

LIST OF FORMATS

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

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)

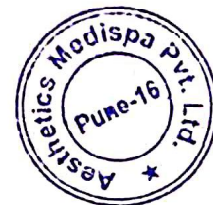
The Management/Institute/College/Training Centre/Hospital/University Department seeking

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

'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. -



Application for recognition of Institute/ college/OR for Starting / OR Certificate
Affiliation for Fellowship / Certificate Course (s)



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

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 67 (3) of the Maharashtra University of Health Sciences Act , 1998, for the recognition of my/ our institute for starting Fellowship/Certificate Course (s) in Fellowship in Aesthetics Plastic Surgery , with an intake capacity of 01 students , from the academic year 2022-2023

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: 30th November 2019

(Write Not Applicable for first inspection)

- Purpose of Last Inspection: Continuation / Renewal of Fellowship Course

- Result of last Inspection: Continuation / Renewal of Fellowship Course in Aesthetics Plastic Surgery

(Copy of University Letter to be attached)

- Fellowship/Certificate Course Co-Ordinator Details:

Name: Saurav Bhowmik

Mobile/Telephone no.: 9923600302

e-mail id: education@aestheticsmedispa.in

Aesthetics Medispa Pvt. Ltd

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090

Aesthetics Medispa Pvt. Ltd.

Director



4/22/2015 10:55:10 AM - 3

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

Title of the Course applied for:- **FELLOWSHIP IN AESTHETICS PLASTIC SURGERY**

This to Certify that **Dr Ashish Davalbhakta** has worked in the Department
Of **Aesthetics Plastic Surgery** Training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
LECTURER IN SURGERY	JAN 1994	MARCH 1994	3 MONTHS	
LECTURER IN ANATOMY	MARCH 1994	JULY 1994	4 MONTHS	

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

Designation	From	To	Total period Year/Months	
ASST PROFESSOR IN BHARATI VIDYAPEETH PUNE	FEBRUARY 2011	TILL DATE	11 YEARS	4 MONTHS

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

Aesthetics Medispa Pvt. Ltd

Ashish Davalbhakta

Director

Sign & Stamp

Head of the Department

Date 30-09-2021

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090



Aesthetics Medispa Pvt. Ltd

Ashish Davalbhakta

Director

Sign & Stamp

Dean/Principal/Head of Institute

Date 30-09-2021

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090

ANNEXURE-"A"

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

Title of the Course applied for:- **FELLOWSHIP IN AESTHETICS PLASTIC SURGERY**

This to Certify that **Dr Viswanath Jigjini** has worked in the Department
Of **Aesthetics Plastic Surgery** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
REGISTRAR IN GEN SURGERY	NOV 1981	DEC 1984	3 years	

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

Designation	From	To	Total period Year/Months	
SR HOUSE OFFICER REGISTRAR AT SOUTH MANCHESTER, UK	JAN 1992	MAY 1993	1 YEAR	
SR HOUSE OFFICER REGISTRAR AT SOUTH MANCHESTER, UK	JUNE 1993	MAY 1995	2 YEARS	
LOCUM AT SOUTH MANCHESTER, UK	MAR 1995	MAY 1995		

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

Aesthetics Medispa Pvt. Ltd

Dr. Abhishek Davalbhakta

Director

Sign & Stamp

Head of the Department

Date **29-09-2021**

Dr. Abhishek Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090



Aesthetics Medispa Pvt. Ltd

Dr. Abhishek Davalbhakta

Director

Sign & Stamp

Dean/Principal/Head of Institute

Date **29-09-2021**

Dr. Abhishek Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090



Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- **FELLOWSHIP IN AESTHETICS PLASTIC SURGERY**

This to Certify that **Dr. Hitesh Laad** has worked in the Department
Of **Aesthetics Plastic Surgery** Training Centre as per following details

C) General Experience

Designation	From	To	Total period Year/Months	
REGISTRAR IN GEN SURGERY	APRIL 2002	MARCH 2005	3 YRS	

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

Designation	From	To	Total period Year/Months	
SR RESIDENT IN PLASTIC SURGERY	OCTOBER 2005	SEPTEMBER 2007	2 YEARS	

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

Aesthetics Medispa Pvt. Ltd

(Signature)

Director

Sign & Stamp

Head of the Department

Date **20-09-2021**

Jr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090

Aesthetics Medispa Pvt. Ltd

(Signature)

Director

Sign & Stamp

Dean/Principal/Head of Institute

Date **20/09/21**

Jr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090



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

Title of the Course applied for:- **FELLOWSHIP IN AESTHETICS PLASTIC SURGERY**

This to Certify that **Dr Shirang Pandit** has worked in the Department
Of **Aesthetics Plastic Surgery** Training Centre as per following details

E) General Experience

Designation	From	To	Total period Year/Months	
REGISTRAR IN GEN SURGERY	MAY 1979	APRIL 1982	3 YEARS	

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

Designation	From	To	Total period Year/Months	
SR RESIDENT IN PLASTIC SURGERY	MAY 1982	APRIL 1984	2 YEARS	
PROF AS PLASTIC SURGERY AT SANCHETI INSTITUTE	1996	TILL DATE	25 YEARS	

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

Aesthetics Medispa Pvt. Ltd

Ashish Davalbhakta

Director

Sign & Stamp

Head of the Department

Date 30/9/2021

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090



Aesthetics Medispa Pvt. Ltd

Ashish Davalbhakta

Director

Sign & Stamp

Dean/Principal/Head of Institute

Date 30/9/2021

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090

ANNEXURE – “B”**(INSTITUTIONAL INFORMATION)****1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)**Name: Dr Ashish Davalbhakta Age: 54 (Date of Birth) 15.06.1967

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MS (GEN SURGERY)	1993	B.J.Medical college, Pune	Pune University
	Mch (Plastic Surgery)	1996	Topiwala National Medical College	Mumbai University

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	Lecturer in gen Surgery in B J medical College	01-94	03-94	3 months
Asso. Professor/Reader	Lecturer in Anatomy in B J medical College	03-94	07-94	5 Months
Professor	Ass. Professor in Bharati Vidtapeth, Pune	2-2011	Till date	10 years 4 months
Any Other		Grand Total		12 YEARS

2. Management/Society/Inst. Information:

Training Centre/Society/Instt. Information:			
01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Aesthetics Medispa Pvt Ltd	
	ii) Postal Address, with PIN:	Aesthetics Medispa, 2- Sneh Riviere, Near Model Colony lake, Model Colony, Off F.C Road	
	iii) Contact Details:	Mob: 9881311122	Tele: 020-25670500
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950:	
		ii) Society's Registration Act.1860:.....	
		iii) Year of establishment:2008	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes Marked as Appendix 'A'	
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)		
	i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	I. Aesthetics Medispa Pvt Ltd... II. LCBP 201600077..... III. 2008..... - Mark as Appendix 'B'	
	i) Name of the Training Centre /Institute where course is to be conducted:	Aesthetics Medispa Pvt Ltd, Pune	



04	ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	Aesthetics Medispa Pvt Ltd, 2-Sneh Riviere, Near Model Colony lake, Model Colony, Off F.C Road, Pune, Maharashtra Mob: Mob: 9881311122 Tele: 020-25670500 Email- ashish@acstheticsmedis pa.in
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>Fellowship IN Aesthetic Plastic Surgery</u> Approved Intake Capacity... 01... Affiliated Since <u>-2016</u> (if necessary Attach separate List)
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) Required Required Intake Capacity (if necessary Attach separate List) NA
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes - (Pending Fees, if any :) No
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes - Mark as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 20 ... - ... Rs 85 LAKHS ,
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>AM/Reg/52/2021</u> Dated ... <u>12.09.2021</u>
		Copy of Management Resolution attached?
		*Yes/No- - Mark as Appendix 'D'
09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: NA
	i) Whether the land is owned by the Applicant Institute/Training Centre/Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No- Mark as Appendix 'E' NA
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: Dated At (Place): Copy of Land Registration Certificate attached? *Yes/No.- Mark as Appendix 'F' NA
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs Copy of Loan/Mortgage Deed attached? *Yes/No. - Mark as Appendix 'G' NA
	b) Building: i) Total built-up area:	. <u>2620</u> sq. ft. Certified copy of Building Plan attached? *Yes - Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 39
- Books pertaining to concerned Fellowship subject: 39
- Purchase of latest editions of concerned books in last 3 years: - 08
- 39

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	01	01
3	Foreign	05	05



- Year / Month up to which latest Indian Journals available : **April 2021**
- Year / Month up to which latest Foreign Journals available : **April 2021**
- Internet / Med pub / Photocopy facility: **Available**
- Library opening times: **10 AM TO 9 PM**
- Reading facility out of routine library hours: **Available**
(Obtain list of books & journals duly signed by Dean)
- 4. **Recreational facilities:** **Available**
 - Play grounds Gymnasium **NA**
- 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 :** **Not Available**
- 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**



ANNEXURE – “C”**HOSPITAL INFORMATION**

1. Name of the Hospital: **Aesthetics Medispa Pvt Ltd**

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	4022	OPD	2984
IPD (Total No. of Patients admitted)	NA (DAY CARE)	IPD (Total No. of Patients admitted)	NA (DAY CARE)

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

In the entire hospital	
No of Beds	01
No of Beds in ICU	NA
No of Beds in IRCU	NA
No of Beds in SICU	NA
No of Major O.T	01
No of Minor O.T.	NA

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

- NA-

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

On Inspection day

Average of random 3 days

- Daily OPD – 2 PM

.....

- Daily admissions

.....

- Daily admissions in Dept.

.....

Through casualty at 10am

.....

- Bed occupancy in the Dept. at 10AM

.....

- Number of patients in ward (IPD)

.....

- Percentage bed occupancy at 10Am

.....

- Clinical Procedure(s)& Operative Details related to Fellowship subject/Specialty : (For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

On Inspection day

Average of random 3 days

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



5. Casualty:/ Emergency Department :

-NA-

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

6. Blood Bank :

-NA-

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No
(ii)	Blood component facility available	Yes / No
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No
(v)	Number of Blood Units available on inspection day	Yes / No
(iv)	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: _____ NA
- No of Staff : _____
- Equipment Available : Attach separate List
- Working Hours: _____

8. Central supply of Oxygen / Suction:

Available

9. Central Sterilization Department

Available

10. Ambulance (Functional)

Not available

11. Laundry:

Manual

12. Kitchen

Not Available

13. Incinerator: Functional / Non functional

Capacity:...../Outsourced - NA

14. Bio-Medical waste disposal

Outsourced

15. Generator facility

Available

16. Medical Record Section:

Computerized

Aesthetic Medispa Pvt. Ltd

Used / Not used Aesthetic Medispa Pvt. Ltd

Ashish Davalbhakta

Ashish Davalbhakta

Sign & Stamp

Sign & Stamp

Head of the Department

Dean/Principal/Head of Institute

Date: 30-09-2021

Date: 30-09-2021

Dr. Ashish Davalbhakta

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090

CMD Aesthetics Medispa R No.64090

College/Institute
Round Seal



ANNEXURE – "D"

(DEPARTMENTAL INFORMATION)

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

1. Fellowship Specialty Department to be Inspected : **Aesthetics Plastic Surgery**
2. Date on which Independent department : **functioning concerned specialty was**
created and started **01-07-2016.**

3. 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 Ashish Dawalbhakta	Full Time	HOD & Faculty	MBBS., MS., MCh(Plastic) FRCS(UK)	25 Years
2	Dr Hitesh Ladd	Part time	Visiting Prof	MBBS., MS., MCh(Plastic)	14 year
3.	Dr Vishwanath Jiginni	Part time	Visiting Prof	MS (Surgery)	30 years
4.	Dr Shrirang Pandit	Part time	Visiting Prof	MS (Surgery)	41 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No:YES..... Since when: ...01-07-2016.....

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	161	YES	
Clinics	161	YES	
Laboratory Collection Center	60	-	
Seminar room	161	YES	
Department Library	85	YES	
PG common room	85	YES	
Physiotherapy & Spa	300	-	
Patient waiting room	107	YES	
Open Space for Waiting	500	YES	
Parking Area	1000	YES	
Total	2620		



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

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2019	Aesthetics Plastic Surgery	01	01 (Dr Ashish Dawalbhakt)
2020	Aesthetics Plastic Surger	01	01 (Dr Ashish Dawalbhakt)
2021	Aesthetics Plastic Surgery	01	01 (Dr Ashish Dawalbhakt)

(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.)

7. List of Non-teaching Staff in the department:

Sr.No.	Name	Designation
	LIST ATTACHED	

8. 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)

Equipments:

1. Operating rooms-1
2. Semi Automatic OT Table
3. 2 Dome OT light
4. Anaesthesia machines- CM 603
5. Multiparameter monitor-1
(2 channel ECG, pulse oximeter, capnometer, non invasive and blood pressure monitor, Temperature monitor)
6. Pulse oximeter-1
7. Defibrillator-1
8. Heater/ Warmer-1
9. Airway equipment-Endotracheal tubes, Laryngeal mask airways, laryngoscope.
10. Syringe infusion pumps-1
- 11.
12. Liposuction instruments- (Vaser Hi Definition)
13. Suction machine



14. Cautery Machine
 - A)-Electro Surgical Unit
 - B)-Radio Frequency Unit
15. Cannula for Lipo Suction
16. Breast Reduction ,nipple markers & Retractor.
17. Breast Augmentation Retractor
18. Facelift instrument Set
19. Fat Grafting Set (Cannulas Aspirator)
20. Hand instruments-5mm,3mm.
21. High definition digital camera,
22. Hair Transplant,-(Drilling Machine, Microscope, Microforcep, Hair Punch)
23. Centrifuge machine
24. Formalin Chamber
25. Autoclave Machine with Drum
26. Oxygen Cylinders
27. Head Light
28. Rhinoplasty Equipment Set
29. Abdominoplasty Retractor
30. Calf Implant inserter
31. Fine Plastic Surgery Suturing Set

Lasers-

1. Alma Laser for laser hair Removal
2. Alma harmony Erbiun Yag for Skin Re-Surfacing
3. Alma harmony SR 570 for Skin Rejuvenation
4. Tri Beam Q switch machine

Others-

5. Inragen Machine for Skin tightening (Monopolar Radio frequency)
6. Microderma Abrasion machine
7. Electrophoresis machine
8. Digital hair Analysis Machine
9. Derma roller
10. Chemical Peel Set



9. Intensive care Service provided by the Department: (Emergency) HOSPITAL TIE UP

10. 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
01	Baner Clinic (Independent Clinic with 2 consultation Room, One Procedure Room and counselling room with all Treatment facilities available for Aesthetics Procedure)	All days	10.00 AM to 7.00 PM	6-7	Ms Varsha kamble

11. Services provided by the Department:

a) Services

i. Cosmetic Surgery

ii. Cosmetology

iii. _____

(b) Ancillary Services: Nutrition

(f) Others: Spa

12. 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



13.

OFFICE SPACE

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes	HOD & Prof	
Staff (Steno /Clerk).	Yes	Professors	
Computer/ Typewriter	Yes	Associate Professors	
Storage space for files	Yes	Assistant Profess or	
		Residents	

14. Clinical Load of Dept. : No of Surgeries / Procedures 5-8 Per day

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



ANNEXURE – “E”

Information of Director of Training Centre

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

Sr No	Particular	–	Information to be filled
01	Name of the Director	:	DR ASHISH DAVALBHAKTA
02	Date of Birth	:	15-6-1967
03	Address	:	E-602,1 MODIBAUG, PUNE-411005
04	Tel. No./ Mob. No.	:	9881311122
05	e-mail id	:	ashish@aestheticsmedispa.in
06	Nationality	:	INDIAN
07	Qualification in details : (attach documentary proof)	:	MBBS,MS,MCH,FRCS (UK)
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)	:	LECT IN SURGERY -3 MONTHS LECT IN ANATOMY-4 MONTHS ASST PROF AT BHARATI VIDYAPEETH FROM 02-2011 TILL DATE
09	Present Appointment	:	HEAD OF UNIT & FACULTY
10	Publications (List & Proof)	:	8 PUBLICATION, 11 PAPER PRESENTATION
11	Post Graduate Teaching experience (Attach documentary evidence)	:	ASSISTANT PROFESSOR OF SURGERY IN BHARATI VIDYAPEETH 02/2011 TILL DATE
12	Any other relevant information	:	

Date: - 30-09-2021

For the use of affiliated Training Center:

Aesthetics Medispa Pvt. Ltd

Sign & Stamp
Head of the Department

Date: 30-09-2021

Dr. Ashish Davalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090

Aesthetics Medispa Pvt. Ltd

Sign & Stamp
Dean/ Principal/ Director of
Training Centre

Date: 30-09-2021

Dr. Ashish Davalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090



ANNEXURE – “F” A

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 VISWANATH S JIGJINI
02	Date of Birth	:	20-12-1956
03	Address	:	201, SUMANGAL AAPT, MODIBAUG, PUNE -41101
04	Tel. No./ Mob. No.	:	9822051615
05	e-mail id	:	plasticsurgeon1@hotmail.com
06	Nationality	:	INDIAN
07	Qualification in details : (attach documentary proof)	:	MBBS, MS(GEN.SURGERY)MCH
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)	:	1.1.83-1.12.83 REGISTRAR IN GEN SURGERY
09	Present Appointment	:	TEACHING FACULTY
10	Publications (List & Proof)	:	9 PUBLICATION, 12 PRESENTATION
11	Post Graduate Teaching experience (Attach documentary evidence)	:	1.2.91 TO 31.5.92- STANDREWS CENTER 1.6.93 TO 31.5.95- WETHINGTON HOSPITAL, UK
12	Any other relevant information	:	

Date: 30-09-2021

For the use of affiliated Training Center:

V. S. Jigjini

Name & Sign. of Mentor
(DR VISHWANATH JIGJINI)

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.

Ashish Davalbhakta

Sign & Stamp
Head of the Department
Date: 30-09-2021

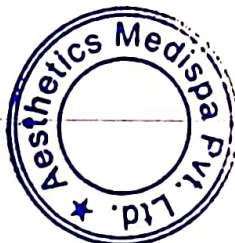
Dr. Ashish Davalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)
Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090

Ashish Davalbhakta

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 30-09-2021

Dr. Ashish Davalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)
Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090

Training Centre Round Seal



ANNEXURE – “F” B

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

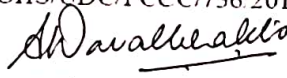
Sr No	Particular	–	Information to be filled
01	Name of the Mentor	:	DR SHRIRANG PANDIT
02	Date of Birth	:	15-10-1952
03	Address	:	AUDUMDAR, 53-NARAYAN PETH, PUNE -411030
04	Tel. No./ Mob. No.	:	9822029030
05	e-mail id	:	drshrangpandit@gmail.com
06	Nationality	:	INDIAN
07	Qualification in details : (attach documentary proof)	:	MBBS,MS(GEN SURGERY)MCII
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)	:	PROF IN PL. SURGERY AT BHARATI VIDYAPEETH & SANCHETI INSTITUTE OF ORTHOPEDICS - 1995
09	Present Appointment	:	VISITING FACULTY
10	Publications (List & Proof)	:	-
11	Post Graduate Teaching experience (Attach documentary evidence)	:	REGISTRAR PL.SURGERY- J J HOSPITAL - 3 YRS, ETHICON-12-13
12	Any other relevant information	:	ETHICON- VISITING PROF IN COSMETOLOGY


Date: - 30-09-2021

For the use of affiliated Training Center:


Name & Sign. of Mentor
(DR. SHIRANG PANDIT)

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: 30-09-2021


Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 30-09-2021

Dr. Ashish Davalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)
Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090

Training Centre Round Seal

Dr. Ashish Davalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)
Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090



ANNEXURE – "F" C

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 HITESH LAD
02	Date of Birth	:	19-09-1976
03	Address	:	A-902, ANJAR SOCIETY, BANER ROAD, PUNE-411045
04	Tel. No./ Mob. No.	:	9881974476
05	e-mail id	:	hiteshlad@yahoo.com
06	Nationality	:	INDIAN
07	Qualification in details : (attach documentary proof)	:	MBBS, MS(SURG).MCIL DNB
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)	:	1.6.2003 TO 31-5-2004 AS REGISTRAR IN GENERAL SURGERY
09	Present Appointment	:	TEACHING FACULTY
10	Publications (List & Proof)	:	4 PUBLICATION, 5 PRESENTATION
11	Post Graduate Teaching experience (Attach documentary evidence)	:	1-6-2006 TO 1-5-2007 AS SR RESIDENT OF PLASTIC SURGERY
12	Any other relevant information	:	HOD OF RECONSTRUCTIVE COSMETIC & PLASTIC SURGERY IN ADITYA BIRLA HOSPITAL, PUNE

Hitesh.

Date: -30-09-2021

Name & Sign. of Mentor
(DR HITESH LAD)

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.

Ashish Dayalbhakta

Sign & Stamp

Head of the Department

Date: 30-09-2021

Ashish Dayalbhakta

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 30-09-2021

Dr. Ashish Dayalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)
Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090



Dr. Ashish Dayalbhakta
MBBS, MS, Mch (Plast) FRCS (UK)
Consultant Cosmetic Surgeon
CMD Aesthetics Medispa R No.64090

ANNEXURE – “G”

Information of Co-ordinator of Training Centre

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

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: MR SAURAV BHOWMIK
02.	Date of Birth	: 05-07-1973
03.	Address	: E2/35- NIRMAL TOWNSHIP KALE PADAL ROAD, SASANE NAGAR, HADAPSAR, PUNE -411028
04.	Mob. No.	: 9923600302
05.	E-mail id	: education@aestheticsmedispa.in
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBA IN HOSPITAL AND HEALTHCARE MANAGEMENT. PhD PERSUADING
08.	Present Appointment	: COORDINATOR- FELLOWSHIP IN AESTHETICS PLASTIC SURGERY COURSE.
09.	Any other relevant information	MEMBER- AMERICAN COLLEGE OF HEALTHCARE EXECUTIVE MEMBER- INTERNATIONAL SOCIETY FOR QUALITY IN HEALTHCARE.

Date: 30-9-2024

Aesthetics Medispa Pvt. Ltd

Ashish Davalbhakta

Sign & Stamp

Head of the Department

Date: 30-09-2024

Director

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090 Training Centre Round Seal

Saurav Bhowmik

Sign. of Co-ordinator

Aesthetics Medispa Pvt. Ltd

Ashish Davalbhakta

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 30-09-2024

Director

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.64090



DECLARATION

I, the Dean / Director/ Principal of the Aesthetics Medispa Pvt Ltd, Pune , Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective **Annexure-F-A, B & C** are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year **2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- F-A, B & C** are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- F-A, B & C** are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 30 Day of September 2021.. At 10:30 AM

Date: 30-09-2021

Place: PUNE

Aesthetics Medispa Pvt. Ltd

Dr. Ashish Davalbhakta

Signature of Dean/Principal/Director

Name of the Signatory

(With Seal of the Training Centre)

Dr. Ashish Davalbhakta

MBBS, MS, Mch (Plast) FRCS (UK)

Consultant Cosmetic Surgeon

CMD Aesthetics Medispa R No.6407



Dr. Ashish Davalbhakta
MBBS, MS, MCh (Plast), FRCS (UK)
Consultant Cosmetic Surgeon & CMD

Resolution number: AM/Reg/52/2021

Date :- 12-9-2021



CERTIFIED TRUE COPY OF THE EXTRACT FROM THE MINUTES OF
THE MEETING OF THE BOARD OF DIRECTORS OF **Aesthetics
Medispa Pvt Ltd** ON 12-09-2021 at 12 noon

RESOLVED :

To apply for Renewal of Fellowship course 2022-2023 in Aesthetic Plastic Surgery at Aesthetics Medispa Pvt Ltd under Maharashtra University of Health Sciences, Nashik.

Resolved to submit the mandatory supporting documents to comply with the requirements of Maharashtra University of Health Sciences.

It is also further resolved to make the payments that are necessary for this application as per MUHS requirements.

Hereby, Dr Ashish Davalbhakta is solely authorized to sign the documents singly for the purpose of submission of all documents and necessary interaction with MUHS, Nasik

Name

Signature

Aesthetics Medispa Pvt. Ltd

1 Dr Ashish Davalbhakta

A. Davalbhakta
Aesthetics Medispa Pvt. Ltd

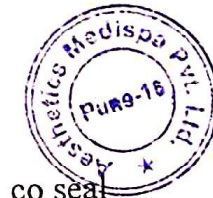
Director

2 Mr Pinakin A Karve

Pinakin A Karve
.....

Director

That the common seal of the company be affixed in the presence of Mr(s). Pratibha Ranade (Administrator of the company) on all the necessary documents.



Certified true copy

Aesthetics Medispa Pvt. Ltd.

HDFC

User: PRATIBHA Domain: AMPVT

Date/Time: 30/09/2021

Corporate Internet Banking

Customer Support Inbox: RHTB: 10/09/2021 01:25:26 pm

Logout

- Balance
- Statements
- View Statements
- Consolidated
- Download
- Search
- Statements
- Format
- Cheque Status
- Enquiry

Statements >> View >> Transaction Details

Account No.	Account No.	Ref No.	Date	Amount	Debit	Credit	Balance
50200020654933	50200020654933	30/09/2021			50,000.00	30/09/2021	000198728134

00641450000649-1PT-Aesthetics Med renew-REG:STRAR MUHS NASHIK GENERAL FUND
--

Print

Print All

Print Statement



Terms & Conditions
Privacy Statement

महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८

नमुना "ग"
(नियम ९ पहा)

सूचना दिल्याबाबत पावती



अर्जदाराने नमुना फ द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली नमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे:

१.	पावती क्रमांक	:	१८३१०००३१२४६९४५८								
२.	अर्जाचा (सूचनापत्राचा) आयडी क्रमांक	:	१०५४३७२४१८०३								
३.	आस्थापनेचे नाव	:	ईस्थेटिक्स मेडीस्पा प्राईवेट लिमिटेड AESTHETICS MEDISPA PRIVATE LIMITED								
४.	कामगारांची एकूण संख्या	:	८								
			<table> <tr> <th>पुरुष</th><th>स्त्री</th><th>इतर</th><th>एकूण</th></tr> <tr> <td>५</td><td>३</td><td>०</td><td>८</td></tr> </table>	पुरुष	स्त्री	इतर	एकूण	५	३	०	८
पुरुष	स्त्री	इतर	एकूण								
५	३	०	८								
५.	अ) मालकाचे नाव	:	आशीष विजय दावलभक्त ASHISH VIJAY DAVALBHAKTA								
	ब) आस्थापनेचा पत्ता	:	फ्लैट नं ०२ र्स्नेह रिवेरा, सीटीएस ११९८ प्लॉट नं ४९६बी अँड ४९७बी, नीअर लकाकी रोड, मॉडेल कॉलनी, पुणे (एम कॉर्पो.), पुणे शहर, पुणे, ४११०१६								
६.	सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचना पत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञप्ती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल. ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालमत्तेचा मालकी हक्क किंवा ताबा या प्रयोजनार्थ कोणत्याही कायद्यांतर्गत ग्राह्य धरता येणार नाही.										
७.	व्यवसायाचे स्वरूप	:	DAY CARE CLINIC								
८.	पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास	:									

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही.

दिनांक : २२-०९-२०१८

ठिकाण : Pune

कार्यालयाचा पत्ता : Office of the Deputy Commissioner of Labour, Pune, Address- Pune District Bunglow No.५, Mumbai - Pune Road, Shivaji Nagar, Pune-४११००५

अर्जाचा आय.डी. क्रमांक		प्रदान केलेले सेवा मूल्य (रुपये)			
१०५४३७२४१८०३		२३.६०			
अनुक्रमांक	संचालकाची नावे	संचालकाचा पत्ता	आधार क्रमांक	भ्रमणध्वनी क्रमांक	ई-मेल
२	पिनाकिन अनंत कर्वे	सदाशिव पेठ	८४९१६२३९०३१९	९८२२४४४९६३	chikane१२@gmail.com

पुणे नो. ८०१ (२०१६ ते २२)

३/१९४९

मुमादामु. १११२ (१०० पानी ३० पुस्तके) १२-०९

आरोग्य/अन्न परवाना



पुणे महानगरपालिका

PUNE MUNICIPAL CORPORATION

सन १९४९ च्या दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्टच्या कलम ५ अन्वये दिलेले
रजिस्ट्रेशन सर्टिफिकेट

Certificate of Registration under Section 5 of the Bombay Nursing Homes

Registration Act, 1949

(नियम ५ अन्वये) (Under Rule 5)

क्रमांक No. : N^o 2586

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्ट, १९४९ अन्वये श्री / श्रीमती

अश्विनी विठ्ठल

यांचे अश्विनी मेडिकल सेंटर प्रा. लि.

येथील नर्सिंग होम / मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम व मॅटर्निटी होम चालविण्यास परवाना
देण्यात येत आहे.

This is to certify that Shri / Shrimati

अश्विनी विठ्ठल, has been registered under the
Bombay Nursing Homes Registration Act, 1949 in respect of पुणे-१६

situated at

and has been authorised to carry on the said Nursing Home.

रजिस्ट्रेशन क्र. LCBP-2016-00077 प्रसूतीसाठी

Registration No.

Maternity

कॉट्स

Cots

रजिस्ट्रेशन दि. :

इतर रुग्णांसाठी

०१

कॉट्स

Date of Registration

Other Nursing Patients

Cots

ठिकाण Place : पुणे

१६०१ १६०६ १६०७

सर्टिफिकेट दिल्याचा दिनांक Date of issue of Certificate :

सदरचे सर्टिफिकेट दिनांक ३१ मार्च २०२२ पर्यंत कार्यवाहीत राहील.

This Certificate shall be valid up to 31st March

डॉ. मनिषा नाईक

सहाय्यक आरोग्य अधिकारी(प)
पुणे महानगरपालिका

आरोग्यप्रमुख, पुणे महानगरपालिका.

Medical Officer of Health, Pune Municipal Corporation.

आरोग्य अधिकारी
पुणे महानगरपालिका



INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4, ITR-5, ITR-6, ITR-7 transmitted electronically with digital signature]

Assessment Year
2018-19

PERSONAL INFORMATION AND FILE DATE OF ELECTRONIC TRANSMISSION	Name AESTHETICS MEDISPA PRIVATE LIMITED			PAN AAHCA1088H		
	Flat/Door/Block No 2	Name Of Premises/Building/Village SNEH RIVIERA 119/21B		Form No. which has been electronically transmitted ITR-6		
	Road/Street/Post Office MODEL COLONY	Area/Locality SHIVAJINAGAR				
	Town/City/District PUNE	State MAHARASHTRA	Pin/Zip Code 411016	Status Plc Company	Aadhaar Number/Enrollment ID	
	Designation of AO(Ward/Circle) 1(1)			Original or Revised ORIGINAL		
	E-filing Acknowledgement Number 351283161281018			Date(DD/MM/YYYY) 28-10-2018		
	1	Gross total income			1	3192525
	2	Deductions under Chapter-VI-A			2	0
	3	Total Income			3	3192530
	3a	Current Year loss, if any			3a	0
COMPUTATION OF INCOME AND TAX THEREON	4	Net tax payable			4	986491
	5	Interest and Fee Payable			5	10254
	6	Total tax, interest and Fee payable			6	996745
	7	Taxes Paid	a	Advance Tax	7a	1000000
			b	TDS	7b	0
			c	TCS	7c	0
			d	Self Assessment Tax	7d	0
			e	Total Taxes Paid (7a+7b+7c +7d)	7e	1000000
	8	Tax Payable (6-7e)			8	0
	9	Refund (7e-6)			9	3260
10	Exempt Income	Agriculture		10		
		Others				

This return has been digitally signed by **DR ASHISH VIJAY DAVALBHAKTA** in the capacity of **Representative**

having PAN **AIHPD5307J** from IP Address **123.201.54.171** on **28-10-2018** at **PUNE**

Doc SI No & issuer **1400884774CN=(n)Code Solutions CA 2014,2.5.4.51=#13133330312c20474e464320496e666f746f776572,STREET=Bodakdevi, S G Road, Ahmedabad,ST=Gujarat,2.5.4.17=#1306333830303534,OU=Certifying Authority,O=Gujarat Narmada Valley Fertilizers and Chemicals**

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

Aesthetics Medispa Pvt. Ltd

Director

Assessment Year
2019-20

(Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4, ITR-5, ITR-6/ITR-7 filed and verified electronically)

Assessment Year
2019-20

PERSONAL INFORMATION AND THE ACKNOWLEDGEMENT NUMBER	Name AESTHETICS MEDISPA PRIVATE LIMITED			PAN AAHCA1088N		
	Flat/Store Block No 2	Name Of Premises/Building/Village SNEHI RIVTERA 11921B		Form Number. ITR-6		
	Road/Street Post Office MODEL COLONY	Area Locality SHIVAJINAGAR				
	Town/City/District PUNE	State MAHARASHTRA	Pin/Zip Code 411016	Status Plc Company Filed u/s 139(1)-On or before due date		
	Assessing Officer Details (Ward/Circle) WARD 1(1), PUNE					
	e-filing Acknowledgement Number 198957691141019					
COMPUTATION OF INCOME AND TAX LIABILITIES	1 Gross total income				1	0
	2 Total Deductions under Chapter-VI-A				2	0
	3 Total Income				3	0
	3a Deemed Total Income under AMT/MAT				3a	516432
	3b Current Year loss, if any				3b	295001
	4 Net tax payable				4	99362
	5 Interest and Fee Payable				5	447
	6 Total tax, interest and Fee payable				6	99809
	7 Taxes Paid	a Advance Tax	7a	400000		
		b TDS	7b	0		
		c TCS	7c	0		
		d Self Assessment Tax	7d	0		
e Total Taxes Paid (7a+7b+7c+7d)			7e	400000		
8 Tax Payable (6-7e)				8	0	
9 Refund (7e-A)				9	300190	
10 Exempt Income	Agriculture			10		
	Others					

Income Tax Return submitted electronically on 14-10-2019 13:20:24 from IP address 123.201.100.229 and verified by DR ARJUN VIKAS DAVAJBHATA having PAN AHHPD5307J on 14-10-2019 13:20:24 from IP address 123.201.100.229 using Digital Signature Certificate (DSC)
DSC Issued: 20090627 16:00:00 Date Subscribed CA 2014254531-#13133303120474e664320456e664766776572 STREET-Bodakhdev, S G Road, HamelbhimCET-Cajpurat.254.57-#13063328303045450-Certifying Authority, D-Gujarat Narmada Valley Fertilizers and Chemicals

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3,
ITR-4(SUGAM), ITR-5, ITR-6, ITR-7 filed and verified]
(Please see Rule 12 of the Income-tax Rules, 1962) .

Assessment Year
2020-21

PAN	AAHCA1088N		
Name	AESTHETICS MEDISPA PRIVATE LIMITED		
Address	2, SNEH RIVIERA 119/21B, MODEL COLONY, SHIVAJINAGAR, PUNE, MAHARASHTRA, 411016		
Status	Plc Company	Form Number	ITR-6
Filed u/s	139(1)-On or before due date	e-Filing Acknowledgement Number	245889301080221
Taxable Income and Tax details	Current Year business loss, if any	1	2542063
	Total Income		0
	Book Profit under MAT, where applicable	2	0
	Adjusted Total Income under AMT, where applicable	3	0
	Net tax payable	4	0
	Interest and Fee Payable	5	0
	Total tax, interest and Fee payable	6	0
	Taxes Paid	7	0
Dividend Distribution Tax details	(+)Tax Payable /(-)Refundable (6-7)	8	0
	Dividend Tax Payable	9	0
	Interest Payable	10	0
	Total Dividend tax and interest payable	11	0
	Taxes Paid	12	0
Accreted Income & Tax Detail	(+)Tax Payable /(-)Refundable (11-12)	13	0
	Accreted Income as per section 115TD	14	0
	Additional Tax payable u/s 115TD	15	0
	Interest payable u/s 115TE	16	0
	Additional Tax and interest payable	17	0
	Tax and interest paid	18	0
	(+)Tax Payable /(-)Refundable (17-18)	19	0

Income Tax Return submitted electronically on 08-02-2021 19:10:19 from IP address 123.201.100.132 and verified by
ASHISH VIJAY DAVALBHAKTA

having PAN AIHPD5307J on 08-02-2021 19:10:19 from IP address 123.201.100.132 using

Digital Signature Certificate (DSC).

DSC details: 17903674CN=e-Mudhra Sub CA for Class 2 Individual 2014,OU=Certifying Authority,O=eMudhra Consumer Services Limited,C=IN

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU



प्रारूप 1
पंजीकरण प्रमाण-पत्र

कॉर्पोरेट पहचान संख्या : U85100PN2008PTC132262

2008 - 2009

मैं एतद्वारा सत्यापित करता हूँ कि मैसर्स

AESTHETICS MEDISPA 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 अठारह जून दो हजार आठ को मेरे हस्ताक्षर से पूरे में जारी किया जाता है।

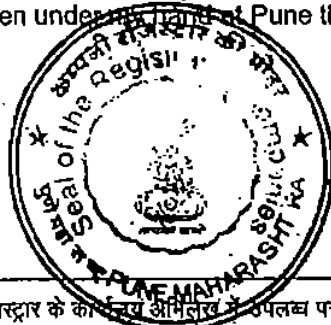
Form 1
Certificate of Incorporation

Corporate Identity Number : U85100PN2008PTC132262

2008 - 2009

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

Given under my hand and Seal at Pune this Eighteenth day of June Two Thousand Eight.



(KATKAR VISHNU PANDURANG)

कम्पनी रजिस्ट्रार / Registrar of Companies

महाराष्ट्र, पुणे
Maharashtra, Pune

कम्पनी रजिस्ट्रार के कार्यालय में उपलब्ध पत्राचार का पता :

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

AESTHETICS MEDISPA PRIVATE LIMITED

E6021, MODIBAUG, GANESHKHIND ROAD, SHIVAJI NAGAR, NEAR AGRICULTURE COLLEGE,

PUNE - 411005,

Maharashtra, INDIA



THE COMPANIES ACT, 1956
A COMPANY LIMITED BY SHARES
ARTICLES OF ASSOCIATION

OF

AESTHETICS MEDISPA PRIVATE LIMITED

1. A) Except as hereinafter provided Table 'A' in the First Schedule to the Companies Act, 1956 shall apply to the company.
 - B) Regulations 1, 5, 13, 16, 22, 23, 24, 36, 37, 38, 39, 40, 41, 42, 43, 47, 48, 64, 65, 66, 68, 69, 70 and 83 in the said Table 'A' shall not apply. The provisions of these Articles shall prevail over any corresponding provision in Table 'A'.
 - C) This Company is a Private Limited Company within the meaning of Section 3(1)(iii) of the Companies Act, 1956, and accordingly –
 - a) restricts the right to transfer its shares;
 - b) limits the number of its members to fifty, not including:
 - i) persons who are in the employment of the Company and,
 - ii) persons who having been formerly in the employment of the Company, were members of the Company while in that employment and have continued to be members after the employment ceased, provided that where two or more persons hold one or more shares in the Company jointly; they shall for the purpose of this paragraph be treated as a single member, and
 - c) Prohibits any invitation to the public to subscribe for any shares in, or debentures of the Company.
 - d) No invitation should be issued to the public to place deposit with neither the Company nor any deposits are accepted from any other person other than its member, directors or their relatives.
2. A) In these regulations
 - a) "the Act" means the Companies Act, 1956
 - b) "the Seal" means the Common Seal of the Company.
 - B) Unless the context otherwise requires, words or expressions contained in these regulations shall bear the same meaning as in the Act or any Statutory Modifications thereof in force at the date of which these regulations become binding on the Company.



Share Capital:

3. The authorised share capital of the Company is Rs.100000/- (Rupees One Lakhs only) divided into 1000 (One Thousand) Equity Shares of Rs.100/- (Rupees Hundred only) each.

Shares and Share Certificates

Shares under the control of Directors

The issue of shares shall be under the control of the Directors who may allot or otherwise dispose off the same to such persons and on such terms and conditions as they may deem fit. The Directors may allot and issue shares in the capital of the Company in payment or part payment for any property sold and transferred or for services rendered to the Company in or about the formation or promotion of the Company or the conduct of its business and any shares so allotted may be issued as fully paid-up and/or partly paid-up shares.

Calls on Shares:

4. a) The Board may, from time to time, make calls upon the members in respect of any moneys unpaid on their shares.
- b) Each member shall, subject to receiving at least fourteen days' notice specifying the time or times and place of payment, pay to the Company, at the time or times and place so specified, the amount called on his shares.
- c) A call may be revoked or postponed at the discretion of the Board.
5. a) If a sum called in respect of a share is not paid before or on the day appointed for payment thereof, the persons from whom the sum is due shall pay interest thereon from the day appointed for payment thereof to the time of actual payment at such rate as the Board may determine.
- b) The Board shall be at liberty to waive payment of any such interest wholly or in part.

Transfer of Shares:

6. i) The members proposing to transfer any share shall give notice in writing to the Company that he desires to transfer the same. And the transferee shall be a person selected by the Board of Directors as on whom it is desirable in the interest of the Company to admit to membership, is willing to purchase the same at the fair value.
- ii) Except as hereinafter provided no shares in the Company shall be transferred unless and until the right of pre-emption hereinafter conferred shall have been exhausted.

General Meeting:

7. Seven day's notice, at least, of every General Meeting, Annual or Extra-Ordinary Meeting and by whosoever called, specifying the day, place and hour of the meeting and the general nature of the business to be transacted thereat, shall be given in the manner herein provided, to such persons as are under these Articles entitled to receive notice from the Company provided that in the case of Annual General Meeting the consent in writing of all the Members entitled to vote thereat and in the case of any other meeting with the consent of members holding not less than 95 per cent, or such part of the paid-up share capital of the Company, as given a right to vote at the meeting may be convened by a shorter notice.
 8. Section 173 of the Companies Act, 1956, shall not apply with respect to any meeting of the Company.
- Board of Directors:**
9. The number of Directors shall not be less than two and more than nine.
 10. The Directors shall not be required to hold shares as qualification shares in the Company:
 11. The First Directors of the Company shall be:
 - i) Mr. Ashish Vijay Davalbhakta
 - ii) Mr. Pinakin Anant Karve.
 12. The First Directors of the Company shall not retire by rotation subject to the provisions of the Companies Act, 1956, until they resign.
 13. Save as otherwise expressly provided in the Act the questions arising at any meeting of the Board shall be decided by a majority of votes.
 14. The Directors may appoint one amongst themselves to be the Managing Director of the Company on such amenities and perquisites as may be agreed to between him and the Board of Directors and Board of Directors may delegate to such Managing Director such of their powers and duties as they may think it proper to do.
 15. a) The Directors may appoint one or more amongst themselves to be the Technical Director of the Company for such period and on such terms and as to payment of remuneration and affording him such amenities and perquisites as may be agreed to between such Technical Director/s and the Company and the Director/s may delegate to such Technical Director/s such of their powers and duties as they may think it proper to do. The Directors may, instead of or in addition to appoint one amongst themselves as Technical Director/s of the Company, appoint any person or body corporate or company as Technical Consultants of the Company for such period and on such terms as to payment of remuneration as may be agreed between such person, firm, company or body corporate and the Company.

b) The remuneration of Whole time Director shall subject to the provisions of any contract between the Company and him from time to time fixed by the Board of Directors and subject to the provisions of the Act, may be by way of fixed salary and or perquisites or commission on profit of the Company, or by any or all these modes and may be in addition to the remuneration for attendance at the Board Meeting and any other remuneration which may be provided under any other Articles.

16. The Directors, may, in their absolute discretion, pay any Director including the Managing Director, Technical Director or other whole-time Director of the Company, who is/are required to execute a personal guarantee in respect of loans agreed to be availed of by the Company from banks, financial institution or other similar bodies financing the Company in any manner, a guarantee commission at the rate to be fixed by the Board of Directors from time to time.

17. Each Director including Managing Director, Technical Director or other Whole-time Director shall be paid for each meeting of the Board or a Committee thereof attended by him a sum, not exceeding Rs. 1000 /-, as may be determined by the Board of Directors from time to time.

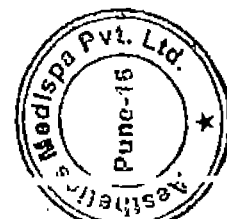
18. No member shall be entitled to visit or inspect any works of the Company without the permission of the Directors to require discovery of or any information respecting any detail of the Company's trading or any matter which is or may be in the nature of trade secret, secret process, or any other matter which may relate to the conduct of the business of the Company and which in the opinion of the Directors it would be inexpedient in the interest of the Company to disclose.

19. Subject to the provisions of these Articles and of the Act, the Directors may exercise all the powers of the Company to borrow money, and to mortgage or charge its undertaking, property (both present and future) and uncalled capital, or any part thereof. The payment or repayment of moneys so borrowed may be secured in such terms and conditions in all respects as the Board may think fit.

Secrecy Clause

20

Subject to the provision of Act, every Director, Managing Director, Manager, Auditor, Secretary, Trustees, Members of Committee, Officer, Servants or other person employed in the business of the Company, shall when required, sign a declaration pledging himself to observe other operations of the Company all transactions of the Company with the customers and the state of accounts with individuals and in matters relating thereto, and shall by such declaration pledge himself not to reveal any of the matters which may come to his knowledge in the discharge of his duties or by persons to whom such matters relate and except so far as may, necessary in order to comply with any of the provision in these presents contained. Nothing herein contained shall affect the power of Central Government or any officer appointed by the Government to inquire or to hold an investigation into the Company's affairs.



We, the several persons, whose names and addresses, descriptions and occupations are given below, are desirous of being formed into a company in accordance with and in pursuant of these Articles of Association.

Name, Address and Occupation, if any of the Subscriber	Signature	Signature, Name, Description, Address and Occupation of Witnesses
<p>Ashish Vijay Davalbhakta S/o, Vijay Vishwanath Davalbhakta Add: E 6021, Modibaug, Ganeshkhind Road, Shivajinagar, Near Agriculture Collage, Pune 411 005. Occupation: Business</p>	SD/-	SD/-
<p>Pinakin Anant Karve. S/o, Anant Vishnu Karve Add: 1366, Natu Baug, Bajirao Road, Sadashiv Peth, Pune 411 030. Occupation: Business</p>	SD/-	<p>Anjali D. Talvatkar Company Secretary D/O, Dattaram Talvatkar 989/1 Shukarwar Peth, Hirabaug Deccan Club, Pune 411 002</p>

DATE: 11.06.2008

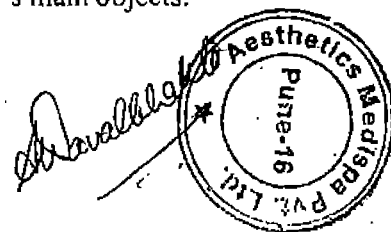
PLACE: PUNE

THE COMPANIES ACT, 1956
COMPANY LIMITED BY SHARES
MEMORANDUM OF ASSOCIATION

OF

AESTHETICS MEDISPA PRIVATE LIMITED

- I. The name of the Company is AESTHETICS MEDISPA PRIVATE LIMITED.
- II. The Registered Office of the Company will be situated in the STATE OF MAHARASHTRA, within the jurisdiction of Registrar of Companies, Pune.
- III. The objects of the Company for which the Company is established are:
 - A. MAIN OBJECTS OF THE COMPANY TO BE PURSUED ON THE INCORPORATION OF THE COMPANY:
 1. To establish Aesthetics Medispa to deliver the treatments for health, beauty and youth through science and to deal with preventative and therapeutic option to make clients beautiful, fit, healthy & young through cosmetic surgery section & cosmetology section and an ayurvedic or holistic spa section. The cosmetic surgery section will deal with various surgical and non-surgical option to reshape the body and rejuvenate the body and face. The cosmetology section will deal with skin problem.
 - B. THE OBJECTS INCIDENTAL OR ANCILLIARY TO THE ATTAINMENT ON THE MAIN OBJECTS:
 2. To enter into contracts, agreements and arrangements with firm, company, body corporate or any other person for carrying out by such firm, company, body corporate or any other person the objects for which the Company is formed.
 3. To open and operate bank accounts for the Company's business and to draw, make, accept, endorse, discount, negotiate and transfer promissory note, bill of exchange, Hundi, cheque, delivery order, debenture, Railway Receipt, warrants and other negotiable, commercial or mercantile or transferable instruments in connection with the business of the Company.
 4. To enter into an agreement or arrangement with Government or Semi Government bodies, municipal, or local authorities, or with any person, firm or Company for carrying on the activities of the Company or for securing rights, privileges, concessions, contracts, licenses, patents which the Company may think desirable, or to collaborate with any foreign person or body for the Company's main objects.



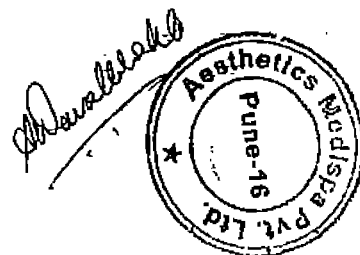
5. To purchase, take on lease, hire, exchange or obtain any building, machinery, and equipment's, stock-in-trade which may be necessary for the purpose of business of Company and to deal with, sell, lease, and mortgage such property.
6. To construct, erect, maintain, either by the Company or other parties, roads; streets, house flats, shops, offices for the purpose of the business of the Company either upon the land acquired by the Company.
7. To adopt such means of making known and advertising the business, activities and products of the Company as may seem expedient, particularly advertisement in the press, by circulars, publications of books, periodicals, and pamphlets, sponsoring exhibitions, demonstrations, rallies and competitions and granting prizes, scholarships, rewards and donations in connection therewith.
8. To purchase, acquire or hold shares in any other Company or to enter into partnership or other arrangements for sharing profits or to enter into a joint venture agreement with any person, firm or Company in India or abroad, if such person, Co-operative society, Bank, firm or Company have objects altogether or in part similar to those of the Company.
9. To appoint selling agents, distributors, franchisee and licensees and to accept from them security deposits, guarantees and indemnities for the business.
10. To appoint agents or agencies, to open branches or other offices for the purpose of advertising, selling, exhibiting, keeping or disposing off, course material in connection with the Company's objects and business.
11. To act as agents or brokers for any Company carrying similar activities and to undertake and perform sub-contracts, and also to act in any of the business of the Company through or by means of agents, brokers, sub-contractors or others.
12. To hold in the name of the Company any property, which the Company is, authorized to acquire, hold and own.
13. To establish, buy or acquire any workshop, plant and machinery or other equipments necessary for the purposes or business of the Company.
14. To acquire from any person, firm any body corporate whether in India or elsewhere-technical information, know-how, processes, engineering, manufacturing and operating data, plans, layouts, designs, blue prints useful for any of the businesses of the Company and to acquire any grant or license and other rights and benefits in the foregoing matters and things.
15. To receive money or loan and borrow or raise money in such manner as the Company shall think fit and in particular by the issues of debentures, debentures convertible into Shares of this or any other Company or perpetual annuities and to secure the repayment

of any money borrowed, raised or doing by Trust Deed, mortgage, pledge, charge, hypothecation or lien upon all or any other property or assets of the Company (both present and future) including its uncalled capital but excluding its reserve capital and also by a simple mortgage, charges or lien or secure and guarantee the performance by the Company or any other person of any obligation undertaken by the Company or any other person as the case may be provided always that the Company shall not carry on the business of banking within the meaning of The Banking Regulation Act, 1949, subject to the provisions of the section 58A of The Companies Act, 1956 and directives of the Reserve Bank of India, as amended from time to time, if any.

16. To acquire, buy, purchase and/or to take over as a going concern or any business under the existing contracts, rights, interests, benefits, licenses, concessions, assets and liabilities of the said business or any of them and either with or without its advantages and goodwill or either of them and either for cash or in consideration of allotment of shares in the Company and for such price as may be agreed between the Vendor and the Company.
17. To promote, acquire, form and establish or to promote, acquire and undertake all or part of the business property and liabilities of any person, firm, body corporate or corporation carrying on or about to carry on business which this Company is authorized to carry on or which can be carried on in conjunction.
18. To provide for the welfare of the shareholders, employees or ex-employees, Directors and Ex-Directors of the Company and the Spouses and families or the dependents or connections of such persons by building or contributing to the building of houses, dwelling or chawls or by grants of money pension, allowances, bonus or other payments or by creating and from time to time subscribing or contributing to other funds, associations, institutions or trusts and by providing or subscribing or contributing towards places of instructions and recreation, clubs, libraries, hospitals and dispensaries, medical and other attendance and other assistance as the Company shall think fit.
19. To advance, money and to make advances with or without security or to make deposits with or without security with such persons, firms, companies or any local authority on such terms as may seem expedient and in particular to or with customers and others dealing with the Company and to guarantee the performance of contracts by any such persons, firms, companies or authority provided however that the Company shall not carry on the business of banking under the Banking Regulation Act, 1949.
20. To apply for purchase, acquire, develop, deal with, sell, transfer, sublicense, scientific, industrial, technical and commercial know-how, information, skills, patents, research, rights, trademarks, privileges, inventions, models, designs, secret formulae and processes for the business of the Company in any part of the World and to expend money in experimenting upon, testing and improving such patents, rights.

21. To invest surplus monies of the Company not immediately required, upon such securities and in such manner otherwise than in shares of this Company as may from time to time be determined and in particular to guarantee the principal and interest of any premium which may become payable on any mortgages, debentures, or other obligations and the dividends on the capital paid on any shares.
22. To give officers, servants or employees of the Company share or interest in the profits of the Company's business or its branch thereof and whether carried on by means or through the agency of subsidiary Company or not and for that purpose to enter into such arrangements as the Company may think fit.
23. To insure the whole or any part of property of the Company either fully or partially to protect and indemnify the Company from liability or loss in any respect either fully or partially and also to insure and to protect and indemnify any part or portion thereof either on mutual principal and to assign such insurance policy in favor of any creditor.
24. To carry on experiments and incur expenses necessary for the purpose and with a view to improve the present method and process of working.
25. To take part in the formation, management, supervision and control of the business or operations of similar Company.
26. To pay out of the Company's funds, the costs and expenses incurred in connection with all matters preliminary and incidental to the formation and incorporation of this Company including all the pre-incorporation expenses and all expenses of any Company promoted by this Company.
27. To make donations to such persons or institutions either in cash or other assets as may be thought directly or indirectly conducive to the Company's objects or expedient and in particular to remunerate any person or corporation introducing business to this Company and to subscribe or guarantee money for exhibitions or for public objects.
28. To accumulate reserves out of the Company's profits either generally for the purposes of the Company's business or for a particular purpose; to create a special fund by investing outside the Company's business the moneys represented by the said reserves and to use and appropriate the same accordingly.
29. To apply for tender, purchase or acquire any contracts, sub-contracts, licenses and concessions for or in relation to the objects or business herein mentioned or any of them and to undertake, execute, carry out, dispose-off the same.
30. To enter into any sorts of internal or external foreign collaborations, technical assistance, and financial or commercial arrangements to fulfillment of any objects or objects herein contained.

31. To issue bonus shares either out of profits or out of reserves or out of premium received on the issue of shares or any law may impose debentures, subject to such restrictions as may be imposed by any law for the time being in force.
32. To repair, alter, remodel, clean, renovate, convert, manipulate and prepare for resale and resell any goods and goods and materials used for the business of the Company from time to time belonging to the Company.
33. To remunerate the Directors and employees or servants or an agent of the Company and other out of or in proportion to the returns or profits of the Company or of any particular business carried on by it, as the Directors may think fit.
34. To remunerate any person or Company for services rendered or to be rendered in placing or assisting to place or guaranteeing the placing of the Company's capital or debentures, or other securities of the Company or in about the formation or promotion of the Company or the conduct of its business, or for rendering financial assistance or other assistance to this Company.
35. To cancel or accept, surrender of any share or shares of any member or, for any reasons and on such terms as and when the directors in their absolute discretion think fit, and with or without any continuing liability attaching to such member or members, subject to the requirement of Section 100 of the Companies Act. 1956.
36. To let out on hire all or any of the property of the Company (whether real or personal) including every description of apparatus or appliances of the Company.
37. To pay, satisfy or compromise any claims made against the Company in respect of policies or contracts granted by, dealt in or entered into by the Company or, which claims it may be deemed expedient to pay, satisfy or compromise notwithstanding that the same may not be valid in law.
38. To do all or any of the above things, as principals, agents, trustees, managers, contractors, and either alone or in connection with the business activities of the Company.
39. To apply for and become member of any Company, Association, Society or body corporate having objects similar to or identical with those of the Company, or likely to promote directly or indirectly the interests of the Company.
40. To assist, associate with, conduct, donate, encourage, endow, establish, maintain, promote, provide, reward, subscribe, undertake such scientific and technical researches, studies, tests, lectures, experiments, investigations, inventions as the company considers conducive to its business either singly or through any conferences, research centers, laboratories, workshops, schools, exhibitions, hospitals and other technical and scientific institutions and bodies for the development of education, medicine, human welfare.



41. To construct, built, establish, acquire, assist, maintain, manage administer, operate, run, purchase, get, convert, sell, develop, improve, hold with absolute rights or with limited rights or on lease, sub lease, hospitals, nursing homes, medical colleges, medical centers, dispensaries, child welfare centers, health care centers, therapeutics centers, operation centers, maternity homes, blood bank, skin banks, sera banks, X- Rays clinic, C T Scan center, Sonography and Pathology laboratory.
42. To carry on and undertake research, discovery, improvement or development of new methods by diagnosis, understanding and preventions and treatment of disease, providing all types of facilities.
43. To encourage the discovery of new medical and surgical management of diseases and afflictions and to investigate and make known the nature and merits of the investigation and finding and research in the said field and to acquire any patent and licenses or other protective devices relating to the results of any discovery, investigations, findings or researches and to acquire any processes upon such terms as may seem expedient and to improve the same.
44. To conduct and to carry on experiments and to provide the funds for research works and for scholarships and stipend, remuneration and other payment or aid to person engaged in research works or work connected with or conducive to research and to encourage and to improve knowledge of the person who are engaged or likely to be engaged in any medical or related profession so as to make available medical relief to the public at large.
45. To establish and deliver treatments on hair problem like hair loss, hair transplant, body hair transplant, artificial hair implant, unwanted hair laser removal, follicular unit extraction.
46. To establish and deliver treatments related face like dimple surgery, cheek implant surgery, cheek bone reduction, ear shaping, face lift surgery, nose surgery, facial implant, fat grafting, leap reduction, nasolabids folds.
47. To establish and deliver treatments related to breast like breast augmentation, breast reduction, breast lift, large areolde, nipple reduction.
48. To establish and deliver treatments related to skin problems like simple skin care, skin laser resurfacing, microdermabrasion, mesotherapy, skin rejuvenation, white patches, tattoo removal.

C OTHER OBJECTS NOT INCLUDED IN A & B ABOVE:

Nil

IV. The liability of members is limited.

V. The Authorised Share Capital of the Company is Rs.100000 Rupees. (One Lakhs only) divided into 1000 (One Thousand Only) Equity Shares of Rs.100 (Rupees Hundred only) each.

Minimum paid up share capital of the Company shall be Rs. 100000/-

We, the several persons, whose names and addresses are subscribed below, are desirous of being formed into a Company in pursuance of this Memorandum of Association, and we respectively agree to take the number of shares in the capital of the Company set opposite our respective names.

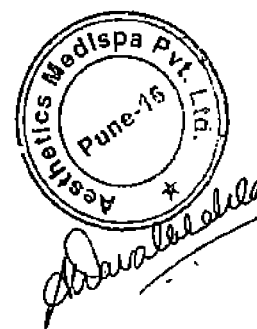
Name, Address and Occupation, If any, Of the Subscriber.	Signature	Number of Equity Shares taken up by each Subscriber	Signature, Name, Description, Address and Occupation of witnesses.
Ashish Vijay Davalbhakta S/o, Vijay Vishwanath Davalbhakta Add: E 6021, Modibaug, Ganeshkhind Road, Shivajinagar, Near Agriculture Collage, Pune 411 005. Occupation: Business	SD/-	500 (Five Hundred only)	SD/-
Pinakin Anant Karve. S/o, Anant Vishnu Karve Add: 1366, Natu Baug, Bajirao Road, Sadashiv Peth, Pune 411 030. Occupation: Business	SD/-	500 (Five Hundred only)	Anjali D. Talvatkar Company Secretary D/O, Dattaram Talvatkar 989/1, Hirabaug Deccan Club, Shukarwar Peth, Pune 411 002 ACS No: 19937 CP No: 7193
		1000 (One thousand only)	

DATE: 11.06.2008

PLACE: PUNE

PLEASE FIND THE LIST OF HOSPITAL ATTACHED WITH AESTHETICS MEDISPA,PUNE

1. Ruby Hall clinic --- 40 Sasoon Road, Pune
2. Jahangir hospital --- 32 Sasoon Road, Pune
3. Deenanath Mangeshkar Hospital -----Erandawne, Pune
4. Bharati Vidyapeet -----, LBS Marg Pune
5. Noble Hospita -----, 153 Magarpatta City Road, Pune
6. Oyester and Pearl Hospita -----, Pune





NOBLE HOSPITALS, PUNE

South East Pune's First NABH Accredited Hospital




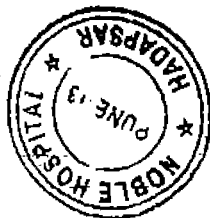
National Accreditation Board for
Hospital and Healthcare Providers

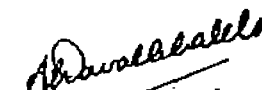
Senior For : Cardiac & Critical Care, Trauma, Brain & Spine Surgery, Joint Replacement, Mother & Child Care, Cancer Care

Agreement between Noble Hospital & Dr. Davalbhakta

- Noble Hospital appoints Dr. Ashish Davalbhakta as Head of Cosmetic Surgery under Department of Cosmetology
- Noble Hospital Managing Committee agrees to support with materials & manpower to run Cosmetic Surgery in the Dept.
- Noble Hospital Managing Committee agrees to appoint necessary registrars or affiliate surgeons to back up Cosmetic Surgery in the Dept. till the time it is able to generate enough revenue to have its own staff.
- Noble Hospital Managing Committee will have a time-bound plan to procure equipments needed for Cosmetic Surgery.
- Noble Hospital agrees to pay the remuneration (includes consulting fees, surgical fees & hospital visit fees) for the services given as per Schedule of Charges for Cosmetic Surgery.
- Noble Hospital agrees to pay the rental charges for certain equipments which Dr. Davalbhakta brings for surgical procedures as per Schedule of Charges for Cosmetic Surgery.
- Dr. Davalbhakta agrees to attend all enquiries for Cosmetic Surgery coming to Noble Hospital & Multispecialty Clinic.
- Dr. Davalbhakta is fully responsible for maintenance of standards, literature, information updation required in Cosmetic Surgery to keep it at the cutting edge of technology.
- All ideas of promotion of Cosmetic Surgery & suggestions should be informed to the Head of Cosmetology Dept. beforehand.
- Dr. Davalbhakta will fix his convenient consulting hours in the Dept. & will keep himself available for patients during those hours. Any period of absenteeism should be informed in advance to the Multispecialty Clinic.
- Dr. Davalbhakta will carry out all Cosmetic Surgical procedures, will abide by the Dept. Protocol of not doing any procedures related to Cosmetic Dermatology or Plastic & Reconstructive Surgery.
- Appointment of any new Cosmetic Surgeon should be after discussion with Dr. Davalbhakta & after consulting the Noble Hospital Management Committee as well as HOD, Department of Cosmetology.


Dr. Deep Mane
Medical Director
Noble Hospital
28/08/13




Dr. Davalbhakta Ashish
Cosmetic Surgeon
Noble Hospital

FOUNDER

Dr. PATANGRAO KADAM
M.A., LL.B., Ph.D.

Bharati Vidyapeeth

Bharati Vidyapeeth Bhavan, L.B.S. Marg, Pune - 411 030.
PHONE : 24325701, 24325509, 24325510 • FAX : 020-24339121
E-mail : <http://mail.bharativedyapeeth.edu>

SECRETARY

VISHWAJIT KADAM
B.E.(Comp.), M.B.A.

JOINT SECRETARIES

V. B. MHETRE

Prin. K. D. JADHAV

Dr. M. S. SAGARE

(DONATIONS ARE EXEMPTED FROM INCOME-TAX VIDE NO. P 165/B-40)

Ref. No.: BV/CO/Admn/6483 /2010-2011.

Date : 10 /08 /2010

ORDER OF APPOINTMENT

To,

Dr. Davalbhakta Ashish Vijay
M.S.E 602, 1 Modibaug,
Ganeshkhind Road,
Shivajinagar,
Pune-411 005.

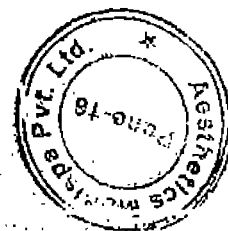
Sir,

With reference to your application dated 02/08/2010 the undersigned is pleased to inform you that you are hereby appointed as **Assistant Professor in Surgery** in **Bharati Vidyapeeth Deemed University Medical College, Pune-43**, with effect from **15/08/2010**.

You will be paid consolidated salary of Rs.8,000/- (Rupees Eight thousand only) per month.

Your appointment is subject to the following conditions that -

- The appointment and pay etc. are approved by the concerned University/ Director of Technical Education/Director of Medical Education & Research/ Director of Higher Education/Dy. Director of Education, as the case may be.
- There are prescribed number of minimum students for the subject for which you are appointed.
- You will submit the original and the certified true copies of relevant testimonials, birth date certificate, mark sheets, experience certificate, discharge/relieving certificate, L.P. certificate before joining duties.
- * You will communicate your acceptance within seven days from the date of this Order of Appointment, failing which your appointment is liable to be cancelled. Two Acceptance Forms, one for the Secretary, Bharati Vidyapeeth and the other for the Head of the Institution are enclosed.



(Signature)



DEENANATH MANGESHKAR HOSPITAL & RESEARCH CENTRE

Erandawane, Pune 411 004. Tel. : 25452828 E-mail : jpmr@vsnl.com, Website : www.dmhospital.org

GEN 007

DMH/2005/HR

7 July 2005

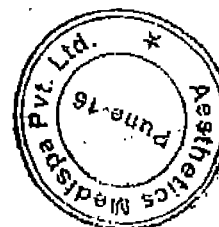
To,

Dr. Ashish Davalbhakta

Dear Dr. Ashish Davalbhakta

We would like to offer you the post of **Honorary Consultant in Cosmetic Surgery** with effect from **15th July 2005** on the following terms and conditions-

- a. You are requested to conduct the respective Outpatient Department on the following day (**Monday & Thursday**). The OPD Timings will be from 2pm to 4pm. You are requested to attend the OPD, both, regularly and punctually.
- b. You will be on-call for any emergency that may arise as per the Emergency Schedule. You are requested to attend such patients as soon as possible and in any case not later than three hours of the call in life threatening conditions and not later than six hours in non life-threatening cases.
- c. You will manage indoor patients admitted under your care and will supervise the work of subordinates as regards Performance, Attendance and Discipline.
- d. **Apportioning of Fees / Remuneration** (All Charges are calculable as per hospital charging schedule)
 1. **Outpatients (OPD) patients** you will receive emoluments as per the following rates-
 1. All cases - 60% of the fees recovered from the patients
 2. Free Patients - Nil
 3. Concessional and routine patients - as per hospital policy.
 2. **Indoor cases** (for Surgery, procedures in casualty and OT, routine & emergency visits, critical care, cross references and joint admission as per hospital policy.)
 1. 80% of your professional charges
 2. Free Patients - Nil
 3. Concessional patients- as per hospital policy.
- e. **Joining Formalities** : You are requested to submit to the HR Dept the following prior to joining-
 1. A detailed Biodata & two stamp size photographs for Identity card.
 2. All contact Numbers- Telephone, Pager, Mobile and e mail address. (Please check e-mail regularly)
 3. An undertaking regarding ethical & rational practise (attached)
 4. Please collect the hospital- Identity card and, car/ scooter Vehicle Pass.
 5. Deposit an interest free, refundable sum by crossed cheque of Rs.5,000/- for provision of OPD facilities.
 6. Xerox copy of the PAN card



Adavalbhakta

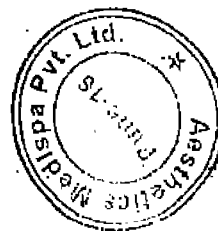


DEENANATH MANGESHKAR HOSPITAL & RESEARCH CENTRE

Erandawane, Pune 411 004. Tel. : 25452828 E-mail : jpmr@vsnl.com, Website : www.dmhospital.org

GEN 007

- 453
- f. **Aprons & Identity Cards-** Wearing of Aprons is compulsory in the OPD and may be worn during ward rounds. You may utilise free laundry facilities for upkeep of apron. Display of Identity cards is compulsory within hospital premises.
 - g. **Training:** You are required to impart professional training to Registrars, Medical Officers, Nursing Staff, Dieticians, Post graduate Medical & Nursing Students. Details of Training imparted will be entered in the Departmental Training Record Book.
 - h. **Free cases :** You may recommend free treatment (only Surgical -Cases) to the Administration (Medical Director / Administrator / Medical Supdt.) bearing in mind that the patient should be genuinely unaffording, and suffering from uncomplicated and completely curable surgical condition with a view to bring credit to the hospital. Such patients will require to pay to the hospital, money, spent on medications, disposables & other actuals (eg Food, etc.).
 - i. **Appraisal:** A system of objective appraisal would be followed wherein your performance would be appraised by Self, Peers and Administration once a year.
 - j. **Interdepartmental meetings:** Attendance by you at all such meetings is compulsory for proper feedback information between clinical and diagnostic departments.
Outside attachments: Prior to taking up, any new attachments to other hospitals in the future you are required to take prior permission from the administration. Accord of permission would depend on the merits of each case as adjudicated by the appointed hospital committee.
 - k. **Equipment:** You will exercise due care whilst using various hospital equipment and report defects at the earliest to the Dept Coordinator. Usage of personal equipment is not permitted. You are to also recommend to the appointed Hospital committee any essential/ desirable equipment which would contribute to patient care. The written justification is to include- proposed utility, market study, rate of return, other hospital experience, etc.
 - l. **Out Reach Programmes:** You are required to participate actively in various outreach programmes organised by the hospital such as Rural Service, Medical Camps, Industrial Health programmes, Disaster relief, etc. A record of your participation will be kept by the hospital authorities.
 - m. **Tobacco & Alcohol:** The hospital is a tobacco free zone Smoking and consumption of Alcohol is prohibited in hospital premises. You are requested to abstain from consuming alcohol on call duty and OPD days.
 - n. **Medical Audits:** Internal medical audit are required to be carried on random case papers for assessing quality of medical care and propriety of documentation with a view to improve standards, at least once a month. You are to participate and contribute actively to the audit process. A record of such audits and participation will be maintained.



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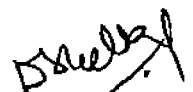
DEENANATH MANGESHKAR HOSPITAL & RESEARCH CENTRE

Erandawane, Pune 411 004. Tel. : 25452828 E-mail : jpmf@vsnl.com, Website : www.dmhospital.org

GEN 007

T 453

- o. **Documentation:** You are to document all clinical notes to the best extent possible. Minimum acceptable documentation from you would include- Admission Notes & Clinical findings, Major treatment notes (Operation Notes, Procedure notes, etc) & Discharge Instructions. All diagnosis entered should be as per ICD.
 - p. **Patient Communication:** You are to communicate with all your patients & relatives directly in person. Patients & relatives are to be kept well informed on all relevant aspects of their illness- such as seriousness, likely prognosis, total costs of treatment, expected degree of recovery, length of stay in hospital, special requirements (eg blood, Ventilator, etc.). Briefing of patient/ relatives by you is especially important prior to surgery/ procedure. Responsibility of such communication is not to be delegated to assistants/ ward staff.
 - q. **Research:** You are to contribute to original research undertaken by your dept as regards making a trial design, presentation of intermediate results & Final publication. You are to also publish unusual/ interesting case reports.
 - r. **Drugs & Pharmacy:** You are to prescribe drugs of brands available with the hospital pharmacy except in unavoidable circumstances. You are to give to the pharmacy a list of your preferred trade names of drugs and other consumables to enable stocking. You are to periodically interact with the hospital infection committee.
 - s. **Leave & Locum:** You are to arrange for a locum from our hospital itself. As far as possible consultants from other hospital are not to be approached for locum duties. You are to keep the Dept. Coordinator intimated on the leave period & Locum well in advance.
 - t. **Facilities:** You may utilise the library, Internet, Secretarial assistance, allotted Parking, Telephone (local) & Laundry facilities.
 - u. **Hospital Functions:** You would be required to participate & contribute to various professional (Conferences/ Patient Education Programmes) and Social functions held at the hospital, on as- required basis.
 - v. **Other Terms:** Nil
- Your appointment is initially for a period of one year and likely to be renewed thereafter depending on your performance.
- Wishing you the very best & hoping that our association will be long and mutually fruitful.

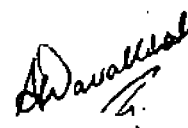

Dr. D.S. Kelkar
Medical Director


Acceptance

I _____ have read and understood the terms and conditions set out herein above in this letter and I hereby accept all these terms and condition and agree to abide by them.

Signature:

Date:





**JEHANGIR
HOSPITAL**

IN ASSOCIATION WITH
APOLLO HOSPITALS
GROUP

3rd October, 2005.

Dr. Ashish Davalbhakta
Consultant Plastic Surgeon
E602, 1 Modibaug
Ganeshkhind Road
Shivajinagar
Pune 411 005.

**Sub : Attachment as Visiting Panel Consultant to
Jehangir Hospital**

Dear Dr. Davalbhakta,

Reference your application, Jehangir Hospital is pleased to appoint you as Visiting Panel Consultant.

We are happy to provide you with all the facilities of Jehangir Hospital for the investigations, treatment and management of your patients.

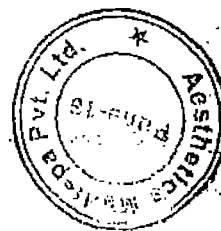
We would request you to help us with free treatment or medical relief for patients who are from a lower socio-economic strata and our staff.

Please feel free to let me know if you have any administrative problem.

With kind regards,

DR. E. K. BHARUCHA
MEDICAL DIRECTOR

c.c – Accounts Dept.
I.T Dept.
Admission Counter





: 2 :

- a. You are requested to please convey to the Finance Department your correct address and Permanent Account Number allotted to you by the Income Tax Department.

You are also requested to open an Account with UTI Bank, Bund Garden Road Branch and convey the account number to the Finance Department. The computer is programmed in such a way that payments due to you will not be made unless the above data is fed in.

- b. You will be expected to teach and guide postgraduate students and observers for training.
- c. Your fees as mentioned in Para 6 above, will be paid to you on recovery from patients.
- d. You will have a minimum of 10 PP admissions of your own every month. This would be reviewed every quarter.
- e. Confidential information of the hospital should not be discussed outside.
- f. In case of any dispute, the decision of the Managing Trustee would be final and binding on you.

5. Termination:

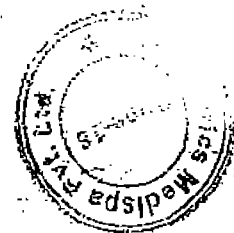
Either side may terminate this contract by giving one month's notice in writing.

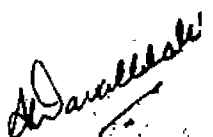
- If the above terms and conditions are acceptable to you, please sign and return the duplicate of this letter.


DR. ASHISH BANERJI
MEDICAL DIRECTOR


BOMI BHOTE
CHIEF EXECUTIVE OFFICER


S.P. MEHTA
CONTROLLER OF FIN.







GRANT MEDICAL FOUNDATION

RUBY HALL CLINIC

40, Sassoon Road, Pune - 411 001 (INDIA)

Tel. : 020 - 5601 2244 (16 Lines), 2612 3391 (8 Lines) • Fax : 020 - 26124529

Dr. Ashish Davalbhakta
E602, 1 Modibaug,
Ganeshkhind Road,
Pune 411 005.
Mobile: 9881311122

July 29, 2005

Dear Dr. Ashish Davalbhakta,

We are pleased to offer you contractual appointment on the following terms:

1. Designation : Consultant – Aesthetics & Reconstructive Surgeon
2. Tenure : From 29.07.2005 to 31.03.2006
3. OPD Days & timings : Tuesdays & Fridays Poly OPD Room No. 9, (timings-2 – 5 PM)
4. Professional Fees : Your professional fees will be as under:

	<u>OPD</u>	<u>IPD</u>
Nursing Home patients	50%	50%
Private Patients	90%	90%
Cross Referrals (NH)	70%	70%
Government patients	50%	50%
Staff (including dependents) & Free/Concession cases	Free	Free

.. 2.

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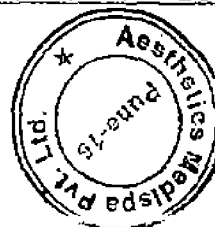
INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-6, ITR-7 transmitted electronically with digital signature]

Assessment Year

2015-16

PERSONAL INFORMATION AND FILE DATE OF ELECTRONIC TRANSMISSION	Name AESTHETICS MEDISPA PRIVATE LIMITED			PAN AAHCA1088N		
	Flat/Door/Block No 2	Name Of Premises/Building/Village SNEH RIVIERA 119/21B		Form No. which has been electronically transmitted ITR-6		
	Road/Street/Post Office MODEL COLONY	Area/Locality SHIVAJINAGAR				
	Town/City/District PUNE	State MAHARASHTRA	Pin 411016	Status Plc Company		
	Designation of AO (Ward/Circle) 1(1)			Original or Revised ORIGINAL		
	E-filing Acknowledgement Number 816611401240915			Date (DD/MM/YYYY) 24-09-2015		
	1	Gross total income			1	363488
	2	Deductions under Chapter-VI-A			2	0
	3	Total Income			3	363490
	3a	Current Year loss, if any			3a	0
4	Net tax payable			4	112318	
5	Interest payable			5	465	
6	Total tax and interest payable			6	112783	
COMPUTATION OF INCOME AND TAX THEREON	7	Taxes Paid	a	Advance Tax	7a	200000
			b	TDS	7b	8604
			c	TCS	7c	0
			d	Self Assessment Tax	7d	0
			e	Total Taxes Paid (7a+7b+7c+7d)	7e	208604
	8	Tax Payable (6-7e)			8	0
	9	Refund (7e-6)			9	95820
	10	Exempt Income	Agriculture		10	
			Others			

This return has been digitally signed by **DR ASHISH VUAY DAVALBHAKTA**in the capacity of **DIRECTOR**having PAN **AIHPD5307J** from IP Address **117.195.109.222** on **24-09-2015** at **PUNE**Disc SI No & issuer **1395970436CN=(n)Code Solutions CA 2014, OID.2.5.4.51="301, GNFC Infotower", STREET="Bodakdev, S G Road, Ahmedabad", ST=Gujarat, OID 2.5.4.17=380054, OU=Certifying Authority****DO NOT SEND THIS ACKNOWLEDGEMENT TO GPC, BENGALURU**

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

(Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-6, ITR-7 transmitted electronically with digital signature)

Assessment Year

2016-17

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name			PAN	
	AESTHETICS MEDISPA PRIVATE LIMITED			AAHCA1088N	
	Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted	
	2	SNEH RIVERA 119211B		ITR-6	
	Road/Street/Post Office	Area/Locality		Status	Pte Company
	MODEL COLONY	SHIVAJINAGAR			
	Town/City/District	State	Pin	Andhaar Number	
	PUNE	MAHARASHTRA	411016		
	Designation of AO (Ward/Circle)			Original or Revised	ORIGINAL
	E-filing Acknowledgement Number			Date (DD-MM-YYYY)	14-10-2016
COMPLETION OF INCOME AND TAX RETURN	1	Gross total income	1	1843545	
	2	Deductions under Chapter-VI-A	2	0	
	3	Total Income	3	1843550	
	3a	Current Year loss, if any	3a	0	
	4	Net tax payable	4	569657	
	5	Interest payable	5	25582	
	6	Total tax and interest payable	6	595239	
	7	Taxes Paid			
	a	Advance tax	7a	400000	
	b	TDS	7b	17036	
c	TCS	7c	0		
d	Self Assessment Tax	7d	180030		
e	Total Taxes Paid (7a+7b+7c+7d)	7e	597066		
8	Tax Payable (6-7e)	8	0		
9	Refund (7e-6)	9	1830		
10	Exempt Income				
	Agriculture				
	Others				

This return has been digitally signed by DRASHISH VILAY DAVALBIKIA

in the capacity of DIRECTOR

PAN: AAHCD5307I, IP Address: 27.58.43.9, on 14-10-2016 at PUNE

No & issuer: 1395970436CN=(o)Code Solutions CA 2014, OU=D 2 5 4 51="301, GNP" Infoware", STREET="Hodakdev, S G Road, Ahmedabad", ST=Gujarat, OU=D 2 5 4 17=380054, OU=Certifying Authority, O=Gujarat Narunda Valley Fertilizers and Chemicals Limited, C=IN



Dr. Ashish Vilay Davalbiikia

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3,
ITR-4, ITR-5, ITR-6, ITR-7 transmitted electronically with digital signature]

Assessment Year
2017-18

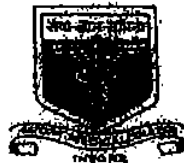
PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name AESTHETICS MEDISPA PRIVATE LIMITED			PAN AAHCA1088N		
	Flat/Door/Block No 2	Name Of Premises/Building/Village SNEH RIVIERA 119/21B		Form No. which has been electronically transmitted ITR-6		
	Road/Street/Post Office MODEL COLONY	Area/Locality SHIVAJINAGAR				
	Town/City/District PUNE	State MAHARASHTRA	Pin/Zip Code 411016	Status Plc Company	Aadhaar Number/Enrollment ID	
	Designation of AO (Ward/Circle) 1 (1)			Original or Revised REVISED		
	E-filing Acknowledgement Number 336240321161217			Date (DD/MM/YYYY) 16-12-2017		
	1	Gross total income			1	1904169
	2	Deductions under Chapter-VI-A			2	0
	3	Total Income			3	1904170
	3a	Current Year loss, if any			3a	0
COMPUTATION OF INCOME AND TAX THEREON	4	Net tax payable			4	588392
	5	Interest payable			5	16456
	6	Total tax and interest payable			6	604848
	7	Taxes Paid	a	Advance Tax	7a	500000
			b	TDS	7b	7841
			c	TCS	7c	0
			d	Self Assessment Tax	7d	97100
			e	Total Taxes Paid (7a+7b+7c+7d)	7e	604941
	8	Tax Payable (6-7e)			8	0
	9	Refund (7e-6)			9	90
10	Exempt Income	Agriculture		10		
		Others				

This return has been digitally signed by **DR ASHISH VIJAY DAVALBHAKTA** in the capacity of **DIRECTOR**
having PAN **AIHPD5307J** from IP Address **219.91.152.111** on **16-12-2017** at **PUNE**
Dsc SI No & issuer **1400884774CN=(n)Code Solutions CA 2014.2.5.4.51=#13133330312c20474e464320496e666f746f776572, STREET=Bodakdev, S G Road, Ahmedabad, ST=Gujarat, 2.5.4.17=#1306333830303534, OU=Certifying Authority, O=Gujarat Narmada Valley Fertilizers and Chemicals**

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

M.G.M. MEDICAL COLLEGE & ASSOCIATED HOSPITALS

INDORE (M.P.) INDIA 462 001



INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Hitesh Laad was
~~admitted~~ transferred to this College in the year 1994 and passed his/her Third Professional (Final)
 M.B.B.S. (Part-II) Examination of Devi Ahilya Vishwavidyalaya, Indore (India) held in
March, 99. He/~~She~~ has satisfactorily completed one year's compulsory Rotating
 Housemanship (Internship) Training from 31/03/1999 to 30/03/2000
 in M.Y. Hospital, Indore which is a teaching hospital attached to this Institution and affiliated to Devi
 Ahilya Vishwavidyalaya Indore (formerly known as University of Indore.)

His/~~Her~~ Provisional Registration number with Medical Council, Bhopal is 661/99

Department	Period of Internship
1) Medical and allied specialities (including Infectious Diseases and Radiology)	3 months
2) Surgery and allied specialities (including Orthopaedics, E.N.T./ Ophthalmology and Casualty)	3 months
3) Obstetrics and Gynaecology (including Family Planning)	2 months
4) Paediatrics	1 month
5) Community Medicine	3 months

He
~~she~~ is eligible for the award of the M.B.B.S. Degree of Devi Ahilya Vishwavidyalaya, Indore
 (Recognised by Medical Council of India under Indian Medical Council Act 1956).

He/~~She~~ is not a bonded candidate. His/~~Her~~ character and conduct, as far as I am aware, are good.

No. 3461 /SS/PP/2000

Date: 20-4-2000

[Signature]
 DEAN
 M.G.M. Med. College
 INDORE

Hitesh

Roll No. 36

ENGLISH TRANSLATION

FORMERLY KNOWN AS UNIVERSITY OF INDORE

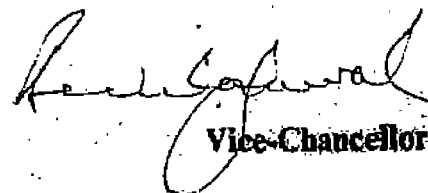


**Bachelor of Medicine
and Bachelor of Surgery**

Certified that Nitesh Laad
a student of Mahatma Gandhi Memorial Medical College, Indore,
obtained the Degree of **BACHELOR OF MEDICINE AND
BACHELOR OF SURGERY** in this University at the
Examination held in March 1999

Dated December 6, 1999

Date of Issue


Vice-Chancellor

Nitesh



PIMPRI CHINCHWAD EDUCATION TRUST

PIMPRI CHINCHWAD UNIVERSITY OF BARODA

Baroda

Baroda

Of the Faculty of Medicine has passed a
course of study prescribed by the University
and passed the requisite examination.

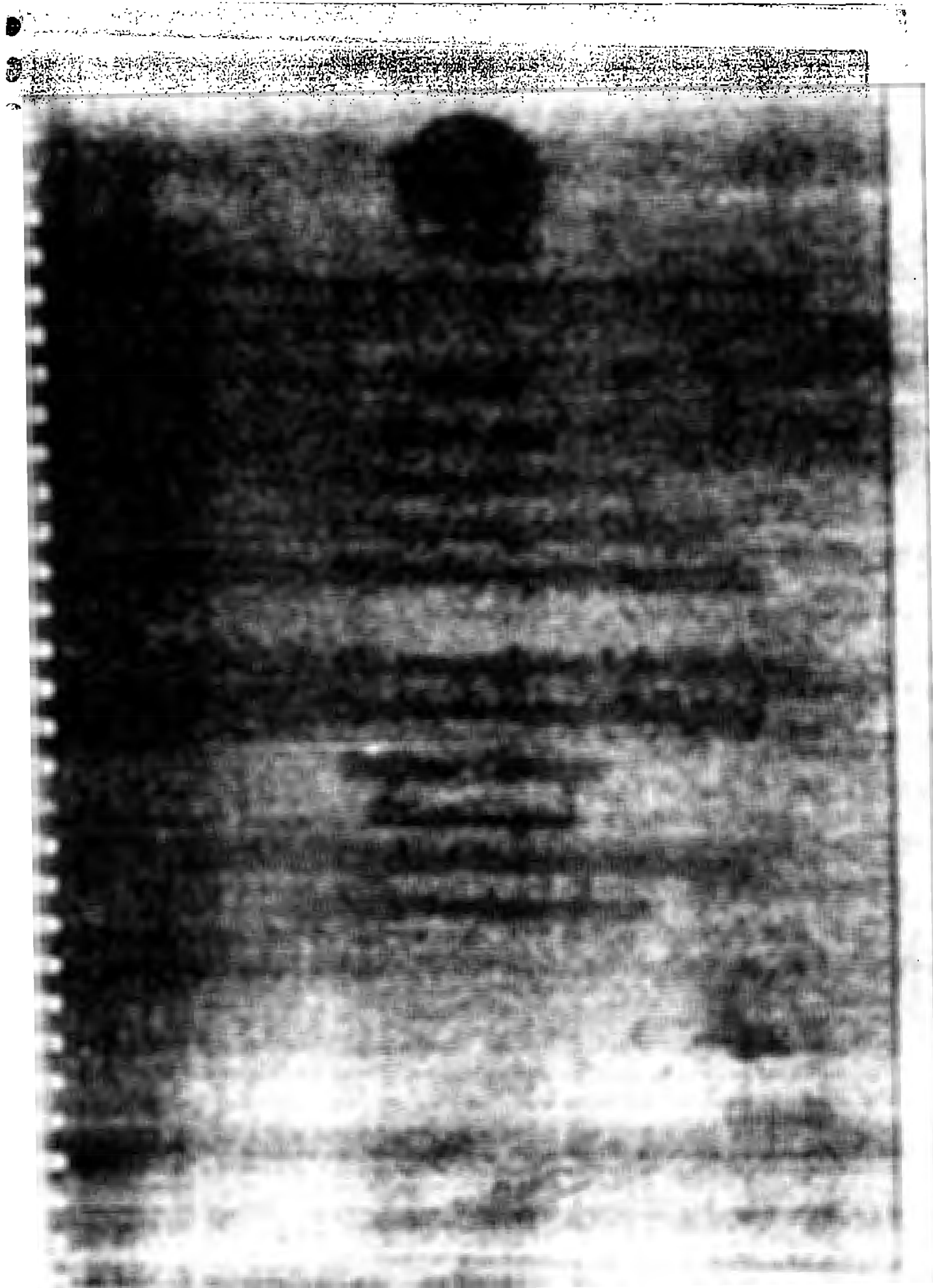
Wherefore it is to certify that he has this day
been duly admitted by the Senate to the degree of

Master of Surgery
(General Surgery)

Given under my hand this sixth day of
March two thousand five

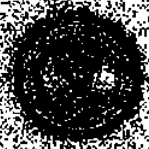
Principal

F. J. J.



MINISTRY OF HEALTH
GOVERNMENT OF INDIA
NEW DELHI

NATIONAL BOARD OF EXAMINATIONS
(Under the Ministry of Health)
NEW DELHI



Ref No. DHE/100/1984/1000

2925 Date 5-5-88

**PROVINCIAL DIPLOMA OF PASSING
DIPLOMA IN PLASTIC SURGERY**

Examined that Dr. Hitesh Kumar has been declared PASS in the DNB final examination conducted by the Board in March 2001 with Roll No. PLS/12/003 in the Discipline of PLASTIC SURGERY.

Dr. HITESH KUMAR is qualified for the award of Certificate **DIPLOMA OF NATIONAL BOARD (DNB) in the Discipline of PLASTIC SURGERY**.

As per notification issued by Government of India from time to time DNB is equivalent to post graduate level degree qualification awarded by Indian Universities. DNB is a recognised qualification as per 1st schedule of the Indian Medical Council Act (1956).

Verified By: [Signature]

Verified By: [Signature]

[Signature]
(Dr. Vinay Gupta)
Asstt. Director

Dr. HITESH KUMAR
C/O. MANISH GUPTA
34, INDIRAPURI COLONY
FRONT OF SHY MANDIR
INDORE-451001, MADHIA PRADESH

Hitesh



Maharashtra Medical Council, Mumbai

Registration No. : 2008/04/1594

Dated: 23/04/2008

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

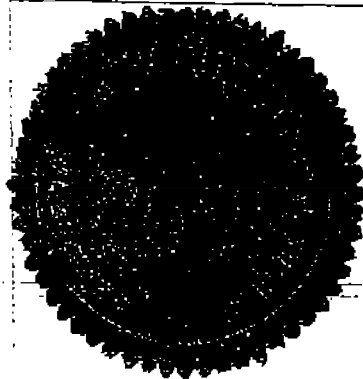
Certificate No. : 0062/2010

Dated: 08/01/2010



*I hereby certify that the following qualification has been
duly registered in the Medical Register of the Council.*

NAME	ADDITIONAL QUALIFICATION
DR. LAAD HITESH NAVNITLAL	M.CH. (PLA. SURG.) MAHARAJA SAYAJIRAO UNIVERSITY, BARODA, 2007



REGISTRAR

Maharashtra Medical Council, Mumbai

Registration No. : 2008/04/1594

Dated: 23/04/2008

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 3152

Dated: 29/12/2008



I hereby certify that the following qualification has been
duly registered in the Medical Register of the Council.

NAME	ADDITIONAL QUALIFICATION
DR. LALIT DINESH NAVNITLAL	M. S. (GENL. SURG.) MAHARAJA SAYAJIRAO UNIVERSITY, BARODA, 2004 D.N.B. (PLA. SURG.) N.B.E. NEW DELHI, 2008



Fiteesh

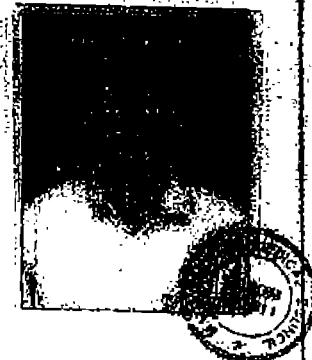
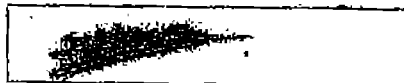
[Signature]

REGISTRAR

Certificate of Registration

Registration No. 2008/04/1394

This is to certify that the withinsigned

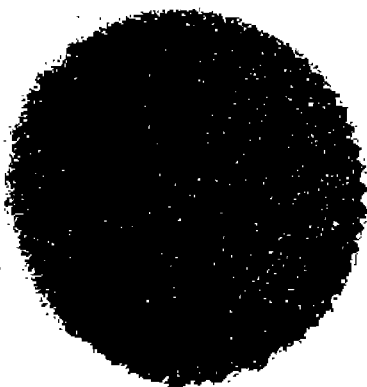


Doctor **LAAD HITESH NAVNITLAL**

possessing the qualification M.B.B.S. of MAHARAJA SAYAJIRAO UNIVERSITY, BARODA, 2000
has been duly registered in part I of the register under the Maharashtra Medical Council Act, 1965
(Mah. XLVI of 1965).

This certificate is valid upto 23/04/2013.

In witness whereof are hereunto affixed the Seal of the Maharashtra Medical Council,
Mumbai & the Signature of the Registrar.



Dated the 23/04/2008

Hitesh

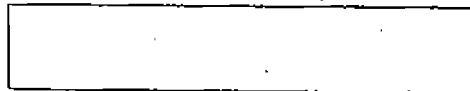
Registrar



Certificate of Registration

Registration No. 2008/04/1594

This is to certify that the withinsigned

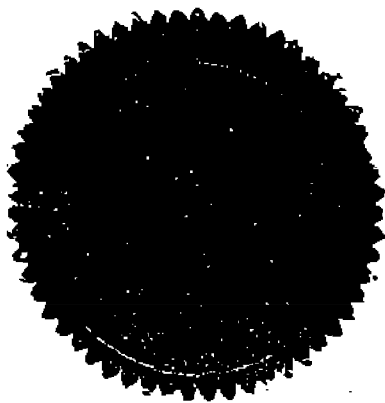


Doctor **LAAD HITESH NAVNITLAL**

possessing the qualification M.B.B.S. of **DEVI AHILYA VISHWAVIDYALAYA, INDORE, 2000** has been duly registered in part I of the register under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto **23/04/2018**.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



Dated the 23/04/2008

Hitesh

Registrar
Registrar

CERTIFICATE OF REGISTRATION

Registration No.: 41778

This is to certify that the within-
signed *S. Pandit* Doctor Shri/~~Shrimati~~

~~Kumari~~

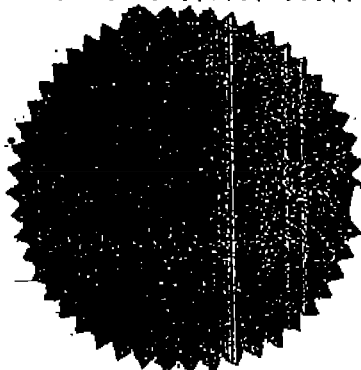
PANDIT SHIRIRANG GANAPATI

possessing the qualifications of M.B.B.S. (BOMBAY), 1979;

has been duly registered under the Maharashtra
Medical Council Act, 1965 (Mah. XLVI of 1965), in
Part I of the register.

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

Dated the 22ND JUNE 1979.



S. Pandit
Registrar.

S. Pandit

Registration Certificate for Additional Medical Qualification

MAHARASHTRA MEDICAL COUNCIL OFFICE

Certificate No. 4917

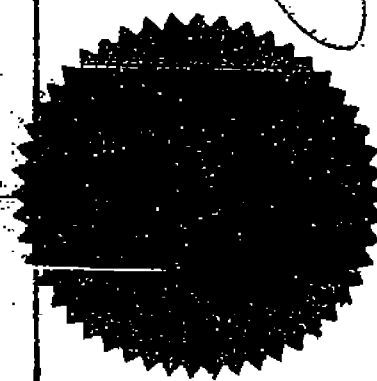
Dated 6TH JUNE 1984

I hereby certify that the following qualification has been duly registered in the *Medical Register* :—

NAME	ADDITIONAL QUALIFICATION
------	--------------------------

PANDIT SHRIRANG GANAPATI

M.Ch. (PLASTIC SURGERY) (BOMBAY), 1984;



[Handwritten Signature]

REGISTRAR.

THE TATA DEPARTMENT OF PLASTIC SURGERY

TELEPHONES: 667799
866943 - EXT. 74

BALARAM BUILDING
SIR J. J. GROUP OF HOSPITALS
BOMBAY-400 008,
(INDIA)

REF.

23rd June, 1984.

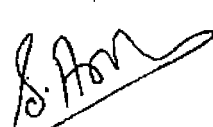
TO WHOEVER IT MAY CONCERN

This is to certify that Dr. Shrirang Ganapati Pandit has been working in the above department as a registrar since 1st of September/82. till todate.


When he joined the department as a registrar he had already obtained his master's degree in General Surgery and had also worked as House Surgeon in Plastic Surgery in K.E.M. Hospital. Hence he had the basic background of a general surgeon as well as understanding of the Plastic Surgery subject.

During his tenure as a senior resident Plastic Surgeon, Dr. Pandit gathered a good knowledge of various Plastic Surgery problems selective as well as emergencies. He has been independantly handling most of the patients. During his residency with us he was able to obtain master's degree in Plastic Surgery too, in the vary first attempt.

His approach to the patients is fairly humane. He gets along well with his junior as well as senior colleagues. I have no hesitation in recommending Dr. Pandit for the post of Honorary Plastic Surgeon at Poona Hospital and Research Centre.


Dr. Swarn Arora, M.S., F.R.C.S.,
Hon. Asso. Prof. of Plastic Surgery.

DR. SWARN ARORA,
M.S., F.R.C.S.
HON. ASST. PROF. OF PLASTIC SURGERY
J. J. HOSPITAL, BOMBAY-400 008



GOKULDAS TEJPAL HOSPITAL

(GRANT MEDICAL COLLEGE)

BOMBAY

It is certified that DR. S.G. PANDIT

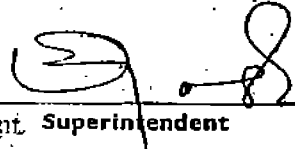
was a Resident ~~XXXXXXXX~~ Registrar, House ~~XXXXXXXX~~ Physician/Surgeon
in GENERAL SURGERY at the Gokuldas Tejpal

Teaching Hospital, Bombay, attached to Grant
Medical College, Bombay, from 1.9.79 to 28.2.80 1980

His/~~Her~~ conduct was Excellent

His/~~Her~~ work was Excellent

Date 6-7-82


Superintendent
G.T. Hospital Bombay

S. Pandit

GOKULDAS TEJPAL HOSPITAL

(GRANT MEDICAL COLLEGE)

BOMBAY

It is certified that Dr. S.G. Pandit

was a Resident Registrar, House Physician, Surgeon

in Plastic Surgery at the Gokuldas Tejpal

Teaching Hospital, Bombay, attached to Grant

Medical College, Bombay, from 1.9.81 to 28.2.82

His/Her conduct was Good

His/Her work was Good

Date 3.3.1984



[Signature]

Superintendent
SUPERINTENDENT

G.T. HOSPITAL BOMBAY

[Handwritten signature]

GOKULDAS TEJPAL HOSPITAL

(GRANT MEDICAL COLLEGE)
BOMBAY

It is certified that Dr. S.G. Pandit.
was a Resident Registrar, House Physician/Surgeon
in General Surgery. at the Gokuldas Tejpal
Teaching Hospital, Bombay, attached to Grant
Medical College, Bombay, from 1-3-81 to 31-8-81 19
His/~~Her~~ conduct was Excellent.
His/~~Her~~ work was Excellent.

Date 25th November 1981



[Signature]
Superintendent

[Signature]

Life Membership No. _____
MAH/2270/91/390/23552/91-92/CL

Indian Medical Association-Headquarters
I.M.A. House, I.P. Marg, New Delhi-110 002

This is to certify that

Dr. MRS. S.G. PANDIT
of PUNE is a

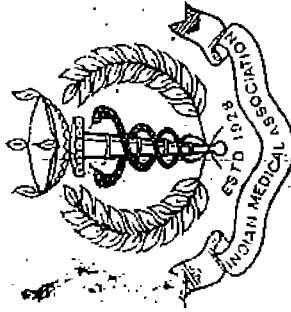
Life Member
of the Indian Medical Association
Direct/through its PUNE local branch
under the jurisdiction of MAHARASHTRA
State/Territorial branch.

Date 1-10-91

Seesh
Hon'y. General Secretary
Indian Medical Association

N.B.: This certificate must be returned to Headquarters for revalidation in the event of change of address.

SG Pandit



The Association of Surgeons of India

CERTIFIES

Dr. Pandit Shrirang Gamapati

is a

LIFE MEMBER

MEMBERSHIP NO.

7407



[Signature]
Dr. J. S. Narayanagi
MS., FICS., FICA., FIMSA.,
President

[Signature]
Prof. J. Vittal.
M.S., FRCS (Edin.), FICS., FIMSA.,
Hony. Secretary

Pandit

University of Bombay



Seat No. 54

No. 696

I CERTIFY THAT

Pandit Shrirang Ganapati

passed the M.S. Degree Examination

in Branch I- General Surgery

held by the University
of Bombay in the month of April 1982

Bombay,

19-6-1982

Abhinav
for University Registrar

Ganesh

University of Bombay



Seat No. 9

No. 1356

I CERTIFY THAT

Pandit Shrirang Ganapati

passed the M. Ch. Degree Examination

in Branch III - Plastic Surgery

held by the University of Bombay in the month of

April 1984

Bombay, 15 MAY 1984

cmjosh
for Registrar.

Dr. S.

Gandhi



SCIENCE • TECHNOLOGY • MEDICINE

2100 Stewart Avenue
Suite 240
Wausau, WI 54401

tel 715.845.9283
fax 715.848.2493
email information@aslms.org
web www.aslms.org

March 19, 2007

Dear ASLMS Member:

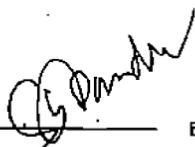
Enclosed is your new membership certificate that officially recognizes you as a member of the American Society for Laser Medicine and Surgery. We are delighted to have you as a member of our worldwide organization and look forward to continuing to provide you with educational information and networking opportunities that can help you deliver "excellence in patient care."

We sincerely hope you and your colleagues can attend the Annual Conference scheduled for April 11 – 15, 2007 in Grapevine, Texas. For more information, refer to our Web site at www.aslms.org "Annual Conference."

Thanks, again, for your support and involvement with the ASLMS. I hope to see you in Texas!

Sincerely,

A. Jay Burns, M.D.
ASLMS President


Executive Committee

Thomas M. Brunner
Los Altos Hills, CA

A. Jay Burns, M.D.
Dallas, TX

Christine C. Dierckx, M.D.
Boom, Belgium

Ellet H. Drake, M.D.
Sembel, FL

Roy G. Geronemus, M.D.
New York, NY

Richard O. Gregory, M.D.
Celebration, FL

J. Stuart Nelson, M.D., Ph.D.
Irvine, CA

E. Victor Ross, M.D.
San Diego, CA

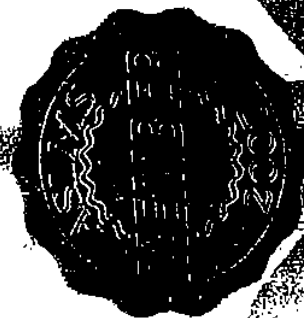


AMERICAN SOCIETY FOR LASER
MEDICINE & SURGERY, Inc.®

This is to certify that

Shrawan G Pandit, MS, MCh

has met the criteria of eligibility and is elected an active member in good standing.



(Signature)
President

(Signature)
Secretary

The Association of Plastic Surgeons of India



Certificate

We, the President, the Executive Council and the Members of
The Association of Plastic Surgeons of India are pleased to award the
Ethicon Visiting Professorship In Cosmetic Surgery - 2013

to

Dr. Shrirang Pandit

In testimony whereof our hands are set hereto at 49th Annual Conference held at Chandigarh



October 17, 2014

Amul Shah

Hon. Secretary

R. Sharma

President

the Chancellor, Vice-Chancellor,
and Members of the Executive Council
of the University of ~~London~~ ^{London} certify
that the within signed

Shurung Gamahati Pandit
of

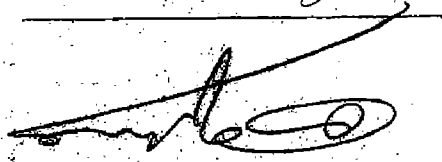
Govt Medical College
having been examined in the month of
April in the year 1979, for the Degrees of
Bachelor of Medicine and Bachelor of
Surgery and found qualified for the same.
the Degrees of

Doctor of Medicine & Doctor of Surgery

have been conferred on him at ~~London~~ ^{London} on the
_____ day of the month of February
in the year one thousand nine hundred and
eighty-five

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

Chancellor.


Chancellor

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

that the withinsigned

Shriyog Gyanpati Pandit
of

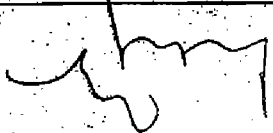
Medical College having been examined in the
month of April in the year 1982
for the Degree of Master of Surgery
(General Surgery Branch) and having passed
the Examination the Degree of


Master of Surgery

has been conferred on him at Bombay, on the
_____ day of the month of February
in the year one thousand nine hundred and
eighty-three.

In Testimony whereof we set the Seal of the
said University and the signature of the said

Chancellor


Chancellor


 the Chancellor, Vice-Chancellor,
 and Members of the Executive Council
 of the University of Bombay, certify

that the withinsigned

Shri Rang Gyanprasad Pantit
 of
 26th G.S.

Medical College having been examined in the
 month of April in the year 1984
 for the Degree of Master of Chirurgiae
 (Plastic Surgery Branch) and having
 passed the Examination, the Degree of

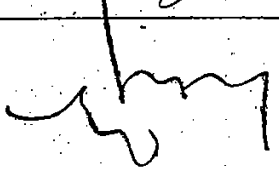
Master of Chirurgiae

has been conferred on him at Bombay, on the
 Twelfth day of the month of February
 in the year one thousand nine hundred and
 eighty-five.

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

Chancellor.

Chancellor



10000



The British Association of Plastic Surgeons

This is to certify that

Dr Vishwanath Somashekhar Jiginni, MSFRCS(Glasg)

was selected for and satisfactorily completed the three-year

Training Scheme

organised by the Association

for Overseas (non-E.E.A) Trainees

for the period from 1st June 1992 to 31st May 1995

*In witness whereof
the British Association
of Plastic Surgeons
appends its seal*

President

Stephen Haas

Treasurer

Douglas S. Murray



Royal College of Physicians and Surgeons of Glasgow

DIPLOMA OF FELLOWSHIP (F.R.C.S. Glasg.)

We, the *PRESIDENT* and *VISITOR* of the Royal College of
Physicians and Surgeons of Glasgow, do hereby certify
that

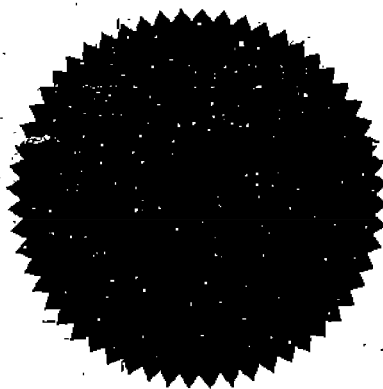
VISHWANATH SOMASHEKHAR JIGJINNI

has been examined in the Science and Art of Surgery and, being of good
character and professional status, has been duly elected a Surgical Fellow
of the Royal College of Physicians and Surgeons of Glasgow.

In Witness whereof we have hereto appended our Signatures, and the

Corporate Seal of the Royal College is hereon impressed,
this TWENTY-FIFTH day of APRIL,

One Thousand Nine Hundred and NINETY.



James L. R. Turner President
R. H. M. ... Visitor

U.S.S. ...



Maharashtra Medical Council, Mumbai

Certificate of Registration

Registration No. 2008/12/3964

This is to certify that the withinsigned

V. S. Somashekhar

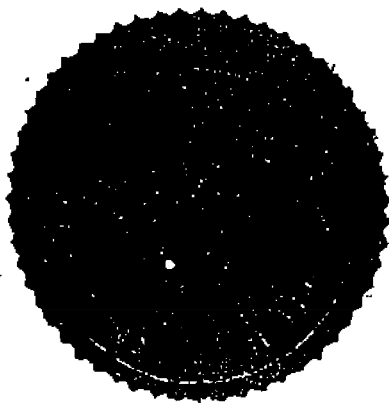


Doctor JIGJINNI VISHWANATH SOMASHEKHAR

possessing the qualification M.B.B.S. of POONA UNIVERSITY, 1980 has been duly registered in part I of the register under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 19/12/2013.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



Dated the 19/12/2008

Registrar

Registrar

V. S. Somashekhar

We, the CHANCELLOR,
the VICE-CHANCELLOR
and the MEMBERS
of the EXECUTIVE COUNCIL,
on the recommendation of the SENATE
of the UNIVERSITY of POONA certify
that

Gajinai
Vishwanath Samashekar
of *B. A. Medical College, Pune*
having been examined for the Degree of

Master of Surgery

(Branch I-General Surgery)

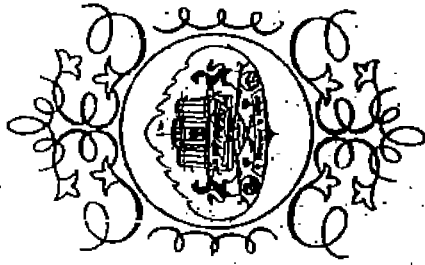
in April 1984
and having passed in the examination,
the said degree has been
conferred on him at PUNE
on seventh, December

One Thousand Nine Hundred eightyfour
IN TESTIMONY whereof are set the Seal of the
University and the Signature of the
Vice-Chancellor.

[Signature]



University of Poona



डिग जिन्नी विधानाय सोमशेखर
एप्रिल १९८४ या वर्षी

मुख्यमंत्रनिष्ठात

ही परीक्षा बी.जे. मेडिकल कॉलेज, पुणेमध्ये

उत्तीर्ण झाल्याबद्दल त्यांना पुणे विद्यापीठाचे
कुलपती, कुलगुरू, कार्यकारिणीचे सदस्य,
आणि विधिसभेचे सदस्य यांच्या अनुमतीने

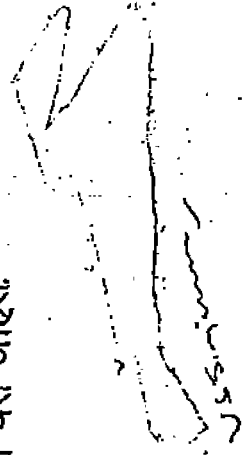
मुख्यमंत्रनिष्ठात

(साधारण-सह्यचिकित्सा-२-शाखा)

ही पदवी, पुणे येथे दि. ७ डिसेंबर १९८४
या दिवशी झालेल्या पदवीदानसमारंभप्रसंगी,
प्रदत्त करण्यात येत आहे.

याची साक्ष म्हणून

पुणे विद्यापीठाच्या कुलगुरूंची स्वाक्षरी आणि
विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहेत.



१९. ११. १९८४

WE, the CHANCELLOR, the VICE-CHANCELLOR
and the MEMBERS of the EXECUTIVE COUNCIL,
on the recommendation of the SENATE
of the **UNIVERSITY of POONA** certify

U.S. Signature that the withinsigned
Vishwanath Somashekhar Fijjinni
of P. J. Medical College, Pune
having been examined for the Degree of Bachelor of
Medicine and Bachelor of Surgery in October
1979 and found qualified for the same,
the Degree of

Bachelor of Medicine Bachelor of Surgery

has been conferred on him at Poona, on the
twenty-sixth day of the month of March
in the year one thousand nine hundred and
eighty-one.

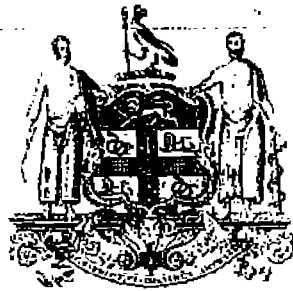
In Testimony whereof are set the Seal of the
said University and the Signature of the said
Vice Chancellor.

R. S. Jakwale

Vice Chancellor.

U.S. Signature

Overseas Doctors Training Scheme
Certificate of Sponsored Training



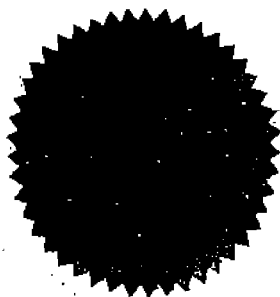
The President and Council
of
The Royal College of Surgeons of England
heroby certify that

Vishwanath Somashekhar Jigjinni

has satisfactorily completed an approved programme of
practical surgical training through
the Overseas Doctors Training Scheme
and has satisfied the academic requirements
in the specialty of Plastic Surgery

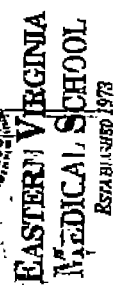
for the period from 1st June 1992 to 31st May 1995

Dated this 31st day of May 1995




Chairman


President



This is to certify that

Honorable

William Lloyd Garrison

M.D.

His is to certify that

Vishwanath Jigūni, M. D.

has met all academic and clinical requirements for

the completion of a fellowship in

Microsurgery and Craniofacial Surgery

from July 1996 to August 1997

In Witness Whereof, on this fifteenth day of August, 1997

has our signature and dated and

Edward E. Brewster, Ed. D.
President, Eastern Virginia Medical School,

John R. Thackerus
Dean and Professor, Eastern Virginia State School
of Business, Management and Economics

Linda L. Ad 11/8
Assistant Dean, Graduate Medical Education

P. M. & Co.
 Directors
 P. M. & Co.
 Directors

1

International Institute of Reconstructive Microsurgery

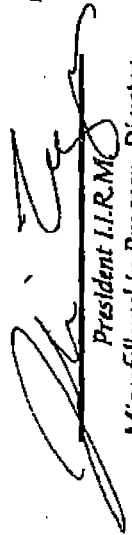



Certifies that

Vishwanath Jigjinni, M.D.

*has met all the academic, clinical and research requirements
for the completion of a fellowship in
Hand and Microsurgery*

from Sept 1, 1995 to Aug 14, 1996


President I.I.R.M.
Microfellowship Program Director


Member, Board of Trustees

Eastern Virginia Medical School

This is to certify that

Wishwanath S. Jigjinni, M.D.

has met all academic and clinical requirements for
the completion of a fellowship in

Microsurgery

from September 1995 to June 1996

In Witness Whereof, on this thirtieth day of June, 1996
we have herendo affixed our signatures and seal



**EASTERN VIRGINIA
MEDICAL SCHOOL**
ESTABLISHED 1973

Edward E. Bruckner, Eds.
President, Eastern Virginia Medical School

William R. Adams, MD
Assistant Dean, Graduate Medical Education

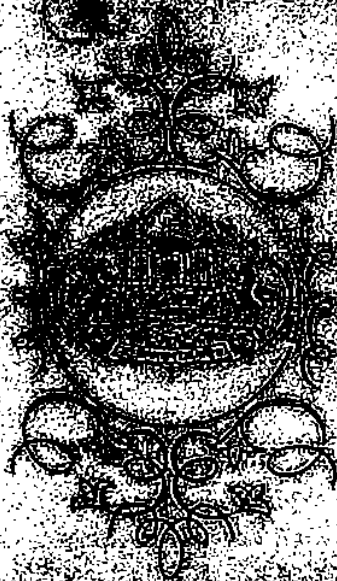
John R. Lotz
Dean and Professor, Eastern Virginia Medical School

Department Chair

[Signature]
Program Director

255

University Of Poona



We the undersigned
the VICE-CHANCELLOR
and the MEMBERS
of the EXAMINING COUNCIL
on the recommendation of the SENATE
of the UNIVERSITY OF POONA hereby
do hereby certify
of _____
_____ having been examined
for the Degree of

Bachelor of Medicine & Bachelor of Surgery

in _____ *April* 1923 and having passed
in the examination,
the said degree has been
conferred on him at POONA on *Twenty-fourth November*
One Thousand Nine Hundred _____
IN TESTIMONY whereof are set the Seal of the
University and the Signature of the Vice-
Chancellor.

Shankarrao

Chitale

VICE-CHANCELLOR.

We the CHANCELLOR,
the VICE-CHANCELLOR
and the MEMBERS
of the EXECUTIVE COUNCIL
on the recommendation of the SENATE
of the UNIVERSITY of POONA certify
that D. M. Bhatnagar

of P. J. Medical College, Poona
having been examined for the Degree of

Master of Surgery

(Branch General Surgery)
in April 1923

and having passed in the examination

The said degree has been
conferred on him at POONA
on Twenty-first November

One Thousand Nine Hundred Nine-thirty-three
IN TESTIMONY whereof are set the Seal of the
University and the Signatures of the
Chancellor and the Vice-Chancellor.

Amarendra
CHANCELLOR

D. M. Bhatnagar



आम्ही मुंबई विधानसभेचे सदस्यही, मुख्यत्वेक आर्थिक व्यवस्थापकत्व अधिकार
संरक्ष्य असे प्रत्यक्षित करवी की कोणीहीच नसताना नसताना नसताना नसताना
आर्थिक वीजव्यवस्थापकत्व हे अधिकार १९५६ मध्ये विधानसभेच्या
व्यवस्थिकित्वा वेंचता अधिकारिता विधानसभेच्या व्यवस्थापक व
मुख्यव्यवस्थापकत्व (विधानसभेच्या) प्रत्यक्षित करवी आम्ही विधानसभे व विधानसभे १९५६
येथी मुंबई येथे विधानसभेच्या वेंचता अधिकारिता विधानसभेच्या व्यवस्थापक व
अधिकारिता ही पत्रकी प्रत्यक्षित करवी अधिकारिता अधिकारिता

We, the Chancellor, ~~and~~ Members of the Management Council of the University of Mumbai certify that Ashish Vijay Darvadhikari of Marathi National Medical College having passed the Master of Chirurgiae (Branch III : Plastic Surgery) degree examination held in October 1996, the degree of Master of Chirurgiae has been conferred on him at the Convocation held at Mumbai on 26th December, 1996.

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

Shawallab

A. Anand
कुलपती CHANCELLOR

CERTIFICATE OF REGISTRATION

Registration No. 64090

This is to certify that the within signed _____ is/are _____

Kumari possessing the qualifications of a B.A. (Hons.)
possessing the qualifications of a B.A. (Hons.)
possessing the qualifications of a B.A. (Hons.)

has been duly registered under the Maharashtra Medical Council Act (No. XVI of 1965), by Part I of the Maharashtra Medical Council (Registration) Regulations, 1966.

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

Dated the 21ST. JUNE 1990.

Registrar

Shawallbale



Royal College of Physicians and Surgeons of Glasgow

DIPLOMA OF FELLOWSHIP (FRCS Glasg)

It is hereby certified that

ASHISH VIJAY DAVALBHAKTA

has been examined in the Science and Art of Surgery and, being of good character and professional status, has been duly elected a Surgical Fellow of the Royal College of Physicians and Surgeons of Glasgow.

In Witness whereof we have hereto appended our Signatures, and the Corporate Seal of the Royal College is hereon impressed, this TWENTY SEVENTH day of JULY

Two Thousand

Ashish Vijay Davalbhakta

Brian MacLellan

President.

K. Lindsay

Vice President.

Jr. College No. J-15-01

LEAVING CERTIFICATE

442

(No change in an entry in this certificate shall be made except by the authority issuing it and any infringement of this requirement liable to involve the imposition of Penalty such as that of rustication)

Register No of the pupil

7387

1] Name of the Jr. Colleges

M. J. College (Jr.) Jalgaon

Name of the pupil in full

Davalbakta Ashish Vijay

2] Caste and Sub-Caste in the Case

Hindu

of pupils belonging to Back-ward classes and category Back-

ward classes (e. g. S. C. / S. T.

V. J. & N. T.)

3] Nationality

Indian

Place of birth

Poona

5] Date of birth, Month & year

15-6-1967 (Fifteenth June

according to the Christian era.

Nineteen Sixty Seven)

and the New National Calendar

both in words and figures

6] Last Secondary School / Jr.

St. Aloysius High school,

College attended

Bhusawal.

7] Date of Admission

June - 82

8] Progress

Good

9] Conduct

Good

10] Date of Leaving Jr. College

5-6-84

11] Year in which studying and

XI Sci Since June 82

since when.

Reason for leaving Jr. College

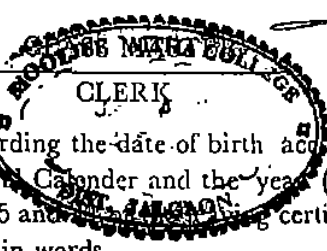
Sent up for H.S.C. Exam.

13] Remarks

XII Sci Passed March - 84

Certified that above information is in accordance with the Junior College Register.

Dated 5-6-84



Head of Jr. College

PRINCIPAL

M. J. COLLEGE JALGAON

N. B.- 1 Entries regarding the date of birth according to the christian era and the New National Calendar and the year (i. e. standard) in which studying in columns 5 and 6 of the leaving certificates should be made both in figures and in words.

2 These entries shall be in manuscript and not typewritten.

[Handwritten signature]