



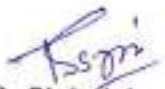
DR. M. L. DHAWALE MEMORIAL
HOMOEOPATHIC INSTITUTE

Opp. S.T. Workshop, Palghar-Boisar Road, Palghar 401 404. • Tel : 02525-256932/33 • Fax : 02525-257019
(Recognized by the Central council of Homoeopathy, New Delhi and
Maharashtra University of Health Sciences, Nashik)

TO WHOSOEVER IT MAY CONCERN

I, Dr Bipin Jain, Principal of MLDMHI, state that as per the requirements of National Commission of Homoeopathy the Notarized confirmation letters of all the full time teachers on roll is sought to be uploaded every year. Hereby attaching the confirmation letters of 22 teachers of 2021-22 for your information.

This is to inform you that as all full time teachers are in continuation of their service, the Institute does not issue appointment letters every year to them.


Dr Bipin Jain
Principal





I, Dr. Bipin, Age 55 years, S/o Sohanraj Mohanraj Jain, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/04/2002 and the details of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher					
1	Name of the Teacher	Dr. Bipin S. Jain				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	16/12/1966				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	1987			
		University	Mumbai			
5	PG Qualification	Name of Subject	Homoeopathic Materia Medica			
		Passing year	2005			
		University	Mumbai			
6	Additional qualification P.G. Diploma/Ph.D	Subject	MBA in Ed Mgt.			
		Passing year	2011			
		University	Alagappa			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		01/04/2002	31/08/2006	Hons Mat Medica	Lecturer	Dr. M.L. Dhawale Memorial Homoeopathic Institute
		01/09/2006	20/07/2013		Reader	
		21/07/2013	Till date		Professor	
8	Presently working Department (Subject)	Homoeopathic Materia Medica				
9	Present Designation	Principal and Professor				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	3/22, Urnat Nagar - II, M.G. Road, Goregaon (W), Mumbai - 400062				
12	Local Residential Address	3/22, Urnat Nagar - II, M.G. Road, Goregaon (W), Mumbai - 400062				



13	State Board/Council Registration Details	Registration Number	17085
		Name of State Board	Maharashtra
14	Mobile No	9322690095	
	Email ID	[Redacted]	
15	Name of the Principal of College	Dr. Bipin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

[Signature]
Dr. Bipin Jain

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

[Signature]
Dr. K.M. Dhuwale,
Chairman



BEFORE ME

[Signature]
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Chawl Committee, Karam Nagar
Zonarban, Akurdi Road, Kandivali (East)
Mumbai - 400017

10 AUG 2022





I, Dr. Anand, Age 59 years, S/o Rajendra, Kapse, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/04/2002 and the details of my qualification and experience are mentioned below.

Sl. No	Information of Teacher					
1	Name of the Teacher	Dr. Anand R. Kapse				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	09/08/1963				
4	UG Qualification	Name of Degree	LCEI			
		Passing year	1983			
		University	The Court of examiners of Homoeopathic and Biochemic systems of Medicine, Bombay			
5	PG Qualification	Name of Subject	Organon of Medicine with Homoeopathic Philosophy			
		Passing year	2005			
		University	Mumbai			
6	Additional qualification P.G. Diploma/Ph.D	Subject	MBA in Ed Mgt.			
		Passing year	2010			
		University	Alagappa			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		01/04/2002	30/04/2006	Organon of Medicine with Homoeopathic Philosophy	Lecturer	Dr. M.L. Dhawale Memorial Homoeopathic Institute
		05/05/2006	30/07/2013		Reader	
21/7/2013	Till date	Professor				
8	Presently working Department (Subject)	Organon of Medicine with Homoeopathic Philosophy				
9	Present Designation	Professor				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	S, Nishigandha Apartment, Opp Paryoday Complex, Kalyan West - 421301				
12	Local Residential Address	S, Nishigandha Apartment, Opp Paryoday Complex, Kalyan West - 421301				



13	State Board/Council Registration Details	Registration Number	11170
		Name of State Board	Maharashtra
14	Mobile No.	9371721750	
	Email ID	[Redacted]	
15	Name of the Principal of College	Dr. Dipin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :

Place : Palghar

[Signature]
Dr. Anand R. Kapse

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:

Place : Palghar

[Signature]
Signature of Principal with stamp



BEFORE ME



[Signature]
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genesh Chaves Committee, Krandi Nagar
Zopadashi, Akuri Road, Kandivali (East),
Mumbai - 400 027

10 AUG 2022





I, Dr. Anoop, Age 57 years, S/o Mohan Shripad Nigwekar, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/04/2002 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Anoop M. Nigwekar				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	24/06/1965				
4	UG Qualification	Name of Degree	GCEH			
		Passing year	1987			
		University	The Court of examiners in Homoeopathic Education			
5	PG Qualification	Name of Subject	Repertory			
		Passing year	2006			
		University	Jaswanth Rai Nagar Rajasthan Vidyapeeth			
6	Additional qualification P.G. Diploma/Ph.D	Subject	MBA			
		Passing year	1998			
		University	YCMOU			
		Subject	Advance Diploma in Management			
		Passing year	2005			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
From Date (dd/mm/yyyy)		To date (dd/mm/yyyy)				
01/04/2002		30/04/2006	Repertory	Lecturer		
01/05/2006		20/07/2013		Reader		
21/07/2013	Till date	Professor				
8	Presently working Department (Subject)	Repertory				
9	Present Designation	Professor				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	A - 201, Atlanta, Hiranandani Estate, Thane - 400607				
12	Local Residential Address	A - 201, Atlanta, Hiranandani Estate, Thane - 400607				
13	State Board/Council Registration Details	Registration Number	16453			
		Name of State Board	Maharashtra			



14	Mobile No	9324933032
	Email ID	shriclinic25@gmail.com
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar


Dr. Anoop Nigwekar

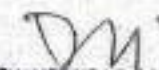
I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARWADE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genesh Chawl Committee, Grand Nagar
Zonaribatti, Akuri Road, Kandivali (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Chandrasekhar, Age 58 years, S/o Ramkrishna Chandrasekhar Goda, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 1/4/2002 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
1	Name of the Teacher	Dr. C.R. Goda				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	01/08/1964				
4	UG Qualification	Name of Degree	L.C.E.H			
		Passing year	1985			
		University	The Court of examiners of Homoeopathic and Biochemic systems of Medicine, Bombay			
5	PG Qualification	Name of Subject	Organon of Medicine with Homoeopathic Philosophy			
		Passing year	2005			
		University	Mumbai			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Paediatrics	Lecturer	Dr. M.L. Dhawale Memorial Homoeopathic Institute
		01/04/2002	31/03/2006			
		01/04/2006	20/07/2013	Till date	Reader	
		21/07/2013	Till date		Professor	
8	Presently working Department (Subject)	Paediatrics				
9	Present Designation	Professor				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	9A, flat no. 24, Brindavan Society, Thane (W) - 400601				
12	Local Residential Address	9A, flat no. 24, Brindavan Society, Thane (W) - 400601				



13	State Board/Council Registration Details	Registration Number	12852
		Name of State Board	Maharashtra
14	Mobile No	9322882918	
	Email ID		
15	Name of the Principal of College	Dr. Dipin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session. If any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar


Dr. C.R. Goda

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Charit Committee, Ward Nagar
Zooxanah, Akurdi Road, Kandivall (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Sunita, Age 53 years, D/o Bharudar Ramdas Nikumbh, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/04/2002 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Sunita B Nikumbh				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	07/03/1969				
4	UG Qualification	Name of Degree	DHMS			
		Passing year	2001			
		University	Maharashtra Council of Homoeopathy			
5	PG Qualification	Name of Subject	Organon of Homoeopathic Philosophy			
		Passing year	2001			
		University	Dr. Babasaheb Ambedkar Marathwada University			
6	Additional qualification P.G. Diploma/Ph.D	Subject				
		Passing year				
		University				
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		01/04/2002	25/07/2013	Psychiatry	Lecturer	Dr. M.L. Dhawale Memorial Homoeopathic Institute
		21/07/2013	17/02/2021		Reader	
18/02/2021	To date	Professor				
8	Presently working Department (Subject)	Psychiatry				
9	Present Designation	Reader				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	11/11, Shri Sahyadri CTS, Kolwa, Thane - 400605				
12	Local Residential Address	11/11, Shri Sahyadri CTS, Kolwa, Thane - 400605				




13	State Board/Council Registration Details	Registration Number	11190
		Name of State Board	Maharashtra
14	Mobile No	7721076363	
		Email ID	
15	Name of the Principal of College	Dr. Dipin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session. If any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :

Place : Palghar


Dr. Sunita Nikumbh

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

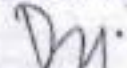
Date:

Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genesh Chait Committee, Grand Nagar
Zoochadi, Akur Road, Kandivali (East),
Mumbai - 400104

10 AUG 2022





I, Dr. Shama, Age 56 years, W/o Manoj Rao, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/09/2002 and the details of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher					
1	Name of the Teacher	Dr. Shama M. Rao				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	26/11/1966				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	1987			
		University	Mumbai			
5	PG Qualification	Name of Subject	Organon of Medicine with Homoeopathic Philosophy			
		Passing year	2006			
		University	Janshree Rai Nagra Rajawade Vidyapeeth			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)			
		01/09/2002	31/12/2008	Medicine	Lecturer	MLDMH
		01/01/2009	20/07/2013	Medicine	Reader	SMKSI/MC
21/07/2013		26/11/2017	Medicine	Lecturer	MLDMH	
27/11/2017	31/12/2018	Medicine	Reader	MLDMH		
01/08/2018	Till date	Medicine	Professor	MLDMH		
8	Presently working Department (Subject)	Practice of Medicine				
9	Present Designation	Professor				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	201/A wing, Alok Apts, Mahant Road, Vile Parle (E), Mumbai - 400057				
12	Local Residential Address	201/A wing, Alok Apts, Mahant Road, Vile Parle (E), Mumbai - 400057				



13	State Board/Council Registration Details	Registration Number	17061
		Name of State Board	Maharashtra
14	Mobile No	9892212843	
	Email ID	rao.sharma@rediffmail.com	
15	Name of the Principal of College	Dr. Bipin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date:
Place: Palghar

SM Rao
Dr. Shama Rao

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place: Palghar

[Signature]
Signature of Principal with stamp



BEFORE ME

[Signature]
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genl. Chair Committee, Kanti Nagar
Zorawar, Anul Road, Kandiveri (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Bhavik, Age 46 years, S/o Ramesh Navachand Parekh, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/04/2006 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Bhavik Ramesh Parekh				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	11/07/1976				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	1999			
		University	Mumbai			
5	PG Qualification	Name of Subject	Homoeopathic Materia Medica			
		Passing year	2006			
		University	Mumbai			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		01/04/2006	20/07/2013	Hom Mat Medica	Lecturer	Dr. M.L. Dhawale Memorial Homoeopathic Institute
		21/07/2013	Till date		Reader	
8	Presently working Department (Subject)	Homoeopathic Materia Medica				
9	Present Designation	Reader				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	E-147, 5 th Floor, Dev Nagar, New Sahaba Nagar, Kandivali (W), Mumbai				
12	Local Residential Address	E-147, 5 th Floor, Dev Nagar, New Sahaba Nagar, Kandivali (W), Mumbai				



13	State Board/Council Registration Details	Registration Number	31066
		Name of State Board	Maharashtra
14	Mobile No	9323792543	
	Email ID	drbhavik.purekh@gmail.com	
15	Name of the Principal of College	Dr. Dipak S. Jain	


I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar


Dr. Bhavik Purekh

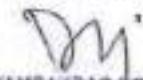
I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date :
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY (GOVT OF INDIA)
Ganesh Chowk, Cusimbud, Kramti Nagar
Zoribud, Aluni Road, Kandivali (East)
Mumbai - 400 101

10 AUG 2022





I, Dr. Prashant, Age 32 years, S/o. [Name] and Tamboli, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/04/2002 and the details of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
1	Name of the Teacher	Dr. Prashant P. Tamboli				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	18/06/1970				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	1993			
		University	Shivaji University			
5	PG Qualification	Name of Subject	Repertory			
		Passing year	2006			
		University	Mumbai			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Repertory	Lecturer	Dr. M.L. Dhawale Memorial Homoeopathic Institute
		01/04/2002	20/07/2013		Reader	
		21/07/2013	Till date			
		-	-			
8	Presently working Department (Subject)	Repertory				
9	Present Designation	Reader				
10	Name of Present Appointment	Regular				
11	Permanent Residential Address	Geet- Govind, 116 / 3069, Tilak Nagar, Chembur, Mumbai - 400089				
12	Local Residential Address	Geet- Govind, 116 / 3069, Tilak Nagar, Chembur, Mumbai - 400089				



13	State Board/Council Registration Details	Registration Number	21330
		Name of State Board	Maharashtra
14	Mobile No	9322283197	
	Email ID		
15	Name of the Principal of College	Dr. Ilqin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar


Dr. Prashant Tamboli

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genesh Chaud Committee, Kranti Nagar
Zogadwadi, Akuri Road, Kandhwa (East),
Mumbai - 400101

11 0 AUG 2022





I, Dr. Nikunj, Age 41 years, S/o Jagdish Shankarlal Jani, joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/04/2009 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Nikunj Jani				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	2/10/1981				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2003			
		University	MUHS			
5	PG Qualification	Name of Subject	Repertory			
		Passing year	2008			
		University	Mumbai			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		01/04/2009	25/04/2013	Repertory	Lecturer	MLDMH
		24/04/2013	31/12/2014	Repertory	Reader	SMKHM
01/01/2015	Till date	Repertory	Reader	MLDMH		
8	Presently working Department (Subject)	Repertory				
9	Present Designation	Reader				
10	Nature of Present Appointment (regular/contract/deputation)	Regular				
11	Permanent Residential Address	702, Pramukh Palace, Link Road, Behind Don - Bosco High School, Borivali (West), Mumbai - 400091				
12	Local Residential Address	702, Pramukh Palace, Link Road Behind Don - Bosco High School, Borivali (West), Mumbai - 400091				



13	State Board/Council Registration Details	Registration Number	39029
		Name of State Board	Maharashtra
14	Mobile No	9323180460	
	Email ID	drnikunj@gmail.com	
15	Name of the Principal of College	Dr. Hites S. Jain	


I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar


Dr. Nikunj Jain

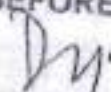
I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARONE
ADVOCATE & NOTARY, (GOVT. OF INDIA)
Ganesh Chawl Committee, Koral Nagar
Zopeshwar, Akur Road, Kandivali (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Vivek, Age 37 years, S/o Vithal Kadam, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/07/2016 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
1	Name of the Teacher	Dr. Vivek Vithal Kadam				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	25/12/1984				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2007			
		University	Mumbai			
5	PG Qualification	Name of Subject	Homoeopathic Materia Medica			
		Passing year	2011			
		University	Mumbai			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Hom Mat Medica	Lecturer	Dr. M.L. Dhawale Memorial Homoeopathic Institute
		01/07/2016	04/03/2021		Reader	
		05/03/2021	-	-	-	
		-	-	-	-	
8	Presently working Department (Subject)	Homoeopathic Materia Medica				
9	Present Designation	Reader				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	C/3, Sadhana CHS, Wagle Estate, Road No. 22, Kharan Nagar No. 3, Thane 400604				
12	Local Residential Address	C/3, Sadhana CHS, Wagle Estate, Road No. 22, Kharan Nagar No. 3, Thane 400604				



13	State Board/Council Registration Details	Registration Number	47692
		Name of State Board	Maharashtra
14	Mobile No	9819776232	
	Email ID	vivek.kadam@maharashtra.gov.in	
15	Name of the Principal of College	Dr. Dipix S. Jom	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

Vivek Kadam
Dr. Vivek Kadam

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar.

Ksom
Signature of Principal with stamp



BEFORE ME

Jy
JAGDISH TIYYAMBAKRAO DONGARDAVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genesh Chawl Committee, Khand Nagar
Zerodoshi, Akuni Road, Kandivali (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Sachin, Age 46 years, S/o Gajanan Sitarna Junagade, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/01/2015 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher						
1	Name of the Teacher	Dr. Sachin Gajanan Junagade					
2	Teacher Code						
3	Date of Birth (dd/mm/yyyy)	6/9/1976					
4	UG Qualification	Name of Degree	BIMS				
		Passing year	1999				
		University	Nagpur				
5	PG Qualification	Name of Subject	Organon of Medicine with Homoeopathic Philosophy				
		Passing year	2006				
		University	Mumbai				
6	Additional qualification P.G. Diploma/Ph.D	Subject	-				
		Passing year	-				
6	Post wise details of experience in chronological order from the date of initial appointment	Duration	Department (Subject)	Designation	Name of the College		
		From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)				
		05/03/2007	06/09/2010	OBG/Gyn	Lecturer	YMTIIMC	
		20/09/2010	30/09/2011	Organon	Lecturer	MLDMHI	
		01/10/2011	18/12/2013	Organon	Lecturer	SMKHMC	
		19/12/2013	31/12/2015	Organon	Reader	SMKHMC	
		01/01/2015	4/3/2021	Organon	Lecturer	MLDMHI	
		05/03/2021	Till date	Organon	Reader	MLDMHI	
		8	Presently working Department (Subject)	Organon of Medicine with Homoeopathic Philosophy			
		9	Present Designation	Reader			
10	Nature of Present Appointment	Regular					
11	Permanent Residential Address	2/2, Saraswati Nagar CHS, Kopray Colony, Thane (E) - 400603					
12	Local Residential Address	2/2, Saraswati Nagar CHS, Kopray Colony, Thane (E) - 400603					



13	State Board/Council Registration Details	Registration Number	31498
		Name of State Board	Maharashtra
14	Mobile No	7720016346	
	Email ID		
15	Name of the Principal of College	Dr. Higin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

[Signature]
Dr. Sachin Junagade

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

[Signature]
Signature of Principal with stamp



BEFORE ME

[Signature]
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Gench Chawl Committee, Khand Nagar
Zhangad, A. S. Road, Kandivali (East),
Mumbai - 400101

11 0 AUG 2022





I, Dr. Rajesh Age 35 years, S/o Ramkuntwar Baldev Yadav. Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 13/04/2016 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Rajesh Yadav				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	11/02/1987				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2009			
		University	MUMS Nashik			
5	PG Qualification	Name of Subject	Psychiatry			
		Passing year	2015			
		University	MUMS Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		16/04/2016	13/02/2021	Psychiatry	Lecturer	MUDMHI
		16/02/2021	Till date	Psychiatry	Reader	MUDMHI
8	Presently working Department (Subject)	Psychiatry				
9	Present Designation	Reader				
10	Name of Present Appointment	Regular				
11	Permanent Residential Address	5, Arjun Vasanta Yadav Chowk, Pump House, Jijamata Road, Andheri (E) Mumbai-400093				
12	Local Residential Address	5, Arjun Vasanta Yadav Chowk, Pump House, Jijamata Road, Andheri (E) Mumbai-400093				
13	State Board/Council Registration Details	Registration Number	54148			
		Name of State Board	Maharashtra			



14	Mobile No	9975023272
	Email ID	
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

[Signature]
Dr. Rajesh Yadav

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

[Signature]
Signature of Principal with stamp



BEFORE ME

[Signature]
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Chawl Committee, Grand Nagar
Zonaripani, Akurdi Road, Kanchivali (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Harshla, Age 34 years, D/o Chandrakant Rajaram Sarvagad, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 06/01/2018 and the details of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher				
1	Name of the Teacher	Dr. Harshla Chandrakant Sarvagad			
2	Teacher Code				
3	Date of Birth (dd/mm/yyyy)	30/11/1988			
4	UG Qualification	Name of Degree	B.H.S		
		Passing year	2011		
		University	M.U.H.S, Nashik		
5	PG Qualification	Name of Subject	Practice of Medicine		
		Passing year	2017		
		University	M.U.H.S, Nashik		
6	Additional qualification P.G. Diploma/Ph.D	Subject	-		
		Passing year	-		
		University	-		
	Post wise details of experience in chronological order from the date of initial appointment	Duration	Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)		
06/01/2018		18/3/2022	Medicine	Lecturer	M.L.D.M.H.I
18/3/2022		Till date	Medicine	Reader	M.L.D.M.H.I
8	Presently working Department (Subject)	Practice of Medicine			
9	Present Designation	Reader			
10	Nature of Present Appointment	Regular			
11	Permanent Residential Address	Sagar Nagar, Vetrivati CHS, Vikhroli Park Site, Mumbai - 400079			
12	Local Residential Address	Sagar Nagar, Vetrivati CHS, Vikhroli Park Site, Mumbai - 400079			
13	State Board/Council Registration Details	Registration Number	60116		
		Name of State Board	Maharashtra		



14	Mobile No	8108777599
	Email ID	hondra@hondra.com
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date:
Place: Palghar


Dr. Harshita Sarvagod

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place: Palghar


Signature of Principal with stamp



BEFORE ME

JAGDISH TRYAMBAKRAO DONGARPVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Chetan Committee, Kirti Nagar
Zarekhadi, Akash Road, Kharvela (Eest),
Mumbai - 400 107

10 AUG 2022





I, Dr. Omkar, Age 33 years, S/o Deepak Anavkar, Joined in this Dr. M.L. Dhaswale Memorial Homoeopathic Institute on 21/02/2017 and the details of my qualification and experience are mentioned below.

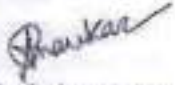
Sr. No	Information of Teacher	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
1	Name of the Teacher	Dr. Omkar D. Anavkar				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	04/08/1989				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2011			
		University	MUMS, Nashik			
5	PG Qualification	Name of Subject	Paediatrics			
		Passing year	2016			
		University	MUMS Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Department (Subject)	Designation	Name of the College
		21/02/2017	17/02/2021	Paediatrics	Lecturer	MLDMHI
		18/02/2021	To date	Paediatrics	Reader	MLDMHI
		-	-	-	-	-
8	Presently working Department (Subject)	Paediatrics				
9	Present Designation	Reader				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	1321, 'C' Wing, Shripati Tower, Mughlat Galli, Near Navkal Press, Girgaon, Mumbai - 400004				
12	Local Residential Address	1321, 'C' Wing, Shripati Tower, Mughlat Galli, Near Navkal Press, Girgaon, Mumbai - 400004				
13	State Board/Council Registration Details	Registration Number	59000			
		Name of State Board	Maharashtra			



14	Mobile No	7039499102
	Email ID	dr@omkarankarcollege.com
15	Name of the Principal of College	Dr. Dipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar


Dr. Omkar Anavkar

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Chhat Commission, Kanti Nagar
Erandwadi, Asuri Road, Kandivali (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Akshatha, Age 30 years, D/o Damodar Narayan Nayak, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 15/2/2020 and the details of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher					
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Department (Subject)	Designation	Name of the College
1	Name of the Teacher	Akshatha Damodar Nayak				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	15/06/1992				
4	UG Qualification	Name of Degree	B.D.S			
		Passing year	2014			
		University	M.U.S NASHIK			
5	PG Qualification	Name of Subject	Homoeopathic Materia Medica			
		Passing year	2019			
		University	M.U.S Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Department (Subject)	Designation	Name of the College
		15/2/2020	Till date	Hom Mat Med	Lecturer	M.L.D.M.H.I
8	Presently working Department (Subject)	Homoeopathic Materia Medica				
9	Present Designation	Lecturer				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	B-1, Mandar Apartment, Hanuman cross road No. 2, Shivaji Vidyalay Mumbai - 400057				
12	Local Residential Address	B-1, Mandar Apartment, Hanuman cross road No. 2, Shivaji Vidyalay Mumbai - 400057				
13	State Board/Council Registration Details	Registration Number	63676			
		Name of State Board	Maharashtra			



14	Mobile No	9833329607
	Email ID	hull@dr.m.l.dhanvale.com
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

Anayak
Dr. Akshutha Damodar Nayak

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

B.S.J.
Signature of Principal with stamp



BEFORE ME

Jy.
JAGDISH TRYAMBAKRAO DONGARONE
ADVOCATE & NOTARY (GOVT. OF INDIA)
Ganesh Chawl Committee, Kumbh Nagar
Zapardip, Akuni Road, Kumbh Nagar (East),
Mumbai - 400101

11 0 AUG 2022





I, Dr. Devangini, Age 38 years, D/o Ramesh Shantilal Broker, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/09/2012 and the details of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
1	Name of the Teacher	Dr. Devangini Broker				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	16/08/1984				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2006			
		University	MUHS			
5	PG Qualification	Name of Subject	Repository			
		Passing year	2011			
		University	MUHS			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Department (Subject)	Designation	Name of the College
		01/09/2012	Till date			
		-	-	-	-	-
		-	-	-	-	-
8	Presently working Department (Subject)	Repository				
9	Present Designation	Lecturer				
10	Nature of Present Appointment (regular/contract/dep-utation)	Regular				
11	Permanent Residential Address	D-12/3, Sakumar Soc., Dayaldas Road, Vile Parle (E), Mumbai - 400057				
12	Local Residential Address	D-12/3, Sakumar Soc., Dayaldas Road, Vile Parle (E), Mumbai - 400057				



13	State Board/Council Registration Details	Registration Number	45528
		Name of State Board	Maharashtra
14	Mobile No	9860311769	
	Email ID	devangini_broker@gmail.com	
15	Name of the Principal of College	Dr. Bipin S. Jain	

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

Devangini
Dr. Devangini Broker

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

B. Jain
Signature of Principal with stamp



BEFORE ME

M
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Chaud Commission, Khandi Nagar
Zaverwadi, Aundh Road, Kandivai (East)
Mumbai - 400101

10 AUG 2022





I, Dr. Melvish, Age 35 years, W/o Haris Dandoti, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 03/01/2020 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Melvish Haris Dandoti				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	27/7/1987				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2009			
		University	MUHS NASHIK			
5	PG Qualification	Name of Subject	Homoeopathic Philosophy			
		Passing year	2019			
		University	MUHS Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		15/2/2020	Till date	Organon of medicine	Lecturer	MLDMHI
8	Presently working Department (Subject)	Homoeopathic Philosophy				
9	Present Designation	Lecturer				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	B-003, A Ashirwad Assmita, Station Road, Maya Nagar, Mira Road (E)				
12	Local Residential Address	B-003, A Ashirwad Assmita, Station Road, Maya Nagar, Mira Road (E)				
13	State Board/Council Registration Details	Registration Number	54839			
		Name of State Board	Maharashtra			



14	Mobile No	9076113370/7038403423
	Email ID	Me@rui0007@gmail.com
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

Hehish Dalek
Dr. Mohvish Dandot

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

Bipin
Signature of Principal with stamp



BEFORE ME

JM
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genesh Chhat Commission, Khand Nagar
Zaverwadi, Khand Road, Kandivla (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Mansi, Age 34 years, D/o Jayantiben Jagdish Surti, joined in this Dr. M.L. Dhavale Memorial Homoeopathic Institute on 01/07/2019 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Mansi J Surti				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	30/03/1988				
4	UG Qualification	Name of Degree	DHMS			
		Passing year	2010			
		University	Sardar Patel University			
5	PG Qualification	Name of Subject	Psychiatry			
		Passing year	2015			
		University	MUMS Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		01/07/2019	Till date	Psychiatry	Lecturer	M.L.D.M.H.I
8	Presently working Department (Subject)	Psychiatry				
9	Present Designation	Lecturer				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	A-11, Yogi Prakash, Yaginagar, Near Sapna Optics Near Axis Bank ATM, Borivali (W), Mumbai - 400092				
12	Local Residential Address	A-11, Yogi Prakash, Yaginagar, Near Sapna Optics Near Axis Bank ATM, Borivali (W), Mumbai - 400092				
13	State Board/Council Registration Details	Registration Number	75910			
		Name of State Board	MCH			



14	Mobile No	7757915119
	Email ID	DR.HOPIN.S.JAIN@JAGDISH.COM
15	Name of the Principal of College	Dr. Hopin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

M. J. Surati
Dr. Mansi Surati

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

[Signature]
Signature of Principal with stamp



BEFORE ME

[Signature]
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT. OF INDIA)
Ganesh Chawl Committee, Khand Nagar
Ebbwem, Akurdi Road, Kandivali (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Nikita, Age 40 years, D/o Sureshchandra Mehta, Joined in this Dr. M.L. Dhanvale Memorial Homoeopathic Institute on 1/2/2021 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
1	Name of the Teacher	Dr. Nikita Sureshchandra Mehta				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	09/05/1982				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2004			
		University	H.N. Gujrat University			
5	PG Qualification	Name of Subject	Paediatrics			
		Passing year	2009			
		University	MLHS Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)	Paediatrics	Lecturer	MLDMHI
		01/02/2010	06/02/2011			
		01/02/2021	Till date	Paediatrics	Lecturer	MLDMHI
		-	-	-	-	-
8	Presently working Department (Subject)	Paediatrics				
9	Present Designation	Lecturer				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	Rural Homoeopathic Hospital, Room No. 307, Palghar Boisar Road, Palghar - 401404				
12	Local Residential Address	Rural Homoeopathic Hospital, Room No. 307, Palghar Boisar Road, Palghar - 401404				
13	State Board/Council Registration Details	Registration Number	42237			
		Name of State Board	Maharashtra			



14	Mobile No	9377899597
	Email ID	dr_nikita_mehra@tryambak.in
15	Name of the Principal of College	Dr. Nipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

Amehta
Dr. Nikita Sureshchandra Mehta

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar

[Signature]
Signature of Principal with stamp



BEFORE ME

[Signature]
JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY (GOVT OF INDIA)
Ganesh Chawl Committee, Krami Nagar
Bhandeshi, Ahuri Road, Kharoli (East)
Mumbai - 400101

10 AUG 2022





I, Dr. Namrata, Age 30 years, D/o Awadhesh Pandey, joined in this Dr. M.L. Dhaswale Memorial Homoeopathic Institute on 02/11/2020 and the details of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher					
1	Name of the Teacher	Dr. Namrata Awadhesh Pandey				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	28/10/1992				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2014			
		University	MUHS, Nashik			
5	PG Qualification	Name of Subject	Practice of Medicine			
		Passing year	2019			
		University	MUHS, Nashik			
6	Additional qualification P.G, Diploma/Ph.D	Subject	-			
		Passing year	-			
6	Post wise details of experience in chronological order from the date of initial appointment	Duration	Department (Subject)	Designation	Name of the College	
		From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)			
		02/11/2020	Till date	Medicine	Lecturer	MLDNIH
		-	-	-	-	-
		-	-	-	-	-
8	Presently working Department (Subject)	Practice of Medicine				
9	Present Designation	Lecturer				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	Janaki Nivas, Bhachubhai Dubey Akers, Navali Road, Palghar (E), Pin : 401404				
12	Local Residential Address	Janaki Nivas, Bhachubhai Dubey Akers, Navali Road, Palghar (E), Pin : 401404				
13	State Board/Council Registration Details	Registration Number	64102			
		Name of State Board	Maharashtra			



14	Mobile No	9220280246
	Email ID	netra@jagdishtryambakrao.com
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar


Dr. Namrata Awadhesh Pandey

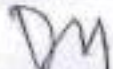
I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teachers. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Genesh Chait Committee, Khandi Nagar
Zebanani, Akurli Road, Kandivali (East)
Mumbai - 400101

10 AUG 2022





I, Dr. Sonam, Age 35 years, W/o Ashishkumar Mishra, is appointed in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 01/10/2019. My qualification and experience are mentioned below.


Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Sonam Ashishkumar Mishra				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	28/05/1983				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2010			
		University	MUHS, Nashik			
5	PG Qualification	Name of Subject	Practice of Medicine			
		Passing year	2014			
		University	MUHS, Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
6	Post wise details of experience in chronological order from the date of initial appointment	Duration	Department (Subject)	Designation	Name of the College	
		From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)			
		01/10/2019	Till date	Medicina	Lecturer	MLDMHI
		-	-	-	-	-
		-	-	-	-	-
8	Presently working Department (Subject)	Practice of Medicine				
9	Present Designation	Lecturer				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	C-301, Jain Plaza, Cabin Road, Near Sai Jeshu Temple, Bhyander, Dist. Thane, 401105				
12	Local Residential Address	C-301, Jain Plaza, Cabin Road, Near Sai Jeshu Temple, Bhyander, Dist. Thane, 401105				
13	State Board/Council Registration Details	Registration Number	55598			
		Name of State Board	Maharashtra			



14	Mobile No	8369643290
	Email ID	sonam.s.f@vsnl.com
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty to any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date :
Place : Palghar

Dr. Sonam  Dr. Sonam Ashok Kumar Mishra

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place : Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Chawl Complex, 10/10 Hagar
Zodanani, Akur Road, Kharivadi (East),
Mumbai - 400101

10 AUG 2022





I, Dr. Tanvir, Age 28 years, D/o Abdul Hamid Sheikh, Joined in this Dr. M.L. Dhawale Memorial Homoeopathic Institute on 02/08/2021 and the details of my qualification and experience are mentioned below.

Sr. No	Information of Teacher					
1	Name of the Teacher	Dr. Tanvir Abdul Hamid Sheikh				
2	Teacher Code					
3	Date of Birth (dd/mm/yyyy)	28/1993				
4	UG Qualification	Name of Degree	BHMS			
		Passing year	2015			
		University	MUHS Nashik			
5	PG Qualification	Name of Subject	Psychiatry			
		Passing year	2019			
		University	MUHS Nashik			
6	Additional qualification P.G. Diploma/Ph.D	Subject	-			
		Passing year	-			
		University	-			
7	Post wise details of experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the College
		From Date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
		02/08/2021	Till date	Psychiatry	Lecturer	MLDMMH
8	Presently working Department (Subject)	Psychiatry				
9	Present Designation	Lecturer				
10	Nature of Present Appointment	Regular				
11	Permanent Residential Address	Adam House, Bhandarwada Marol, Andheri (E), Mumbai - 400059				
12	Local Residential Address	Adam House, Bhandarwada Marol, Andheri (E), Mumbai - 400059				
13	State Board/Council Registration Details	Registration Number	65735			
		Name of State Board	MCH			



14	Mobile No	9907710958
	Email ID	tanvir@hkh.com
15	Name of the Principal of College	Dr. Bipin S. Jain

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as teaching faculty in any other institution for the same academic session, if any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action.

Date:
Place: Palghar


Dr. Tanvir Abdul Hamid Sheikh

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect /false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place: Palghar


Signature of Principal with stamp



BEFORE ME


JAGDISH TRYAMBAKRAO DONGARDIVE
ADVOCATE & NOTARY, (GOVT OF INDIA)
Ganesh Chatur Committee, Khand Nagar
Chhatwari, Akurdi Road, Kandivli (East)
Mumbai - 400101

11 0 AUG 2022

