

# Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year 2026 - 2027

## Homoeopathy Faculty

**(For Grant of Continuation / Extension of Affiliation for affiliated UG / PG/ Fellowship / Certificate Course / Ph.D. Colleges/Institutes & Hospitals)**

Date of Inspection	:	
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### COLLEGE DETAILS

Name of Trust / Society	:	Dr. M.L. Dhawale Memorial Trust (Annexure 1)
Name of the College / Institute	:	Dr. M.L. Dhawale Memorial Homoeopathic Institute
Address	:	Dr. M. L. Dhawale Memorial Trust Hospital, Opp. S.T. Workshop, Palghar-Boisar Road, Palghar 401404
Email ID	:	<a href="mailto:mldmhipg@gmail.com">mldmhipg@gmail.com</a>
Telephone / Mobile No.(s)	:	02525256932/7720016357
Website	:	<a href="http://www.mldmhi.com">www.mldmhi.com</a>
College Code	:	141108

<b>Details of the Dean/Principal</b>	:	
Name of the Dean/ Principal	:	Dr. Bipin Jain
Mobile No.	:	9323690095
Office Landline	:	02525256932
E-mail	:	<a href="mailto:principalmldmhi@gmail.com">principalmldmhi@gmail.com</a>
Nature of Appointment	:	Approved (Letter No. MUHS/PG/E4/1954/2018 Dated 16/11/2018) (Annexure – 2)

College Type (Government/ Private / Minority)	College Location Urban / Rural / Tribal	Year of Establishment		
		UG	PG	Ph.D
Private	Tribal/Rural	NA	2002	2019

Courses Details (UG/ PG) Affiliation status by NCH	Intake capacity		Details on College Website Yes/No
	BHMS	NA	
(UG/PG) Affiliation status by MUHS	BHMS	NA	No
	MD	36	Yes
	BHMS	NA	No
	MD	36	Yes
	PhD	27	

Status of Accreditation :				
Sr. No.	Accreditation	Accredited (Yes / No)	If Yes, Grade & Date of last Inspection	If No, what is current status/ progress of work
1	QCI-NABET-MARBH-NCH	No	--	
2	NAAC	Yes	B+	
3	NABH	Yes	21/06/2022	

Note : 1) Attach NAAC & NABH Accreditation Certificate, if applicable /  
2) NAAC & NABH Accreditation Applicable for those colleges, whose first admitted batch, has passed out from the college. (Annexure – 3)






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 National Commission for Homoeopathy, New Delhi and  
Maharashtra University of Health Sciences, Nashik)

PRINCIPAL  
DR. BIPIN S. JAIN  
M.D. (Hom.), MBA (Ed. Mgt.)

Annexure-1

FORM-CCH/1972

 No. 009458

**सौंपणीचे प्रमाणपत्र**

आम्हाचे प्रमाणपत्र दिवसात घेणे पूर्व, घालणे स्वतंत्र वेगवेगळे शासकीय विस्तार व्यवस्था ही जाण, मुंबई शासकीय विस्तार व्यवस्था अधिनियम, १९९० (द्वय १९९०) या मुंबई अधिनियम क्रमांक २९) यामध्ये बृहन्मुंबई विभाग, मुंबई शासकीय विस्तार व्यवस्था मंडळी समालोचन मंडळ ठेकीने सोदण्यात आले आहे.

शासकीय विस्तार व्यवस्थेचा नाव डॉ. एम. एल. ढवळे  
मेमोरीयल ट्रस्ट  
शासकीय विस्तार व्यवस्था मंडळी पुस्तकालय क्रमांक ई ३३२०३ (मुंबई)  
डॉ. कुमार एम. ढवळे यांचे प्रमाणपत्र घेणे.  
याच दिनांक ३४ मार्च २०१७ रोजी आपला मंडळीने घेतले.

दिवस: ३४ मार्च २०१७

स्थान: ज.प.न.प. मंडळी  
महानगरपालिका कार्यालय  
बृहन्मुंबई, मुंबई





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Annexure - 2



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

पत्ती - विठोटी रोड, म्हुसराज, नाशिक - ४२२००४, Vani-Chindori Road, Mhsarai, Nashik- 422 004

EPABX: 0253-2539100-300, Fax - 0253-2539195, Phone: 0253-2539194-199

E-mail : academic2@muhs.ac.in Web: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (फॉरेन्सिक मेडिसिन)  
मुख्य अधिकारी

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/PG/E4/1954/2018

Date: 6/11/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S. T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404

R. No. MUHS/PG/E4/1954/2018

Name: .....

Date: 22/11/2018

Sub. : Approval to the Appointment of Teacher.

Ref. : 1) University Direction No.01/2017 dated 13/04/2017

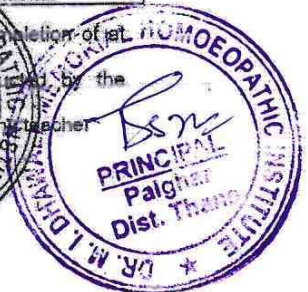
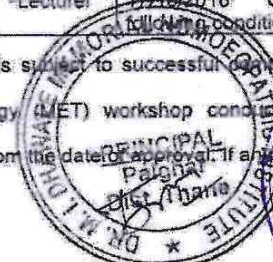
2) Your Letter No MLDNHI/M2-400/2018.dtd.17/10/2018.

Sir/ Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has been considered by the University and it has been decided to grant the same, as indicated below:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	---	Dr. Bipin Sohanraj Jain	Principal	w.e.f. date of joining i.e from 17/10/2018 Subject to following conditions.
2	Practice of Medicine	Dr. Shama Manoj Rao	Professor	w.e.f. date of joining i.e from 17/10/2018 Subject to following conditions.
3	Practice of Medicine	Dr. Champatlal Bhabulmalji Jain	Reader	w.e.f. date of joining i.e from 17/10/2018 Subject to following conditions.
4	Repertory	Dr. Prashant Prakash Tamboli	Reader	w.e.f. date of joining i.e from 17/10/2018 Subject to following conditions.
5	Practice of Medicine	Dr. Harashala Chandrakant Sarvagod	Lecturer	w.e.f. date of joining i.e from 17/10/2018 Subject to following conditions.
6	Paediatrics	Dr. Omkar Deepak Anavkar	Lecturer	w.e.f. date of joining i.e from 17/10/2018 Subject to following conditions.
7	Materia Medica	Dr. Vivok Vittal Kadam	Lecturer	w.e.f. date of joining i.e from 17/10/2018 Subject to following conditions.

1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher







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PRINCIPAL  
DR. BIPIN S. JAIN

MLD, (Hom.), MBA (Ed. Mgt.)



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

एन.डी.डी. रोड, मुंबई, नाशिक-422 004, Vani-Dindori Road, Nashik-422 004

EPABX: 0253-2530100-300, Fax - 0253-2539195, Phone: 0253-2539194, 195

E-mail : academic2@muhs.ac.in Web : www.muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (फॉरेंसिक मेडिसिन)

रजिस्ट्रार

Out No.: MUHS/E-4/PG/ 99 /2018

Dr. Kalidas D. Chavan

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

Registrar

Date: 09/01/2018

[Temporary approval for the post(s) of Open Category]

To,

The Dean / Principal

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Bolsar, Road,

Dist. Palghar - 401 404.

Sub. : Temporary Approval to the Appointment of Teacher(s).

Ref. : 1) University Direction No. 01/2017, dttd. 13/04/2017

2) Your Letter No. MLDMHI/M2-23/2018, dttd., 16/1/2018.

3) University letter No. MUHS/PG/E4/53/2018, dttd., 16/1/2018.

4) Your Letter No. MLDMHI/M2-18/2018, dttd., 06/1/2018.

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has / have been considered by the University and it has been decided to grant the approval, as indicated below:-

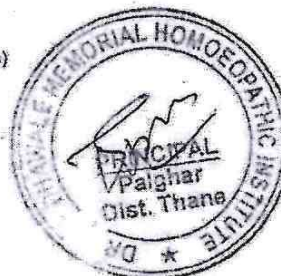
Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1		Dr. Bipin S. Jain	Principal	Temporary for two years i.e. upto 31/07/2019 w.e.f. date of joining i.e. from 06/01/2018 subject to following conditions:
2	Practice of Medicine	Dr. Shama M. Rao	Asso. Professor/ Reader	

1) The approval granted by the University is valid till the above said teacher(s) is / are in the services (teaching) of the your Institute or attains the age of superannuation, whichever happens earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.

2) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.

Copy to: Concern Teacher(s)

Registrar





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वनी - दिंडोरी रोड, म्हासराज, नाशिक - ४२२००४, Vani-Dindori Road, Mhasraj, Nashik- 422 004  
EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539139

E-mail : [academic@muhs.ac.in](mailto:academic@muhs.ac.in) Web : [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. सुनिल एच. फुगारे

एम. एस्. सी. एच. डी.

शैक्षणिक विभागप्रमुख (पोस्टग्रेजुएट)

No. MUHS/PG/E-4/1527-2013

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

Date: 04/09/2013

To,

The Dean / Principal,  
Dr. M.L.Dhawale Memorial Homoeopathic Institute,  
Opp.S.T. Workshop, Boisar,  
Road, Palghar,  
Thane- 401 404.

Sub :- Approval to the appointment of Teachers..

Ref :- 1) MLDMHI/M2-290/2013 dtd.21/07/13  
2) MUHS/PG/E-4/1324/2013 dtd.27/05/13  
3) MUHS/PG/E-4/910/2013 dtd.09/04/13

Sir / Madam,

With reference to the above cited subject regarding the proposal for approval to the appointment of teacher of your Postgraduate Institute, I am directed to inform you that the Hon'ble Vice-Chancellor is pleased to grant approval to the appointment of following teacher as indicated below :-

Sr. No.	Name of Teacher	Subject	Post	Status of approval
1	Dr. Bipinkumar Jain	HMM	Professor	w.e.f. joining date i.e. from 21/07/13
2	Dr. Anand Kapse	Organon	Professor	w.e.f. joining date i.e. from 21/07/13
3	Dr. Bhavik Parekh	HMM	Reader	w.e.f. joining date i.e. from 21/07/13
4	Dr. Sunil Bhalinge	Organon	Reader	w.e.f. joining date i.e. from 21/07/13
5	Dr. Prashant Tamboli	Repertory	Reader	w.e.f. joining date i.e. from 21/07/13
6	Dr. Sunita Nikumbh	Psychiatry	Reader	w.e.f. joining date i.e. from 21/07/13
7	Dr. Gandhari Kothate	Paediatrics	Reader	w.e.f. joining date i.e. from 21/07/13

You are requested to handover the copy of this letter to above mentioned teacher.

Yours faithfully,

I/c Academic Section (PG)

14.9.13



G:\HOMOEOPATHY\03-2013\Dr. M. L. Dhawale Memorial Homoeopathic Institute



राष्ट्रीय मूल्यांकन एवं प्रत्यायन परिषद  
विश्वविद्यालय अनुदान आयोग का स्वायत्त संस्थान  
**NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL**  
*An Autonomous Institution of the University Grants Commission*

# *Certificate of Accreditation*

*The Executive Committee of the  
National Assessment and Accreditation Council  
is pleased to declare*

*Dr. M B Dhawale Memorial Homoeopathic Institute  
Palghar-Boisar Road, Opp. S.J. Workshop, Dist. Palghar,  
affiliated to Maharashtra University of Health Sciences, Maharashtra as  
Accredited*

*with CGPA of 2.56 on four point scale  
at B<sup>+</sup> grade  
valid up to March 27, 2029*

*Date : March 28, 2024*



*Manu*  
Director



# National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

## CERTIFICATE OF ACCREDITATION

**Dr. M. L. Dhawale Memorial Trust Hospital**  
Opposite ST Workshop Palghar Boisar Road  
Palghar - 401404, Maharashtra

has been assessed and found to comply with NABH accreditation standards for AYUSH Programmes. This certificate is valid for the Scope as specified in the annexure subject to continued compliance with the accreditation requirements.

Date of first Certification: February 18, 2018

Date of Previous Cycle

February 18, 2021 to February 17, 2024

Valid from : February 18, 2024

Valid thru : February 17, 2027



Certificate No.  
AH-2018-0038

**Dr. Atul Mohan Kochhar**  
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India  
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 019721

NABH as an organisation is ISQua Accredited





SI No. 019932



# National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

National Accreditation Board for Hospitals & Healthcare Providers  
5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India  
Phone: +91-11-42800600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co

## SCOPE OF ACCREDITATION

**Dr. M. L. Dhawale Memorial Trust Hospital**

Opposite ST Workshop Palghar Boisar Road  
Palghar - 401404, Maharashtra

**Certificate No. AH-2018-0038**

Date of First Accreditation: February 18, 2018

Date of Previous Cycle  
February 18, 2021 to February 17, 2024

Valid from : February 18, 2024

Valid thru : February 17, 2027

### Scope of Services

- General Medicine
- Gynecology
- Pediatrics & Child Health
- Surgical Therapeutics
- Psychiatry



NABH as an organisation is ISQua Accredited



*[Handwritten Signature]*

**Dr. Atul Mohan Kochhar**  
Chief Executive Officer