

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 Course
- drawn 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.



+91-22-3367 1200



www.drbatras.com



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, hem palliative oncology 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:** 21/7/25

(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 Leena Bagadia

Mobile/Telephone no.: 9870098982

e-mail id: leenabagadia@gmail.com

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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:**

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

- 200+ Clinics Globally
- Networks of 350+ Doctors
- 130 Years of Brand Legacy
- 1.5M+ Happy Patients Globally

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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****OUR CORE VALUES:**

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

- 200+ Clinics Globally
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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

8/25/26, 3:42 PM

Welcome to Rediffmail NG: Inbox

Kindly approve continuation of affiliation fees for 26-27 - **URGENT**

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

Total- 1,70,000/-

Best Regards,

Dr. Samir Chaukkar

MD (Hon), HMD (UK), FBIH (UK),
FCAH, PG Hon (London), DND
PG Addictions treatment (Canada)

Dean-Dr Batra's Academy, Mumbai

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

Professional Teaching Experience Certificate for Fellowship Courses Director

Title of the Course applied for:- **Certificate Course in Homeopathic Palliative Oncology**This to Certify that **Dr Samir Awinash Chaukhar** has worked in the Department of **Dr Batra's Academy** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Homeopath	Jan 1993	Till date	33 years	7 months
Demonstrator, Y.M.T Homeopathic College, Mumbai	1/12/1993	30/11/1996	3 years	
Lecturer, Y. M. T. Homeopathic College, Mumbai	1/12/1996	14/8/1999	2 years	8 months
Lecturer, Y. M. T. Homeopathic College, Mumbai	16/6/2000	15/9/2001	1 year	3 months
Reader, Y. M. T. Homeopathic College, Mumbai	16/9/2001	15/9/2004	3 years	
Professor, Y. M. T. Homeopathic College, Mumbai	16/9/2004	11/9/2008	4 years	
Head- Training and Chief Homeopathic Consultant	Sep 2008	Dec 2014	6 years	3 months
Dean, Dr Batra's Academy	Jan 2015	Till date	10 years	11 months

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

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

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

Sign & Stamp
Head of the Department
Date

Sign & Stamp
Dean/Principal/Head of Institute
Date

(INSTITUTIONAL INFORMATION)

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

Name: Dr Samir Awinash Chaukkar Age: 52 years (Date of Birth) 14/10/1969

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

Designation	Institution	From	To	Total Exp.
Demonstrator	Y.M.T.Hom.College, Mumbai	1/12/1993	30/11/1996	3 years
Lecturer	Y.M.T.Hom.College, Mumbai	1/12/1996	14/8/1999	2 years 8 months
	Y.M.T.Hom.College, Mumbai	16/6/2000	15/9/2001	1 year 3 months
Reader	Y.M.T.Hom.College, Mumbai	16/9/2001 – 15/9/2004		3 years
Professor	Y.M.T.Hom.College, Mumbai	16/9/2004- 11/9/2008		4 years
Head- Training/Dean	Dr Batra's Academy, Mumbai	12/9/2008- till date		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 , Kashimira, Mira Road, Thane	
	ii) Nursing Home Registration No.		
	iii) Establishment Year		
04	i) Name of the Training Centre /Institute where course is to be conducted:	Dr Batra's Academy, Mumbai	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072 Mob:9892166616	
	iii) Contact Details:		
	iv) E-mail ID:		
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course: Fellowship Course in Homeopathic Dermatology. Approved Intake Capacity-50 Affiliated Since 2015	

		2) Certificate Course in Homeopathic management of Respiratory diseases and allergies since 2023- allotted seats-28 3) Certificate Course in Homeopathic Cosmetology and Aesthetics since 2023- allotted seats-21 4) Certificate Course in Homeopathic palliative Oncology- allotted seats -50
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Certificate Course in Homeopathic Endocrinology
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes NEFT/AXISP00830161196/0125082611 552_162/REGISTRAR 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

5. Hostel Accommodation: NA

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

6. Residential accommodation for Staff / Paramedical staff : NA

7. Ethical Committee (Constitution) : YES

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

9. Any other faculty specific information required :

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

HOSPITAL INFORMATION

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

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

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

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

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

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

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

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

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

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

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

5. Casualty:/ Emergency Department:

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

6. Blood Bank:OUTSOURCED

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

7. Central Laboratory:

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

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



Sign & Stamp

Head of the Department

Training Centre Date: Date:

Training Centre Round Seal



Sign & Stamp

Dean/ Principal/ Director of

ANNEXURE “D”**DEPARTMENTAL INFORMATION****(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)****1. Fellowship Specialty Department to be inspected: Homeopathic Palliative Oncology****2. Date on which independent department of: functioning concerned specialty was created and started- NA****Mentor's details (From start of department till date) :**

Sr. No	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr Samir Chaukhar	Full Time	Dean	MD Hom	20 years
2	Dr Sandeep Roy	Full Time	Mentor	MD Hom	13 years
3	Dr Sujata Naik	Full Time	Mentor	MD Hom	18 years
4	Dr A.Chimthanawala	Full Time	Mentor	MD Hom	18 years
5	Dr Leena Bagadia	Full Time	Mentor	MD Hom	16 years
6	Dr Shruti Shah	Full Time	Mentor	MD Hom	24 years
7	Dr Hardik Khamar	Full Time	Mentor	MD Hom	19 years
8	Dr Tanveer Hussain	Full Time	Mentor	MD Hom	18 years
9	Dr Vaishali Bhagat	Full Time	Mentor	MD Hom	21 years
10	Dr Sukhjeet Kaur	Full Time	Mentor	MD Hom	20 years
11	Dr Zameer Rafai	Full Time	Mentor	MD Hom	20 years
12	Dr Anal Mehta	Full Time	Mentor	MD Hom	12 years
13	Dr Vandana Patel	Full Time	Mentor	MD Hom	11 years
14	Dr Avani Patel	Full Time	Mentor	MD Hom	9 years
15	Dr Preeti Jha	Full Time	Mentor	MD Hom	8 years

3. Whether Independent Department of concerned Certificate subject exists in the Institution :Yes/No: Yessince when: 2024-25**4. Specialty Department Infrastructure Details :**

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

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

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2025-26	Certificate Course in Homeopathic palliative Oncology	22	8

(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				1
2				1
3				1
4				1
5				1

3. Intensive care Service provided by the Department: NA

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

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Sakinaka	Mon-Sunday	10-8 pm	Annexure Attached	Dr Bhagyashree
2	Chowpatty	Mon-Sunday	10-8 pm	Annexure Attached	Dr Sultan Ali
3	Borivali	Mon-Sunday	10-8 pm	Annexure Attached	Dr Sejal Parekar
4	Thane	Mon	10- 8pm	Annexure Attached	Dr Ram

5. Services provided by the Department:

1. Services

i Hair testing by VMS

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

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

6. Space:

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

7. Office space:

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

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

Submission of data to National Authorities if any : NA

ANNEXURE – “E”

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

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

Date: -**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

Information of Co-ordinator of Training Centre

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

Date:**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, 1956 (Act I of 1956))

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

I hereby certify that

which was originally incorporated on 25th day of January

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

POSITIVE HEALTH CLINIC PRIVATE LIMITED

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

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

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

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

the name of the said company is this day changed to

DR. BATRAS' POSITIVE HEALTH CLINIC PRIVATE LIMITED

Given under my hand at BOMBAY this 20th

day of DECEMBER

2004).

~~(one thousand nine hundred~~



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

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

CERTIFIED AS TRUE

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

nan, R.M.
.B.

.E
L.
.L
S.L
d
d

ier K.J.
a, S.A.

ier K.J.
S.
, I.B
, I.B

kar, S.D
kar, S.D

1, E.J
a, S.A.

E.



प्रारूप 1
पंजीकरण प्रमाण-पत्र

कॉर्पोरेट पहचान संख्या : U80904MH2010PTC198397

2009 - 2010

मैं एतद्वारा सत्यापित करता हूँ कि मैसर्स

DR. BATRAS' ACADEMY PRIVATE LIMITED

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

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

Form 1
Certificate of Incorporation

Corporate Identity Number : U80904MH2010PTC198397

2009 - 2010

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

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



(VIJAYA NAGORAO KHANDARE)

सहायक कम्पनी रजिस्ट्रार / Assistant Registrar of Companies

महाराष्ट्र, मुंबई
Maharashtra, Mumbai

कम्पनी रजिस्ट्रार के कार्यालय अभिलेख में उपलब्ध पत्राचार का पता :

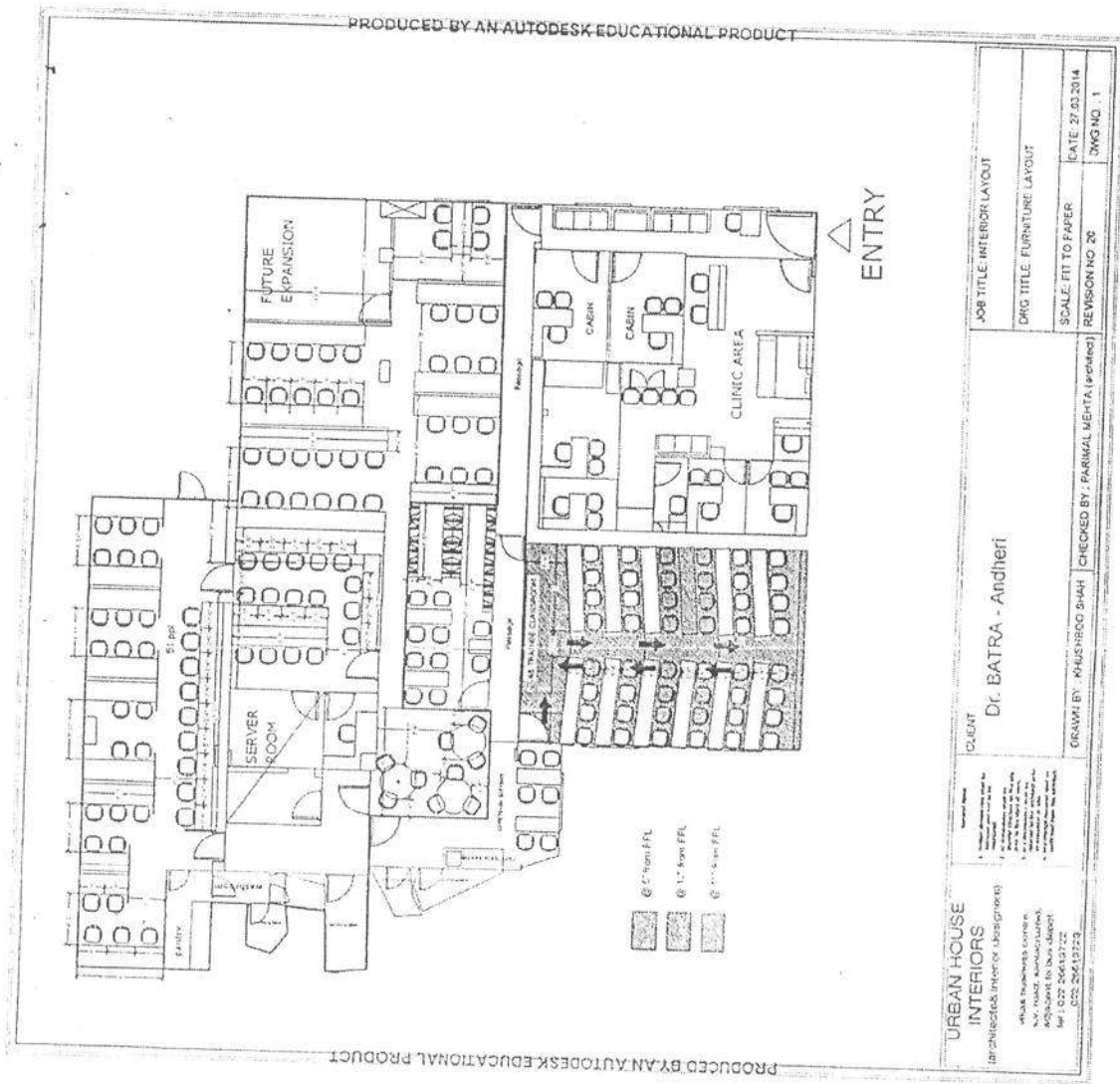
Mailing Address as per record available in Registrar of Companies office:

DR. BATRAS' ACADEMY PRIVATE LIMITED

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

Mumbai - 400072,

Maharashtra, INDIA



378/12889

पावती

Thursday, August 03, 2023

1:36 PM

Original/Duplicate

नौदणी क्र. : 39म

Regn.: 39M

गावाचे नाव: वरोळ

पावती क्र.: 14064 दिनांक: 03/08/2023

वस्तुऐवजाचा अनुक्रमांक: बंदर-12889-2023

वस्तुऐवजाचा प्रकार: 36-अ-विन्ड अँड लायसन्सेस

मादर करग्यान्साचे नाव: ए ए टेक्स्टाईल वे प्रॉपराईटर पंकज के शाह

नौदणी फी

रु. 1000.00

वस्तु हाताळणी फी

रु. 680.00

पृष्ठांची संख्या: 34

एकूण:

रु. 1680.00

आपणास मूळ वस्तु, यंत्रणेने प्रिंट, मूची-२ अंदाजे

1:56 PM ह्या वेळेस मिळेल.

सह. दु. नि. अंधेरी-३.

वाजार मूल्य: रु. 750000/-

सोवडला रु. 165000/-

मरलेले मुद्राक शुल्क: रु. 19500/-

एम. एन. गायकवाड

सह मुख्य निबंधक, अंधेरी क्र ३.

मुंबई उपनगर जिल्हा

1) वेयकाचा प्रकार: DHC क्रम: रु. 680/-

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

विक्रेते नाव व पत्ता:

2) वेयकाचा प्रकार: eChallan क्रम: रु. 1000/-

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

विक्रेते नाव व पत्ता:

P. M.

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

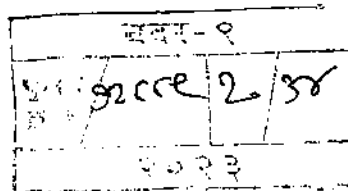
Bank CIN 10004152023080213207

REF No. 456643702

Deface No 0208202314107D

Deface Date 03/08/2023

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





CHALLAN
MTR Form Number-6

[illegible]

Name of Branch _____ Mobile No. : 9820187045

Department ID : _____

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

सदर चलन केवल दुर्यम निबंधक कार्यालयात नोंदणी करायची लागू आहे. नोंदणी न करताच्या दस्त्यासाठी सदर चलन लागू नाही.

THE SUB-REGISTRAR

नंदा-९



बदर-९			
मुद्रांक	१०२२२३	३	३४
२०२३			

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 10004152023020213207	REF No. 456643702
This is computer generated receipt, hence no signature is required.	



बंदर-९
920020/38
०२/०८/२३

LEAVE & LICENSE AGREEMENT

THIS LEAVE & LICENSE AGREEMENT

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



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

बदर-९	
पुस्तक	क्र. १/१२३४५ ३४
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

A. A. Textile

Atul K Shah

Divya P. Shah

Paras A. Shah

P. A. Shah

Shah

WHEREAS

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



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

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

विवरण	01.04.2023	31.12.2026
पृष्ठ	92	38

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

EXTILE
91

Atul Kumar

Divya P. H.

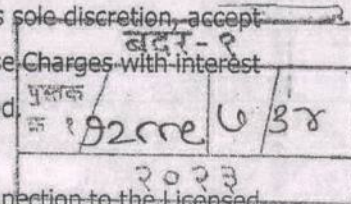
P. A. Shaha

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



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



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

For A. A. TEXTILE

PS

Atul Shah

Atul Shah

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 tenantable condition by the Licensee. The said interest free deposit shall not carry any interest thereon and shall be refunded to the Licensee on the expiry of this agreement or earlier termination thereof after deducting there from outstanding dues, utility charges if any.



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

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

A A TEXTILE
PL

Atul K Shah

Divya P

P.A. Shah

Ashish

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 /



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For A. A. TEXTILE

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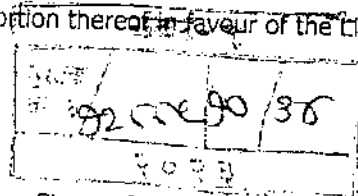
Atul Shah
Atul Shah

P. Shah
Dirya P. R.

P. Shah
P. A. Shah

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.

SH. S. S. TEXTILE
PB

Atul Kumar

Dr. J. P. D.

P. A. Shah

Shah

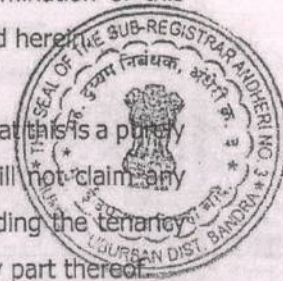
17. It is specifically agreed that if the Licensee fails to handover the vacant and peaceful possession of the said Licensed Premises to the Licensors upon the expiry or earlier termination of this agreement by efflux of time or otherwise then the Licensors shall have full right and authority to enter 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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२०२३	

For A. A. TEXTILE
PL

Proprietor

Ashutosh K. Shinde
Ashutosh K. Shinde

D. Shinde
Dnyanesh P. R.

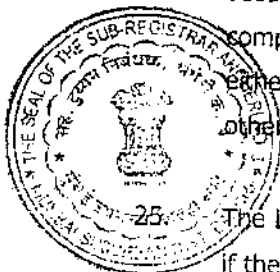
P. A. Shinde
P. A. Shinde

Shinde

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

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

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



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

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

For A. A. TEXTILE

Steel and Steel

Divya P. h

P. A. Shaha

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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.



REGISTRATION NO.	23/38
DATE	22/03/20

For A. A. TEXTILE
Proprietor

Atul Anand *P. Shah* *P. Shah*
Divya P. h *P-A. Shah*

Atul

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

SCHEDULE OF THE PROPERTY

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

IN WITNESS WHEREOF THE PARTIES hereto have hereunto set and subscribed their respective hands and seals on 31/8/2023

For A. A. TEXTILE

PL

Proprietor

Atul Mishra *Divya P. L* *P. A. Shah*

Atul



बदर-९	
02	02/08/30
M. R. S.	

SIGNED, SEALED AND DELIVERED
by the within named LICENSORS

A A TEXTILE (Proprietor PANKAJ K SHAH)

& For A. A. TEXTILE

P.K.

MR. ATUL K SHAH

Proprietor

&

Atul K Shah

Mrs. Divya P. Shah

&

Divya P. Shah

MR. PARAS A SHAH

P. A. Shah

SIGNED, SEALED AND DELIVERED

by the Within named LICENSEE

Dr. Batras' Positive Health)

Clinic Private Limited through)

Its Authorized Signatory)

Mr. Jeetendra Suresh Jadhav

As per Board Resolution

In the presence of

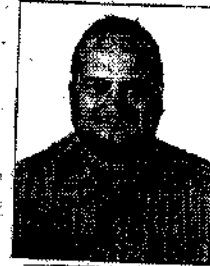


In the presence of

1. *[Signature]*

2. *[Signature]*

बदर-९		
पुस्तक	१३२८८९५	३४
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बदल-९			
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10/11/23			

adani
Electricity



5273

COMMERCIAL



Electric
Smiles 36150
Points Earned



QR code for
Mask paym

AA TOSHLES

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

Mobile: 70-888888

Email: info@perfectlifestyles.in

PAH:

GST:

BILL DATE
21-07-2023

TARIFF
LT II (A)

BILL DISTRIBUTION NO.
Pows/Sak/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

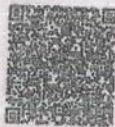
PRESENT READING DATE
19-07-2023

TYPE OF SUPPLY
THREE PHASE

BILL NUMBER
101923633514

PREVIOUS READING DATE
19-06-2023

Disconnection Notice is Calloused with this bill



CA NO: 191012922

₹48120.00

Bill Month
July 2023

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

Units Consumed
3288

Previous Units: 3590

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 : 25-07-2023 Amt ₹47840.00 Discount ₹275.04
- Round sum payable after due date : 11-08-2023 Amt ₹48530.00 DPC ₹631.50

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

UPI QR CODE NACH

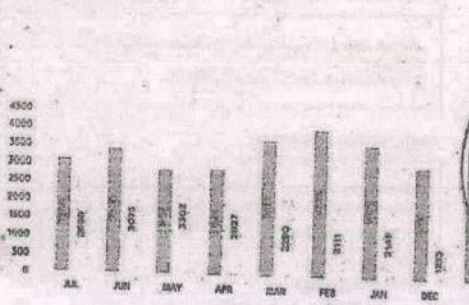
Nearest Collection Centre (Cash/Cheque)

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

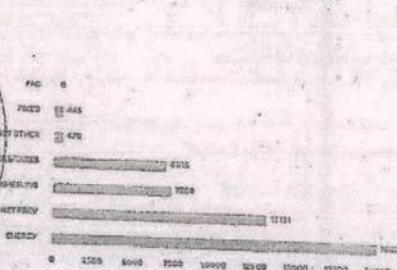
PL

R D NERURKAR
Division 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.adanielectricity.com
- helpdesk.mumbai@adanielectricity.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 9324519122 from any mobile number
Give us missed call on 1800 532 9098 from your registered mobile no.

For Portal Related Complaint call us: 19122

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

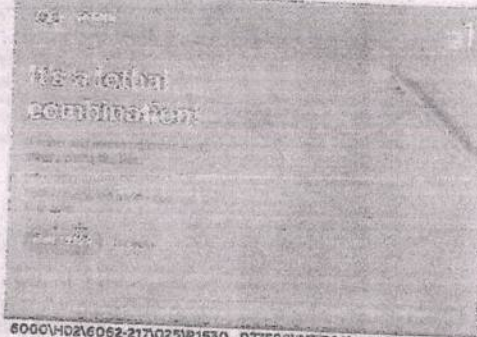
Join us on:

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 70-888888 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. LON/CSD/72/2023/ Validity Period DL 01/07/2023 to DL 31/03/2025 /2535 DT.
30 JUN 2023



600040216062-2170251R1530 D775691A75691B521531R1530

HOW YOUR BILL WAS CALCULATED

Heads	Rate	Amount (₹)
Electrical Energy (MSN code 27100000)		
1. Fixed Charge		445.00
2. Wheeling Charges		7256.48
3. Green power Tariff	0.00/kWh	0.00
4. Energy charge		16692.00
5. Fuel Adjustment Charge (FAC) #	0.00 per unit	0.00
6. Government electricity duty	21.00%	5736.81
7. Maharashtra Govt tax on sale of electricity	34.02p/unit	1119.24
(A) Current month's bill amount (Sum of 1 to 7)		34519.53
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. Late cut on arrears		0.00
f. Adjustments		0.00
(U) Net other charges in current bill (Sum of a to f)		470.51
Current month charges (A+B)		35000.04
Previous month's bill amount		5511.86
Payment received upto 10-07-2023		42380.00
Prompt payment discount		0.00
(C) Net previous balance		13131.86
Total Bill Amount (A+B+C)		48122.30
Amount due/owed		0.00
Round Sum Payable with this bill		48120.00

Your security deposit (SD) with us ₹ 30050.00

Your unpaid security deposit ₹

As per Electricity Supply Code, you can also opt for your own meter (adhering to BIS standards)

YOUR TARIFF STRUCTURE (EFFECTIVE FROM 01.04.2023) (₹)

LT II (A) COMMERCIAL Units/Month	Fixed Charge Per month	Energy Charge Per Unit	Wheeling Charge Per Unit	FAC Rate Paise/Unit Jul-23
All tariffs	445.00			0.00

Though we supply electricity with a meter, you may have a meter of your own (adhering to BIS standards) and a meter of your own (adhering to BIS standards) and a meter of your own (adhering to BIS standards)

ADVANCE PAYMENT DETAILS (₹)

Opening Balance	Adjustment	Interest	Closing Balance
			₹ 30050.00

LAST PAYMENT DETAILS

Payment Date	Payment Amount (₹)	Payment Mode
10 July 2023	48120.00	₹ 30050.00

- For cheque payment: Date of presentation of cheque or 3 days from postmark of cheque (whichever is earlier) shall be deemed to be the date of receipt of payment (subject to restrictions)
- For cash payment: Date of receipt of cash shall be deemed to be the date of receipt of payment (subject to restrictions)
- For credit payment: Date of receipt of credit shall be deemed to be the date of receipt of payment (subject to restrictions)

Go Paperless to Pay Less

- Paperless billing subscribers can
- Pay bill on smartphone/WhatsApp Web
- Receive a discount of Rs.10 every month
- In case needed, hard copy available on request
- To opt-in for paperless billing visit www.adanielectricity.com



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

PRINCIPAL PLACE OF BUSINESS / CONSUMER GRIEVANCE REDRESSAL FORUM (CGRF)

Address: Adani Electricity, Dargah Lane, Off BVP Road, Near Dargah Lane, Telephone Exchange, Bodoli West, Mumbai 400 003
 Phone: 022-33748004
 Email: consumer@adaniregulatory.com, cggrf@adaniregulatory.com
 Website: cggrf.adaniregulatory.com

ELECTRICITY OMBUDSMAN

Address: 101/108, A-108, NCPA Marg, Nariman Point, Mumbai 400 021
 Maharashtra
 Email: electricityombudsman@mahadiscom.gov.in

REGISTERED OFFICE ASML

Address: Adani Corporate House, Shantigram, Near Vidya Devi Circle, S-6, Highway, Chhatrapati Shivaji Maharaj, Mumbai-400 021
 PIN: 400 021
 Phone: 022-33748004
 GSTIN: 27AAB00000000000

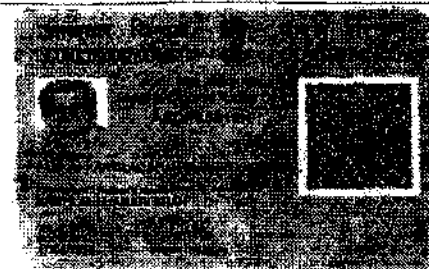
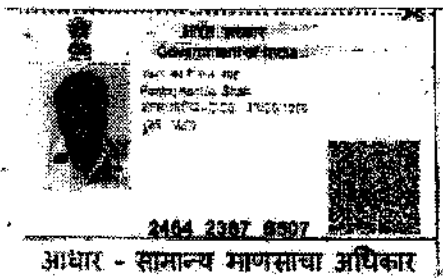
NOTE

- To pay online - visit www.adanielectricity.com
- Get 7% interest on VDS (reducing balance)
- Rs 10 discount per month if you pay for paperless E-bill. No hard copy will be generated. Log on to our website www.adanielectricity.com for more details
- As per MERC, interest on Security Deposit is at the bank rate declared by RBI as on 1st April of the financial year. For FY 2023-24 it is 4.25%.
- Electricity Duty as per Govt. of Maharashtra Notification no ELD-2016/CR 252/Enrgy-1 of 21.10.2016 and ELD-2020/CR 34/Enrgy-1 of 14.08.2020. Tax on sale of Electricity as per Govt. of Maharashtra Notification No. VVK-2016/CR 16/Enrgy-1 of 26.12.2016

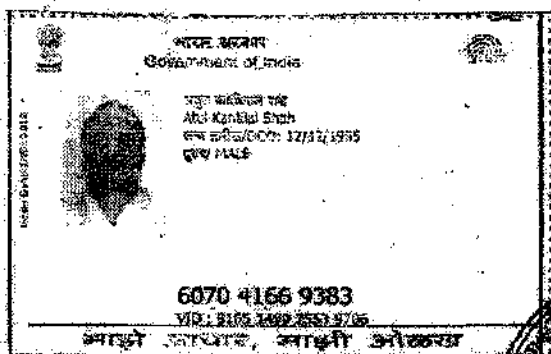
LOCATION DETAILS OF GENIUS PAY CENTRE FOR BILL PAYMENT



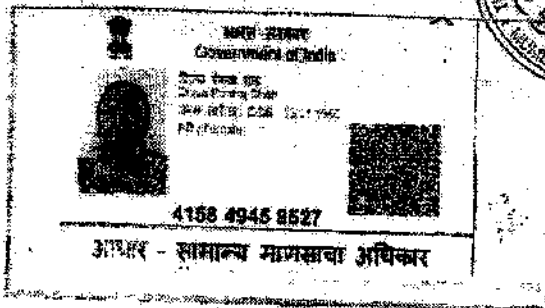
Scan this QR code for Genius Pay Centre (Risk for bill payments)



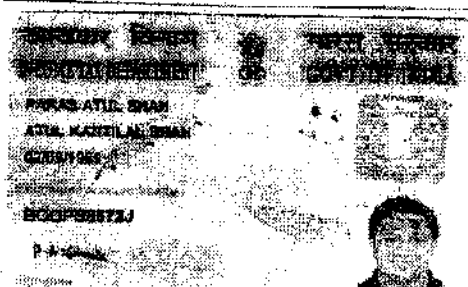
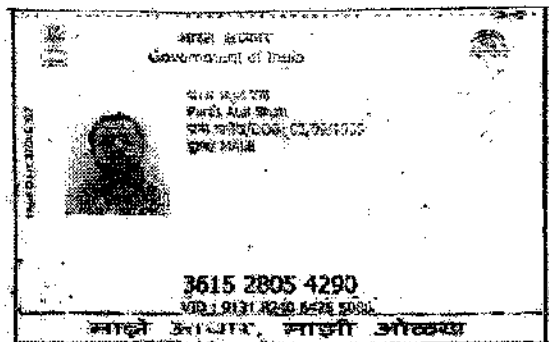
For A. A. TEXTILE
P. A.
Proprietor



Atul Kulkarni



viraj P. R.



P. A. Shah

बदर-९			
पुस्तक क्र १	9255	92	38
२०२३			

भारत सरकार
Government of India

जितेंद्र सुरेश जाधव
Jeetendra 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 भायंदर
Address: A-403 Balakrishna Apt, 100 Feet Road, Near Mira Bhandekar Flyover
पत्ता: ए-403 बाळकृष्ण अपार्टमेंट, 100 फीट रोड, मिरा भायंदर
Address: A-403 Balakrishna Apt, 100 Feet Road, Near Mira Bhandekar Flyover
महाराष्ट्र, ठाणे, भायंदर ईस्ट, 401105
Maharashtra, Thane, Bhandekar East, 401105

4212 5984 2133

1547 250 1547
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

जितेंद्र सुरेश जाधव
JEETENDRA SURESH JADHAV
सुरेश दत्तात्रय जाधव
SURESH DATTATRAY JADHAV

17/10/1985

AKQP15907M



बदर-९

क्र. १	१९२८२२०	३४
२०२३		

भारत सरकार
Government of India

संत लाल
SANT LAL
कन 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: सूर्यनारायण, कुशीनारा, पैरा प्रखंड, कुशीनारा,
उत्तर प्रदेश - 274206

Address:
C/O: Suryanarayan, Kuskawalaya, Naski
Chhapra, Kusthmagal,
Uttar Pradesh - 274206

8021 7838 9981
VID : 9195 2922 4303 0056

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



बंदर-९		
पुस्तक	क्र १९२५८८	२९/३४
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."

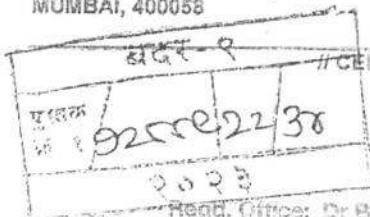
"RESOLVED FURTHER THAT the aforesaid authority shall remain in force till 31st August 2023 or till the date the same is withdrawn by the management, whichever is earlier."

Mr. Jeetendra Jadhav
(Executive Operations- Administration)

For Dr. Batra's Positive



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



// CERTIFIED TO BE TRUE COPY //

Regd. Office: Dr Batra's Positive Health Clinic Pvt. Ltd.
H Kantilal Compound, 2nd Floor Andheri Kurla Road, Sakinaka, Andheri East, Mumbai - 400072.
T +91-22-3957 1200 | W www.drbatras.com | CIN: U85110MH1999PTC118005



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विशनदास घिमनानी

Jethanand Vishindas Ghimwani

जन्म तारीख / DOB: 03/04/1964

पुरुष / MALE

Mobile No.: 9920187845

7519 4871 8498

VID: 8127 7212 8974 2711

माझे आधार, माझी ओळख



भारतीय रिपब्लिक प्रजासत्ताक
UNRECORDED INFORMATION AUTHORITY OF INDIA

पता:
603 एबीटी अप्ट, गोल मैदान, उल्हासनगर
1, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

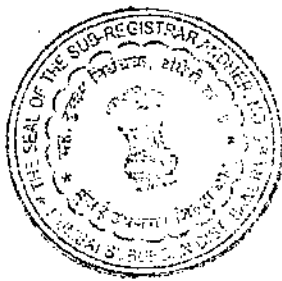
Address:
603 seventy apt, goal maidan, goal
maiden, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4871 8498

VID: 8127 7212 8974 2711



बदर-९	
पुस्तक नं १२८८२३/३४	
१०२३	



Muzaffargarh		
Sub-Registrar	20/12/2018	38
2018		



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विशनदास चिमनानी

Jethanand Vishindas Chinnani

जन्म तारीख / DOB: 03/04/1964

पुरुष / MALE

Mobile No.: 9820187045

7519 4871 8498

VID : 9127 7212 8974 2711

माझे आधार, माझी ओळख



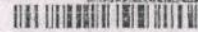
बदर-९
925552438
२०२३

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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

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

7519 4871 8498
VID : 9127 7212 8974 2711



1800 305 1847

help@uidai.gov.in

www.uidai.gov.in

MO. No. 9820187045

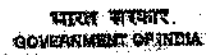


2017-18
92572238
2017-18

P.O. Box No. 1617,
Savannah 320 091



325-9			
1/10/19	1/10/19	1/10/19	1/10/19
1/10/19	1/10/19	1/10/19	1/10/19
1/10/19	1/10/19	1/10/19	1/10/19



जेठानंद विश्वनाथ चिमनानी
Jethanand Vishwanath Chimmnani

ਯੋਗਦਾਨ: 08/04/1984

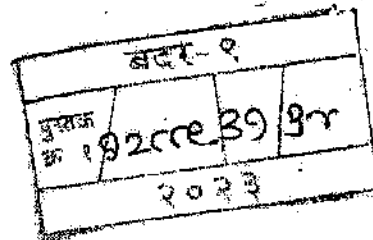
♂♂ / MALE

Mobile No.: 9820187046

7519 4871 8498

VID: 0127 7212 8074-2791

माझे आधार, माझी ओळख



भारतीय विधिद्वय पञ्चायत प्राधिकरण
LOQUE IDENTIFICATION AUTHORITY OF INDIA

पता :- 903, स्वीटी अपार्टमेंट, गोल मैदान, गोल मैदान, उल्हासनगर
1, उल्हासनगर, राणे,
महाराष्ट्र - 421001

Address:
603 sweety apt. goal maidan, goal
maidan, ULHASNAGAR 1, Ulhasnagar,
Thana, Maharashtra - 421001

7895-4574 0490
VIA J.B.S. 7312.0000 2789










पंजी - ९		
पंजी	९२००३०	३०
००२३		

गुरुवार, 03 ऑगस्ट 2023 1:36 म.नं.

बदर9

दस्तावेज क्रमांक: 12889/2023

मोबाइल: रु. 1,65,000/-

पावती दिनांक: 03/08/2023

सादरकरणाराचे नाव: ए ए टेक्सटाईल चे प्रॉपराईटर पंकज के शाह

रु. 1000.00

₹. 680.00

एकुणः 1680.00

सह.द.नि.अंधेरी-३
सह.उध्यम निबंधक अंधेरी क्र. ३.

सह.द.नि.अंधेरी-3
सह प्रथम निबंधक अंधेरी क्र. ३.

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

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

* सवर वसंतरेवान हा नौदली वाहतूक करणारा तमिळुनाडू सरकारचे नौदलीय
दाखल केलेला आहे. * या नावाच्या वाहनाचा मालक राधाजी साक्षीवार व
सोबत जोडलेल्या कागदांच्या मदतीने त्या वाहनाची सरपन्ना, वैधता
कायदेशीर बांधणी

P.R.

Rail marshals
Dingy P. R

लिहून घेणारे :
P-A-Shake

लिहून घेणारे :



बदर-९		
पृष्ठ संख्या	925	32/38
२०२३		



03/08/2023 14:21:10 PM

दस्ता क्रमांक: बंदर9/12889/2023

दस्ताचा प्रकार: 36-अ-विष्णू अँड लायसन्सेस

दस्ता गोपबारा भाग-2

बंदर9

दस्ता क्रमांक: 12889/2023

अनु क्र.	पत्रकाराचे नाव व पत्ता	पत्रकाराचा प्रकार	छायाचित्र	दस्ता प्रमाणित
1	नाम: ए.ए. देवसदाईचे प्रॉपराईटर पंज के शाह पत्ता: प्लॉट नं.: , माळा नं.: पहिला मजला, इमारतीचे नाव: एच कॉन्सीलाय विलिडिंग, फ्लॅट साईड ए, ब्लॉक नं.: साकीनाका, अन्धेरी पूर्व, मुम्बई, रोड नं.: एच कॉन्सीलाय कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पॅन नंबर: ABDPS8819H	लायसेन्सार् वय: 65 स्वाक्षरी: <i>P. N.</i>		
2	नाम: अशुल शाह -- पत्ता: प्लॉट नं.: , माळा नं.: पहिला मजला, इमारतीचे नाव: एच कॉन्सीलाय विलिडिंग, फ्लॅट साईड ए, ब्लॉक नं.: साकीनाका, मुम्बई, रोड नं.: एच कॉन्सीलाय कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पॅन नंबर: AAQPS2041F	लायसेन्सार् वय: 68 स्वाक्षरी: <i>Atul Ashubh</i>		
3	नाम: दिव्या पी शाह -- पत्ता: प्लॉट नं.: , माळा नं.: पहिला मजला, इमारतीचे नाव: एच कॉन्सीलाय विलिडिंग, फ्लॅट साईड ए, ब्लॉक नं.: साकीनाका, मुम्बई, रोड नं.: एच कॉन्सीलाय कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पॅन नंबर: AAQPS2047D	लायसेन्सार् वय: 63 स्वाक्षरी: <i>Divya P. h</i>		
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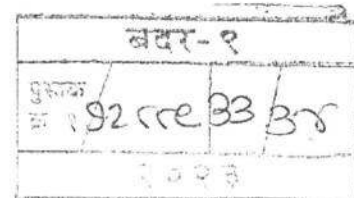
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नोंदला ०३ AUG 2023
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ए.ए. गायकवाड
सह दुय्यम निबंधक, अंधेरी क्र. ३
मुंबई उपनगर जिल्हा

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 booked (D)	Spill over to	Revenue booked (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 Dermatolog	28.7	14.8	13.9	29.9	7.4	22.5	21.3		9.8	32.3	19.7
Certificate Course in Homeopathic Cosmetolog	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 On	0.0	0.0	0.0	6.4	1.6	4.8	1.6		6.7	11.5	3.3
Foreign Students									6.7	6.7	3.3
MHFDA cosmetology course	4.7	4.7	0.0	1.4	1.4	0.5	1.4				
	1.6	1.6	0.0			0.0					
	0.0	0.0	0.0								
	0.9	0.9	0.0								
	1.1	1.1	0.0								
Total Revenue	46.8	31.5	15.3	45.8	15.3	31.0	30.7	31.0	30.1	61.1	29.8
DETAILS OF EXPENSES											
SALARY		23.7					24.3			25.0	
UNIVERSITY FEES (ACADEMY)		2.1					1.7			2.5	
LECTURE FEES		2.8					2.3			3.5	
OTHER ADMIN EXP		3.6					2.9			3.5	
TOTAL EXPENSES		32.2					31.2			34.5	
PROFIT FOR THE YEAR		-0.7					-0.5			26.6	
NOTIONAL RENT/ELECTRICITY (3.30/4K/600)		5.9					6.3			6.0	
PROFIT AFTER NOTIONAL EXP		-6.6					-6.8			20.6	



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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



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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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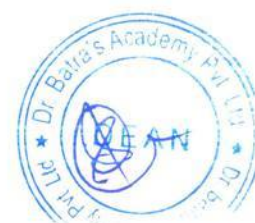
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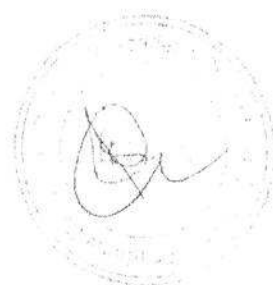


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1.	Dr Dhanaji Bagal MD Hom	VICE PRINCIPAL Dr.G.D.Pol Foundation's Y.M.T Homeopathic Medical College, Kharghar, Navi Mumbai	Chairperson
2.	Dr.Tejal Ajmera M.D(Hom) Dr.Renuka Amin M.D(Hom) Dr.Shahala Nadaf M.D(Hom)	Coordinator- Dr Batra's Academy Mentor- 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



DR BATRA'S ACADEMY, Mumbai

(AFFILIATED TO MUHS NASHIK)

206

FELLOWSHIP/ CERTIFICATE COURSES

MEDICAL EDUCATION UNIT

Constitution

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



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

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

NOTICE

209

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

The agenda will be

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


Dr. Samir Chaudhary
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

708

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

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

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

16/4/2026 (211)

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

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

The Chairman, of the committee Dr Samir Chaukkar welcomed all members.
Minutes of the last MEU meeting were read and approved by all members

Points Discussed

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

The meeting ended with a vote of thanks by Coordinator

Dr Samir Chaukkar
Dean
Dr Batras academy/Chairman MEU



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

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

16/4/2026

(2/2)

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 Chaukkar	Offline
Dr Tejal Ajmera	Offline
Dr Shahala Nadaf	Online
Dr Anagha Sant	Online
Dr Mathu	Online
Dr Komal Dixit	Offline
Dr Mathuvenkatesan	Online

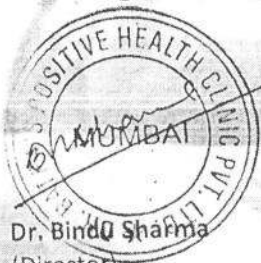

Dr Samir Chaukkar
Dean, Dr Batra's Academy, Mumbai

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."

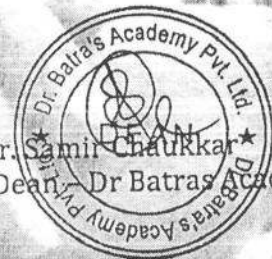
"RESOLVED FURTHER THAT the aforesaid authority shall remain in force till an objective of authorising Dr. Samir Chaukkar is accomplished or till the date, the same is withdrawn by the management, whichever is earlier."



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 //

*** Marked fields are mandatory**

HOSPITAL INFORMATION SHEET

HOSPITAL_NAME*	ASHISH HOSPITAL MUTISPECIALITY		
CATEGORY OF LEGAL CONSTITUTION OF HOSPITAL(Type of Organization)	- A PARTNERSHIP IN WHICH SOME OR ALL PA		
ADDRESS1*	105 MANSHI CLASSIC OPP 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	rent per D
TOTAL_BEDS*	30		
General Ward - Non AC	7		2000
General Ward - AC	4		2500
Semi Private Room - Non AC			
Semi Private Room - AC	1		5000
Triple Sharing - Non AC	1		2500
Triple Sharing - AC			
Emergency/Casualty Bed	1		2500

Day Care Bed	2	3500
Single/Private Room - Non AC		
Single/Private Room - AC	3	4000
HDU		
PICU Bed		
SICU Bed		
Other Room		
Private		
Deluxe Beds		
Single Deluxe room		
Suite		
ICU Beds	4	5500
Burn Ward		
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 STERILIE 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 Medica	10
NURSE-PATIENT (BED) RATIO IN ICU - Number of Qu	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	CARDIOLOGY	YES
ENT	YES	CRITICAL CARE	YES
BURN	YES	GENERAL MEDICINE	YES
PLASTIC SURGERY	YES	INFECTIOUS DISEASE	YES
OBS & GYNECOLOGY	YES	NEPHROLOGY	YES
GENITOURINARY	YES	NEUROLOGY	YES
PEDIATRIC	YES	PULMONOLOGY	YES
ONCOLOGY	YES	DERMATOLOGY	YES
ORTHOPEDICS	YES	ENDOCRINOLOGY	YES
TRAUMA	YES	DENTAL	YES
GENERAL SURGERY	YES	DAY CARE	YES
GASTROENTROLOGY	YES	LAPAROSCOPIC SURGERY	YES
	YES	RHEUMATOLOGY	YES
STAFFING	YES		NO. OF STAFF
MD Physician	YES		
MBBS Physician	YES		
MD / MBBS Female Physician	YES		
MD Cardiologist	YES		
MD Pathologist			
MD Radiologist	YES		
DMLT Laboratory Technician	NO		
Nurses	YES		
OT Technicians	YES		
X-Ray Technician	YES		
ECG Technician	YES		
Dietician	YES		
Audiometrist			
Physiotherapist	YES		
Ophthalmologist	YES		
Dentist			
Insurance Client Coordinator	YES		
Information Technology:	(Please indicate with the appropriate code given in brackets the level of computerization)		
Appointment System	TOKEN NUMBERS		
Entry of requisitions			
Reporting of pathology / radiology results			

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

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 MELVILLE ALVAREZ (MD,MEDICINE)		4.	DR MOHAMMAD SHOAB (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,Laprosce)	4.	DR.BRIJESH DUBEY (MS,Senior Surgeon)		
PHYSIOTHERAPY					
1.	DR.MAHIMA NIGAM	2.	DR DARSHINI DESAI		
ENT SPECIALIST					
1.	DR RAM SINGH (EAR,NOSE & THORAT SPECIALIST)				
2.	DR.RAHUL PATIL (EAR,NOSE & THORAT SPECIALIST)				
SKIN SPECIALIST					
1.	DR.NISHIGANDHA HARIDAS (MBBS MD DERMATOLOGY)				

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List of Documents Required for Empanelment

S.No	Document required	Mandatory	Terms and Conditions
1	Category Of Legal Constitution Of Hospital	Yes	A) Incorporated Company (Pvt. Ltd / Ltd.) : Certificate Of Incorporation issued By Registrar Of Companies B) Sole Proprietorship : Fill Declaration Form I C) Partnership Proprietorship : Fill Declaration Form II D) Public Trust : Certificate of Incorporation issued by Charity Commissioner E) Private Trust : Fill Declaration Form III F) Limited Liability Partnership(LLP) : Fill Declaration Form IV & Certificate of incorporation issued by Registrar of Companies
2	Complete Hospital Tariff List including procedure charge	Yes	
3	Original Hospital Photos (NOT hospital Broucher's).	Yes	
4	Valid Hospital Registration Certificate	Yes	
5	Consultant List with Speciality	Yes	
6	List of equipments	NO	
7	Hospital PAN CARD Number	Yes	
8	Hospital TAN Number	Yes	

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n, S.J.
anand, S.

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/NABHCertificate	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	Optional
19	Bio Medical Waste Certificate	Yes	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.: भजपा/सावि.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, Kashmirira, Mira Road (E)** has been, authorized to carry out the said nursing home.

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

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

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




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

MEMORANDUM OF UNDERSTANDING

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

By and Between

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

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

WHEREAS

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

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

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

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

1 VALIDITY

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

2 SCOPE OF SERVICES

2.1 Both the parties agree to admit patients visiting Dr. Batra's Clinics as and when necessary.

2.2 Both the parties agree to carry out investigations of patients of patients visiting Dr. Batra's Clinics.

2.3 ASHISH MULTISPECIALITY HOSPITAL will help in providing Laboratory services to Dr. Batra's with respect to pathology /and or Histopathology tests.

2.4 ASHISH MULTISPECIALITY HOSPITAL will offer to help in providing any other Laboratory services to Dr Batra's other than pathology and / or Histopathology samples. In furtherance of educational pursuit.

3 THE ARRANGEMENT

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

4 DELIVERABLES FROM DR. BATRA'S

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

5 DELIVERABLES FROM ASHISH MULTISPECIALITY HOSPITAL

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

6 INDEMNIFICATION

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

7 NO BINDING CLAUSE

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

8. ARBITRATION

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

9. JURISDICTION

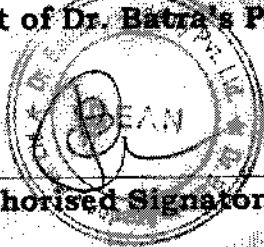
The courts in Mumbai shall have exclusive jurisdiction to deal with any dispute arising out of this MOU.

10. NOTICES

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

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

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



Authorised Signatory

For ASHISH MULTISPECIALITY HOSPITAL



Authorised Signatory

ANNEXURE - "F"

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

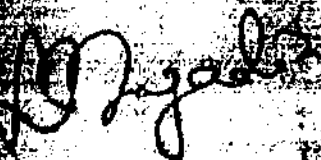
Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr Leena S. Bagadia
02.	Date of Birth	6 th September 1966
03.	Address	2, Palm Springs society, Mukteshwar Devalay Marg, Near Chandan cinema, Juhu, Mumbai-49
04.	Tel. No./ Mob. No.	9870098982
05.	e-mail id	leenabagadia@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	LCEH, MD (Repertory), PhD (Hom. Psy.), PGDMLE, CCMP, Fellowship in palliative care
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)	• Visiting Professor in Forensic Medicine & Toxicology in C.M.P. Hom. Medical College in Vile Parle, Mumbai.....2012 till date • Reader in F.M.T. in C.M.P. Hom. Med. College2 years • Lecturer in Homoeopathic Materia Medica.....in C.M.P.H. college for 1 year. • Lecturer in Surgery in C.M.P.Hom. Med. College...2007-10 for ...3 years. • Lecturer in Pharmacy -1992-93 Y.M.T. Medical college, Kharghar, Mumbai Practising Homoeopathic Consultant for >30 years.
09.	Present Appointment	Guest Professor, FMT at CMP Hom. Medical College, Mumbai Honorary Homeopathic Consultant at Shri Mumbadevi Homoeopathic Hospital, Mumbai
10.	Publications (List & Proof)	PUBLICATIONS: 1. "Holistic Management of Essential Hypertension: Role of Homoeopathy." In Homoeopathic Heritage, a peer-reviewed monthly magazine. Vol. 40, No. 4, July 2014. 2. "Homoeopathic treatment of essential hypertension." In the Ontario Journal of Homoeopathic

	Medicine Vol. 1, No. 1, April 2017 issue. 3. Efficacy of simillimum in reducing anger - measured with STAXI-2 scale in patients of mild to moderate essential hypertension In the journal: ADVANCEMENTS IN HOMEOPATHIC RESEARCH - A Peer-Reviewed Quarterly Homeopathic Research Journal, ISSN-246-3668 Vol, 5 No.2 August 2020-October 2020 4. "May Measurement Month 2019: an analysis of blood pressure screening results from India", published in 2021 May 20; (Suppl B): B73-B76, doi: 10.1093/eurheartj/suab047. eCollection 2021 May., European Heart Journal Supplement 5. Book Chapter: "Stress-induced Anger and Hypertension: An Evaluation of the Homoeopathic Treatment" in the book "Stress-Related Disorders" ISBN 978-1-80355-364 by Intech Open Publishing House, London https://www.intechopen.com/online-first/stress-induced-anger-and-hypertension-an-evaluation-of-the-effects-of-homeopathic-treatment 6. Doctoral research article published in the Scopus-indexed journal "Clinical Schizophrenia and Related Psychoses" on 4th March 2023. Titled "A Randomised Controlled Trial to Evaluate the Effectiveness of Simillimum as an Adjuvant to Standard Care on Anger, and Hypertension against Standard Care for Hypertension Alone https://www.clinicalschizophrenia.net/articles/a-randomised-controlled-trial-to-evaluate-the-effectiveness-of-simillimum-as-an-adjuvant-to-standard-care-on-anger-and-h.pdf 7. ESSENTIAL HYPERTENSION: - A MODERN-DAY MENACE WELL-MANAGED BY HOMOEOPATHY accepted for publication in the upcoming issue of Comprehensive Advanced Specific Summarised Studies - For Homoeopathy Science (CASS Studies).
II. Post Graduate Teaching experience (Attach documentary evidence)	Teaching during PhD- Doctoral study

12.	Any other relevant information	Special degree in medical law and ethics from National Law School India University, Bangalore
-----	--------------------------------	--

Date:
31st March 2024

Name & Sign. of Mentor



(Dr Lenna K. Nagappa)

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

Date:

Training Centre Round Seal

Annexure-B

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

This is to certify that **Dr Leena Bagadia** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1987	2026	39 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
7	

Sign & Stamp
Head of the Department
Date: 

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

THE COURT OF EXAMINERS OF HOMOEOPATHIC AND BIOCHEMIC SYSTEMS OF MEDICINE, BOMBAY

Constituted under the Bombay Homoeopathic and Biochemic Practitioners' Act, 1959

The Chairman and the Members
of

the Court of Examiners of Homoeopathic and Biochemic Systems of Medicine, Maharashtra State, India, hereby certify

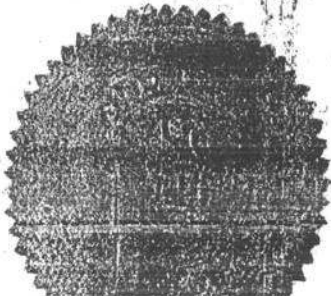
that the within signed W. Parabh
Shri/Smt./Kumari Parekh Leena Ramniklal

having satisfied the Examiners about his/her proficiency in the subjects listed below of the prescribed Examination of May 1987 is granted the Diploma of Licentiate of the Court of Examiners of Homoeopathic and Biochemic Systems of Medicine, Bombay, and is authorised the use of the letters L.C.E.H.

In witness whereof, we the office-bearers of the Court of Examiners of Homoeopathic and Biochemic Systems of Medicine, Maharashtra State, India, have set hereunto, our Signatures and Seal at Bombay, dated this 21st day of September 1987

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

- (6) Forensic Medicine.
- (7) Hygiene.
- (8) Medicine including Homoeopathic Materia Medica, Therapeutics and Repertory.
- (9) Surgery.
- (10) Midwifery and Gynaecology.



ATTESTED

P. F. Damania
DR. P. F. DAMANIA
Principal and

W. Parabh
Chairman & Registrar
22-9-87
Registrar



2021115413



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक Maharashtra University of Health Sciences, Nashik, India

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु
आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य प्रमाणित करतो की,
पालघर जि.ठाणे येथील डॉ.एम्.एल्.ढवळे मेमोरियल होमिओपॅथीक इन्स्टिट्युट चे/च्या
बगडीया लीना संजय हे/हया
विज्ञान आचार्य (होमिओपॅथीक सायकियाट्री) पदवी प्राप्त करणेसाठी पात्र झाले/झाल्या आहेत.

विज्ञान आचार्य
(होमिओपॅथीक सायकियाट्री)

ही पदवी त्यांना ०४ जुलै २०२२ रोजी नाशिक येथे संपन्न होत असलेल्या पदवीप्रदान समारंभात प्रदान
करीत आहोत. याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा व कुलगुरुची स्वाक्षरी येथे अंकित करण्यात
येत आहे.

We, the Chancellor, Pro-Chancellor, Vice-Chancellor
and Members of the Management Council, Academic Council certify that

Bagadia Leena Sanjay

(PRN:2713100039)

Student of Dr. M. L. Dhawale Memorial Homoeopathic Institute, Palghar Dist.Thane
who has been found duly qualified for Award of the Degree of Doctor of Philosophy
(Homoeopathic Psychiatry). The Degree of

**Doctor of Philosophy
(Homoeopathic Psychiatry)**

has been conferred on him/her at Nashik on the 04th day of the month of July in the year 2022. In
testimony whereof is set the seal of the said University and the signature of the Vice-Chancellor.



20AZ0000922



Manitkar

VICE-CHANCELLOR
कुलगुरु

**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. **LEENA SANJAY BAGADIA**

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

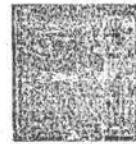
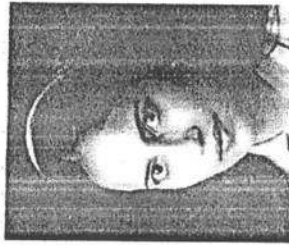
having been examined and found
duly qualified for the

*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 3109244505
20th May 2010

Nilima Kishoregan
VICE-CHANCELLOR



10752010

**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

लीना संजय बगडीया

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.

निमामाजीदसागर
कुलगुरू

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Mumbai

Similia Similibus Curentur

Certificate No. **10166**

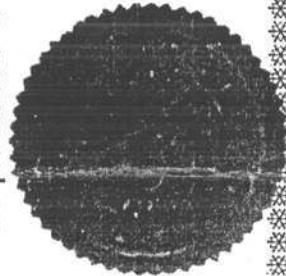
Date of Registration : **1-1-1960**

This is to certify that

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.



Blatman

Signature of the Registrar

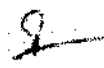
ANNEXURE – "F"

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. Hardik Sstishkumar Khamar
02.	Date of Birth	: 06/07/2022
03.	Address	: A20/Kamla Park, Opposite Swaminarayan School, Ghodasar, Ahmedabad 380050
04.	Tel. No./ Mob. No.	: 9898047640
05.	e-mail id	: drhardik@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS, MD (Homeo), PGC-HFWM (New Delhi), SCMT (Germany), Ph. D Scholar (Pursuing Ph. D at MBK Bhavnagar University)
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)	: Professor in Dept of Materia Medica, Dr. VH Dave Homeopathic Medical College, Anand
09.	Present Appointment	: Visiting Professor and Homeopathic Physician at Homeopathy Care Clinic
10.	Publications (List & Proof)	: Recent Papers Presented : June 2022 – Ethics Committee Expert – for Screening Research Proposals, Parul University May 2022 – Guest Speaker, Orientation programme for 1 st BHMS Students at Sri Swaminarayan Homeopathic Medical College, Kalol January 2022 – Peer Reviewed 2 Articles for Homeopathic Links Journal published by Theime International December 2021 - - LMHI Global Colloquium 2021 Pedagogical perspectives in Post Graduate Homeopathic Education : Experience and Outcomes November 2020 – e-ITEC Course "Healthcare at Scale : Inspiration from AYUSH Medicine Systems of India – Speaker for Homeopathy

		for 2 Sessions June 2020 – Parul University “Virtual Alumni Talk – Unlocking Materia Medica” February 02020 – Presentation at 4th ICIO, Kochi, by Global Homeopathy Foundation - : Emotional and Mental Causes – As catalysts in development of Cancer! November 2019 : - Kiev, Ukiralne - 8th Ukrainian Homeopathic Congress Topic : Emotional and Mental Causes – As catalysts in development of Cancer! November 2019 : CHILD PSYCHIATRIC DISORDERS : CHALLENGES AND EXPLORING NEW POSSIBILITIES - FROM A HOMEOPATH'S PERSPECTIVE at 1st rehabilitation Conference of India, Gujarat Spastic Society, Held at Blind People Association, Ahmedabad June 2019 - KANPUR , PDT. JAWAHAR LAL NEHRU Homeopathic Medical College), AYUSH (Govt Of India) ORGANISED CME PROGRAMME FOR TEACHERS IN MATERIA MEDICA - TOPIC - RELEVANCE OF TOXICOLOGY IN TEACHING MATERIA MEDICA November - 2018 - PATNA, 21st All India Homeopathic Congress, Homeopathic Association of India TOPIC : CANCER AND HOMEOPATHY : CHALLENGES AND EXPLORING NEW POSSIBILITIES August 2018 -FULL DAY SPEAKER AT SURAT HMAI UNIT ORGANISED FULL DAY WORKSHOP ON CANCER : TOPIC : CANCER AND HOMEOPATHY July 2017 - HMAI, Ahmedabad organised Clinical Materia Medica Lecture series, Presented Naja with 3 Clinical Cases
11.	Post Graduate Teaching experience (Attach documentary evidence)	: Teaching in PG Department of Materia Medica, Dr. VH Dave Homeopathic Medical College, Anand
12.	Any other relevant information	:

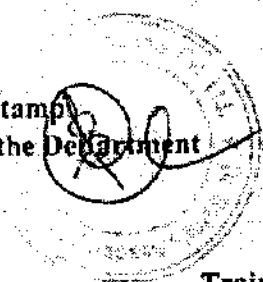
Date: -


Name & Sign. of Mentor

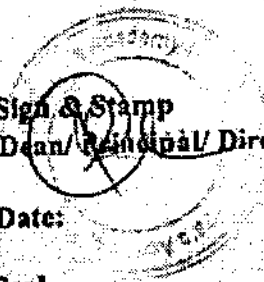
For the use of affiliated Training Center:

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
Centre
Date:



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



Training Centre Round Seal

Annexure-B

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

This is to certify that **Dr Hardik khamar** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batra's Academy** 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
2	

Sign & Stamp
Head of the Department



Sign & Stamp
Dean/Principal/Head of Institute



We, the Vice-Chancellor and Members of the
Executive Council of the North Gujarat University certify

that the withinsigned

that the withinsigned

Khamar Hardik Satishkumar
Ahmedabad Homoeopathic Medical College,
Ahmedabad.

having been examined for the Degree of
Bachelor of Homoeopathic Medicine & Surgery
and placed in the First Class

the Degree of

Bachelor of Homoeopathic Medicine & Surgery

has been Conferred on him at Patan, on the
Twentieth 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
said Vice Chancellor



Vice Chancellor



49-06/ 8240

Sardar Patel University

(Established under Bombay Act No. XL of 1955 and adapted and modified by
the Gujarat Adaptation of Laws (State and Concurrent Subjects) order of 1960.)

Upon the Nomination of the Senate has conferred upon

Hardik Satishkumar Khamar

the Degree of

Doctor of Medicine in Homoeopathy

Subject: Materia Medica

*Given under the Seal of the University at
Vallabh Vidyanagar in the State of Gujarat
on this fifteenth day of the December in the year*

Two Thousand Six.



Nimal Keshon Sharma

Chancellor

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G

5858

Ahmedabad

30/6/2003

This is to certify that

Hardik Salishkumar Khamar

having obtained the qualification of D.H.M.S./B.H.M.S.
/ Diploma / Degree on dated *March-2000*
has been duly registered under sub-section (3) of section
17 of the Gujarat Homoeopathic Act, 1963, and he/she is
entitled to practise 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

A.K. Singh
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.

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. Abdequnem Chimthanawala
02.	Date of Birth	: 8 th Dec. 1972
03.	Address	: • GraceHealing Homoeopathy, Jhansi Rani Square, Sitabuldi, Nagpur - 440012. MS. • GraceHealing Homoeopathy, Shop no 5, Sector 7 market, Vashi, NaviMumbai - 400703. MS.
04.	Tel. No./ Mob. No.	: +91-9011303171
05.	e-mail id	: gracehealing1@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: • PhD Homoeopathy (pursuing) • CCMP Modern Pharmacology • PG Hom London • BA 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)	: • Conducted 15 day Homoeopathic clinical training workshop for International delegates • Visiting Faculty for Materia Medica at Gondia Homoeopathic Medical College & Hospital • External Examiner for Materia Medica at Homoeopathy Colleges in Gondia and Chandrapur • Mentor for PG Hom London course • Guide for Advanced Course in Homoeopathy at Dr. Jawahar Shah's Academy • Regularly invited as Guest Faculty at various Homoeopathy institutions • Conducts offline and online lectures, workshops, webinars for Doctors, Interns and Students
09.	Present Appointment	: Mentor for Palliative Oncology Course
10.	Publications (List & Proof)	: • Evidence based Case studies published in NJH, Hpathy, Centrum and e publication of GIRI org. • DVD on The Art of Interpretation & Prescribing - Forehead
11.	Post Graduate Teaching experience (Attach documentary evidence)	: Teaching experience of nearly 20 years
12.	Any other relevant information	: 250+ webinars since COVID pandemic to discuss clinical cases in Homoeopathy practice



Annexure-B

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

This is to certify that **Dr. Abdequem Chimthanawala** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1994	2026	32 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
2	



Nagpur University

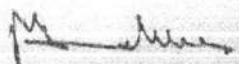


Bachelor of Homoeopathic Medicine & Surgery

(Faculty of Medicine)

*This degree of Bachelor of Homoeopathic
Medicine & Surgery is awarded
to Abdequaem Humza Chimthanawale
on having passed the examination for
the said Degree in Winter 1994*

Nagpur


Vice-Chancellor



We,
the Chancellor, Vice-Chancellor
and Members of the Management Council of

Dr. Babasaheb Ambedkar Marathwada University,
Aurangabad (Maharashtra State), India.

Certify that the withinsigned

Abdequar

Abdequar Hamza Chiranthanavale

Student of Foster Development Homoeo Medical College, Ahal

having been examined and found duly qualified for the
degree of Medicine Homoeopathic

(Homoeopathic Materia Medica)

Branch in July/August 2007

The Degree of

Doctor of Medicine

in
(Homoeopathic Materia Medica)

has been conferred on him at Aurangabad, on the
eleventh day of the month of March in the year
two thousand eight

In Testimony whereof are set the Seal of the said University

of the said Vice-Chancellor

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

*Similia Similibus Curentur*Certificate No. 23507Date of Registration 19/02/1996

This is to Certify that

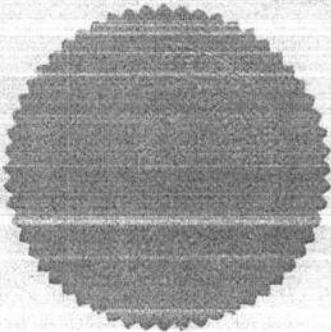
Dr. Shri/Smt./Kumari CHIMTHANAWALA
ABDEQUAEM HAMZA

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.

This Certificate is valid upto 18th day of February of
20 26 or till it is duly cancelled.



Signature of the Registrar
16/02/2021

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. Shiruti Shah
02.	Date of Birth	: 2 nd July, 1977
03.	Address	: 201, Panchikutir Annexe, Kalubha Road, Bhavnagar, Gujarat- 364001
04.	Tel. No./ Mob. No.	: 9377219377
05.	e-mail id	: drshrutishah27@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS, MD(Hom.), PhD
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)	: Clinical Experience of 21 years Teaching Experience of 14 years as an Associate Professor at MK Bhavnagar University
09.	Present Appointment	: Visiting Associate Professor
10.	Publications (List & Proof)	: 1. A book on Breast cancer published by B. Jain, (ISBN 978-81-319-1382-6) 2. A Research Paper on Breast Cancer at International Liga Conference, Paris, France, July-2014 3. A Research Paper about Cancer Remedies at National Conference organized by HMAI, at Ahmedabad, India, December-2014 4. A Research Paper on transmission of Cancer presented at International Conference, Mumbai, India, Oct-2015. 5. A Research Paper " Weeds for Cancer" (2015;28/4:269-273) in the issue of International Journal the Homoeopathy Links (ISSN 1019-2050) in Dec, 2015 S. 6. A Scientific Paper presentation at International Conference by Indian Academy of Biomedical Science, Bhavnagar, India, December-2016 7. Research Paper " Venereal transmission of Cancer"(2016;29/4:288-290) in the issue of International Journal the

		Homoeopathy Links(ISSN 1019-2050) in Dec, 2016. 7. A Research Paper about "Role of Miasm in Oncogenesis" at Almaty, Kazakhstan in Sept, 2017. 8. Presentation of Research Paper on "Potential Role of Weeds in the treatment of Cancer" at Liga International Conference, Cape Town, South Africa, Sept., 2018 9. A Research Paper on Carcinogenic and Cancer Curing potential of Aristolochia Clematis at Kochi in February, 2021
11.	Post Graduate Teaching experience (Attach documentary evidence)	: A Resource Person at National Teachers CME organized by Ministry of Aayush, at Ahmedabad in March, 2022
12.	Any other relevant information	: Working as a physician at Prayas Homeopathy and Cancer Research Foundation since last 7 years

Date: -11/06/2022 Name & Sign. of Mentor: Dr. Shruti Shah

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
Centre
Date:

Training Centre Round Seal

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

Annexure-B

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

This is to certify that **Dr Shruti Shah** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** 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	2012	2026	14 years	

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

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

No. of Publications	National / International
9	

Sign & Stamp
Head of the Department
Date: _____

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

We, the Vice-Chancellor and Members of the
Executive Council of the North Gujarat University certify
[] that the withinsigned

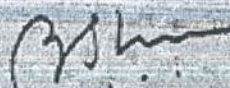
Shah Shruti Pravinbhai
Ahmedabad Homeopathic Medical College,
Ahmedabad.

having been examined for the Degree of
Bachelor of Homoeopathic Medicine & Surgery
and placed in the First Class
the Degree of

Bachelor of Homoeopathic Medicine & Surgery

has been Conferred on her at Patan, on the
Twentieth 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
said Vice Chancellor



Vice Chancellor

Hemchandracharya
North Gujarat University
Patan

*The Vice Chancellor and
Members of The Executive
Council Confer
the Degree of*



Doctor of Medicine in Homoeopathy

*to Shri Shri Pravinbhai
in Materia Medica Subject*

*on this Fourteenth day of August, Two Thousand Twelve
In Testimony whereof are set the Seal of the Said University
and the Signature of the Said Vice Chancellor.*


Vice Chancellor

We, the Chancellor, Vice-Chancellor and Members
Court of the Maharaja Krishnakumarsinhji Bhambagar University

do hereby certify that
the Degree of

Doctor of Philosophy

(Materia Medica)

has been conferred on the
Twenty Third day of the month of December in the Year

Two Thousand Nineteen

Shah Shrutis Pravinbhai

who has been found duly
qualified for the same.

In Testimony whereof we set the Seal of the
said University and the Signature of the said Chancellor




Chancellor

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G 6027

Ahmedabad 21/7/2003

This is to certify that

Shrutiben Pravinchandra Shah

having obtained the qualification of D.H.M.S./B.H.M.S.
/Diploma / Degree on dated March-2000

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

A.K. Upadhyay
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

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. Tanvir Hussain
02.	Date of Birth	22.02.1973
03.	Address	Bidgah colony, Nabha Road, Malerkotla, Pb
04.	Tel. No./ Mob. No.	98144-06786
05.	e-mail id	drsthussain@yahoo.com
06.	Nationality	Indian
07.	Qualification in details (attach documentary proof)	BHMS, MD (MM), MD (Rep), MD (Organon of Medicine), 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)	
09.	Present Appointment	LMHMC & H Ludhiana.
10.	Publications (List & Proof)	50 Millesimal Potency- a Silent and Showering Spring
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: - 14-6-2022

For the use of affiliated Training Center:

Name & Sign. of Mentor

Dr. Tanvir Hussain
DR. TANVIR HUSSAIN

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)

This is to certify that **Dr Tanveer Hussain** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1994	2026	32 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	





KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Karnatak University certify that

ತನ್ಮೂಲ ಪ್ರಶೀಲೆ

ಎಂ. ಎ. ಹೋಮಿಯೋಪಾಥಿಕ್ ಮೆಡಿಸಿನ್ ಕಾಲೇಜ್ ಧಾರವಾಡ
ಇವರು ಸಂಬಂಧಿಸಿದ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಡಿಸೆಂಬರ್

ದ್ವಿತೀಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Jooneer Hussain

of

M.A. Homoeopathic Medical College Hubli

having been examined in December 1994 and placed in the

Second Class, the Degree of

ಬ್ಯಾಚಲರ್ ಆಫ್ ಹೋಮಿಯೋಪಾಥಿಕ್ ಮೆಡಿಸಿನ್ ಆಫ್ ಸರ್ಜರಿ

BACHELOR OF

HOMEOPATHIC MEDICINE & SURGERY

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೈನೆಯ

ಶ್ರೇಷ್ಠತೆಯಲ್ಲಿ ಒದಗಿಸಲ್ಪಟ್ಟಿದೆ

ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on him at Dharwad, on the seventeenth day of the
month of February in the year one thousand nine hundred ninety seven.

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.

Ambedkar

ಕುಲಪತಿ Vice-Chancellor

Regd. No. 2008-GNH/L-037

Roll No. 8604414

University of Health Sciences Faridkot



Doctor of Medicine (Homoeopathy)

Certified that Farvik Hussain son/daughter of Shri Hameed Hussain

and of Sri Gurm Nanak Dev Homoeopathic Medical College, Ludhiana is an External Candidate,
has obtained the degree of Doctor of Medicine (Homoeopathy) in the subject of Organon of Medicine With
Homoeopathic Philosophy
of this University after having passed the examination for the said degree held in Nov./Dec. 2010, 2011

Given under the seal of the University

Chancellor

Vice-Chancellor

Registrar

Faridkot 23-02-2011.

ಕ್ರ.ಸಂ. 048983



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ



**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA**

ಡಾ|| ತನ್ವೀರ್ ಹುಸ್ಸೈನ್

ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು

ಮೇ 2016 ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರಂದು ದೃಢೀಕರಿಸುತ್ತಾ

ಡಾಕ್ಟರ್ ಆಫ್ ಮೆಡಿಸಿನ್ ಇನ್ ಹೋಮಿಯೋಪತಿ (ರಿಪರ್ಟರಿ)

ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೇಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ

ನಾವು 06ನೇ ಏಪ್ರಿಲ್ 2017 ರಂದು ನಡೆದ 19 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 (REPRTORY)

on

Dr. TANVIR HUSSAIN

*in recognition of fulfillment of the requirements for the said
Post Graduate Degree in the examination held during MAY 2016*

Given under the seal of the University, in the

19th Convocation held on 06 April 2017



*Dr. K.S. Ravindranath
Vice Chancellor*

Bengaluru Date : 06/04/2017

Reg. No. : 12HR201

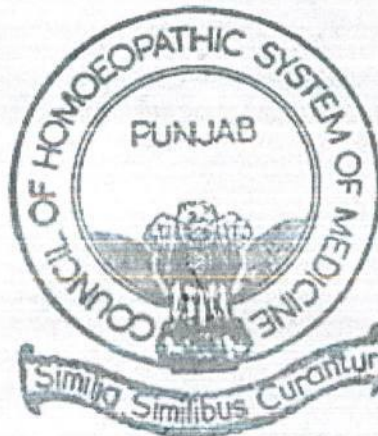
College : AM SHAIK HOMOEOPATHIC MEDICAL COLLEGE, BELGAUM



Registration No 002866-A

Council of Homoeopathic System of Medicine, Punjab

REGISTRATION CERTIFICATE



CHANDIGARH

I certify that Shri/Shrimati/Miss Tanvir Hussain
son/wife/daughter of Shri Hameed Hussain has been
registered in part A of the Register maintained under the Punjab
Homoeopathic Practitioners Act, 1965 as Homoeopathic
Practitioner on 17-05-2005 at Chandigarh.

Qualifications : Satisfies conditions of sub-section (I) of
section 16 of the Act.

Date of Birth : B.H.M. S. Karnatka Uni. - Dec. 1994
22-02-1973

Address : Ajit Nagar Near Grewal Hospital Chowk
Malerkotla Distt. Sangrur (Pb.)

- Notes:- 1. This certificate entitles the holder to practise Homoeopathic System of Medicine within the State of Punjab only.
2. This certificate remains evidence of Registration only until the publication of printed Register.

As per provision of the act

you are required to get your

registration renewed with

in the month from 31.07.2007

IMPORTANT NOTICE :

Every registered practitioner should be careful to send to the Registrar immediate notice of any change in his name or address as required under rule 4 and also answer all inquiries that may be sent to him by the Registrar in regard thereto, in order that his correct address may be duly inserted in the Register. Otherwise under section 15 (5) of the Punjab Homoeopathic Practitioners Act, 1965, (Act No. 16 of 1965), the name of such practitioner is liable to be removed from the Register.

Sr. No. 002866

(Dr. A. S. Singh)
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 SUJATA NAIK
02.	Date of Birth	: 06/09/1963
03.	Address	: A/1301, 13 TH FLOOR, SWAPNABHOOMI, S K BOLE ROAD, DADAR WEST, MUMBAI, PINCODE - 400028
04.	Tel. No./ Mob. No.	: 9820357753
05.	e-mail id	: dr.sujatanaik@yahoo.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: LCEH MD(REPERTORY)
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)	:
09.	Present Appointment	:
10.	Publications (List & Proof)	: a) An observational study of resistant oral candidiasis in cancer patients treated with Homeopathy at a community hospital- published in December 2020 issue of <i>The Homeopathic Heritage</i> b) Case study on Essential Hypertension- published in November 2020 issue of <i>The Homeopathic Heritage</i> c) Case study on Vitiligo - published in August 2020 issue of <i>The Homeopathic Heritage</i> . d) Homeopathy for musculoskeletal disorders with focus on cervical spondylosis-published in May 2020 issue of the Faculty of Homeopathy's newsletter <i>Simile</i>

		e) A webinar on <i>PTSD and its Homeopathic application</i> in April 2020 for Homeopathic practitioners. f) A lecture on <i>Homeopathy for skin disorders with focus on Psoriasis</i> at Midlands, UK-in January 2020- for the Faculty of Homeopathy, UK. g) A lecture on <i>Homeopathy for musculoskeletal disorders with focus on cervical spondylosis</i> at Midlands, UK in September 2019- for the Faculty of Homeopathy, UK. h) Series of webinars on <i>Homeopathy and Endocrine disorders</i> for Homeopathic practitioners in July-August 2019-for Dr Batra's Academy. i) Series of webinars on <i>Homeopathy and Dermatology</i> for Homeopathic practitioners in April -May 2019-for Dr Batra's Academy. Series of webinars on Homeopathy and Cancer for Homeopathic practitioners in October 2018-for Dr Batra's Academy a) A webinar on <i>Homeopathy for Allergic Skin disorders</i> in October 2020 for NourishDoc.com , an evidence based integrative and holistic medicine community b) An interactive webinar titled <i>Sangeetmay vaatchal aarogyakade</i> (meaning <i>The Musical path towards Health</i>) with music stalwarts- October 2020. c) A webinar on Homeopathy for <i>Insomnia and Sleep disorders</i> in August 2020 for NourishDoc.com,
--	--	---

concerning menstruation. Free Haemoglobin checkup was done at this camp

- l) Free monthly Homeopathic camps at B. K. L. Walawalkar hospital, Dervan, in the rural region of Konkan, Maharashtra since January 2014.
- m) Homeopathic Health Columnist in New Woman magazine from 1999 to 2004.
- n) Regular articles in Loksatta (Marathi newspaper) and Bombay Times (English newspaper) from 2004 to 2005

AWARDS AND RECOGNITIONS

- a) "Homoeopathic treatment of resistant oral candidiasis in patients with cancer" - Best Oral Presentation Award - 4th International Conference on Integrative Oncology - Kochi, Kerala, India - February 2020.
- b) "Homoeopathic treatment of chronic bronchial asthma in community setup" - Oral Presentation - LMHI - Sorrento, Italy - September 2019
- c) "Homeopathic approach to treatment of PCOS in a rural setup" - Poster Talk Presentation - Homeopathy research Institute's 4th International Homeopathy Research Conference - London, UK - June 2019
- d) "Homoeopathic Approach To Treatment Of Resistant Cases Of Tinea At A Community Hospital In Rural Maharashtra" - Oral Presentation - Scientific Convention on World Homeopathy Day by CCRH, Ministry of AYUSH, Govt. of India - Delhi, India - April 2019
- e) "Homoeopathic Approach To Treatment Of Resistant Cases Of Tinea At A Community Hospital In

Date: - 16.06.2022

Sujata Naik
Dr. Sujata S. Naik
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
Centre
Date:



Sign & Stamp
Dean/ Principal/ Director of Training

Date:



Training Centre Round Seal

Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

This is to certify that **Dr Sujata Naik** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1985	2026	41 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
9	


Sign & Stamp
Head of the Department
Date: _____


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

COURT OF EXAMINERS OF HOMOEOPATHIC
AND BIOCHEMIC SYSTEMS OF MEDICINE

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

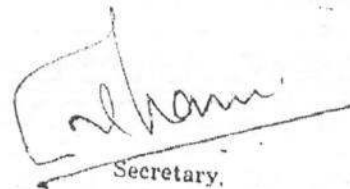
Serial No. 848

Certificate

This is to certify that Shri/Smt./Kum. Nerkar Sujata Arvind
has successfully passed the L.C.E.H. Examination. (Licentiate of Court of Examiners in
Homoeopathy) held in May/December 1985. His/Her Roll Number was 41
in the said Examination.

Dated 3/3/86

Checked by NSawant



Secretary.

Court of Examiners of Homoeopathic and
Biochemic Systems of Medicine Bombay-1.



University of Mumbai मुंबई विद्यापीठ

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

Doctor of Medicine

(Homoeopathy) (External)
(Branch c : Repertory)
on

Sujata Sunil Naik

Yerala Medical Trust and Research Center's Y.M.T.
Homoeopathic Medical College

for the examination held

in July 2007

at the Convocation

held on 12th February, 2008.

आम्ही,

कुलपती, कुलगुरू

आणि

व्यवस्थापन परिषदेचे सदस्य

वैद्यक अधिरत्नातक

(होमिओपथी) (बहिःस्थ)

(शाखा क : संघयागार)

ही पदवी

जुलै २००७ मधील परीक्षेत

उत्तीर्ण झाल्याबद्दल

सुजाता सुनील नाईक

येरला मेडिकल ट्रस्ट अँड रिसर्च सेंटरचे नाय. एम. टी. होमिओपॅथिक

मेडिकल कॉलेज

यांना

१२ फेब्रुवारी, २००८ च्या

दीक्षान्त समारंभात प्रदान करित आहोत.

DMHP/2007-00022-PC-00004

Vice-Chancellor / कुलगुरू

7241193

CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY
Similia Similibus Curentur

Certificate No. 13809.

Date of Registration 3-3-86.

THIS IS TO CERTIFY THAT

Dr. (Shri/Smt./Kumari) *Naik Sujata*
Sunil.

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

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

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



T. G. Patil

Signature of the Registrar

03285
MAHARASHTRA COUNCIL OF HOMOEOPATHY
Reg. No. 13809 Date: 03/03/1986
Qualification: L.E.H.
Add. Qualification:
Address: A/1301, Vasant Vihar, or
Portuguese Church, Dadar (W)
MUMBAI-400028
MAHARASHTRA COUNCIL OF HOMOEOPATHY
MUMBAI



Annexure-A

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

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	DR. SUKHJEET KAUR
02.	Date of Birth	:	13.02.1985
03.	Address	:	KOTKAPURA, PUNJAB
04.	Tel.No./ Mob.No.	:	75080-90988
05.	e-mail id	:	Dr.Sukhjeetkaur@gmail.com
06.	Nationality	:	
07.	Qualification in details : (attach on documentary proof)	:	BHMS Gold Medalist MD Homeopathy Gold Medalist
08.	Teaching experience/ experience /Consultant/Mentor (attached document proof with signature of Head)	:	12 yrs.
09.	Present Appointment	:	
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	12 yrs.
12.	Any other relevant information	:	

- Note:**
- Unit wise teaching/Resident staff should be shown separately for each Unit in the Proforma.
 - Use only the Format provided. **DONOT** devise your own format otherwise the information will not be considered. Fill up all columns
 - Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 - 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.
 - 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:-

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 certificates 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.



Date:-



Sign. of Head of Institute

Annexure-B

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

This is to certify that **Dr Sukhjeet Kaur** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	2008	2026	18 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2011	2026	15 years	

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

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

No. of Publications	National / International
5	

Sign & Stamp
Head of the Department
Date: _____

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

Regd. No. 2002-HCH/A-023F

Roll No. 8462202

Shri Arid University of Health Sciences



Bachelor of Homoeopathic Medicine and Surgery (Direct Degree)

Certified that Sukhjeet Kaur son/daughter of Shri Mohinder Singh Bathla
and of Homoeopathic Medical College, Abohar

has obtained the degree of Bachelor of Homoeopathic Medicine and Surgery (Direct Degree) of this University after
having passed the examination for the said degree held in Nov - Dec, 2006.

Given under the seal of the University


Registrar


Chancellor


Vice-Chancellor

FORM 10-06-08

Regd. No. 2002-GRU/HCH/A-023F

Roll No. 31110504

Chitwan Prayidas Ayurved University Hunjrah



Doctor of Medicine (Homeo)

Certified that

Dr. Sukhjeet Kaur

son/daughter of Shri

Mohinder Singh

and of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana is awarded

the degree of Doctor of Medicine in Homoeopathy in the subject of

Materia Medica

by this University after having passed the final examination for the said degree held in May/June 2011

Given under the seal of the University

P. S. Anand

Registrar

Hoshiarpur

Chancellor

Dr. V. S. Singh

Vice-Chancellor

No. CHSM-Pb/Ren/Reg. No. 3880 Part A/B/ 1653

Date

S. No. **3556**



Council of Homoeopathic System of Medicine, Punjab



MEDICAL EDUCATION BHAWAN, SECTOR-69, S.A.S. NAGAR

Website : punjabhomoeopathiccouncil.in e-mail: chsmpunjab@gmail.com Phone: 0172-2971368

RENEWAL CERTIFICATE

This is to certify that Registration No. 3880-A of

Dr. Sukhjeet Kaur

D/o W/o Sh. Mohinder Singh Bathla

Resident of Dr. Sukhjeet's Homoeopathic Clinic, Arey Wali Gali, Jaitu Road, Kotakpura, Distt. Faridkot

has been renewed under Section 16-A of Punjab Homoeopathic Practitioners Act, 1965 as amended in 1993.

Renewed upto 31-07-2027 Renewed upto

Prepared by Sukhjeet Kaur
13-10-22

(Dr. Akash Deep Aggarwal)

Registrar

Council of Homoeopathic System
of Medicine Punjab

(Dr. Tejinder Pal Singh)
2-5
2.11.22

Chairman

Council of Homoeopathic System
of Medicine Punjab

Compared by [Signature]

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	: Prof (Dr) Zameer F. Refai
02.	Date of Birth	: 18/03/1973
03.	Address	: 21K, Khargah, Khargah St. Surat
04.	Tel. No./ Mob. No.	: 9824199910/7600299910
05.	e-mail id	: Zameerrefai@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: DHMS, M.D., Ph.D.
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 from 1997
09.	Present Appointment	: Professor & HOD PoM, PPS University
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: - 1/6/2026

Name & Signature


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)

This is to certify that **Dr Zameer Rafai** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** 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	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: 

Council Of Homoeopathic System Of Medicine, Gujarat

(Constituted under the Gujarat Homoeopathic Act, 1912.)

This is to certify that

Zameer Farooq Rehai

the withinsigned

Zameer Farooq Rehai

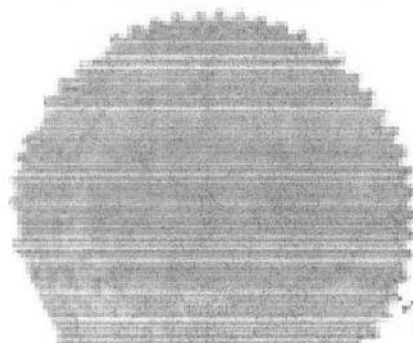
having been examined in the Subjects listed below for
the Diploma in Homoeopathic Medicine and Surgery
and passed the Final Examination held in July
1945 and having found qualified for the same,
the Diploma in Homoeopathic Medicine and Surgery

D.H.M.S.

is hereby conferred on him/her at AHMEDABAD on
the twenty fifth day of October 1945.

In Testimony whereof are set the seal and signatures
of the President or Administrator and Registrar
of the said Council.

- | | |
|---|--|
| 1. Anatomy | 2. Homoeopathic Materia Medica |
| 2. Physiology | 7. Pathology, Bacteriology and Parasitology. |
| 3. Organon of Medicine | 10. Social and Preventive Medicine including
health education and family medicine |
| 4. Chronic diseases and Homoeo-
pathic Philosophy. | 11. Forensic Medicine. |
| 5. Fundamentals of psychology
and logic. | 11. Practice of Medicine and Paediatrics. |
| 6. Case taking and homoeopathic
specialization. | 13. Obstetrics and Gynaecology. |
| 7. Homoeopathic Pharmacy. | 14. Surgery including E.N.T. and Ophthalmology. |
| | 15. Homoeopathic Therapeutics, and |
| | 16. History of Medicine |



Dr. M. N. Bhatt

Dr. M. N. Bhatt

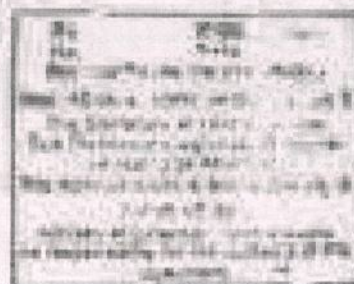


21

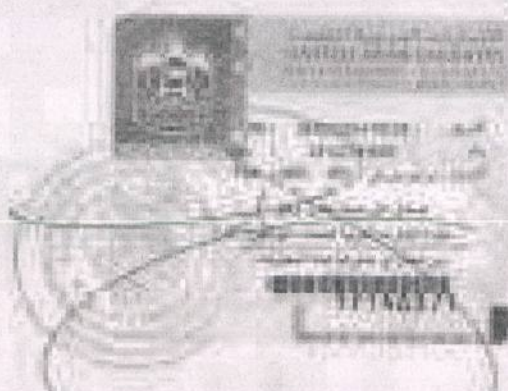
ATTESTED
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STATE OF TEXAS

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第二章 房屋買賣



UNIVERSITY OF TORONTO
 LIBRARY
 130 St. George Street
 Toronto, Ontario M5S 1A5
 Canada





Sardar Patel University

Upon the Nomination of the Senate has conferred upon
Anilben Jhkaralbhai Shah

of the Anand Homoeopathic Medical College and Research Institute

the Degree of

Bachelor of Homoeopathic Medicine & Surgery

in First Class

Given under the Seal of the University at Vallabh Vidyanagar
in the State of Gujarat
on this fifteenth day of December in the year
Two Thousand.



Sundar Singh Chaudhari

Chancellor

Scanned with

Roll No. 252126

EN.No.: EC/2K4/5024

Degree Certificate No. 707

JANARDAN RAI NAGAR RAJASTHAN VIDYAPEETH
(DEEMED UNIVERSITY)
UDAIPUR



The Chancellor, Vice-Chancellor and Members of the Management Council of Janardan Rai Nagar Rajasthan Vidyapeeth (Deemed University) Pratapnagar, Udaipur (Rajasthan)

Certify that Dr. REFAI ZAMEER FAROOQ having been examined and found duly qualified for the Doctor of Medicine (Hom.) in speciality subject namely ORGANON in the examination held in JUNE-2006 the Degree of

Doctor of Medicine (Hom.)

In the Subject of

ORGANON

has been conferred on her/him at Udaipur on the 17 day of the month JULY in the year, 200 6

In testimony where of are set the Seal of the University and the signature of the Vice-Chancellor.

Udaipur

Date. 10.06.2014

Seal


Vice-Chancellor

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G -3480

Ahmedabad 20/05/1996

This is to certify that

Dr. Zameer Farooq Refai

having obtained the qualification of D.H.M.S./B.H.M.S.
/ Diploma / Degree on dated _____
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)
9.06.14
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. Avani Patel
02.	Date of Birth	: 20.03.1991
03.	Address	: 165 Gopinath Nagar Society -1, Near Swaminarayan School, Ramnagar, Rander Road, Surat-395005
04.	Tel. No./ Mob. No.	: 9265367936
05.	e-mail id	: avanipatel2266@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD (Hom) Ph.D (Scholar) Fellowship in cosmetology, laser and Aesthetics
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)	: 7.7 Years Having Own Clinic since 25.07.2020
09.	Present Appointment	: HoD and Associate Professor, Own Clinic
10.	Publications (List & Proof)	: 04
11.	Post Graduate Teaching experience (Attach documentary evidence)	: NA
12.	Any other relevant information	: Academic coordinator, Member of Different Administrative committees

Date: - 19/06/2026

Dr. Avani B. Patel
Name & Sign. of Mentor
19/6/26.

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: 19/06/2026

H.O.D.

Department of Human Anatomy
Vidhyadeep Homoeopathic Medical College
& Research Center
Anita, Kim.



Sign & Stamp

Dean/Principal/ Director of Training Centre

Date: 19/06/2026

Principal

Vidhyadeep Homoeopathic Medical College
& Research Center
Vidhyadeep Campus, A.L. & P.O.: Anita(Kim)
Tel. Olpad, Dist. Surat-394110.

Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

This is to certify that **Dr Avani Patel** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** 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	2017	2026	9 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
4	


Sign & Stamp
Head of the Department
Date: _____


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

We, the Chancellor, Vice Chancellor and Members of the
Senate of the Preet Narmad South Gujarat University

Patel

certify that the withinsigned

Patel Avani Bhasharbhai

of Shri C. N. Kothari Homoeopathic Medical College & Research Centre, Vyara

having been examined and found qualified for the
Degree of Bachelor of Homoeopathic Medicine & Surgery
in July-2013

and having undergone the prescribed period of
internship for the same, the degree of

Bachelor of Homoeopathic Medicine & Surgery

has been conferred on her on the Twenty Sixth day of the
month of February in the Year Two Thousand Fifteen
at **Surat**

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



A. P. Kohli

Chancellor.

2501300028057046

250/13/F/28/57/146





SARDAR PATEL UNIVERSITY

University Road
Vallabh Vidyanagar - 388 120

(Established under Bombay Act No. XL of 1955 and adapted and modified by
the Gujarat Adaptation of Laws (State and Concurrent Subjects) order of 1960.)

Certificate

*This is to
Certified that*

Avani Bhaskarbai Patel

a student

of

Anand Homoeopathic Medical College & Research Institute, Anand

affiliated to this University

has passed the
M.D.(Homoeopathy) (Regular) (Part-II)
(in the subject of Materia Medica)
Examination held by this University

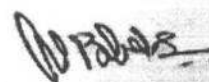
in the month of

December 2017

with Seat No. : 5



Date : 01/02/2018
Vallabh Vidyanagar


VC Registrar

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G -18254

Ahmedabad 20/10/2014

This is to certify that

Dr. Avani Bhaskarbai Patel

having obtained the qualification of D.H.M.S./B.H.M.S.
/ Diploma / Degree on dated September-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. Preeti Jha
02.	Date of Birth	: 25/08/1983
03.	Address	: 202/10 Rajeshwar Planet Near Vallam Hall Harni Road, Vadodara Gujarat 390022
04.	Tel. No. / Mob. No.	: 9303101308
05.	e-mail id	: drpreet.jha@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS, MD(Hom) 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)	: 6 years & 6 months
09.	Present Appointment	: Associate Professor & HOD
10.	Publications (List & Proof)	: Published articles in different journals
11.	Post Graduate Teaching experience (Attach documentary evidence)	: ----
12.	Any other relevant information	: Completed SBA training.

Date: - 08/07/2026


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)

This is to certify that **Dr Preeti Jha** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2008	2026	18 years

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

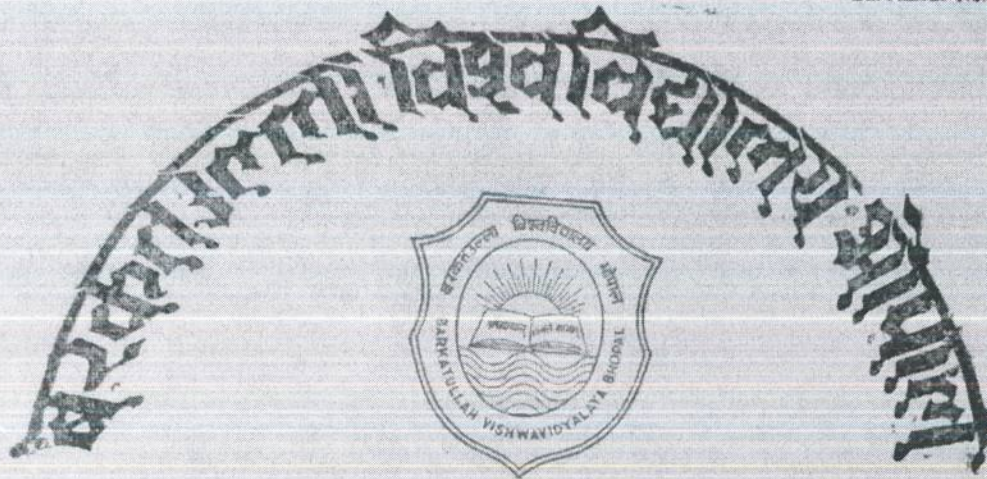
Designation	From	To	Total period Year/Month
HOMEOPATH	2018	2026	8 years

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

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

No. of Publications	National / International
2	





यतः कु. प्रीती मा

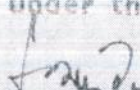
आत्मजा श्री सच. के. मा श्रीमती रति मा के
बैचलर ऑफ होम्योपैथिक मेडिसिन एण्ड सर्जरी की उपाधि हेतु
निर्धारित पाठ्यक्रम का अध्ययन नियमित विद्यार्थी के रूप में हेनरीमैन होम्योपैथिक
चिकित्सा महाविद्यालय सन चिकित्सालय, भोपाल से किया एवं इन्होंने अपेक्षित
परीक्षा सन २००८ में उत्तीर्ण की तथा एक वर्ष की अवधि का अनिवार्य
चक्रवर्तनी अंतः शिक्षता सफलता पूर्वक २३-१२-२००९ को पूर्ण किया।

अतः इस विश्वविद्यालय द्वारा इन्हें बैचलर ऑफ होम्योपैथिक
मेडिसिन एण्ड सर्जरी की उपाधि होम्योपैथी संकाय के अंतर्गत प्रदान
की गई।

Whereas Kum. Preeti Jha

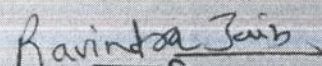
Ms. Shri K. K. Jha Smt. Rati Jha has
undergone studies in the prescribed course as a regular student
of Henriemann Homoeopathic Medical College & Hospital, Bhopal and passed
the examination for the degree of BACHELOR OF HOMOEOPATHIC
MEDICINE and SURGERY held in the year 2008 and
successfully completed the compulsory rotating internship for one
year on 23-12-2009

Therefore he / she has been admitted to the degree of
BACHELOR OF HOMOEOPATHIC MEDICINE and SURGERY
under the faculty of Homoeopathy of this University.


कुलसचिव
Registrar

भोपाल, दिनांक :
Bhopal, Dated :

7 JAN 2010


कुलपति
Vice-Chancellor

Roll No. 178637791020

Enrollment No. A-152798

क्रमांक/S. No. 7901402

डॉ. भीमराव आंबेडकर विश्वविद्यालय, आगरा
DR. BHIMRAO AMBEDKAR UNIVERSITY, AGRA



(पूर्ववर्ती आगरा विश्वविद्यालय, आगरा)

(Formerly-Agra University, Agra)

डॉक्टर ऑफ मेडीसिन (होम्योपैथी)

प्रमाणित किया जाता है कि प्रीति झा

श्री साई नाथ पोस्ट ग्रेजुएट इन्स्टीट्यूट ऑफ होम्योपैथी, इलाहाबाद

ने इस विश्वविद्यालय से २०१८ की परीक्षा उत्तीर्ण की तथा डॉक्टर ऑफ मेडीसिन (होम्योपैथी) की उपाधि प्राप्त की।

आपकी परीक्षा का विशेष विषय [मेटेरिया मेडिका] और प्रबन्ध का विषय [EFFICACY OF THLASPI BURSA PASTORIS IN THE CASE OF MENORRHAGIA] था।

DOCTOR OF MEDICINE (HOMOEOPATHY)

This is to certify that **PREETI JHA**

SRI SAI NATH POST GRADUATE INSTITUTE OF HOMOEOPATHY, ALLAHABAD

Passed the Degree of **Doctor of Medicine (Homoeopathy)** *in this University in the Examination of* **2018**

He/She offered **Materia Medica** *as the special branch and the subject of his/her thesis was* **"EFFICACY OF THLASPI BURSA PASTORIS IN THE CASE OF MENORRHAGIA"**

डॉ० भीमराव आंबेडकर विश्वविद्यालय, आगरा

DR. B.R. AMBEDKAR UNIVERSITY, AGRA

३१ दिसम्बर, २०१८

31 DECEMBER, 2018

Application ID No. 1373114



981402

ADY

Suraj Kumar Pathak

परीक्षा नियंत्रक

कुलपति

COE

Vice-Chancellor

STATE COUNCIL OF HOMOEOPATHY MADHYA PRADESH

S.No. 17880



CERTIFICATE OF REVISION

{See Rule 4(7)}



Certificate is granted that
Son / Daughter / Wife of
Mother's Name

Dr. PREETI JHA

amit

Mrs. RATI JHA

Registration No. 17326 Dated 13/01/2010 Name has been continued in the State
Register of Homoeopathy and on date 30/06/2025 entry has been under :-

Name

Dr. PREETI JHA

J-518, KOTRA SULTANABAD, INFRONT OF MAY
FLOWER PUBLIC SCHOOL, DIST. BHOPAL M.P., City:
bhopal, District: BHOPAL, State: MP, Pincode:
462003

Residence

9303101308

Mobile Number

Self employed / Private Practice Private-Employed

J-518, KOTRA SULTANABAD, INFRONT OF MAY
FLOWER PUBLIC SCHOOL, DIST. BHOPAL M.P., City:
bhopal, District: BHOPAL, State: MP, Pincode:
462003

Address

Private-Employed

sumandeep homoeopathic medical college and hospital

Employed

Employer

Office Address

Additional recognized Medical Basic - **BHMS**

qualification added

Additional - XXXXXXXX

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

Signature valid

Digitally signed by **AYESHA ALI**
Date: 2025.06.30 16:54 IST
Reason: Renewal Registration
Location: Bhopal

Bhopal

Date - 30/06/2025

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 29/06/2030

Roll No. 178637791020

Enrolment No. A-152795

क्रमांक/S. No. 7901402

डॉ. भीमराव आंबेडकर विश्वविद्यालय, आगरा
DR. BHIMRAO AMBEDKAR UNIVERSITY, AGRA



(पूर्ववर्ती आगरा विश्वविद्यालय, आगरा)

(Formerly-Agra University, Agra)

डॉक्टर ऑफ मेडीसिन (होम्योपैथी)

प्रमाणित किया जाता है कि प्रीति झा

श्री साई नाथ पोस्ट ग्रेजुएट इन्स्टीट्यूट ऑफ होम्योपैथी, इलाहाबाद

ने इस विश्वविद्यालय से २०१८ की परीक्षा उत्तीर्ण की तथा डॉक्टर ऑफ मेडीसिन (होम्योपैथी) की उपाधि प्राप्त की।

आपकी परीक्षा का विशेष विषय [मेटेरिया मेडिका] और प्रबन्ध का विषय [EFFICACY OF THLASPI BURSA PASTORIS IN THE CASE OF MENORRHAGIA] था।

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He/She offered Materia Medica as the special branch and the subject of his/her thesis was "EFFICACY OF THLASPI BURSA PASTORIS IN THE CASE OF MENORRHAGIA"

डॉ० भीमराव आंबेडकर विश्वविद्यालय, आगरा
DR. B.R. AMBEDKAR UNIVERSITY, AGRA

३१ दिसम्बर, २०१८
31 DECEMBER, 2018

Application ID No. 1373114



981402

ADH

Verity Kumar Jaiswal

परीक्षा नियंत्रक

कुलपति

COE

Vice-Chancellor

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. Arun Mehra.
02.	Date of Birth	: 21.07.77
03.	Address	: L-305, Sam Sana, T P 13, Vad.
04.	Tel. No./ Mob. No.	: 9824443416
05.	e-mail id	: info@dranalmehra.com
06.	Nationality	: Indian.
07.	Qualification in details : (attach documentary proof)	: M.D. (ORC-ANOM & PHILOSOPHY)
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)	: 20
09.	Present Appointment	: Professor
10.	Publications (List&Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor



Annexure-B

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

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

This is to certify that **Dr Anal Shah** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	2000	2026	26 years	

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2014	2026	12 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: _____



Sardar Patel University

Upon the Nomination of the Senate has conferred upon
Analben Jhharalbhai Shah

of the Anand Homoeopathic Medical College and Research Institute

the Degree of

Bachelor of Homoeopathic Medicine & Surgery

in First Class

Given under the Seal of the University at Vallabh Vidyanagar
in the State of Gujarat
on this fifteenth day of December in the year
Two Thousand.



Sundar Singh Pandari

Chancellor



57-14/11709

Sardar Patel University

(Established under Bombay Act No. XL of 1955 and adapted and modified by the Gujarat Adaptation of Laws (State and Concurrent Subjects) order of 1960.)

Upon the Nomination of the Senate has conferred upon

Anal Avadit Mehta

*of the Anand Homoeopathic Medical
College & Research Institute*

the Degree of

Doctor of Medicine In Homoeopathy

Subject: Organon & Homoeopathic Philosophy.

*Given under the Seal of the University at
Vallabh Vidyanagar in the State of Gujarat
on this fifteenth day of December in the year
Two Thousand Fourteen*



O. P. Kohli
Chancellor



Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. **G** 4715

Ahmedabad 31-5-2000

This is to certify that

Analben Bharatkumar Shah

having obtained the qualification of D.H.M.S./B.H.M.S.

/ Diploma / Degree on dated January 1999.

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

Anand Mahesh

N.K. Upadhyay
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-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

This is to certify that **Dr Vandana Patel** has worked in the Department of **Homeopathic Palliative Oncology at Dr Batras Academy** as per following details.

A) General Experience:-

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

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

Designation	From	To	Total period Year/Month	
HOMEOPATH	2015	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	

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 Homoeopathic Medicine & Surgery

Second Class

on

Patel Vandana Vishnubhai

of

*Smt. A.J. Savla Homoeopathic Medical College
& Research Institute, Mehsana*

on this Tenth day of November, Two Thousand Ten.

*She passed B.H.M.S. Examination in March 2009 and completed
compulsory Internship training of one year on Dated 25-6-2010.*

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

Vice Chancellor



58-15/12227

Sardar Patel University

(Established under Bombay Act No. XL of 1955 and adapted and modified by the
Gujarat Adaptation of Laws (State and Concurrent Subjects) order of 1960.)

Upon the Nomination of the Senate has conferred upon

Vandana Vishnubhai Patel
of the Anand Homoeopathic Medical
College & Research Institute

the Degree of

**Doctor of
Medicine In Homoeopathy**

Subject : Repertory

*Given under the Seal of the University at
Vallabh Vidyanagar in the State of Gujarat
on this fifteenth day of December in the year
Two Thousand Fifteen*



A. P. Koli
Chancellor

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G 12257

Ahmedabad 20/7/2010

This is to certify that

Vandana Vishnubhai Patel

having obtained the qualification of D.H.M.S./B.H.M.S.

/Diploma/ Degree on dated June-2010

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



[Handwritten 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

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.Vandana Patel
02.	Date of Birth	: 12/01/1987
03.	Address	: C-404/ Shivalay Green, Opp.Taksha Aura, B/H L&T Knowlwdge City, Waghodia, Vadodara, Gujarat
04.	Tel. No. / Mob. No.	: 9978016886
05.	e-mail id	: Vandana12187@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS, MD(Hom) 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)	: 10 years and 6 months
09.	Present Appointment	: Professor & HOD
10.	Publications (List & Proof)	: Published articles in different journals
11.	Post Graduate Teaching experience (Attach documentary evidence)	: ----
12.	Any other relevant information	:

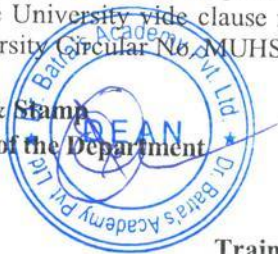
Date: - 08/07/2026


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:



Training Centre Round Seal

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



