाखा क्रमांक : (अ) समचिकित्सीय औषधिविज्ञान) परीक्षा उत्तीर्ण झाले असून दिनांक १२ डिसेंबर, २००५ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना

वैद्यक अधिस्नातक (होमिओपॅथी) (बहिःस्थ)

ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलगुरुंची स्वाक्षरी यांवर साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Samir Awinash Chaukar 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. Greta. V. Sharma (M.A.)

Special Examination Officer

Room No. 211

Plot No. 1, Yerala Medical Trust and Research Center

Chemist, Mumbai - 400 071



कुलगुरु VICE-CHANCELLOR



2005 DMUP 00006



No. 06116

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Santhe Similibus Creator

Certificate No. 19760.

Date of Registration 4-3-1993.



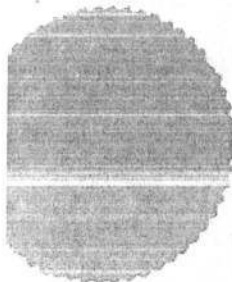
THIS IS TO CERTIFY THAT

Dr. (Shri/Smt./Kumari) Chaukkar Samir
Awinash.

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. 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	: drtejal.ajmera@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: DHMS, MD, FCHD, FMC,CCPH, CCHO
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: Training and teaching the Drs at Dr Batra's Clinics since last 25 years and working as coordinator and mentor for Dr Batra's Academy since last 5 years
09.	Present Appointment	: Mentor, Dr Batra's Academy, Mumbai
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: - 25/12/22

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. 01/2019/CCC/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-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

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

This to Certify that **Dr Tejal Ajmera** has worked in the Department of **Homeopathic Dermatology** of **Dr Batra's Academy Mumbai** training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1997	Till date	25 years	

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

Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant and Mentor- Dr Batras Clinics	1997	Till date	25 years	
Coordinator/Mentor	2015	Till date	7 years	

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

Sign & Stamp
Head of the Department
Institute
Date

Sign & Stamp
Dean/Principal/Head of
Date

Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

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

This is to certify that **Dr. TEJAL AJMERA** has worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1997	2026	29 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2010	2026	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	



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/Smt/Kum. Ajmer Tejpal Vinod
in each head of passing in the Third D.H.M.S. Examination of Central Council of Homoeopathy course held in April/October 1996
Date

Attempt No. 1

Roll No. 105

DETAILS OF PASSING																										
	Practice of Medicine				Surgery				Dermat. & Gynaecology				Microb. Med. & Hygiene				Histology & Pathology				Remarks	Grand Total				
	Written		Oral	Practical	Written		Oral	Practical	Written		Oral	Practical	Written		Oral	Practical	Written		Oral	Practical						
	Paper I	Paper II			Paper I	Paper II			Paper I	Paper II			Paper I	Paper II			Paper I	Paper II					Paper I	Paper II	Paper I	Paper II
Maximum Marks	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	50	50	100	50	50						
Minimum marks for passing	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	23	23	45	23	23						
Marks obtained	52	45	67	78	55	73	52	51	64	56	65	78	56	67	70	70	57	60	33	42	52	35	36	1314	PASSING	

Received Rs. 10/-

Bombay,

Date 11.0.1997

Entered by SH

Read by SH

Checked by SH

Gintkupati

Registrar
Maharashtra Council of Homoeopathy
Bombay

**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. AJMERA TEJAL VINOD

of Sonajirao Kshirogar Homoeopathic Medical
College, Beed

having been examined and found
fully qualified for the

*Doctor of Medicine in
Homoeopathic Repertory*

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

PRN 3110215101
13th May 2011

VICE-CHANCELLOR

महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आचार्य, महाप्रमुख, उपकुलपति, प्रमुख
शालासमिती, प्रमुख, प्रमुख, प्रमुख
प्रमुख, प्रमुख, प्रमुख, प्रमुख

श्री/सौ तेजल विनोद सोनाजीराव खीरसागर
होमिओपॅथीक वैद्यकीय महाविद्यालया
बेड/बीड

अजमेरा तेजल विनोद

हे/हया नोव्हेंबर-२०१० मध्ये

एम.डी.होमिओपॅथी (स्पर्टरी)

परीक्षा उत्तीर्ण झाल्यावरून संपूर्ण
ही पदवी प्रदान करण्यात येत आहे.
याची सात महिने विद्यापीठाची अधिकृत मुद्रा
नेचे अंतिम करण्यात येत आहे.


कुलसचिव

Nº 13193

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

Similia Similibus Curentur

Certificate No. 26214

Date of Registration 20-01-1998



THIS IS TO CERTIFY THAT

Dr. / Shri / Smt. / Kumari Patel Tejal Chetan.

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]
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 Shahala Nadaf
02.	Date of Birth	: 22/12/1973
03.	Address	: Plot no 1783, Sector 10, Satya Marg, Anjaneya nagar, Belagavi - 590001
04.	Tel. No./ Mob. No.	: 9448157254
05.	e-mail id	: drshahala.nadaf@gmail.com
06.	Nationality	: Indian
07.	Qualification in details (attach documentary proof)	: BHMS; M.D (Organon of medicine & Homoeopathic Philosophy) MSCP (Masters in Counselling & Psychotherapy) FCHD (Fellowship Course in Homoeopathic Dermatology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: Lecturer / Asst Professor - 10 / 05/ 2006 to 30/ 06/ 2010 Reader / Associate Professor - 01/07/2010 to 30/07/2018
09.	Present Appointment	: Mentor at Dr Batras Academy , Mumbai
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: 23/6/22

For the use of affiliated Training

Shahala Nadaf
Name & Sign. of Mentor

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 MUHS/MDGET/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)

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

This is to certify that **Dr. SHAHALA NADAF** has worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1996	2026	30 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2001	2026	25 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: _____

ANNEXURE-"A"

Professional Teaching Experience Certificate for Fellowship Courses Mentor

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

This to Certify that Dr Shahala Nadaf has worked in the Department of Homeopathic Dermatology of Dr Batra's Academy Mumbai training Centre as per following details

E) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1998	Till date	22 years	
Lecturer, A. M. Shaikh Hom college	2/9/2002	1/9/2003	1 year	
Lecturer, Bharatesh Hom college	10/5/2006	30/6/2010	4 years	
Reader, Bharatesh Hom college	1/9/2006	30/7/2018	12 years	

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

Designation	From	To	Total period Year/Months	
Mentor	2015	Till date	7 years	

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

Sign & Stamp
Head of the Department
Institute
Date



Sign & Stamp
Dean/Principal/Head of
Date



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

ನದಾಫ್ ಶಹಾಲಾ ಬಾಬುಸಾಹೇಬ
ಎ.ಎಂ.ಶೇಖ್ ಹೋಮಿಯೋಪಾಥಿಕ್ ಮೆಡಿಕಲ್ ಕಾಲೇಜ್, ಬೆಳಗಾವಿ
ಇವರು ಸಂಬಂಧಿಸಿದ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಡಿಸೆಂಬರ್ ೧೯೯೬ ರಲ್ಲಿ

ಪ್ರಥಮ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ
Nadaf Shahala Babusaheb of
A.M. Shaikh Homeopathic Medical College Belgaum
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
Homeopathic Medicine & Surgery

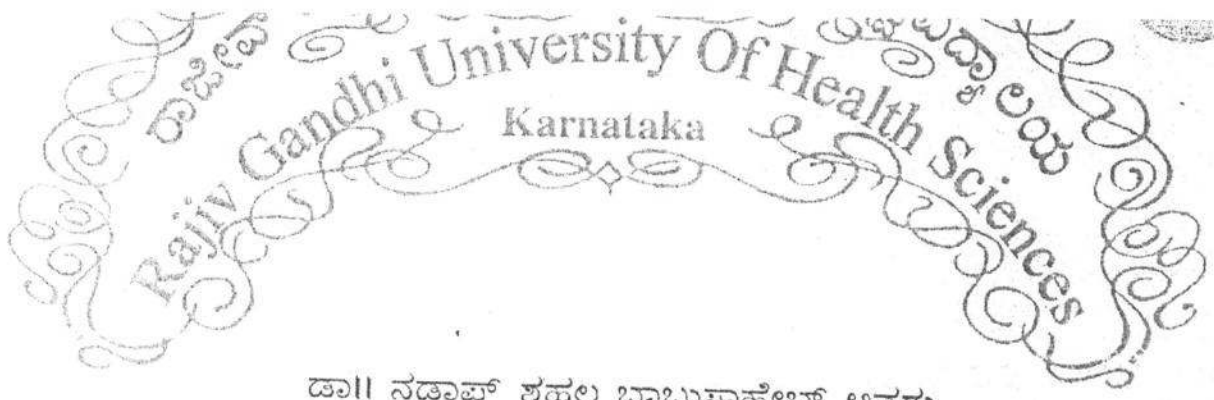
ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೊಂಬತ್ತು
ಬೇವೇರಿ ಐಕ್ವಿಂಟೇರಂದು ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.
has been conferred on him/her at Dharwad, on the twenty eighth day of the
month of January in the year one thousand nine hundred nintynine.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.
In Testimony whereof are set the Seal of the said University and the Signature
of the said Vice-Chancellor.

S.No. of Certificate 2874



Signature
ಕುಲಪತಿ Vice-Chancellor



ಡಾ|| ನಡಾಫ್ ಶಹಲ ಬಾಬುಸಾಹೇಬ್ ಅವರು

ಎಂ. ಡಿ (ಹೋಮಿಯೋಪತಿ) ಹೋಮಿಯೋಪತಿಕ್ ಫಿಲಾಸಫಿ

ಪ್ರಾಚಾರ್ಯರಾಗಿದ್ದು, ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧ್ಯಾಪಕರಾಗಿದ್ದು ಪೂರೈಸಿದವರನ್ನು ದೃಢೀಕರಿಸುತ್ತಾ, ಅಭ್ಯವಾಸ ಅರ್ಹತೆಯನ್ನು

ಸೆಪ್ಟೆಂಬರ್ ೨೦೦೧

ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪದವಿಪೂರ್ವ ಕಾರಣ ಅದನ್ನು ಅಂಗೀಕರಿಸಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುಖ್ಯ ಯೋಜನೆ ಈ ಪದವಿಯನ್ನು ನೀಡಲಾಗಿದೆ.

Certifies that

Dr. NADAF SHAHALA BABUSAHEB

has been duly admitted to the Post Graduate Degree of

M. D. (HOMOEOPATHY) HOMOEOPATHIC PHILOSOPHY

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

SEPTEMBER 2001

Given under the seal of the University



Seenuy

ಸಂಜೆ

Vice-Chancellor



ದಯವಿಟ್ಟು
ಪ್ರಾಚಾರ್ಯರಾಗಿದ್ದು

ದಯವಿಟ್ಟು

ಪ್ರಾಚಾರ್ಯರಾಗಿದ್ದು

೧೩-೦೩-೨೦೦೨

13.03.2002

The Karnataka Board of Homoeopathic System of Medicine



 Certificate of Registration

This is to Certify that Dr. Nadaf Shahala Babusaheb

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

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

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

Bangalore

Date 18.4.1998




Registrar

ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

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

This to Certify that **Dr Renuka Amin** has worked in the Department of **Homeopathic Dermatology** of **Dr Batra's Academy Mumbai** training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1997	Till date	25 years	
Lecturer – Smt C.M.P.Homeopathic College, Mumbai	2009	2011	2 years	

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

Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant and Mentor Quality- Dr Batra's Clinic, Mumbai	2012	2020	8 years	
Mentor	2015	Till date	7 years	

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

Sign & Stamp
Head of the Department
Institute
Date

Sign & Stamp
Dean/Principal/Head of
Date

Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

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

This is to certify that **Dr. RENUKA AMIN** has worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1995	2026	31 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2009	2026	17 YEARS

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department
Date: _____

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

MAHARASHTRA COUNCIL OF HOMOEOPATHY
MUMBAI

0625

trial No.

Dated 11/03/97

Certificate of Passing

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

s successfully passed the Central Council of Homoeopathy, New Delhi D.H.M.S.
amination (Diploma in Homoeopathic Medicine and Surgery) held in ^{Nov} ~~May~~ December

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

elved Rs. 50/-

[Signature]



[Signature]
Registrar,
Maharashtra Council of Homoeopathy,
Mumbai-400 080.

cked 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 BISWAJIT AMIN

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

having been examined and found duly qualified for the

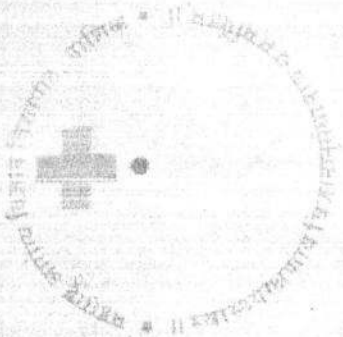
*Doctor of Medicine in
Homoeopathic Repertory*

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

PRN 3109244509
20th May 2010

VICE-CHANCELLOR

Nilima Keshavnagar



महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

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

रेणुका बिस्वजित अमिन

हे/हया नोव्हेंबर-२००९ मध्ये

**एम.डी.होमिओपॅथी
(रेपर्टरी)**

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे.

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

नीलिमा केशरनागर
कुलगुरू

No. 008375

CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI
Similia Similibus Curentur

Certificate No. 24800

Date of Registration 11-03-97



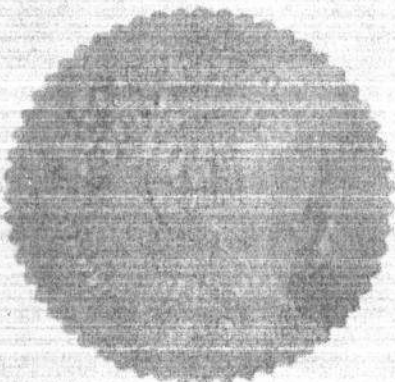
THIS IS TO CERTIFY THAT

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 ANAMHA SANI
02.	Date of Birth	14/03/1970
03.	Address	B, Indraprastha, Bawdhan Pura
04.	Tel. No./ Mob. No.	9371008053
05.	e-mail id	anamhasani14@gmail.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	DHMS MD (Hem), FCHD
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	37 yrs work exp.
09.	Present Appointment	Self-emp.
10.	Publications (List & Proof)	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	-
12.	Any other relevant information	-

Date: - 9/06/2022

Name & Sign. of Mentor.

For the use of affiliated Training Center:

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

**Title of the Course applied for:- Certificate Course in Homeopathic
Endocrinology**

This is to certify that **Dr. ANAGHA SANT** has worked in the Department of
Homeopathic DERMATOLOGY College / Institutes as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1993	2026	33 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2009	2026	17 YEARS

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

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

No. of Publications	National / International
2	

Sign & Stamp
Head of the Department

Date:



Sign & Stamp
Dean/Principal/Head of Institute

Date:



ANNEXURE-"A"

**Professional Teaching Experience Certificate for Fellowship Courses
Mentor**

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

This to Certify that **Dr Anagha Sant** has worked in the Department of **Homeopathic Dermatology** of **Dr Batra's Academy Mumbai** training Centre as per following details

O) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	1995	Till date	27 years	

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

Designation	From	To	Total period Year/Months	
Chief Homeopathic Consultant and Mentor Quality- Dr Batras Clinic, Mumbai	2012	2022	10 years	
Mentor	2015	Till date	7 years	

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

Sign & Stamp
Head of the Department
Institute
Date

Sign & Stamp
Dean/Principal/Head of
Date

MAHARASHTRA COUNCIL OF HOMOEOPATHY
BOMBAY



This is to certify that

Dabber

the withinsigned

Shri/Smt./Kum. **Dabber Anagha Jayant**
having been examined in the Subjects listed below for
the **Diploma in Homoeopathic Medicine and Surgery**
and passed the Final Examination held in **April 1993**
and having found qualified for the same, the Diploma in
Homoeopathic Medicine and Surgery

D.H.M.S.

is hereby conferred on him/her at BOMBAY on the **30th**
day of **April 2001** In Testimony whereof are set the seal
and signatures of the ^{Administrator} President and Registrar of the said Council.
He/She has completed Internship from **5.10.1993** to **5.10.1994**

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



G. P. Titar
PRESIDENT
(Dr. G. P. TITAR)
ADMINISTRATOR

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

B. G. Mathapat
REGISTRAR
B. G. Mathapat

**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. SANT ANAGHA DHANANJAY

of Sonajirao Kshirsagar Homoeopathic
Medical College, Beed

having been examined and found
duly qualified for the

Doctor of Medicine in

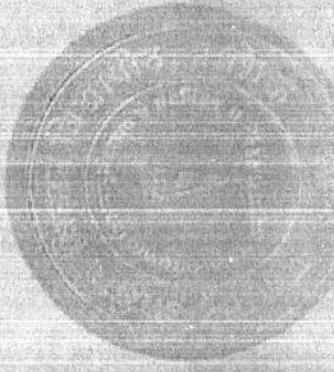
Homoeopathic Materia Medica

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

PRN 3109115857

20th May 2010

N. K. Kshirsagar



"10751003"

महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु,
व्यवस्थापन परिषद व विद्यापरिषद मंडळ
प्रमाणित करतो की,
बीड येथील सोनाजीराव क्षीरसागर
होमिओपॅथीक वैद्यकीय महाविद्यालय
चे/च्या

संत अनघा धनंजय

हे/हया जुन-२००९ मध्ये
एम.डी.होमिओपॅथी
(होमिओपॅथीक मटेरिया मे

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

निदेशाक्षीरसागर

कुलगुरु

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Bombay

Similia Similibus Curentur

Certificate No. 22385

Date of Registration : 30.06.55

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



Bhatnagar

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 95969
05.	e-mail id	: drmathuvenkatesan.l@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD(Hom)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 9 years 24 years
09.	Present Appointment	: Mentor, Dr Batra's Academy, Mumbai
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 9 years
12.	Any other relevant information	:

Name & Sign. of Mentor

Date: - 2/6/22

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: 2/6/22

Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 2/6/22

Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

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

This is to certify that **Dr. MATHUVENKATESAN** has worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1998	2026	28 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2006	2026	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: _____

ANNEXURE-"A"

Professional Teaching Experience Certificate for Fellowship Courses
Mentor

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

This to Certify that Dr Mathu Venkatesan has worked in the Department of Homeopathic Dermatology of Dr Batra's Academy Mumbai training Centre as per following details

C) General Experience

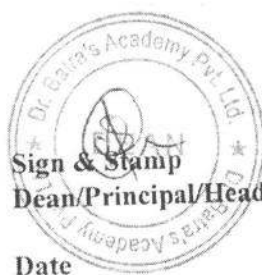
Designation	From	To	Total period Year/Months	
Homeopath	1998	Till date	24 years	
Professor – Vinayaka mission IIMC, Salem	1999	2008	9 years	

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

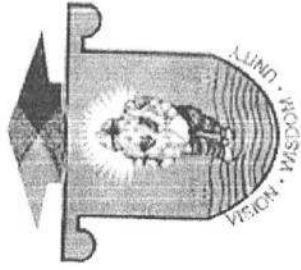
Designation	From	To	Total period Year/Months	
Chief homeopathic consultant – Dr Batra's Clinic, Chennai	2010	Till date	12 years	
Mentor	2015	Till date	7 years	

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


Sign & Stamp
Head of the Department
Institute
Date


Sign & Stamp
Dean/Principal/Head of
Date

Vinayaka Missions University



FACULTY OF HOMOEOPATHY

The Board of Management of the Vinayaka Missions University

hereby makes known that

Mathu Venkatesan. L.

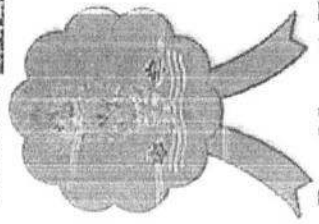
has been admitted to the Degree of

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.



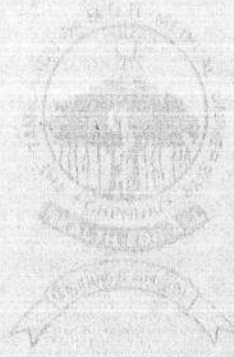
Given under the seal of the University

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

Regan dan
Registrar

Mathu Venkatesan
Vice-Chancellor

Reg. No.: **03PH05**



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.

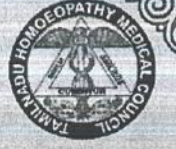
CHENNAI
DATE

20-5-2000

Reshma
REGISTRAR

K. Anandakannan
VICE-CHANCELLOR
Dr. K. ANANDAKANNAN
M.S., D.O., M.A., M.S., F.A.C.S.

S.No. : 02928



Tamil Nadu Homoeopathy Medical Council

Chennai

Constituted by the
Government of Tamil Nadu

SIMILIA SIMILIBUS CURENTUR

Homoeopathy Medical Registration Certificate - A

ஓமியோபதி மருத்துவ பதிவு சான்றிதழ்

Regn. No. 969

[Vide Rule 11 (6)]

Date : 06/02/2007

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.



10.11.16
(G.RAJASEKARAN)

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 A.K. Dwivedi
02.	Date of Birth	: 16/12/1974
03.	Address	: 22-A, Sector-B, Bakhtawar Ram Nagar, Indore MP – 452018
04.	Tel. No./ Mob. No.	: 9826042287
05.	e-mail id	: drakdindore@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD (Homeopathic Repertory) MBA (HR) PhD (Management) FHCH MA (Yoga) MA (Psychology)
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)	: 28 YRS
09.	Present Appointment	: Professor & Head of Department Department of Physiology & Biochemistry in SKRP Gujarati Homeopathic Medical College Indore [MP]
10.	Publications (List & Proof)	: Research Paper - 79
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date:- 19/05/2026


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-B

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

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

**Title of the Course applied for:- Certificate Course in Homeopathic
Endocrinology**

This is to certify that **Dr. A.K Dwivedi** has worked in the
Department of **Homeopathic DERMATOLOGY** College / Institutes as per
following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1996	2026	30 years

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2007	2026	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
79	

Sign & Stamp
Head of the Department
Date:

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

Nagpur University



Bachelor of Homoeopathic Medicine & Surgery

(Faculty of Medicine)

*This degree of Bachelor of Homoeopathic
Medicine & Surgery is awarded
to Ashvinikumar Ramashankar Dwivedi
on having passed the examination for
the said Degree in Summer 1996*

B. B. Chaudhary

Nagpur University



Bachelor of Homoeopathic Medicine & Surgery

(Faculty of Medicine)

*This degree of Bachelor of Homoeopathic
Medicine & Surgery is awarded
to Ashvinikumar Ramashankar Dwivedi
on having passed the examination for
the said Degree in Summer 1996*

B. B. Chaudhary



We,
the Chancellor, Vice-Chancellor
and Members of the Management Council of
Dr. Babasaheb Ambedkar Marathwada University
Certify

Ashwini

that the withinsigned

Ashwini Kumar Ramashankar Dwivedi

having been examined and found duly qualified for the Degree
of Doctor of Medicine (Homeopathic Repertory Branch),
in July / August 2006. The Degree of

Doctor of Medicine

in
Repertory

has been conferred on him at Aurangabad, on the
eighteenth day of the month of March in the year
two thousand seven.

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

Seal No. 169

Place : Aurangabad

Date of issue of the



[Handwritten signature]

STATE COUNCIL OF HOMOEOPATHY MADHYA PRADESH

S.No. 016724



CERTIFICATE OF REVISION

{See Rule 4(7)}



Certificate is granted that

Dr. Ashvini Kumar Dwivedi

Son / Daughter / Wife of
Mother's Name

Shri Ramashankar Dwivedi
Late. Smt. Surajkali Dwivedi

Registration No. **13947** Dated **30/12/2002** Name has been continued in the State Register of Homoeopathy and on date **13/08/2024** entry has been as under :-

Name

Dr. Ashvini Kumar Dwivedi

Residence

22-A, Sector-D, Bakhtawar Ram Nagar, Dist.
Indore (M.P.) - 452018

Tele. / Mobile No.

9826042287

Self employed / Private Practice

Private Practice

Address

22-A, Sector-D, Bakhtawar Ram Nagar, Dist.
Indore (M.P.) - 452018

Employed

.....

Employer

.....

Office

.....

Address

.....

Additional recognized
qualification added

Medical Basic - **B.H.M.S.**
Additional - **XXXXX**

In witness whereof the seal and the signature of the Registrar of the Council are herewith affixed.

Bhopal

Dated 13/08/2024

(Dr. Ayesha Ali)

Registrar

Madhya Pradesh State
Council of Homoeopathy

Note . It shall be the duty of every practitioner registered with the Council to essentially inform immediately any change in his / Name / Surname, residential / professional address, Service (Government / Non Government), acquired additional recognized medical qualification to the Registrar and the registered practitioner will also essentially submit the details of the enquiries pertaining to the above, to the Registrar on demand. The name of the registered practitioner shall be removed without notice from the state register of homoeopathy if he / she fails to apply within the specified time as per Rules for revision and continuation of the name in the state register of homoeopathy.

Registration Valid Upto **12/08/2029**

Annexure-B

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

**Title of the Course applied for:- Certificate Course in Homeopathic
Endocrinology**

This is to certify that **Dr. JAYSHREE RATHVA** has
worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes
as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2013	2026	13 years

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2019	2026	7 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
5	

Sign & Stamp
Head of the Department
Date:

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

Hemchandracharya North Gujarat University, Patan



*The Vice Chancellor and Members of
The Executive Council Confer the Degree of
Bachelor of Homeopathic Medicine And Surgery*

with

First Class

on

Rathva Jayashreeben Rameshbhai

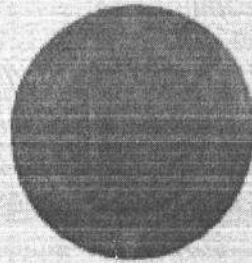
of

*Shri Shamalaji Homeopathic Medical College & Research,
Lodhara*

on this Sixth Day of April, Two Thousand Fifteen.

*She passed B. H. M. S. Examination in May-June 2013 and completed
compulsory Internship training of one year on Dated 04-08-2014.*

*In Testimony whereof are set the Seal of the
Said University and the Signature of the Said Vice Chancellor.*



Rajodara

Vice Chancellor

Digitally signed by:
Rathva Jayashreeben
Date 01-05-2015
07:39 AM

University

*(We, the President, the Provost, the Members of the Governing Body,
Board of Management and the Academic Council certify that*

Rathva Jayshreeben Rameshbhai

*of Jawaharlal Nehru Homoeopathic Medical College
has been examined and found suitable for the award of the Degree*

Doctor of Medicine (Homoeopathy)

in

Materia Medica

under the Faculty of Homoeopathy.



Enrollment Number : 160408201005

Date of Convocation : 26-11-2019

W/D ID : C90003431317

President



Provost



Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G -17833

Ahmedabad 30/08/2014

This is to certify that

Dr. Jayshreeben Rameshbhai Rathva

having obtained the qualification of D.H.M.S./B.H.M.S.
/ Diploma / Degree on dated August-2014

has been duly registered under sub-section (3) of section
17 of the Gujarat Homoeopathic Act, 1963, and he/she is
entitled to practice the Homoeopathic System of Medicine.

In witness whereof are herewith affixed the seal of the
Council of Homoeopathic System of Medicine Gujarat State
and the signature of the Registrar.

Subject to the provisions of the aforesaid Act,
this certificate is valid till Every renewal



[Signature]
Registrar

N.B. :-

- (1) The holder of this certificate shall exhibit alongwith his qualification the word "Homoeopath (Registered)" after his name in the sign board, letter heads or prescription papers.
- (2) Any change in address be immediately intimated to 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. Manoj Kumar Tapas
02.	Date of Birth	: 31/12/1977
03.	Address	: C 603, Sunrise Homes, Vadga
04.	Tel. No./ Mob. No.	: 9609287095
05.	e-mail id	: manojtapas61@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: M.D. (H011) Phd scholar
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 15 years 9 months
09.	Present Appointment	: Professor - PG HMM
10.	Publications (List & Proof)	: Yes
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 1 year 3 months
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor *Dr. Manoj Kumar Tapas*

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-B

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

**Title of the Course applied for:- Certificate Course in Homeopathic
Endocrinology**

This is to certify that Dr.MAMTA TAPAS has worked in the
Department of Homeopathic DERMATOLOGY College / Institutes as per
following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2001	2026	25 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2006	2026	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
5	





समचिकित्सा शल्य स्नातक

कु. ममता नारायण सोगोडेकर

यांनी

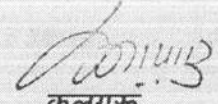
अमरावती विद्यापीठाची समचिकित्सा शल्य स्नातक

परीक्षा हिवाळी २०००

मध्ये उत्तीर्ण केल्याबद्दल त्यांना ही पदवी प्रदान

करण्यात येत आहे.

अमरावती :
2 MAR 2002


कुलगुरु

Amravati University Bachelor of Homoeopathic Medicine & Surgery

*This degree of Bachelor of Homoeopathic Medicine & Surgery
is conferred upon Ku. Mamta Narayan Sogodekar
on having passed the examination for the said Degree
in Winter 2000.*

Amravati :
2 MAR 2002


Vice-Chancellor



डॉक्टर ऑफ मेडिसिन इन होमीओपॅथी

श्रीमती ममता विनित तापस

यांनी

संत गाडगे बाबा अमरावती विद्यापीठाची डॉक्टर ऑफ मेडिसिन इन होमीओपॅथी (रेपरटरी)

परीक्षा हिवाळी २००६

मध्ये उत्तीर्ण केल्याबद्दल त्यांना ही पदवी प्रदान

करण्यात येत आहे.

अमरावती:
27 FEB 2008

कुलगुरु

Sant Gadge Baba Amravati Vaidya Peeth

Doctor of Medicine in Homoeopathy

*This degree of Doctor of Medicine in Homoeopathy (Reperatory)
is conferred upon Smt. Mamta Vinil Tapas
on having passed the examination for the said Degree
in Winter 2006.*

अमरावती:
27 FEB 2008



K Singh
Vice-Chancellor

No. 9261

CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 33248.

Date of Registration 8-5-2002.



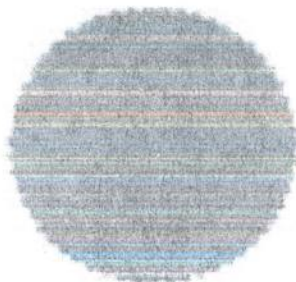
THIS IS TO CERTIFY THAT

Dr. ~~Sushant Kulkarni~~ *Tapas Mamta*
Vinit.

has been duly registered under the Maharashtra Homoeopathy
Practitioners' Act, 1958 (Maharashtra Act No. 18 of 1958).

In witness whereof, at Mumbai, this day of May, 2002, 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. Mayeemunisa Begum
02	Date of Birth	28.04.1976
03	Address	AKES DR. MAALAKKE EDDY HOME KRS Kanchar
04	Tel. No / Mob. No	9538 243473
05	E-mail id	dr.mayeemunisa@gmail.com
06	Nationality	Indian
07	Qualification in details (attach documentary proof)	BPharm - MD (Honnepelly) Malena medical
08	Teaching Experience / Health Sciences Profession Experience (Attach 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)	practice of medicine from 2001 till date proof, PG guide and HOD - UG teaching - 24 yrs PG teaching - 10 yrs
09	Present Appointment	AKES OR MRPMC KRS Kanchar
10	Publications (List & Proof)	Embedded CD
11	Post Graduate Teaching experience (Attach documentary evidence)	10 yrs
12	Any other relevant information	

Date: 28.5.2026

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
Date



Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Head 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)

**Title of the Course applied for:- Certificate Course in Homeopathic
Endocrinology**

This is to certify that **Dr.NAYEEMUNISSA BEGUM** has
worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes
as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2001	2026	25 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2007	2026	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
5	



Gulbarga University



ಗುಲಬರ್ಗಾ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಸದಸ್ಯರಾದ ನಾವು

ನಯೀಮ್ ಉನ್ನೀಸಾ ಬೆಗಮ್

ಅವರು ಜನವರಿ ೨೦೦೧ ರ ಬ್ಯಾಚುಲರ್ ಆಫ್ ಹೋಮಿಯೋಪಥಿಕ್ ಮೆಡಿಸಿನ್ & ಸರ್ಜರಿ ಪದವಿ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪ್ರಥಮ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾಗಿದ್ದಾರೆಂದು ವೃತ್ತಿಗಾಗಿ ಅವರನ್ನು

ಬ್ಯಾಚುಲರ್ ಆಫ್ ಹೋಮಿಯೋಪಥಿಕ್ ಮೆಡಿಸಿನ್ & ಸರ್ಜರಿ

ಪದವಿಯನ್ನು ಗುಲಬರ್ಗಾದಲ್ಲಿ ೩೧ನೇ ಜನವರಿ ೨೦೦೧ರಂದು ಸಾರ್ವಜನಿಕವಾಗಿ ನೀಡಿದ್ದೇವೆ.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಗಳ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

We, the Chancellor, the Vice-Chancellor and the members of Senate of Gulbarga University certify that

Nayeem Unnisa Begum

has passed the examination for the degree of Bachelor of Homeopathic Medicine and Surgery in January 1999 in First Class. The degree of

Bachelor of Homeopathic Medicine and Surgery

has been conferred on her at Gulbarga on the 31st day of the month of January in the year Two Thousand One.

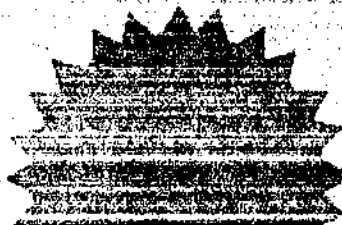
In testimony whereof are set the seal of the said University and the signature of the Vice-Chancellor.

ಗುಲಬರ್ಗಾ

Gulbarga

ದಿನಾಂಕ ೩೧-೦೧-೨೦೦೧

Dated 31-1-2001



(Signature)

ಕುಲಪತಿ

Vice-Chancellor

Karnataka Board of Homoeopathic System of Medicine



Dhanvantri Road, Bengaluru-560008

Additional Entry of Qualification

No. KBHSM / 160 / 2019

Date: 10-10-2019

This is to certify that **DR. NAYEEM UNNISA BEGUM**

bearing Reg. No. **A-6991** has been entered in the Register of P. G. Qualification in Karnataka Board of Homoeopathic System of Medicine, Bengaluru as under section 22(3) of the Karnataka Homoeopathic Practitioners Act, 1961 (Karnataka Act 35 of 1961)

He/She Obtained Doctor of Medicine in Homoeopathy **IN THE SUBJECT MATERIA MEDICA** from **RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA** IN THE YEAR **SEPT. 2006**.

The Qualification is valid as per Homoeopathy Central Council Act 1973

B. T. Rudresh
(Nadja Dr. B. T. Rudresh)

President



(Dr. Aswathnaravani)
Registrar



ಕ್ರ.ಸಂ. ೦೦೪೮೭೯



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ನಯೀಮ್ ಉನ್ನಿಸ್ ಬೇಗಂ

ನವರು, ಫ್ಯಾಕೂಲ್ಟಿ ವರದಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಸಪ್ಟೆಂಬರ್ ೨೦೦೬ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ
ಡಾಕ್ಟರ್ ಆಫ್ ಮೆಡಿಸಿನ್ ಇನ್ ಹೋಮಿಯೋಪತಿ (ಮಟೀರಿಯಾ ಮೆಡಿಕಾ)
ಫ್ಯಾಕೂಲ್ಟಿ ವರದಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಮತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು ೨೪ನೇ ಮಾರ್ಚ್ ೨೦೦೭ ರಂದು ನಡೆದ ೯ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ
ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

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

DOCTOR OF MEDICINE IN HOMOEOPATHY (MATERIA MEDICA)

on

Dr. NAYEEM UNNISA BEGUM

*in recognition of fulfillment of the requirements for the said
Post Graduate Degree in the examination held during SEPTEMBER 2006
Given under the seal of the University, in the
9th convocation held on 24th March 2007*



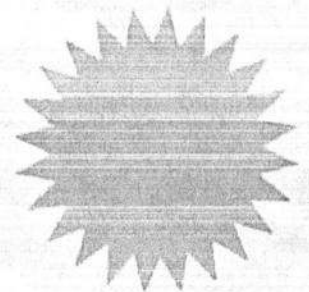
Vice-Chancellor



Bangalore

Date

24/03/2007



Reg. No. 03HE002

College: HKE S HOMOEOPATHIC MEDICAL COLLEGE, GULBARGA

Annexure-B

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

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

**Title of the Course applied for:- Certificate Course in Homeopathic
Endocrinology**

This is to certify that **Dr. SACHIN PATIL** has worked in the
Department of **Homeopathic DERMATOLOGY** College / Institutes as per
following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2001	2026	25 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2002	2026	24 YEARS

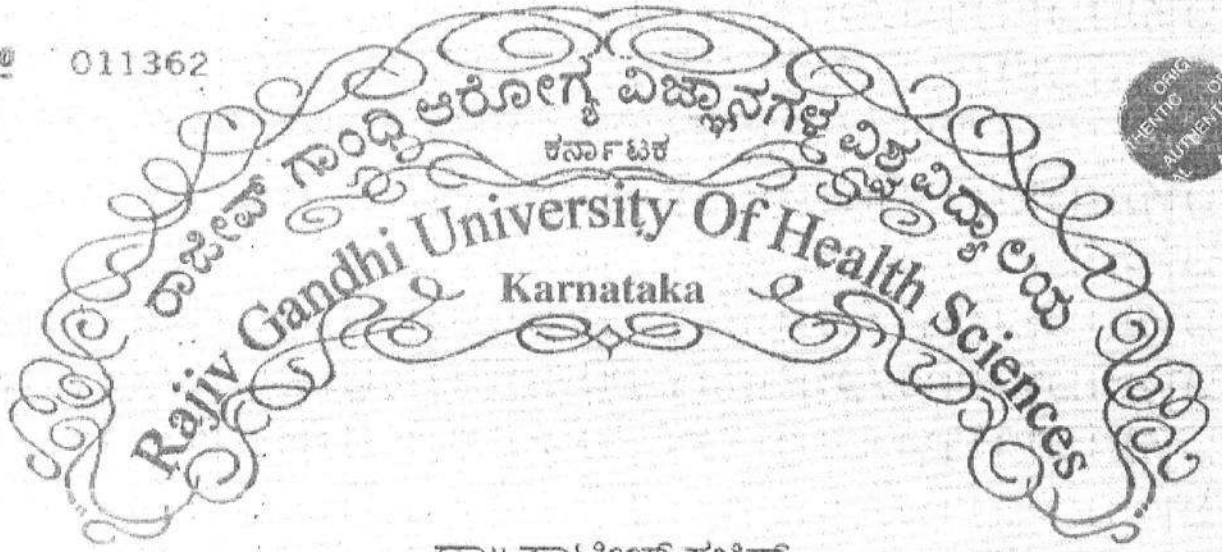
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of
each Mentor in the Subject of concerned Fellowship/Certificate Course)

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

No. of Publications	National / International
5	



No 011362



ಡಾ|| ಪಾಟೀಲ್ ಸಚಿನ್

ಬಿ.ಎಚ್.ಎಂ.ಎಸ್.

ಪದವಿಗೆ ಯಥಾಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ, ಅಗತ್ಯವಾದ ಅರ್ಹತೆಯನ್ನು

ಮೇ ೨೦೦೨

ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪಡೆದಿರುವ ಕಾರಣ ಅದನ್ನು ಅಂಗೀಕರಿಸಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆ, ಯೊಡನೆ ಈ ಪದವಿಯನ್ನು ನೀಡಲಾಗಿದೆ.

Certifies that

Dr. PATIL SACHIN

has been duly admitted to the Degree of

B.H.M.S.

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

MAY 2002

Given under the seal of the University



[Signature]

ಕುಲಪತಿ

Vice-Chancellor



Reg. No. 9/111565

ಬೆಂಗಳೂರು

Bangalore

College : AM SHAIK HOMOEOPATHIC MEDICAL COLLEGE, BELGAUM

ದಿನಾಂಕ : ೨೪/೦೩/೨೦೦೪

Date : 24/03/2004

ಕೆ.ಎಂ. ೦೦೪೩೪೫೫



ರಾಜಿವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ಪ್ರಾಚಾರ್ಯ ಸಚಿನ್

ಜ್ಞಾನ, ಪಾಠಶಾಲಾತ್ಮಕ ನಡವಳಿಕೆ ಮತ್ತು ಅಭಿವೃದ್ಧಿಗಾಗಿ ಆಯ್ದ ಕರ್ತವ್ಯ

ಕರ್ತವ್ಯದ ಮೂಲಕ ವಿದ್ಯಾರ್ಥಿಯಲ್ಲಿ ಪ್ರೋತ್ಸಾಹವನ್ನು ಉತ್ತೇಜಿಸುತ್ತಾ

ಡಾ|| ರಾ|| ಆರ್|| ಮೆಡಿಸಿನ್ ಇನ್ ಹೋಮಿಯೋಪಥಿ (ರೆಪರ್ಟರಿ)

ಪ್ರೋತ್ಸಾಹಿಸುವುದು, ಪ್ರೋತ್ಸಾಹಿಸುವುದು, ಪ್ರೋತ್ಸಾಹಿಸುವುದು, ಪ್ರೋತ್ಸಾಹಿಸುವುದು, ಪ್ರೋತ್ಸಾಹಿಸುವುದು

ಮಾನ್ಯ ಪ್ರಾಚಾರ್ಯ ಸಚಿನ್, ಜ್ಞಾನ, ಪಾಠಶಾಲಾತ್ಮಕ ನಡವಳಿಕೆ ಮತ್ತು ಅಭಿವೃದ್ಧಿಗಾಗಿ ಆಯ್ದ ಕರ್ತವ್ಯ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮಂಡನೆ ಮಾಡುವ ಪ್ರಕಾರ

We, the Chancellor, the Pro-chancellor, the Vice-Chancellor and the members of the Senate and the Syndicate Confer

DOCTOR OF MEDICINE IN HOMOEOPATHY (REPERTORY)

on

Dr. PATIL SACHIN

in recognition of fulfillment of the requirements for the said Post Graduate Degree in the examination held during **SEPTEMBER 2006**

Given under the seal of the University, in the

9th convocation held on **24th March 2007**



Dr. Patil Sachin
Chancellor
Rajiv Gandhi University of Health Sciences
Karnataka

P.s. Sachin
Vice-Chancellor



Rajiv Gandhi

Date

24/03/2007

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

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ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

১০। ১৯৭০-৭১

DOCTOR OF MEDICINE IN HOMOEOPATHY (REPERTORY)

7743

Dr. PATIL SACHIN

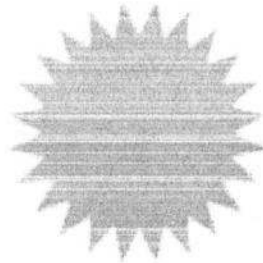
in recognition of fulfillment of the requirements for the said
Post Graduate Degree in the examination held during SEPTEMBER 2006

Given under the seal of the University, in the

9th convocation held on 24th March 2007



P. S. - h h



24001-2007

Sl No 019

Form B (Rule III)

Registration No. A-7847

The Karnataka Board of Homoeopathic System of Medicine

 Certificate of Registration

This is to Certify that Dr. Patil Sachin

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 6-10-2003




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. Swapnil Naik
02.	Date of Birth	: 02-06-1979
03.	Address	: B/153, J. P. Greens CHS, Sigma Institute Road, Shripore Timbi, Vadodara
04.	Tel. No./ Mob. No.	: 8976029989
05.	e-mail id	: drnswapnil@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: M.D. (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)	: 14 Years
09.	Present Appointment	: Professor
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 4 years
12.	Any other relevant information	:

Date: - 04-06-2016

Name & Sign. of Mentor

Dr. Swapnil Naik

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-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

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

This is to certify that **Dr. SWAPNIL NAIK** has worked in the Department of **Homeopathic DERMATOLOGY** College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2002	2026	24 YEARS

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2007	2026	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
5	

Sign & Stamp
Head of the Department



Sign & Stamp
Dean/Principal/Head of Institute



North Maharashtra University, Jalgaon



NAAC ACCREDITED A++

We, the Chancellor, the Vice-Chancellor, the Members of
the Management Council and the Academic Council of the
North Maharashtra University, Jalgaon, certify that

Naik Swapnil Shantaram

of

KDMGS'S Homoeopathic Medical College Nimzari Road, Shirpur

*has pursued a course of study prescribed by the University,
as a regular student*

and

has passed the requisite examination in

November 2002

Being found duly qualified for the degree of

**Bachelor of Homoeopathic
Medicine And Surgery**

*the said degree has been conferred on him/her on **January 31, 2005***

In Testimony whereof is set the seal of the University.

Vice - Chancellor

0002

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137407

Chancellor of Homoeopathy

मुख्य निदेशिका

012

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

Doctor of Medicine

(Homoeopathy)
(Branch A : Organon of Medicine with
Homoeopathic Philosophy)

on
Swapnil Shantaram Naik
Dr. M. L. Dhawale Memorial Homoeopathic
Institute

for the examination held in July 2007
at the Convocation
held on 12th February, 2008.

अ/न

कुलपती, कुलसचिव
आणि
व्यवस्थापन परिषद सदस्य

वैद्यक अधिस्नातक

(होमिओपथी)
(शाखा अ : समग्रि केवलीय तत्त्वज्ञानसह औषधवेद्यक तर्कशास्त्रमंडलि)

जुलै २००७ मधील परीक्षेत
उत्तीर्ण झाल्याबद्दल
स्वप्निल शांताराम नाईक

डाॅ. एम. एल. धवळे मेमोरिअल होमिओपॅथिक इन्स्टिट्यूट
यांना

१२ फेब्रुवारी, २००८ च्या
दीक्षान्त समारंभात प्रदान करीत आहोत

सि. ए. ४६६

Vice-Chancellor / कुलसचिव

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PAPER 2007/FEAL/0022

2019/12/

No. 4997

CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI
Smita Smitibus Curentur

Certificate No. 36750.

Date of Registration 07-02-2004.



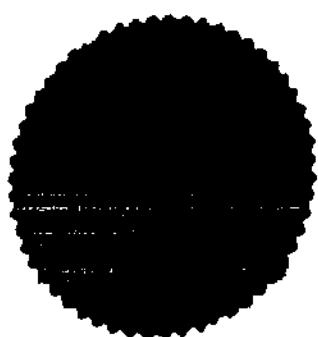
THIS IS TO CERTIFY THAT

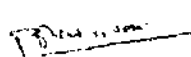
Dr. Shri. ~~Smita/Kumar~~ Naik Swapnil
Shantaram.

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

