

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) ✓
- The Management/Institute/College/Training Centre/Hospital/University Department seeking
 - Recognition of MUHS for starting Fellowship/Certificate Course(s),
 - Permission to Start/Increase Intake Capacity of Fellowship/Certificate Course(s) and
 - Continuation/Renewal of Fellowship/Certificate Course(s), shall submit the application(s) in Spring File.
 - in original, along-with the attested supporting documents mentioned therein, and**
 - soft copies in a Pen drive, in .PDF FORMAT ONLY**, containing scanned copies of
 - Original** application(s) for Recognition of Institute/Start/Increase Intake Capacity/Continuation/Renewal of Fellowship/Certificate Course(s) and,
 - All the mandatory supporting documents** as mentioned in the respective applications,
 - Consolidated single NEFT/Demand Draft of
 - Rs 2,00,000/-** towards 'Recognition Fees',
 - Rs 50,000/-** per course for Starting/Continuation/Renewal of Fellowship Course &
 - 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.**
 - 'Continuation/Renewal of Affiliation'** for Fellowship and Certificate Course(s) for **every Academic Year is mandatory.**
 - Read the 'Rules and Regulations' carefully before filling the application.
 - 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 Herb management of Allergis/Respiratory with an Intake Capacity of 28 students, from the academic year 2025 - 27

Following are the particulars:

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

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

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

- **Purpose of Last Inspection:** COA

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

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

Name: Dr. Komal Dixit

Mobile/Telephone no.: 9323699400

e-mail id: drkomal.dixit@drbatras.com

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U85110MH1999PTC118005

Professional Teaching Experience Certificate for Fellowship Courses Director

Title of the Course applied for:- **Certificate Course in Homeopathic Management of Respiratory diseases and Allergies**

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

A) General Experience

Designation	From	To	Total period Year/Months	
Homeopath	Jan 1993	Till date	29 years	4 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	12 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	12 years	11 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	Year	Institution	University
	HMM	2005	YMT Homeopathic medical college Mumbai	Mumbai University

Teaching Experience

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

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Dr Batra's Positive Health Clinic Pvt. Ltd	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob: 9892166616	Tele:022-33671200
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: U8090MH2010PTC198397.	
		ii) Society's Registration Act.1860: NA.	
		iii) Year of establishment: 27/12/2009	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No	
03	Hospital Information :		
	i) Name of the Hospital	Palvi Hospital, Ulhasnagar	
	ii) Nursing Home Registration No.	UMC/MHD/BNH Act/96/21	
04	iii) Establishment Year	20/8/2021	
	i) Name of the Training Centre /Institute where course is to be conducted:	Dr Batra's Academy, Mumbai	
	ii) Postal Address, with PIN:	Second floor, H. Kantilal bldg, Sakinaka, Andheri East, Mumbai 400072	
	iii) Contact Details:	Mob:9892166616	
	iv) E-mail ID:	Tele:022-33671236	
	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)	NA
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 27th 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
1)		
2)		
3)		
4)		
5)		

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
Used / Not used
- ICD X classification

Sign & Stamp

Head of the Department

Training Centre Date: Date:



Sign & Stamp

Dean/ Principal/ Director of

Training Centre Round Seal



ANNEXURE "D"

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Homeopathic management of Allergies and Respiratory Diseases

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	30 years
2	Dr Rajesh Shah	Full Time	Mentor	MD Hom	21 years
3	Dr Shobha Shah	Full Time	Mentor	MD Hom	20 years
4	Dr Munjal Thakar	Full Time	Mentor	MD Hom	16 years
5	Dr Komal Dixit	Full Time	Mentor	MD Hom	14 years
6	Dr Shreyance Parakh	Full Time	Mentor	MD Hom	9 years
7	Dr Shivani Parikh	Full Time	Mentor	MD Hom	8 years
8	Dr Neha Makwana	Full Time	Mentor	MD Hom	7 years

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

Yes/No: Yes

since when: 2022

4. Specialty Department Infrastructure Details :

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

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

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2024-25	Certificate Course in Hom management of Allergies and Respiratory Diseases	5	4
2025-26	Certificate Course in Hom management of Allergies and Respiratory Diseases	2	4

(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	Pulmonary peak flow meter		Functional	1
2	Oxygen saturation meter		Functional	1

3. Intensive care Service provided by the Department: NA

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

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	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 Lung Function testing

ii Allergy testing

(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



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

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

Dean-Dr Batra's Academy, Mumbai

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

U 85110 MH 1999 PTC 118005

No. 11 : 118005

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

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

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

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

I hereby certify that _____

which was originally incorporated on 25th day of January

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

POSITIVE HEALTH CLINIC PRIVATE LIMITED

and upon on application made for reconversion into a private Company under
Section 31 (1) of the Companies Act, 1956 and approval of the Central Govt.

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

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

the name of the said company is this day changed to

DR. BATRAS' POSITIVE HEALTH CLINIC PRIVATE LIMITED

Given under my hand at BOMBAY this 20th

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

~~and ninety~~ 2004).



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

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

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

in , L.S.

1

a , S.A.

E.

J.L.

J.L.

, R.C

, R.C

I

I

.L.

.



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. Kanbhal Compound, Andheri-Kurla Road, Sakinaka, Andheri (East),
Mumbai - 400072,

Maharashtra, INDIA



378/12889

पावती

Original/Duplicate

Thursday, August 03, 2023

नोंदणी क्र.: 39M

1:36 PM

Regn.: 39M

मावाचे नाव: मरोळ

पावती क्र.: 14084 दिनांक: 03/08/2023

वस्तुऐवजाचा अनुक्रमांक: वदर9-12889-2023

वस्तुऐवजाचा प्रकार: 36-अ-लिन्ट बॉर्ड लायसन्सेस

मादर करणाऱ्याचे नाव: ए ए टेक्सटाईल चे प्रॉपराईटर पंकज के शाह

नोंदणी फी

रु. 1000.00

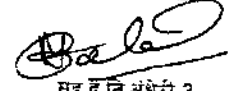
दस्त हाताळणी फी

रु. 680.00

पृष्ठांची संख्या: 34

एकूण:

रु. 1680.00

आपणास मूळ दस्त, थंबनेल प्रिंट, मूनी-२ अंदाजे
1:56 PM ह्या वेळीस मिळेल.

मह. दु. नि. अंधेरी-३

वाजार, मुल्य: रु. 750000/-

मोबदला रु. 165000/-

मरलेले मुद्रांक शुल्क: रु. 19500/-

एम. एन. गोखलेवाड

मह. दु. नि. निवडक, अंधेरी क्र. ३

मुंबई उपनगर जिल्हा

1) देयकाचा प्रकार: DHC नक्का: रु. 680/-

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

देयके नाव व पत्ता:

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

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

देयके नाव व पत्ता:

P.L.

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

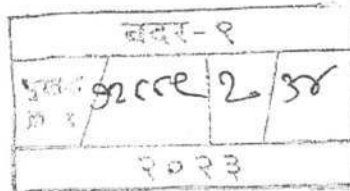
Bank CIN 10004152023080213207

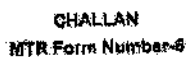
REF No. 456643702

Deface No 0208202314107D

Deface Date 03/08/2023

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





GRN	NH00807828202324M	BARCODE	01/08/2023-21:39:30		Form ID	38A
Department Inspector General Of Registration			Payer Details			
Stamp Duty			TAX ID / TAN (If Any)			
Type of Payment Registration Fee			PAN No.(If Applicable)			
Office Name SDRE, ANDHERI NO 3 SUB REGISTRAR			Full Name		A A Textile	
Location MUMBAI			Flat/Block No.		Office Premises,2nd Floor,H,Kantilal Building.	
Year 2023-2024 One Time			Premises/Bldg			
Account Head Details		Amount In Rs.	Road/Street		H.Kantilal Compound,Kurla Andheri	
0030045801 Stamp Duty		19500.00	Area/Locality		Mumbai	
0030063301 Registration Fee		1000.00	Town/City/District			
			PIN		4 0 9 0 7 2	
			Remarks (if Any)			
			SecondPartyName=Dr Balra Positive Health Clinic Private Limited-			
Total			Amount In Words	Twenty Thousand Five Hundred Rupees Only		
Payment Details			FOR USE IN RECEIVING BANK			
PUNJAB NATIONAL BANK						
Cheque/DD Details			Bank CIN	Ref. No.	03006172023080200042 020923M864554	
Cheque/DD No.			Bank Date	RBI Date	02/08/2023-13:50:52 Not Verified with RBI	
Name of Bank			Bank Branch		PUNJAB NATIONAL BANK	
Name of Branch			Scrub No. , Date		Not Verified with Scrub	

Department ID : _____ Mobile No. : 9820187045
 (NOTE - This certificate is valid for document to be registered in Sub Registrar office only. Not valid for unregistered document.)
 कायद चरलन कोषक दुयवतन निवचक कार्यालययात कोषक निवचक कार्यालययात लागू आहे. नॉटरीन ऑफिसमध्ये/दफतरात कोषक चरलन लागू नाही.



बदर-९			
पुस्तक	क्र. १०२८८८	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 100041520230P0213207	REF No. 456843702
This is computer generated receipt, hence no signature is required.	



नदर-२	
पुस्तक नं.	१९२८८२७३४
पृष्ठ नं.	२४२३

LEAVE & LICENSE AGREEMENT

THIS LEAVE & LICENSE AGREEMENT
made and entered into at Mumbai
on this 20th 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	३२००५ / ३०
१०२३			

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

AND

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

For A. A. TEXTILE

Proprietor

Atul K Shah

Divya P. Shah

Paras A. Shah

P. A. Shah

P. A. Shah

P. A. Shah

Atul K 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, Kuria - Andheri Road, Sakinaka, Mumbai - 400 072 admeasuring about 2000 sq.ft. built up (Approx.) situated at land CTS No. 704 of Villiage 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 (Forty-Five) months which period shall deemed to be commenced on and from 01.04.2023 and terminate on 31.12.2026.

2. The Licensors have

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.

EXT:LE
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Steel unbraced

Dingy P.h

P. A. Shah

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



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

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दिनांक	2023

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

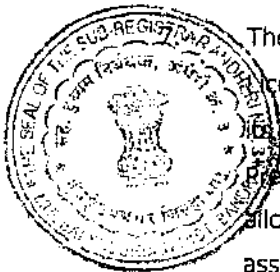
D. Man
Divya P.

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

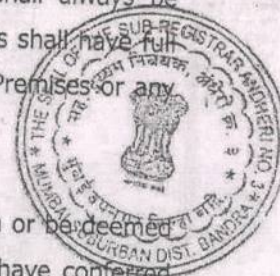
Atul K Shah

Divya P. S.

P.A. Shah

Author

9. The Licensee shall not at any time make any additions or alternations, structural or otherwise in or to the said Licensed Premises or any part thereof without the previous consent in writing of the Licensors. However, the Licensee shall be entitled to bring its own additional furniture, fitting and fixtures, office equipment, if required.
10. The Licensee shall not carry on or allow to be carried on any illegal activities in the said Licensed Premises nor keep or allow to be kept any banned, prohibited and / or hazardous articles in the said Licensed Premises. The Licensee shall obtain all permissions, licenses, registration, sanctions, as may be required by the prevailing laws of the Government and / or local authorities, for conducting its business in the said Licensed Premises.
11. The possession of the said Licensed Premises shall always be deemed to be with the Licensors and the Licensors shall have full right and power to enter upon the said Licensed Premises or any part thereof at any reasonable time.
12. Nothing herein contained is intended or shall deem or be deemed to mean as having created in favour or even to have conferred tenancy or other rights of whatsoever nature upon the said Licensed Premises in favour of the Licensee. It is specifically agreed that the Licensee shall handover the possession of the said Licensed Premises at the expiry of this agreement period or earlier termination of this agreement as provided herein to the Licensors failing which the interest free security deposit shall stand forfeited without any notice to that effect. It is further agreed that the Licensee shall not claim right of tenancy or any other rights over the said Licensed Premises.
13. The Licensee covenants with the Licensors not to suffer commit any waste or damage in the said Licensed Premises, and in case it is found to have been suffered so, the Licensors may call upon the Licensee to make good, the same at their expenses and cost and /



पुस्तक	क्र १९२००२२३	३४
२०२३		

For A. A. TEXTILE

P2

Atul Shah

Atul Shah

P. A. Shah

Divya P. R.

P. A. Shah

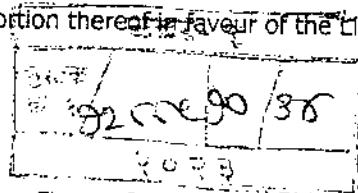
P. A. Shah

Atul 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.

SEP. A. A. TEXTILE
PB

Atul Mishra

Dr. P. S. S.

P. A. Shah

Dr. S. S.

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-१	
पुस्तक	९२८८९९/३४
क्र १/९२८८९९	३४
२०२३	

For A. A. TEXTILE
PL

Proprietor

Ashutosh S. S. S. S.
Atul S. S. S.

D. S. S. S.
Dipak P. S.

P. A. S. S. S.

Shashan

22. The Licensee shall abide by the rules and regulations and byelaws of the society and the local authorities, as far as the same is applicable to them and shall not cause any nuisance and annoyance to the other occupants of the premises in the building.
23. The Licensors shall keep the said Licensed Premises insured against natural calamities during the period of this agreement. However, the Licensors shall not be responsible and / or liable for any losses or damages that the Licensee may suffer due to any theft, burglary or any other causes of similar nature like fire, flood, earthquake for which the Licensee, if it so desires, take out separate insurance policy at its own cost and expenses, the Licensee alone will be liable and responsible for the security of its business and the said Licensed Premises.
24. The Licensors shall not be entitled to terminate this agreement during the first period of 24 months (lock-in-period), if the Licensee wants to vacate the premises for any reason whatsoever, before the expiry of the first 24 months' period of this agreement, the Licensee may do so, provided however that the interest free security deposit amount shall stand forfeited to the Licensors. After completion of first 24 months this agreement can be terminated by either party by giving three (3) months prior notice in writing to other party.



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

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

For A. A. TEXTILE

Atul Mishra

Dir. P. L.

P. A. Shale

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



Date		
22	03	20

For A. A. TEXTILE
Proprietor

A. A. Textile
D. Shah
P. A. Shah

Shah

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

SCHEDULE OF THE PROPERTY

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

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

For A. A. TEXTILE

PL

Proprietor

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

Shah



बदर-९	
22	08/38

SIGNED, SEALED AND DELIVERED
by the within named LICENSORS

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

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 क्र १	९२५५९५/३४
२०२३	





बंदर-९			
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१०२३			



COMMERCIAL



36150 Points Earned



QR code for Kiosk payment

AA TEXTILES

H KANTIL COMPO 2ND FLR KURLA ANDHERI RD NR SISI SAKIN
AKA MUMBAI 400072
Mobile: 70-86666666
Email: info@perfecthifestyles.in
PAN:

BILL DATE
21-07-2023

TARIFF
LT II (A)

BILL DISTRIBUTION NO.
Power/Said/03/217/025/025
/001

METER STATUS
Active

CONNECTION DATE
Prior to Aug-2011

BILLING STATUS
Regular

CYCLE NUMBER
03

SANCTIONED LOAD (KW)
5.70

PRESENT READING DATE
19-07-2023

TYPE OF SUPPLY
THREE PHASE

BILL NUMBER
101923633514

PREVIOUS READING DATE
19-06-2023

Disconnection Notice is considered 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

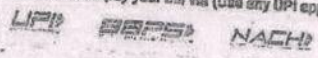
Current Month Bill
₹34519.93

Previous Outstanding
₹13131.86

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

- Round sum payable by discount date: 20-07-2023 Amt ₹47940.00 Discount ₹276.04
- Round sum payable after due date: 11-08-2023 Amt ₹48550.00 DPC ₹431.50

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

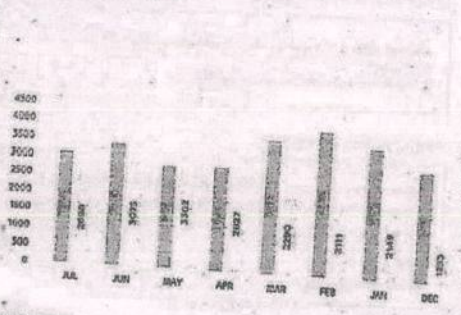


Nearest Collection Centre (Cash/Cheque)

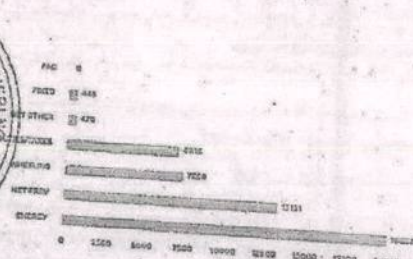
Adani Electricity Sakinaka Junction, Near park deva, Andheri(E), Mumbai-400072

R O NERURKAR
Division Head
(Power Division)

CONSUMPTION TREND



MAJOR BILL COMPONENTS (Rounded off) (₹)



METER DETAILS

Meter Number	Present Reading	Previous Reading	Multiplying Factor
7709260	312872.00	309584.00	1

Consumption Units(kWh)
3288

HELP CENTER

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

helpdesk.mumbalelectricity@adanil.com

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

For power interruption complaint or restoration status
SMS POWER <9 digit account no.> to 7065331030 from mobile no.
Whatsapp POWER <9 digit account no> to 9874519122 from any mobile number
Give us missed call on 1800 532 9988 from your registered mobile no.

For Portal Related Complaint call us: 19122
For Internal complaint redressal system (CRS), visit our website:
www.adanilectricity.com

Join us on:

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 70-86666666 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. LQA/CSD/72/2022/ Validity Period Dt. 01/07/2023 to Dt. 31/03/2025 /2953 DT. 30 JUN 2023



600C/H0216062-217/025/R1530 D77569/A77569/L852/L83/R1530

HOW YOUR BILL WAS CALCULATED

Heads	Rate	Amount (₹)
Electrical Energy (HSN code 27150000)		
1. Fixed Charge		445.00
2. Wheeling Charges		7255.48
3. Green power Tariff	0.00/kWh	0.00
4. Energy charge		15892.40
5. Fuel Adjustment Charge (FAC) #	0.00 p/unit	0.00
6. Government electricity duty	21.00%	5795.81
7. Maharashtra Govt tax on sale of electricity	34.04p/unit	1119.24
(A) Current month's bill amount (Sum of 1 to 7)		34519.93
a. Others		0.00
b. Delayed payment charge on previous month's bill		470.51
c. Digital Payment discount		0.00
d. Paperless E-Bill discount		0.00
e. Interest on arrears		0.00
f. Adjustments		0.00
(B) Net other charges in current bill (Sum of a to f)		470.51
Current Month charges (A+B)		34990.44
Previous month's bill amount		55511.86
Payment received upto 19-07-2023		42360.00
Prompt payment discount		0.00
(C) Net previous balance		13131.86
Total Bill Amount (A+B+C)		48122.30
Amount deferred		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 units	445.00			0.00

Temporary supply consumers shall pay 1.25 times the Fixed/Wheeling Charges and 1.25 times the Energy Charge applicable for this category.

ADVANCE PAYMENT DETAILS (₹)

Opening Balance	Adjustment	Interest	Closing Balance
			बुद्धि-१
			पुस्तक
			१२०००/३०
			२०२२

LAST PAYMENT DETAILS

Payment Date	Payment Amount (₹)	Payment Mode
19 July 2023	42360.00	

- For Cheque payments: Date of realisation of cheque or 3 days from submission of cheque (whichever is earlier) shall be deemed to be the date of receipt of payment (subject to realisation)
- Cheque should be Account payee of local clearing and not post dated
- Mention A/c No. and respective amount on back of the cheque when making multiple bill payments by single cheque
- Make cheque payable to Adani Electricity Limited Ltd. A/C No. 151012922

Go Paperless to Pay Less

Paperless billing subscribers can

- Avail bill on email/SMS/WhatsApp. Visit <http://www.adanielectricity.com/Billing>
- Earn 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.adanielectricity.com/regulatory>

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

Address: Adani Electricity, Dadas Lane, Off SVP Road, Near Bridge Lane Telephone Exchange, Dehliwall West, Mumbai 400 103
Phone: 022-55222004
Email: consumer@adanielectricity.com
Website: adanielectricity.com

ELECTRICITY OMBUDSMAN

Address: 107/108 Arcadia, NCPA Marg, Nariman Point, Mumbai 400 021 Maharashtra
Email: electricityombudsmanmumbai@gmail.com

REGISTERED OFFICE AEML

Address: Adani Corporate House, Shantigram, Near Velhiso Def Circle, S. G. Highway, Khodiyar Ahmedabad, Gujarat, India - 382 421
CIN: U74999GJ2006PLC107256
PAN: AAACD0000C
GSTIN: 27AAACD00000121W

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/Energy-1 of 21.10.2015 and
- ELD-2020/CR-34/Energy-1 of 14.09.2020, Tax on sale of Electricity as per Govt. of Maharashtra Notification No. VVK-2012/CR 161/Energy-1 of 26-12-2018

LOCATION DETAILS OF GENIUS PAY CENTRE FOR BILL PAYMENT



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

SWITCH ON THE SAVING MODE

For more information visit www.adanielectricity.com

भारत सरकार
Government of India

पंकज कान्ति शाह
Pankaj Kantil Shah
जन्म तिथि/DOB: 17/03/1955
पुरुष MALE

2464 2367 8507

आधार - सामान्य माणसाचा अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ABQP88819H

पंकज कान्ति शाह
PANKAJ KANTIL SHAH

पिता/पति/प्राप्तकर्ता का नाम
KANTIL UJAMESH SHAH

जन्म तिथि/DOB: 17/03/1955

For A. A. TEXTILE
P.A.
Proprietor

भारत सरकार
Government of India

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

6070 4166 9383
VID: 9155 1499 2553 9705

माझे आधार, माझी ओळख

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

अतुल कान्ति शाह
ATUL KANTIL SHAH

कान्ति शाह
KANTIL SHAH

12/12/1955
Permanent Account Number
AAQP52041F

अतुल कान्ति शाह

Atul Kantil Shah

भारत सरकार
Government of India

दिव्या पंकज शाह
Divya Pankaj Shah
जन्म तिथि/DOB: 12/12/1962
महिला FEMALE

4158 4945 9527

आधार - सामान्य माणसाचा अधिकार



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AAQP52047D

दिव्या पंकज शाह
DIVYA PANKAJ SHAH

पिता/पति/प्राप्तकर्ता का नाम
CHANDRAJI DEVSIBHAI SHAH

जन्म तिथि/DOB: 03/01/1962

Divya P. R.

भारत सरकार
Government of India

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

3615 2805 4290
VID: 9131 8210 6425 5085

माझे आधार, माझी ओळख

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

पारस अतुल शाह
PARAS ATUL SHAH

अतुल कान्ति शाह
ATUL KANTIL SHAH

02/09/1989

Permanent Account Number
BOOPS8572J

P.A. शाह

P.A. Shah

बंदर-९	
पुस्तक क्र १	9255999/38
२०२३	

भारत सरकार
Government of India

जितेंद्र सुरेश जाधव
Jeetendra Suresh Jadhav

जन्म वर्ष / Year of Birth - 1985
पुरुष / Male

4212 5984 2133

साधारण - सामान्य माणसाचा अधिकार

भारत सरकार
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-Bhayander Flyover

पत्ता ए-403 बाळकृष्ण अपार्टमेंट, 100 फीट रोड, मिरा-भायंदर
Bhaye, Thane, Bhayander East, Maharashtra, 401105

4212 5984 2133

1547 250 1942

http://mha.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

JEETENDRA SURESH JADHAV -
SURESH DATTATRAY JADHAV

17/10/1985

AKQPJ5967M



Jadhav

बदर-९			
क्र.सं.	९२८८२०	३४	
२०२३			

भारत सरकार
Government of India

Download Date: 04/11/2020



संत लाल
SANT LAL
कम बिबि/DOB: 15/07/1992
पुरुष/ MALE

Issue Date: 07/10/2020

8021 7838 9981
VID : 9195 2922 4303 0056

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
डॉ. सुरेन्द्रासन, कुशवाहा, नैका छाप, कुशीनगर,
उत्तर प्रदेश - 274206

Address:
C/O: Suryanarayan, Kuskawaha, Naka
Chhapra, Kushinagar,
Uttar Pradesh - 274206



8021 7838 9981
VID : 9195 2922 4303 0056

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



बदर-९		
पुस्तक	क १९२८८८	29/3
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 20th JULY 2023 AT THE REGISTERED OFFICE ADDRESS OF THE COMPANY AT 11.00A.M.

Registration of Property at Sakinaka

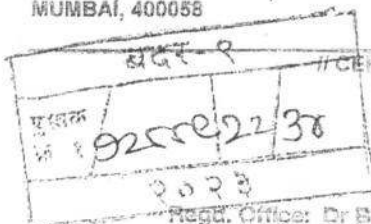
"RESOLVED THAT Mr. Jeetendra Jadhav - Executive Operations- Administration of the Company, whose specimen signature is appended here below, be and is hereby authorized to execute, register/renew/cancellation, property of the Company, to take all the necessary actions including registration/De registration 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 Health Clinic Pvt. Ltd.


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



Regd. Office: Dr Batra's™ Positive Health Clinic Pvt. Ltd.
H Kantilal Compound, 2nd Floor, Andheri Kurla Road, Sakinaka, Andheri East, Mumbai - 400072.
T +91-22-3367 1200 | W www.drbatras.com | CIN: U85110MH1999PTC118005



भारत सरकार
GOVERNMENT OF INDIA



जैतानंद विश्वनाथ चिमुरानी
Jethanand Vishnudas Chimmurani

जन्म तिथि / DOB: 03/04/1964

पुरुष / MALE

Mobile No.: 9820187045

7519 4871 8498

VID: 8127 7212 8974 2711

माझे आधार, माझी ओळख



भारतीय डिजिटल पहचान प्रमाणिका
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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

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

7519 4871 8498
VID: 8127 7212 8974 2711



www.uidai.gov.in

बदर-९			
पुस्तक	क्र.	पृष्ठ	दिनांक
	१२८८२३	३४	२०२३



बंदर - २		
पुस्तक नं १	925527	38
२०२३		



भारत सरकार
GOVERNMENT OF INDIA



जैतानंद विश्वनाथ चिन्नानी

Jethanand Vishindas Chinnani

जन्म तारीख / DOB: 03/04/1964

पुरुष / MALE

Mobile No.: 9820187645

7519 4871 8498

VID: 9127 7212 2874 2711

माझे आधार, माझी ओळख



खदर-९	
क्र.	925562434
२०२३	

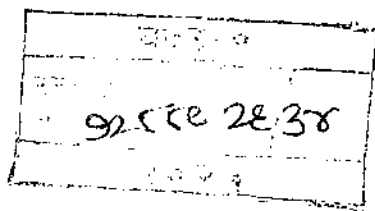
आकाशिक विनिमय प्रणाली प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:
803 स्वर्दी अपा, गोल मैदान, गोल मैदान, उल्हासनगर
1, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

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

7519 4871 8498
VID: 9127 7212 2874 2711







भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विश्वनाथ चिन्मानी

Jethanand Vishindas Chinnani

जन्म तिथि / DOB: 03/04/1964

पुरुष / MALE

Mobile No.: 9820187048

7519 4871 8498

VID: 9127 7212 8974 2711

माझे आधार, माझी ओळख



खंड-९	
पुस्तक	क्र. 325522/38
२०२३	

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
603 स्वर्ण अर्पण, गोल मैदान, उल्हासनगर
1, उल्हासनगर, ठाणे,
महाराष्ट्र - 421001

Address:
603 Swarn apt, goai maidan, goai
maidan, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519-4871-8498
VID: 9127-7212-8974-2711





अदर-९			
पुस्तक	द्वारा	१३२५५२५	३४
२०२३			



भारत सरकार
GOVERNMENT OF INDIA



जेठानंद विशनदास चिमनानी

Jethanand Vishindas Chhnanani

जन्म तारीख / DOB: 03/04/1964

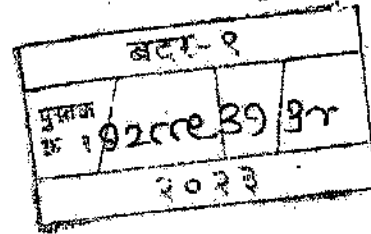
पुरुष / MALE

Mobile No.: 9820187046

7519 4871 8498

VID: 8129 7212 8974 2711

माझे आधार, माझी ओळख



भारतीय विधिक पट्टान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
803 sweet apt, goal maiden, goal
maiden, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

Address:
803 sweet apt, goal maiden, goal
maiden, ULHASNAGAR 1, Ulhasnagar,
Thane, Maharashtra - 421001

7519 4871 8498
VID: 8129 7212 8974 2711





बंदर-९		
पत्रिका	925580	38
२०२३		

378/12889

गुरुवार, 03 ऑगस्ट 2023 1:36 म.नं.

दस्त गोपवारा भाग-1

वदर9

दस्त क्रमांक: 12889/2023

दस्त क्रमांक: वदर9 /12889/2023

बाजार मूल्य: रु. 7,50,000/-

मोबदला: रु. 1,65,000/-

भरलेले मुद्रांक शुल्क: रु. 19,500/-

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

अ. क्र. 12889 वर दि. 03-08-2023

रोजी 1:33 म.नं. वा. हजर केला.

पावती: 14084

पावती दिनांक: 03/08/2023

सादरकरणाचे नाव: ए ए टेक्सटाईल चे प्रॉपराईटर पंकज के शाह

नोंदणी फी

रु. 1000.00

दस्त हाताळणी फी

रु. 680.00

पृष्ठांची संख्या: 34

एकुण: 1680.00

दस्त हजर करणाऱ्याची सही:

सह दु. नि. अंधेरी-3
सह मुख्य निबंधक अंधेरी क्र. ३.सह दु. नि. अंधेरी-3
सह मुख्य निबंधक अंधेरी क्र. ३.

दस्ताचा प्रकार: 36-अ-लिन्ड अँड लायसन्सेस

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

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

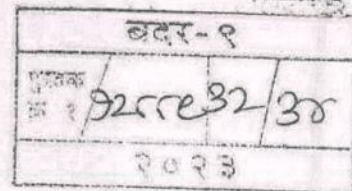
शिक्षा क्र. 2 03 / 08 / 2023 01 : 36 : 35 PM ची वेळ: (फी)

प्रतिज्ञापत्र

* सदर दस्तऐवज हा मॉरग्ये वदर 9 यांच्या कार्यालयात नोंदणीस दाखल केला आहे. * सदर दस्तऐवज हा मॉरग्ये वदर 9 यांच्या कार्यालयात नोंदणीस दाखल केला आहे. * सदर दस्तऐवज हा मॉरग्ये वदर 9 यांच्या कार्यालयात नोंदणीस दाखल केला आहे.

Baril Mishra
Dingy P. R
लिहून घेणारे
P-A-Shake

लिहून घेणारे:





03/08/2023 14:21:10 PM

दस्तावेज नं-2

बंदर-9

दस्तावेज नं: 12889/2023

दस्तावेज नं: 12889/2023

दस्तावेज प्रकार: 36-अ-लिखित अर्थ लायसन्सेस

अनु क्र.	पत्रकाराचे नाव व पत्ता	पत्रकाराचा प्रकार	ध्यायचित्र	टप्पा प्रमाणित
1	नाव: ए.ए. टेक्सटाईल चे प्रॉपराईटर प्रकाश के शाह पत्ता: प्लॉट नं. - , माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल बिल्डिंग, फ्रंट साईड ए, ब्लॉक नं: साकीनाका, अन्धेरी पूर्व, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: ABDPS8819H	लायसेन्सर वय: 65 स्वाक्षरी: <i>P.H.</i>		
2	नाव: अतुल शाह - पत्ता: प्लॉट नं. - , माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल बिल्डिंग, फ्रंट साईड ए, ब्लॉक नं: साकीनाका, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: AAQPS2041F	लायसेन्सर वय: 68 स्वाक्षरी: <i>Atul Ashubh</i>		
3	नाव: दिव्या पी शाह - पत्ता: प्लॉट नं. - , माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल बिल्डिंग, फ्रंट साईड ए, ब्लॉक नं: साकीनाका, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: AAQPS2047D	लायसेन्सर वय: 63 स्वाक्षरी: <i>Divy P.H.</i>		
4	नाव: पारस ए शाह - पत्ता: प्लॉट नं. - , माळा नं: पहिला मजला, इमारतीचे नाव: एच कांतीनाल बिल्डिंग, फ्रंट साईड ए, ब्लॉक नं: साकीनाका, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: BOOPS8572J	लायसेन्सर वय: 33 स्वाक्षरी: <i>P.A. Shah</i>		
5	नाव: डॉक्टर बंधा पोसिटिव्ह हेल्थ प्रोडक्ट्स लिमिटेड चे अवरोपक सिधेटी जिवेंद्र सुरेश बापब - पत्ता: प्लॉट नं. - , माळा नं: - , इमारतीचे नाव: एच कांतीनाल बिल्डिंग, ब्लॉक नं: साकीनाका, अन्धेरी पूर्व, मुम्बई, रोड नं: एच कांतीनाल कंपाऊंड, तुर्ता अन्धेरी रोड, महाराष्ट्र, MUMBAI. पिन नंबर: AACCP2995G	लायसेन्सी वय: 38 स्वाक्षरी: <i>Dr. Bhandar</i>		

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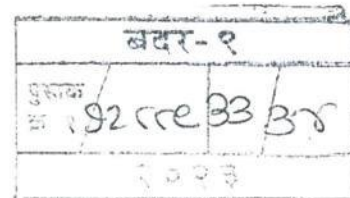
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प्रमाणित करणेत येते की, या दस्तावेज एकूण.....पाने आहेत.

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ए.ए. गांधीकराव
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 e booked (D)	Spill over to	Revenue e 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 O	0.0	0.0	0.0	6.4	1.6	4.8	1.6		6.7	11.5	3.3
Foreign Students									6.7	6.7	3.3
MHFDA cosmetology course	4.7	4.7	0.0	1.4	1.4	0.5	1.4				
	1.6	1.6	0.0			0.0					
	0.0	0.0	0.0								
	0.9	0.9	0.0								
	1.1	1.1	0.0								
Total Revenue	46.8	31.5	15.3	45.8	15.3	31.0	30.7	31.0	30.1	61.1	29.8
DETAILS OF EXPENSES											
SALARY		23.7					24.3			25.0	
UNIVERSITY FEES (ACADEMY)		2.1					1.7			2.5	
LECTURE FEES		2.8					2.3			3.5	
OTHER ADMIN EXP		3.6					2.9			3.5	
TOTAL EXPENSES		32.2					31.2			34.5	
PROFIT FOR THE YEAR		-0.7					-0.5			26.6	
NOTIONAL RENT/ELECTRICITY (3.30/4K/600)		5.9					6.3			6.0	
PROFIT AFTER NOTIONAL EXP		-6.6					-6.8			20.6	



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anand, S.

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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224	Blood Pressure its etiology and treatment ed 2nd	Banerjee,N.K
225	Organon of medicine ed -6th	Hahnemann, S.
226	Hahnemannian totolity symposiun - standardization, part 1	Dhawale , M.L
227	Hahnemannian totolity symposiun - standardization, part 2	Dhawale , M.L
228	Hahnemannian totolity symposiun - standardization, part 3	Humran wala p
229	Temperament Types - A Study ed -2nd	Humran wala p
230	A Collection on carcinosinum	Singh , m Singh , S .
231	Cancer and its cure	Chugha , B.R
232	Heal thyself , Vol IXX	Barked J.E
233	The Lesser writings	Boenning hausen



234	The Absorbent Mind ed - 4th	Mantessori , M .
235	The Lesser writings	Hahnemann, S.
236	My Experiences with ferrum Metallicum	Shah , R
237	Therapeutic Pointers and lesser writings...	Farrington , E.A
238	Therapeutic Guide..	Jahr, G.H.G
239	Mental Diseases and their modern treatment	Talcott S.H
240	The Prescriber	Clarke ,John H
241	The Medical Discoveries of edward bach , physician	Weeks , N
242	Schuessler Biochemistry ed - 3rd	kulkarni , V.M.
243	Cancer	Roussy , G
244	Churchillis Pocketbook of diabetes	Krentz , A .J
245	Diabetes Mellitus	Morgan , W
246	Schuessler Biochemistry	Champman , J .B
247	Mental Diseases and the modern treatment	Jalcatt , S.H
248	Organon of the art of healing	Hahnemann, S.
249	Essentials of diseases othe the eye .	Norton , A.B
250	Causation Guide light for prescribers .	Bhardwaja H.L
251	Vital Force from vitalism to holistic healing	Page , p.p seliya , V.
252	The Prescriber ed 9th	Clarke ,J H
253	Schuessler's Biochemistry	champman , J.B
254	The Principals and practicability of boenningha usen's ther	Roberts , H.A
255	The Testimorry of the clinic	Nash , E.B.
256	Regional leaders	Nash E.B
257	Regional leaders	Nash E.B
258	Studies in the philosophy of healing	Boger ,C.M
259	Practical chromopathy nature's plan of healing with light a	kulkarni , V.M.
260	The Prescriber ed . 9th	Clarke ,J H
261	Plain talks on avoided subjects	Gurnernsey H.N
262	The New Cure for consumption ... ed 2nd	Burnett , J .C
263	Rheumatism	M.k Dey (Pub)
264	Gout And its cure ed - 2nd	Burnett , J .C
265	Miracles of mother tinctures with therepeutic hints and tre	Sinha , Y
266	Leaders for the use of sulphur with comparisons ed 3rd	Nash , E.B.
267	The Prescriber	Clarke, J.H
268	Specific Therapeutics ed - 2nd	Guzdar , S . J
269	Sound treatment of diarroe , ed 3rd	Kamthan , P.S.
270	Chronic Rheumatism	Bernoville & Rousseau , I
271	Homoeopathic Therapy Capable to remedy and remove gc	Kamthan , P.S.
272	Leaders for the use of sulphur with comparisons	Nash , E.B.
273	Hahnemann's Therapeutic hints ed - 3rd	Dudgeon , R .E
274	Kelp - The Health giver	Powell , F . W
275	Everyman,s medicine chest	A Nelson & Co . (pub)
276	How to take the case and fine the similimum ed - 3rd	Nash , E.B.
277	The schuessler ' bioche - mic guide	Schuessler , W.H
278	First and aid to the injures ed 39th	St John , ambularace ass
279	Non - Surgical treatment of diseases of the glands and bon	Clarke , J .H
280	Doctor durden's pocket - book ed - 10th	Durden



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



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



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



422	A Handbook on the ... Diseases of children ed 4th	Fisher , C.E.
423	Nelson Textbook of pediatrics ed-17th	Behrman , R.E Kliegr
424	Achar's Text book of pediatrics. Ed 3rd	Viswanathan , J Desai , A
425	Internal Medicine	Stein , J.H
426	API Textbook of medicine ed-7th	Shah , S.N.
427	API Textbook of medicine ed-7th	Shah , S.N.
428	API Textbook of medicine ed-7th	Shah , S.N.
429	API Textbook of medicine	Shah , S.N.
430	Harrison's Principles of internal medicine ed -16th , vol 1	Kasper , D.L. Braunwald ,
431	Harrison's Principles of internal medicine ed -16th , vol 2	Braunwald E / Kasper, D.
432	Harrison's Principles of internal medicine ed -15th , vol 1	Braunwald E / Hauser , S
433	Harrison's Principles of internal medicine ed -15th , vol 2	Braunwald E / Hauser , S
434	Harrison's Principles of internal medicine ed -12th , vol 1	Wilson , J.D., / Braunwald
435	Harrison's Principles of internal medicine ed -12th , vol 2	Wilson , J.D., / Braunwald
436	Davidson's Principles and practice of medicine , ed 19th	Haslett, C. Chivers, E.R.
437	Davidson's Principles and practice of medicine , ed 19th	Haslett, C. Chivers, E.R.
438	Davidson's Principles and practice of medicine , ed 15th	Macleod , J /Edwards , C
439	Textbook of medicine	Vakil , R.J
440	Principles of forensic medicine	Nandy , A
441	NMS - National medical series for independent study ed 4th	Mayuri , A.R
442	Harrison's Principles of Internal medicine ed- 11th	Braunwald , E / Isselbach
443	Medicine for students ed- 14th	Golwalla , A.F / Golwalla
444	Rediscovering real medicine	Eimiger , J
445	Harrison's Principles of Internal medicine ed- 11th	Braunwald , E / Isselbach
446	Harrison's Manual of medicine	Braunwald , E / fauci , A.
447	Oxford handbook of clinical Medicine ed 6th	Longmore , M Wilkinson
448	Oxford handbook of clinical Medicine ed 6th	Longmore , M Wilkinson
449	The Practice of medicine ed - 4th	Custis , M.A
450	Biochemical Values in clinical medicine ed - 5th	Eastham , R.D.
451	Pharmacology and pharmacotherapeutics ed - 18	Satoskar , R.S Bhandar
452	Pharmacology and pharmacotherapeutics vol - 2 ed 11	Satoskar , R.S Bhandar
453	Index of Differential diagnosis ed -13	Bouchier , I.A.D Ellis , H
454	Neurological differential diagnosis ed- 2nd	Patten , J
455	Hutchison's Clinical methods. Ed 21st	Swash , M
456	Hutchison's Clinical methods. Ed 21st	Swash , M
457	French's Index of differential diagnosis ed - 12th	Hart , D
458	An Introduction to Electrocardiography ed 7th	Schamroth , L
459	Homopath Classis 8 user guide . Shah , j	Shah , j
460	Homopath Classis 8 user guide . Shah , j	Shah , j
461	Homopath Classis 8 user guide . Shah , j	Shah , j
462	The Diseases of the eye.	Buffum , J .H
463	Strokes ...vol 4 Major problems in neurology	Hutchinson E.C Acheson
464	Common Ailments & Emergencies in your family	Golwalla , A.F / Golwalla
465	Physical Diagnosis ed 2nd	Holbrook , J.H.
466	Differential Diagnosis of internal diseases vol 2	vinogradov , A.V
467	Hutchison's Clinical methods. Ed 18th	Swash , M / Mason , S
468	The Sociology of sex	Henslin , J.M / Sagarin ,



469	The Healing power of Illness.	Dethlefsen , T .
470	IDR .. Indian drug review	By Publisher
471	Goodman and Gilman's the pharmacological basis of therapeutics	Gilman , A.G / Goodman
472	Oxford handbook of clinical specialties ed - 6th	Collier , J / Longmore , M
473	Miracles of fruits ed 5th	Verma , G.S.
474	ABC Of Medicine (with mnemonics) ed -6th	Golwalla , A.F / Golwalla
475	Review for usmle united states medical licensing examination	Rosner , M . H. Lazar , A.I
476	A Guide to physical examination and history taking ed 4th	Bates , B
477	Review to post graduate medical entrance examinations	Arora , A /Tripathi , A
478	Rook's Text book of dermatology ed 7th vol-1	Burns, T Breathnach , s.
479	Rook's Text book of dermatology ed 7th vol-1	Burns, T Breathnach , s.
480	Rook's Text book of dermatology ed 7th vol-2	Burns, T Breathnach , s.
481	Rook's Text book of dermatology ed 7th vol-3	Burns, T Breathnach , s.
482	Rook's Text book of dermatology ed 7th vol-3	Burns, T Breathnach , s.
483	Rook's Text book of dermatology ed 7th vol-1	Burns, T Breathnach , s.
484	Rook's Text book of dermatology ed 7th vol-4	Burns, T Breathnach , s.
485	Rook's Text book of dermatology ed 7th vol-4	Burns, T Breathnach , s.
486	Natural skin care	Laughran , J
487	Diseases of the skin including the exanthemata	Dearborn , F.M.
488	Diseases of the skin including the exanthemata	Dearborn , F.M.
489	Skin diseases ed - 2nd	Douglass , M.E.
490	Dermatology vol-1 ed -3rd	Bolognia , J .L / Jorizzo , .
491	Dermatology vol-2 ed -3rd	Bolognia , J .L / Jorizzo , .
492	Pediatric Dermatology vol-1 ed - 4th	Schachner , L.A Hansen ,
493	Pediatric Dermatology vol-2 ed - 4th	Schachner , L.A Hansen ,
494	Rook's Textbook of Dermatology ed - 7th vol - 2	Burns , T Breathnach , S .
495	Atlas of clinical dermatology ed - 4th vol	Vivier , A.D
496	Fitzpatrick 's Dermatology in general medicine vol - 1 ed	Goldsmith , L.A Katz , S.
497	Fitzpatrick 's Dermatology in general medicine vol - 2 ed	Goldsmith , L.A Katz , S.
498	Comprehensive dermatology and sexually transmitted diseases	Gupta , R.
499	Rook's Textbook of Dermatology ed - 7th vol - 1	Burns, T Breathnach , s.
500	Comprehensive dermatology drug therapy ed - 3rd	Wolverton , S.E
501	Lever's Histopathology of the skin ed - 10th	Elder , D.E
502	Cosmetic dermatology	Draelos , Z.D
503	Dermatological signs of internal disease. Ed 4th	Callesn, J.P. / Jorizzo , J
504	Pigmentary disorders a comprehensive compendium	Lahiri , K Chatterjee, C
505	Andrew's Diseases of the skin , clinical dermatology ed -	James W.D Berger , T.G
506	Clinical Leprosy ed .4th	Sehgal V.N
507	Laser Dermatology ed - 2nd	Goldberg , D . J
508	Evidence - Based procedural dermatology	Murad alam
509	ABC Of sexually transmitted infection ed 6th	Rogstad , K.E
510	Illustrated synopsis of dermatology and sexually transmitted diseases	Khanna , N
511	Sexually transmitted diseases. Ed 5th	Sehgal , V.N
512	Roxburgh's common skin diseases. Ed 18th	Marks , R / Motley , R
513	Radcliff's concise text book of dermatology	Viswanath, V
514	Clinical Dermatology	Gharami, R.C
515	Diagnosis and management of skin disorders.	Sardana , K Garg .V.K.



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



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



DR BATRA'S ACADEMY, Mumbai

(AFFILIATED TO MUHS NASHIK)

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FELLOWSHIP/ CERTIFICATE COURSES

MEDICAL EDUCATION UNIT

Constitution

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



NOTICE

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

The agenda will be

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



Dr. Samir Chaudhkar

Dean, Dr Batra's Academy, Mumbai

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

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

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

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

Points Discussed

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

The meeting ended with a vote of thanks by the coordinator

Dr Samir Chaukhar
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

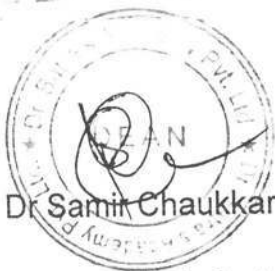
(2/0)

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 Chaukkar

Dean, Dr Batra's Academy, Mumbai

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

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

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

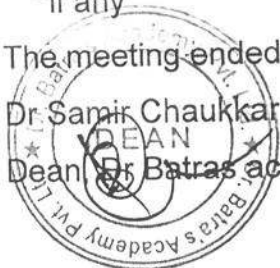
Points Discussed

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

The meeting ended with a vote of thanks by Coordinator

Dr Samir Chaukhar

Dean Dr Batras academy/Chairman MEU



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

212

Attendance of MEU meeting held on 16th April 2026

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

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

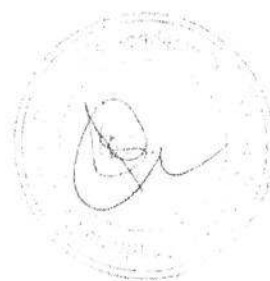

Dr Samir Chaukkar
Dean, Dr Batra's Academy, Mumbai

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.

Dr Batras Academy
Institutional Ethics
Committee

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

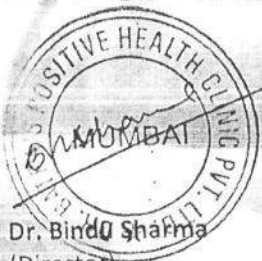


CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY DR. BATRAS POSITIVE HEALTH CLINIC PRIVATE LIMITED HELD ON 27th APRIL 2022 AT THE REGISTERED OFFICE ADDRESS OF THE COMPANY AT 11.00A.M.

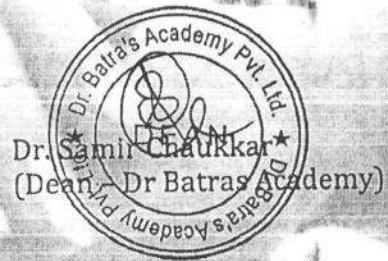
"RESOLVED THAT a Fellowship and Certificate Courses in MUHS (Maharashtra University of Health Sciences) at an Academy situated at Second floor, H. Kantilal compound, Sakinaka, Kurla Andheri Road, Mumbai- 400072 be and is hereby commenced.

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

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



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



Dr. Samir Chaukkar
(Dean, Dr Batras Academy)

// CERTIFIED TO BE TRUE COPY //

* 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	nt per D
TOTAL_BEDS*	30		
General Ward - Non AC	7		2000
General Ward - AC	4		2500
Semi Private Room - Non AC			
Semi Private Room - AC	1		5000
Triple Sharing - Non AC	1		2500
Triple Sharing - AC			
Emergency/Casualty Bed	1		2500

Day Care Bed	2	3500
Single/Private Room - Non AC		
Single/Private Room - AC	3	4000
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 Qi	Doctor Contact no (optional)
Dr.Rajesh .P.Palande (MD,FCAH,CCMP) ADMIN					
GENERAL MEDICINE DEPARTMENT					
1 . DR SONU PURI		3. DR ASHISH PALANDE (MBBS)			
2. DR MELVILE ALVAREZ (MD,MEDICINE)		4. DR MOHAMMAD SHOAIB (MD,MEDICINE)			
5. DR DNYNESHWAR HALNOR (MD.PHYSICIAN)					
CARDIOLOGIST DEPARTMENT					
1.DR SAINATH HEGDE (MD,DM HEART SPECIALIST)					
2. DR ABHIJEET AKLUJKAR (MD,DM HEART SPECIALIST					
CHEST PHYSICIAN DEPARTMENT					
1.DR. KAMLESH PANDEY (MD,CHEST PHYSICIAN)					
2.DR. DHARMENDRA DUBEY (MD FELLOW CHEST PHYSICIAN)					
3.DR TEJAS DESHPANDE (MD, CHEST PHYSICIAN)					
PSYCHIATRIST DEPARTMENT					
1.DR. GAMBHIRE (MD, Pyschiatrist)		2.DR SUJAY (MD,PPS)			
2.DR RAHUL KHEMANI (MD.PYSCHIATRIST)					
OBST.GYNACE.					
1.DR SNEHAL.R.PALANDE (MS.Obst & Gynance (AY),Admin)					
2.DR ARCHANA AKHADE (MS.Obst & Gynance)		6.DR KAMAL MADAM (MS.Obst & Gynance)			
3.DR RAJENDRA NAGAKATI (MD,OBG)		7.DR DILIP YADAV (MBBS, CPS,Obst & Gynance)			
4. DR VIPIN CHEKAR (MD,OBG)		8.DR NEHA SANGHVI (MBBS,DNB,Obst & Gynance)			
5.DR NANDA SAWANT		9.DR PRAMOD SURVASE (MS.Obst & Gynanc)			
Super Specialist Surgeon					
1.DR.KRUTHART THAKKAR (Neuro & Cancer Surgeon)					
2.DR.SAMEER PAREEKH (Neuro Surgeon)		4.DR SHASHANK KAMAT (MS,Urologist)			
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,Lapros)		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)					

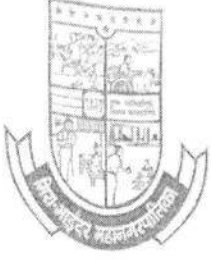
n, L.S.
1

a, S.A.

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

List of Documents Required for Empanelment

S.No	Document required	Mandatory	Terms and Conditions
			A) Incorporated Company (Pvt. Ltd / Ltd.) : Certificate Of Incorporation issued By Registrar Of Companies B) Sole Proprietorship : Fill Declaration Form I C) Partnership Proprietorship : Fill Declaration Form II D) Public Trust : Certificate of Incorporation issued by Charity Commissioner E) Private Trust : Fill Declaration Form III F) Limited Liability Partnership(LLP) : Fill Declaration Form IV & Certificate of incorporation issued by Registrar of Companies
1	Category Of Legal Constitution Of Hospital	Yes	
2	Complete Hospital Tariff List including procedure charge	Yes	NA
3	Original Hospital Photos (NOT hospital Broucher's).	Yes	NA
4	Valid Hospital Registration Certificate	Yes	Hospital is registered under any of the following body :- Government/Local Authority/prefreably clinical Establishment ACT 2010 /Shop Act.
5	Consultant List with Speciality	Yes	Along with Doctor Registration Number
6	List of equipments	NO	NA
7	Hospital PAN CARD Number	Yes	NA,if PAN card number in the name of Proprietor/Individual Owner name, then hospital need to provide the proof (BANK PASS BOOK) and Agreement Copy of partnership.
8	Hospital TAN Number	Yes	NA



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.: अनपा/सर्व.आ./१८०८/२०२४-२५

दिनांक: २०/०९/२०२५

FORM 'C' - RENEWAL

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

SEE RULE - 5

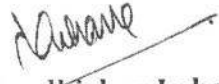
This is to certify that **DR. RAJESH PANDURANG PALANDE** has been registered under the Bombay Nursing Home Registration Act 1949 in **ASHISH HOSPITAL MULTISPECIALITY** Situated at **Shop no. 30, 31, 32, B/101, 102, C/104, 105 & 106 Manasi classic Co-op. Housing Society, Opp Jarimari Talao, kashigaon,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

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

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

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




(Dr. Nandkishor Lahane)
Medical Officer of Health
Mira Bhaindar 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 - "I".

Information of Mentor of Trainine Centre

It shall be verlfied by the Head of the concerned Trainlng Center,

Particlnlr	Information to br fitted
Name of the Mentor	DR. MUNJAL THAKAR
Date of Birth	18-12-1970
Address	A-402, SUREL APTS, OPP. MOCHA CAFE
Tel. No./ Mob. No.	BODAKDEV, AHMEDABAD -15 +91-9227926514
g.mail id	drmunjalthakar@drmunjalthakar.com
Nafionality	INDIAN
Qualification in details (attach documentary proof)	M.D. (MATERIA MEDICA)
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/Certificat e Course)	
Present Appointment	
Publications (List & Proof)	
Post Graduate Teaching experience (Attach documentary evidence)	
any other relevant information	

Date: 31-10-24

Name & Sig. of Henær

the use or amitated Trainng
er:

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



Sign & Stamp

Deaa/Pztnctpal/ Director of Trainng Cezstre

Date:



Trainng Centre Round Seal

Annexure-B

Professional/Teaching Experience Certificate for Fellowship/

Certificate Courses Faculty/Teachers/Consultant/Mentor

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

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

This is to certify that **Dr. MUNJAL THAKAR** has worked in the Department of **Homeopathic RESPIRATORY COURSE** College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year/Month	
HOMEOPATH	1994	2026	30 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
5	


Sign & Stamp
Head of the Department
Date:


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



UNIVERSITY OF BOMBAY

मुंबई विद्यापीठाचे कुलपती, कुलगुरू आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की श्रीमती सी. एम. पटेल होमिओपथिक मेडिकल कॉलेज अँड हॉस्पिटलचे मुंजाल रमेशचन्द्र ठाकर हे डिसेंबर १९९२ मध्ये घेण्यात आलेली होमिओपथी - वैद्यक आणि शल्यचिकित्सा स्नातक परीक्षा उत्तीर्ण झाले असून दिनांक २ डिसेंबर १९९४ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना होमिओपथी - वैद्यक आणि शल्यचिकित्सा स्नातक ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलपतींची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Bombay certify that Munjal Rameshchandra Thakar of Smt. C. M. Patel Homoeopathic Medical College and Hospital having passed the Bachelor of Homoeopathic Medicine and Surgery degree examination held in December 1992, the degree of Bachelor of Homoeopathic Medicine and Surgery has been conferred on him in the Convocation held in Bombay on 2nd December, 1994.

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



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

Munjal Rameshchandra Thakar

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 December in the year
Two Thousand Nine.*



[Signature]
Chancellor

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G 4968

Ahmedabad 30-11-2000

This is to certify that

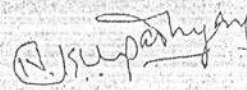
Munjal Rameshchandra Thakor

having obtained the qualification of D.H.M.S./B.H.M.S.
/ Diploma / Degree on dated December - 1994

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


Registrar

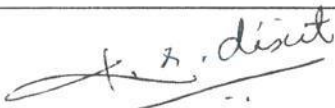
- N.B. :-
- (1) The holder of this certificate shall exhibit alongwith his qualification the word "Homoeopath (Registered)" after his name in the sign board, letter heads or prescription papers.
 - (2) Any change in address be immediately intimated to the Registrar.

ANNEXURE – “G”

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

Sr. No.	Particular	Information to be filled
01.	Name of the Coordinator	: Dr Komal Dixit
02.	Date of Birth	: 3/11/1985
03.	Address	: A-11, Chandan pride building , opp building 51, Pant Nagar , Ghatkopar East, Mumbai 400075
04.	Mob. No.	: 9323699400
05.	E-mail id	: chc-ghatkopar@drbatras.com
06.	Nationality	: Indian
07.	Qualification in details: (attach documentary proof)	: MD (Hom)
08.	Present Appointment	: Coordinator- Certificate Course in Hom management of Allergies and Respiratory Diseases – Dr Batra's Academy
09.	Any other relevant information	Working with Dr Batra's as Chief Homeopathic consultant since 2012

Date:


Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Centre
Date:

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



Annexure-B

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

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

This is to certify that **Dr. KOMAL DIXIT** has worked in the Department of
Homeopathic RESPIRATORY COURSE College / Institutes as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	2010	2026	16 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
2	

Sign & Stamp
Head of the Department
Date: _____

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



"20F70400212"



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Office

The Chancellor, Pro-Chancellor,
Vice-Chancellor
and

Members of the Management Council,
Academic Council
confer the Degrees of

Doctor Of Medicine In Practice of
Medicine

Komal Rohit Dixit
(Roll No. 110210267)

Dr. G. D. Faj Foundation's Y.M.I. Homoeopathic
Medical College-Hospital (P.G. Institute), Kharghat,

Navi Mumbai

for the examination held in Summer-2012

at the Examination
Hall on 15th October 2012



(Signature)

VICE-CHANCELLOR / पुनलगुरु

आचार्य

कुलसचिव, प्र कुलसचिव

पुनलगुरु

प्रमाण

नगरपालिका निगम व

विचारविमर्श समित्य

एम.डी. होमिओपॅथी (प्रॅक्टिस ऑफ मेडिसीन)

हो. यदवी. उन्हाळी-२०१२ मधील परीक्षेत प्रतीक

प्राप्तकर्ता

धारक, नवी मुंबई येथील डॉ. गो. डी. पोळ
फाऊंडेशनचे वाय.एम.टी.चे होमिओपॅथीक मेडिकल

कॉलेज व होस्पिटलचे/च्या

बोगमल रोहिता दिक्षीत

शान

०५, मनिटोरर, २०१२ च्या

दीक्षात गवारेभात प्रवेश करील काहीस

the Chancellor, the Vice-Chancellor, members of the
Board of Management and the Academic Council of the



Bharati Vidyapeeth

UNIVERSITY, PUNE (INDIA)

(Established u/s. 3 of the UGC Act 1956)

Certify that **Sharma**

Hemal Omprakash

of Bharati Vidyapeeth's Homoeopathic Medical College, Pune
having been examined for the Degree of Bachelor of
Homoeopathic Medicine and Surgery and having been declared
to have passed its Examination (with completion of one year internship)
in December 2007, the Degree of

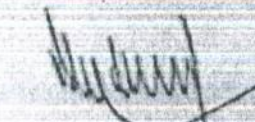
Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.)

has been conferred on her at PUNE, on the 7th day of the month of
April in the year Two Thousand Ten.

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




VICE CHANCELLOR


CHANCELLOR

DUPLICATE
CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI
Similia Similibus Curentur

Certificate No. 47182

Date of Registration 01/01/2009



This is to Certify that

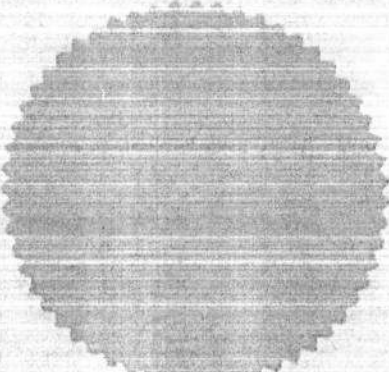
Dr. Shri Smt. Kumari DIXIT KOMAL ROHIT

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 31st day of December of 2023 or till it is duly cancelled.



(Signature)
Signature of the Registrar

ANNEXURE – “F”

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

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr Rajesh Shah
02.	Date of Birth	: 18 th Jan 1963
03.	Address	: Life Force, 411, Krushal Comm Complex, Chembur, Mumbai 400089
04.	Tel. No./ Mob. No.	: 9820536522
05.	e-mail id	: sanjivak@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: M.D. (Homeopathy)
08.	Teaching Experience / Health Sciences: Post-graduate Experience (attach document proof with signature of head of the Institute. Also it is mandatory to attach self-attested photocopy of the Experience Certificate of each mentor in the Subject of the Post-graduate Degree Course)	: Former lecturer at CMP Homeopathic Medical College
09.	Present Affiliation	: Director, Life Force Homeopathy
10.	Publications (List & Proof)	: https://orcid.org/0000-0002-1263-9077
11.	Post-Graduate Teaching experience (Attach documentary evidence)	: Yes.
12.	Any other relevant information	: Researcher, Author

Date: 12th Nov 2022

Name & Sign. of Mentor



Dr Rajesh 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

Date:



Training Centre Round Seal

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:



Annexure-B

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

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

This is to certify that **Dr. RAJESH SHAH** has worked in the Department of
Homeopathic RESPIRATORY COURSE College / Institutes as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1984	2026	42 YEARS

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

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

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

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

No. of Publications	National / International
100	

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. 657

Certificate

This is to certify that Shri Smt. / Hum. Shah Rajesh Narottamdas.
has successfully passed the L. C. E. H. Examination. (Licentiate of Court of Examiners in
June
Homoeopathy) held in May December 1984. His Her Roll Number was 34.
in the said Examination.

Dated 3/10/84.

Checked by Sping

Secretary
Secretary

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

No. 27759

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

Similia Similibus Curentur

Certificate No. 11813

Date of Registration 28/11/1984



THIS IS TO CERTIFY THAT

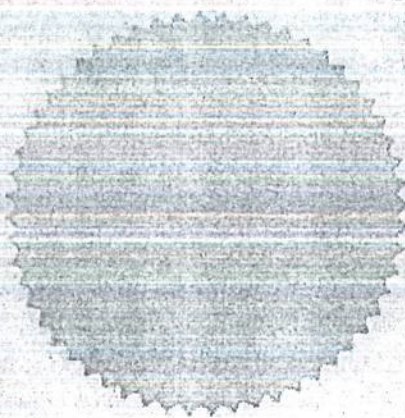
Dr. Shri / Smt. / K. / SHAH RAJESH NAROTTAMDAS

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 27th day of November 20..... or till it is duly cancelled.



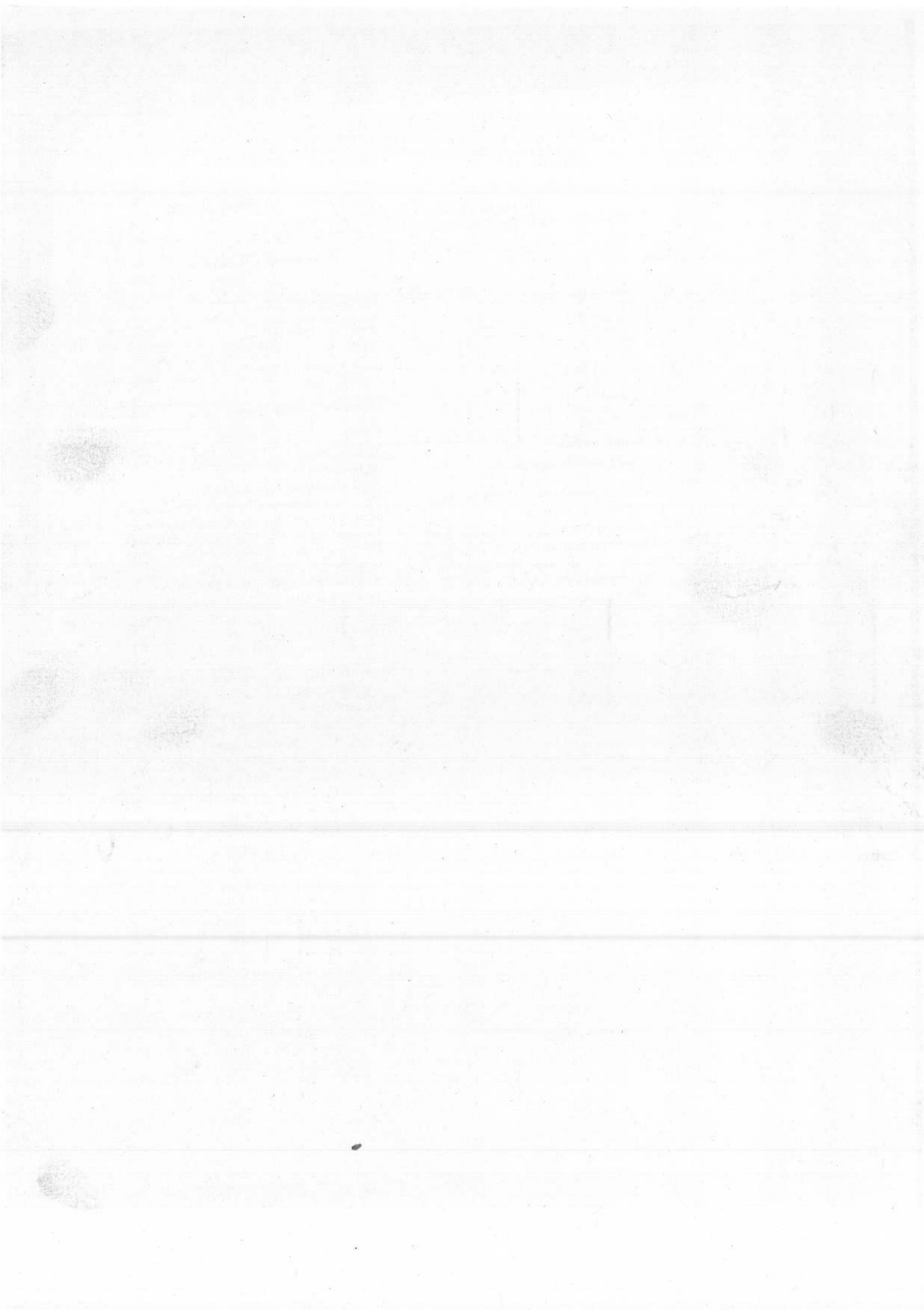
[Signature]
02.05.16

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 Shobha Sanjay Shah
02.	Date of Birth	: 4 th August 1966
03.	Address	: Clinic: Plot No 33/A, Pushpa park, Malad - East, Mumbai - 400097
04.	Tel. No./ Mob. No.	: 9323433323
05.	e-mail id	: drshahshobha@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS (1987) M.D. (2006) (Documentary Proofs attached)
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	: Practicing Homoeopathy since 1989, since 33yrs Have Taken online and offline CMEs for National Journal of Homoeopathy(NJH) and Hahnemannian Homoeopathic Forum (HHF) academies. Associated with NJH since 2005 Teaching at NJH CMEs, Seminars, Webinars since 2010 Associated with HHF since 2015
09.	Present Appointment	: Content Editor of NJH since 2017
10.	Publications (List & Proof)	: Published over 100 cases and articles in NJH over last 17yrs To name few - - Case of Ca Breast with Metastasis - Case of Dengue fever - Case of Acid Peptic disorder - Case: Why do I suffer wrongly? - Case of an Anxious child suffering from Bronchial Asthma - Case: My constitution has made my adaptation difficult - Case of Conversion disorder (Hysteria) - Case: I enjoy spying in everyone's life - Case: Why did I stop growing? - Case of cute, manipulative and mischievous child - Case: I am an innocent teenage - Case: Importance of single remedy rubric - Case: Why are you exploiting me? - Case of Herpes zoster - Case: Why to trouble others? - Case: How can I live if bed-ridden?



- Case: I don't like hearing this news
- Case: I am frightened, pampered child
- Case: I am trapped
- Case of Axial S/P/A/ BII Sacroilitis
- Case of Post Covid Phobia
- Case of Allergic Dermatitis
- Case of Behavioural problem of a child
- Case of Acute Appendicitis
- Case of Stroke
- Case of Trigeminal Neuralgia

Post Graduate Teaching experience (Attach
supporting evidence)

How publications attached

Any other relevant information

I have basic interest in spreading Homoeopathy
as a clinician and as an academician.

Date: 8th November 2022

Name & Sign of Mentor – Dr Shobha Shah

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department

Sign & Stamp
Dean/ Principal/ Director of Training

Date:

Training Centre Round Seal

Annexure-B

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

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

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

This is to certify that **Dr. SHOBHA SHAH** has worked in the Department of
Homeopathic RESPIRATORY COURSE College / Institutes as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1989	2026	37 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
10	



Roll No. 252278

EC/2004/25704
Degree Certificate No. 481

JANARDAN RAI NAGAR RAJASTHAN VIDYAPEETH
(DEEMED UNIVERSITY)
UDAIPUR



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

Do hereby that Dr. Shobha Jain having
been examined and found duly qualified for the Doctor of
Medicine (Hom.) in speciality subject namely Repertory in
the examination held in June-2006 the Degree of

Doctor of Medicine (Hom.)

In the Subject of

Repertory

has been conferred on her/him at Udaipur on the 17 day of
the month July in the year 2006

In testimony whereof we set the Seal of the University and the
Signature of the Vice-Chancellor

Ud. Secy

1987

Date 11/11/2008

Seal

W. M. A. L.
Vice-Chancellor

 the Chancellor, Vice-Chancellor,
and Members of the Executive Council
of the University of Bombay, certify
[Signature] that the withinsigned

Shree Manuakhtul Jain of
Smt. Mahadevi Mahabhai Patel Homoeopathic Medical College and Hospital
has been examined in the month of
November in the year 1987 for the Degree of
Bachelor of Homoeopathic Medicine and
Surgery and found qualified for the same,
the Degree of

Bachelor of Homoeopathic Medicine and Surgery

has been conferred on her at *Bombay* on the
second day of the month of *December*
in the year one thousand nine hundred and
eighty seven.

Witness my hand whereof are set the Seal of the
University and the Signature of the said
Chancellor.

Chancellor
Chancellor

CERTIFICATE OF REGISTRATION

Maharashtra Council of Homoeopathy, Bombay

Similia Similibus Curentur

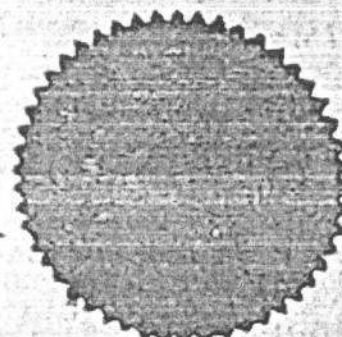
Certificate No. 17080

Date of Registration: 260759

This is to certify that Dr. (Mrs) Shobha Sanjay
has been duly registered under the Bombay Homoeopathic Practitioners' Act, 1959 (Bom. XII of 1960).

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

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



M. P. Shinde 26/7/59
Signature of 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. Shreyance Parakh
02.	Date of Birth	: 3 rd April 1989
03.	Address	: "Aloukik", 62-63/1, South Tukoganj, Indore (M.P.)
04.	Tel. No./ Mob. No.	: 9827563296
05.	e-mail id	: shreyance3489@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS, M.D. (Hom.), Ph.D. (Hom.) 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)	: • Clinical Practice since 2014 • Assistant Professor – Dept. of HMM from 1st Feb 2019 to 14th July 2025. • Associate Professor – Dept. of HMM from 15th July 2025 to till date.
09.	Present Appointment	: Associate Professor – Dept. of HMM at SKRP Gujarati Hom. Med. College, Indore
10.	Publications (List & Proof)	: • Diamond cuts Diamond - A Case Demonstrating the Curative Power of Similarity. • Integrative Homoeopathic Management of Early Chronic Kidney Disease: A Case Report.
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: - 25/05/2026

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:



Training Centre Round Seal

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

Annexure-B

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

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

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

This is to certify that **Dr. SHREYANSH PARAKH** has worked in the Department
of **Homeopathic RESPIRATORY COURSE** College / Institutes as per following
details.

A) General Experience:-

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

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

Designation	From	To	Total period Year/Month
HOMEOPATH	2018	2026	6 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	



अनुक्रमांक 1439

(पूर्व नाम - इन्दौर विश्वविद्यालय, इन्दौर)



बॅचलर ऑफ़ होम्योपैथी मेडिसिन
एण्ड सर्जरी

(BACHELOR OF HOMEOPATHY MEDICINE
AND SURGERY)

प्रमाणित किया जाता है कि शेयांस पारख
ने इस विश्वविद्यालय से फर. मार्च 2013
की परीक्षा में बॅचलर ऑफ़ होम्योपैथी मेडिसिन एण्ड सर्जरी
की उपाधि प्राप्त की।

संस्था का नाम: ए.के.आर. पी. गुजराती होम्योपैथिक
मेडिकल कॉलेज, इन्दौर

दिनांक: 2.2013

धीरेकुमार सिंह

2018109217



MUHS

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

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु
आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य
एम.डी. होमिओपॅथी (प्रेक्टिस ऑफ मेडिसीन)

ही पदवी हिवाळी-२०१७ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल
औरंगाबाद येथील डी.के.एम.एम. होमिओपॅथीक वैद्यकीय महाविद्यालय व रुग्णालयाचे/च्या

श्रेयांस पारख

२१ मे २०१८ च्या दीक्षा समारंभात प्रदान करित आहोत

We, the Chancellor, Pro-Chancellor, Vice-Chancellor
and Members of the Management Council, Academic Council
confer the Degree of
Doctor Of Medicine In Homoeopathy (Practice of Medicine)

on
Shreyance Parakh

(PRN 3116133866)

of
D.K.M.M. Homoeopathic Medical College & Hospital, Aurangabad

for the examination held in Winter-2017
at the Convocation held on 21st May 2018



20E70401315



(Signature)

VICE-CHANCELLOR

कुलगुरु

5163

A circular portrait of George Washington, facing slightly left, wearing a dark coat and white cravat. The portrait is set against a light background with faint text around the border.



रजिस्ट्रीकरण प्रमाण-पत्र

रजिस्ट्रीकरण क्रमांक 21491 तारीख 09/06/2014

प्रमाण-पत्र दिया जाता है कि डॉ.श्रेयांस....पारख

पुत्र/पुत्री/पत्नी/पति श्री शान्ति लाल पारख

निवासी 'आलौकिक', 62-63/1, साऊथ तुकोगंज, इन्दौर

जिला **इन्दौर (म.प्र.)** को, मध्यप्रदेश होम्योपैथी परिषद

अधिनियम, 1976 की धारा 22 के अधीन रजिस्ट्रीकृत होम्योपैथिक चिकित्सा व्यवसायी के रूप में
B. H. M.S.

अर्हता के आधार पर, सम्यक रूप से रजिस्ट्रीकृत किया गया है।

इसके साक्ष्य स्वरूप यहां परिषद के रजिस्टार के हस्ताक्षर तथा उनकी मुद्रा लगाई गई है।

भोपाल :

- 9 JUN 2014

तारीख:

(डॉ. आयशा अली)
रजिस्टार

म.प्र.राज्य होम्योपैथी परिषद
73, जोन-2, एम.पी.नगर, भोपाल

टिप्पण :-

1. प्रत्येक रजिस्ट्रीकृत होम्योपैथी व्यवसायी, प्रत्येक तीन वर्षों के भीतर उसका/उसकी प्रविष्टि पुनरीक्षण हेतु प्रारूप "ड" में नियमानुसार आवेदन करेगा।
2. परिषद में रजिस्ट्रीकृत प्रत्येक व्यवसायी का यह कर्तव्य होगा कि वह अपने नाम/व्यवसाय/अवसायीय/व्यवसायिक नाम, पता/निवासस्थान/जगह/संकेत/या परिवर्तन होने, अवैधानिक सामान्य प्राप्ति विनियमों/अवैध अभिज्ञ करने, के संबंध में रजिस्ट्रार को अवैधानिक रूप से सूचना देकर तुरंत सूचना करेगा तथा रजिस्ट्रीकृत व्यवसायी द्वारा अनिवार्य रूप से उपरोक्त संबंधी जानकारी रजिस्ट्रार द्वारा मांगे जाने पर प्रदान करेगा।
3. रजिस्ट्रीकृत व्यवसायी का नाम राज्य होम्योपैथी रजिस्ट्रार से बिना सूचना के हटाया जाएगा यदि वह नियमानुसार पुनरीक्षण या राज्य होम्योपैथी रजिस्ट्रार से नाम हटाने के लिये विनिर्दिष्ट समय के भीतर आवेदन करने में असफल रहता है।

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. SHIVANI PARIKH
02.	Date of Birth	: 16/02/1977
03.	Address	: FORT- SONGARH GUJARAT
04.	Tel. No./ Mob. No.	: 9558716870
05.	e-mail id	: drshivaniParikh16@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	:
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)	: 1. ASSISTANT PROFESSOR C.N.KOTHARI HOMOEOPATHIC MEDICAL COLLEGE & RESEARCH CENTRE 2. ASSOCIATE PROFESSOR VIJAYADEEP HOMOEOPATHIC MEDICAL COLLEGE & RESEARCH CENTRE
09.	Present Appointment	: MENTOR DR. BATRA'S ACADEMY
10.	Publications (List & Proof)	: ATTACHED.
11.	Post Graduate Teaching experience (Attach documentary evidence)	: —
12.	Any other relevant information	: N A

Date: - 09/05/26

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:



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

Training Centre Round Seal

Annexure-B

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

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

This is to certify that Dr. SHIVANI PARIKH has worked in the Department of
Homeopathic RESPIRATORY COURSE College / Institutes as per following
details.

A) General Experience:-

Designation	From	To	Total period Year/Month
HOMEOPATH	1999	2026	27 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	

Sign & Stamp
Head of the Department
Date:

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

Roll No. 96092

Ex.No.-EC/2004/25566

Degree Certificate No. 166

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)

Certifiy that Dr. Shah Shivani Harshad Rai having passed the Final Examination held in (Month) Dec. (Year) 2006 has been conferred (Graded) Degree of

**Bachelor of Homoeopathic
Medicine & Surgery**

on him / her on completion of Compulsory Internship Training.

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

Udaipur

Date. 13.5.2009

Seal

Upadhyay
Vice-Chancellor



2018208256



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

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु

आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य
एम.डी.होमिओपॅथी (होमिओपॅथीक मटेरिया मेडिका)

ही पदवी उन्हाळी-२०१८ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल
औरंगाबाद येथील डी.के.एम.एम. होमिओपॅथीक वैद्यकीय महाविद्यालय व रुग्णालया चे/च्या

शाह शिवानी हर्षदराय

यांना

१० डिसेंबर २०१८ च्या दीक्षांत समारंभात प्रदान करित आहोत

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

Doctor of Medicine in Homoeopathy (Homoeopathic Materia Medica)

on

Shah Shivani Harshadrai

(PRN 3116133485)

of

D.K.M.M. Homoeopathic Medical College & Hospital, Aurangabad

for the examination held in SUMMER-2018
at the Convocation held on 10th December 2018



20F70101018

Corbharaskar

VICE-CHANCELLOR
कुलगुरु

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE

Registration

Certificate No. G 5017

Ahmedabad 30-12-2000

This is to certify that

Shivani Harshadrai Shah

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

/Diploma / Degree on dated January-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

N. J. Rupasingh
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. Neha Zaverbhai Makwana
02.	Date of Birth	: 06-04-1991
03.	Address	: B/18, Taksh aashray society, nr. Sikendarpura village, Opp. Pioneer Medical College, ajwa nimeta road, Vadodara - 390019
04.	Tel. No./ Mob. No.	: 6351467447
05.	e-mail id	: Sadguruclinic95@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BHMS, MD(Repertory), Diploma in Child Pshychology, Certified Yoga Teacher.
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 8 Months.
09.	Present Appointment	: Associated Professor in PG department of Case taking and Repertory at Parul Institute of Homeopathy and Research College, Parul University.
10.	Publications (List & Proof)	: 1. Holistic Homoeopathic Management of Polycystic Ovary Syndrome with Infertility Leading to Natural Conception: A Case Report https://www.ijfmr.com/papers/2026/2/71628.pdf 2. From Rubrics to Relief: Boericke Repertory-Based Homoeopathic Management Of Menopausal Syndrome. https://www.jetir.org/papers/JETIR2602328.pdf
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 2 year 8 Months
12.	Any other relevant information	: -

Date: 10-06-2026


Name & Sign. of Mentor
Dr. Neha Z Makwana



Annexure-B

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

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

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

This is to certify that **Dr. NEHA MAKWANA** has worked in the Department of
Homeopathic RESPIRATORY COURSE College / Institutes as per following
details.

A) General Experience:-

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

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

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

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

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

No. of Publications	National / International
2	


Sign & Stamp
Head of the Department
Date:


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

015585877



0324069

Accredited by NAAC
with 'A' Grade

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

Makwana Neha Zaverbhai

of

Jawaharlal Nehru Homoeopathic Medical College, Limda

having been examined for the Degree of

Bachelor Of Homoeopathic Medicine and Surgery in March-2013

and having passed the examination in the

First Class and having undergone

the prescribed period of housemanship, the degree of

**Bachelor Of Homoeopathic
Medicine and Surgery**

has been conferred on her at Rajkot on the

Seventh day of the Month of December

in the year two thousand fourteen.

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

O. P. Kohli

Chancellor

Homoeopathic Registration Certificate

THE COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE
GUJARAT STATE.

Registration

Certificate No. G —17521—

Ahmedabad —21/07/2014—

This is to certify that

Dr. Nehaben Zaverbhai Makwana

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

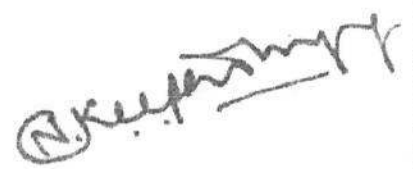
/ Diploma / Degree on dated May-2014

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




Registrar



Parul University

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

Makwana Neha Zaverbhai

of Jawaharlal Nehru Homoeopathic Medical College

has been examined and found suitable for the award of the Degree

Doctor of Medicine (Homoeopathy)

in

Repertory

under the Faculty of Homoeopathy.



Enrollment Number: 160408203001

Date of Convocation: 20-11-2019

REGD. NO. 091003441270

President



Provost



