ACD

ANNEXURE "A"

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

ANNEXURE-"A"

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

Title of the Course applied for:- Aesthetic & Cosmetic Dentistry

This to Certify that Dr. Himanshu Gupta has worked in the Department of Oralcare.co.in Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Director	oct-2018	till date	5 years	
Administrator Dhoot	oct 2011	till date	12 years	

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

Designation	From	To	Total period Year/Months	
Mentor	2019	till date	3 years	

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

Sign & Stamp
Head of the Department
Date

Sign & Stamp
Dean/Principal/Head of Institute
Date

ORALCARE.CO.IN

ORIGINAL

OfficeTiming
Fees Accepted only between:
10:00 a.m. and 1:00 p.m. Monday To Friday

Maharashtra State Dental Council
Address: Govt. Dental College & Hospital,
3 floor, St. George Hospital Compound,
Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 22617634
Telephone: +91 022 22617644

Receipt No.: 264013 **Date:** 12-01-2022

Received with thanks from **GUPTA HIMANSHU BALKUMAR** Online **A-6324** Amount mentioned in item b below

Renewal Fee For Dentist Of Rs 500 For Year 2022
Total Amount (Rs.):- **500/-**
Remark :- Confirmed

Registrar
Maharashtra State Dental Council

Your registration is valid up to 31-December-2022

(a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
(c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(d) Rs. _____ being the price of the Maharashtra State Dentists/Hygienists/Mechanics. Register_____
(e) Penalty Fee under rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
(f) Rs. 500 under section 40.
(g) Rs. 500/- being the for registration of a change of name.
(h) Fee For restoration of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
(j) As Deposite Only.
(k) As Bank commission.
(l) Miscellaneous.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

Extension Office
Govt. Dental College and Hospital,Third Floor, ST. George Hospital Compound,Near C.S.T. Railway - Station,Mumbai-4oo001

Administration Office
211, Anand Complex, 2nd Floor, 189 - Sane Guruji Mar& Aurthor Road Naka,Chinchpokali (West), Mumbai - 400 011

This is to certify that the registration of Dentist ***GUPTA HIMANSHU BALKUMAR***
Registered at No.: **A-6324** is renewed on the
12day of Jan2022and will remain in force up to the 31st day of December 2022

Registrar,
Maharashtra State Dental Council,
Mumbai

These Rules were last amended by Government Notification Urban Development Public Health and Housing Department, No.AGT-1373/68888/5, Dated 12th July 1974, published on p.342 in Maharashtra Government Gazette, Part IV-A, Dated 25th July 1974.

This is a computer generated receipt and does not require any signature.

We,

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

Dr. Babasaheb Ambedkar Marathwada University

Certify

[illegible]	that the withinsigned

Himanshu Gupta

having been examined and found duly qualified for the Degree of Bachelor of Dental Surgery in April / May 1996. The Degree of

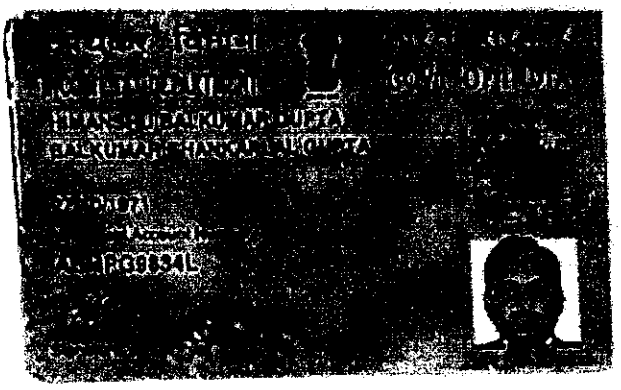
Bachelor of Dental Surgery

has been conferred on him at Aurangabad, on the nineteenth day of the month of December in the year one thousand nine hundred and ninety seven.

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

Seat No. 220.
Place : Aurangabad
Date of issue of the
Degree Certificate

Chancellor




Oralcare.Co
15

FORM C

(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL
Hotel Regal Palace Building, Third Floor
Near Roxy Cinema, Tata Road
Mama Parmanand Marg, Bombay 400 004

Dated 9/7/1997. 19

This is to certify that the person named below has been registered as a Dentist in Part A/ ~~Part B/Part I~~ of the State Register under the provisions of the Dentists Act, 1948 (~~and his/her registration was last renewed on~~).

This certificate shall remain in force till 31st December 1998.

Name Gupta Himanshu Balkumar.

Qualification B.D.S.(Dr. B.A.M.U.)

Registered No. A-6324.

Registrar
Registrar
Maharashtra State Dental Council,
Bombay-400 004.

Maharashtra State Dental Council.

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. ~~15~~ 50 between 1st January and 31st March every year. If the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.
2. Every registered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.

ACD

ANNEXURE "B"

INSTITUTIONAL INFORMATION

ANNEXURE – "B"

(INSTITUTIONAL INFORMATION)

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

Name: Dr Himanshu Gupta Age: _____ *(Date of Birth)* _____

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	PGDHHM	2009	Symbiosis Pune	Symbiosis university

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	–			
Asso. Professor/Reader	–			
Professor	–			
Any Other	–		Gran d Total	

2. **Management/Society/Inst. Information:**

01	**i) Name of the Society/Institution/ Training Centre /University Dept.:**	Oralcare.co.in, Aurangabad.
	ii) Postal Address, with PIN:	AG prime Towers Kranti Chowk
	iii) Contact Details:	Mob: 9021047323 Tele: –
02	**Society/Institution/ Training Centre Registration Number and date:**	i) Public Trust Act 1950: ....–.....
		ii) Society's Registration Act.1860:....–.....
		iii) Year of establishment:
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No– 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	SETH NANDLAL DHOOT HOSPITAL 007 (AMC-AURANGABAD) 1998 – Mark as Appendix 'B' ✓
04	**i) Name of the Training Centre /Institute where course is to be conducted:**	Oralcare.co.in
	ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	AG Prime Towers, Kranti chowk Mob: 9021047323 Tele:
	v) List of University approved Fellowship/Certificate Course(s) **conducted / already running** at Training Centre with Intake Capacity	**Name of the Course(s) ..2.... Approved Intake Capacity..10+10.. Affiliated Since..2019.. (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/No. (Pending Fees, if any ;) All Fees are Paid
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No– Mark as Appendix 'C' ✓
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 2021 - 22 Rs ..25..3.L
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No.2022/SEPT/1. Dated 1/09/2022
		Copy of Management Resolution attached?
		*Yes/No– – Mark as Appendix 'D'

09	**Other Information:**	
	a) Land:	*Yes/No. If yes, then Area: . . 4200 SqF
	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'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: . . . . . Dated . . . . . At (Place): . . . . . N.A. . . . . Copy of Land Registration Certificate attached? *Yes/No.– Mark as Appendix 'F' Rented Place
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs . . . . . No any Copy of Loan/Mortgage Deed attached? *Yes/No. – Mark as Appendix 'G'
	b) Building: i) Total built-up area:	.4200. . sq. ft. Certified copy of Building Plan attached? *Yes/No – Mark as Appendix 'H'

3. **Central Library**
   - Total number of Books in library: 109
   - Books pertaining to concerned Fellowship subject: 76
   - Purchase of latest editions of concerned books in last 3 years: - 12
   - Journals:

1	Journals		Total	concerned Fellowship subject
2	Indian	–	–	–
3	Foreign	5	5	Aesthetic & Cosmetic D

   - Year / Month up to which latest Indian Journals available : _____
   - Year / Month up to which latest Foreign Journals available : –
   - Internet / Med pub / Photocopy facility: available / not available
   - Library opening times: 10 am – 9 pm
   - Reading facility out of routine library hours: available / not available

(Obtain list of books & journals duly signed by Dean)

4. **Recreational facilities:** ~~Available~~ / **Not available**
   - Play grounds Gymnasium

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 :** Available /Not Available ✓

7. **Ethical Committee (Constitution) :** YES ✓ / NO Attached

8. **Medical Education Unit (Constitution) :** YES ✓ / NO
(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)

Appendix A

Registration Certif

000004278153

FORM I-A

Certificate of Registration

under sub-section(1) of section 5 of the Maharashtra State Tax on Professions, Trades, Callings and Employment Act, 1975

[See rule 3(2)]

Registration Certificate Number 27371887122P

This is to certify that M/s ORALCARE.CO.IN, whose details are given below has been registered as an employer under sub-section(1) of section 5 of the Maharastra State Tax on Professions, Trades, Callings and Employments Act, 1975.

1. Name of the Employer	M/s ORALCARE.CO.IN
2. Address of Principal Place of work	SHOP NO. 11,AJAYDEEP COMPLEX, NEAR GANESH MANDIR,N-3 CIDCO, Aurangabad City, AURANGABAD (M. CORP), AURANGABAD, 431001
3. Constitution	Partnership
4. Nature of work/business/activity	
5. Address of Additional Place(s) of work	,, , , , ,
6. Certificate with effect from	01-Apr-18

Place :

Desk ID -

Date :

Seal

DS GOVERNMENT OF MAHARASHTRA.01

ORALCARE.CO.IN

Appendix A

Partnership Deed B

// shree //

ADMISSION DEED

OF

M/S ORALCARE.COIN

- Registered Office -

426, "BALKRISHNA",

Sector – F, N-1, CIDCO,

Aurangabad – 431001

-Date of Execution-

12TH APRIL 2021

ORALCARE CO. IN

भारतीय गैर न्यायिक

भारत INDIA

रु. 500 FIVE HUNDRED RUPEES

पाँच सौ रुपये Rs. 500

INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA © 2020 © BC 441358

दिनांक 12/04/2021

कोणासाठी oralcare.co.in

डॉ. पी. अंभोरे
स्टॅम्प व्हेंडर
हायकोर्ट परिसर, औरंगाबाद
लायसन्स नं. ३१०१०३०

M/S. ORALCARE.COIN.

ADMISSION DEED OF PARTNERSHIP

THIS ADMISSION DEED OF PARTNERSHIP with reference to the DEED OF PARTNERSHIP that is originally executed on 27TH MAY 2018, Amended by Admission Deep executed on 01ST OCTOBER 2018 and Again Amended by Retirement Deep executed on 19TH OCTOBER 2020 IS NOW MADE ON THIS DAY OF 12TH APRIL 2021 AMONGST: -

NEW / ADMITTING PARTNERS

1. **SHYAM CHOUDHARI S/o NATTHULAL BADRINARAYAN CHOUDHARI**, Age: Major (19-11-1971), PAN: AAYPC1317Q, Resident at Behind Youth Hostel, R No. 01, UMA VIRAJ Society, Kesarsingpura, Aurangabad - 431005, Maharashtra hereinafter referred to as "Party of the First Part / First party of the New / Admitting Partners";
2. **NEETA CHOUDHARI W/o SHYAM NATTHULAL CHOUDHARI**, Age: Major (05-09-1975), PAN: AAIPB3368G, Resident at Behind Youth Hostel, R No. 01, UMA VIRAJ Society, Kesarsingpura, Aurangabad - 431005, Maharashtra hereinafter referred to as "Party of the Second Part / Second party of the New / Admitting Partners";

CONTINUING / EXISTING PARTNERS

1. **DR HIMANSHU GUPTA S/o BALKUMAR SHANKARLAL GUPTA,** Age: Major, (27-10-1971), PAN : AEMPG9834L, Resident at 426, "BALKRISHNA", Sector – F, N-1, CIDCO, Aurangabad – 431 001, hereinafter referred to as "First Party of Continuing Partners";

2. **DR ABHA GUPTA W/o DR HIMANSHU BALKUMAR GUPTA,** Age: Major, (18/08/1974), PAN : AFOPG9511K, Resident at Resident at 426, "BALKRISHNA", Sector – F, N-1, CIDCO, Aurangabad – 431 001, hereinafter referred to as "Second Party of Continuing Partners";

WHERE AS, The party of the First part And Second Part of Continuing / Existing Partners are carrying on business in partnership in the name of **M/S. ORALCARE.COIN.** at **426, "BALKRISHNA", Sector – F, N-1, CIDCO, Aurangabad – 431 001.** Vide their Partnership Deed executed on dated **27TH MAY 2018**, Registration No. **AU000005944**, dated **24-10-2018.**

AND WHEREAS the existing partners now desire to admit the new partners as an additional partner in the said partnership and the new partner is also willing the join the said partnership on the terms hereinafter provided.

WHERE AS, The party of the First part And Second Part of Continuing / Existing Partners along with the Party of the First Part & Second Part of New / Admitting Partners, has decided to continue the existing business activity of the said firm w.e.f. 12TH APRIL 2021 in the name and style of **"M/S. ORALCARE.COIN** at **426, "BALKRISHNA", Sector – F, N-1, CIDCO, Aurangabad – 431 001,** with reference to the DEED OF PARTNERSHIP that is originally executed on **27TH MAY 2018.**

New partners have been admitted as partners and along with Existing Partners continuing the business activity.

Now the Parties, hereto in the mutual interest and with a view to avoid any controversies, have now deemed it expedient to reduce into writing and are desirous of recording the terms and conditions governing their relation inter-se.

Appendix B

MEMORANDUM OF UNDERSTANDING

Oralcare.co.in is a dental centre based in Aurangabad. The applicant company Oralcare.co.in requests for tie-up arrangements in areas of patient care and academics.

The Hospital under MoU is expected to cooperate with Oralcare.co.in in the following mentioned areas of patient care and academics.

Tie up Arrangements for following facilities	Hospital confirming tie up arrangements
• Casualty • Intensive care • Operation theatre • Pathology • Radiology • Pharmacy Services • Ambulance Services • Indoor Admission of Patients • Dental OPD	SETH NANDLAL DHOOT HOSPITAL A-1, MIDC Area, Chikalthana Aurangabad

1. SND Hospital shall not divulge and shall take utmost care to maintain the confidentiality of all the information of Oralcare.co.in
2. SND Hospital will accept all the patients referred from Oralcare.co.in.
3. SND Hospital will extend best support in required areas.
4. Any kind of training session conducted by Oralcare.co.in that requires hospital support will be conducted at SND Hospital . In case such arrangements are needed, Oralcare.co.in will provide a prior information to SND Hospital.

- Date- 27/04/2023
- Place- Aurangabad

ORALCARE.CO.IN

nanshu Gupta Mr Shyam Chaudhari

Directors

Oralcare.co.in

Dr. Himanshu Gupta

CEO

SETH NANDLAL

MOU c dhoot H

Appendix C

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

Ref No.: 03101470041574/TAN/NEW

Nov 20, 2018

TO,
ORALCARE.CO.IN
SHOP NO 11
AJAYDEEP SHOPPING COMPLEX
NEAR GANESH MANDIR
N-3 CIDCO
AURANGABAD-431001
MAHARASHTRA
TEL. NO :7774009755

ITR - last 3 yea

Sir/Madam,

Sub : Allotment of Tax Deduction Account Number (TAN) as per Income Tax Act,1961

Kindly refer to your application (Form 49B) dated Nov 15, 2018 for the allotment of Tax Deduction Account Number.

In this connection, the following TAN has been issued to you/your organisation.

NSKO01063G

Please quote the same in all TDS challans,TDS Certificates,TDS returns,Tax Collection at Source(TCS) returns as well as other documents pertaining to such transactions.

Quoting of TAN on all TDS returns and challans for payment of TDS is necessary to ensure credit of TDS paid by you and faster processing of TDS returns.

The above TAN should also be used as Tax Collections at Source Account Number under section 206CA

Kindly note that it is mandatory to quote TAN while furnishing TDS returns, including e-TDS returns. e-TDS returns will not be accepted if TAN is not quoted.

This supersedes all the Tax Deduction / Collection Account Number, alloted to you earlier.

Income Tax Department

Signature valid

Digitally signed by [illegible]
Date [illegible]
GMT+[illegible]
Reason [illegible]
Location [illegible]

Caution : Income Tax Department does not send e-mails regarding refunds and does not seek any taxpayer information like username, password, details of ATM, bank accounts, credit cards, etc. Taxpayers are advised not to part with such information on the basis of emails.

ORALCARE.CO.IN

Acknowledgement Number: 129116870260722 Date of filing: 26-07-2022

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
2022-23

PAN	AAFFO9810K		
Name	ORALCARE.CO.IN		
Address	H. No. 5-5-57 , Cts No. 14476, , Kranti Chowk, , Osmanpura, , Aurangabad , 19-Maharashtra , 91-India , 431001		
Status	Firm	Form Number	ITR-5
Filed u/s	139(1) Return filed on or before due date	e-Filing Acknowledgement Number	129116870260722

Taxable Income and Tax details	Current Year business loss, if any	1	40,25,899
	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
	(+) Tax Payable /(-) Refundable (6-7)	8	0
Accrued Income & Tax Detail	Accrued Income as per section 115TD	9	0
	Additional Tax payable u/s 115TD	10	0
	Interest payable u/s 115TE	11	0
	Additional Tax and interest payable	12	0
	Tax and interest paid	13	0
	(+) Tax Payable /(-) Refundable (12-13)	14	0

Income Tax Return submitted electronically on 26-07-2022 19:05:30 from IP address 116.72.86.142 and verified by HIMANSHU B GUPTA having PAN AEMPG9834L on 27-07-2022 11:16:18 using XUDT33MXXI generated through Aadhaar OTP mode

System Generated Barcode/QR Code

AAFFO9810K0512911687026072 2FF8E80CAFD8CC8FC03AE5A58ECA168E2C9C0BD9C

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
2021-22

PAN	AAFFO9810K		
Name	ORALCARE.CO.IN		
Address	H. NO. 5-5-57 , CTS No. 14476, , KRANTI CHOWK, , OSMANPURA, , OSMANPURA, , AURANGABAD , AURANGABAD , 19-Maharashtra , 91-India , 431001		
Status	Firm	Form Number	ITR-5
Filed u/s	139(1) Return filed on or before due date	e-Filing Acknowledgement Number	376662799241221

Taxable Income and Tax Details	Current Year business loss, if any	1	0
	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
	(+)Tax Payable /(-)Refundable (6-7)	8	0
Distribution Tax details	Dividend Tax Payable	9	0
	Interest Payable	10	0
	Total Dividend tax and interest payable	11	0
	Taxes Paid	12	0
	(+)Tax Payable /(-)Refundable (11-12)	13	0
Accreted Income & Tax Detail	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 24-12-2021 12:46:36 from IP address and verified by HIMANSHU B GUPTA having PAN AEMPG9834L on 24-12-2021 12:50:49 using Electronic Verification code C4TX9V2RSI generated through Aadhaar OTP mode

System Generated

Barcode/QR Code

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**

N	AAFFO9810K
me	ORALCARE CO.IN
ress	H. NO 5-5-57, CTS No. 14476,, KRANTI CHOWK,, OSMANPURA,, AURANGABAD, MAHARASHTRA, 431001

tus	Firm	Form Number	ITR-5
led u's	139(1)-On or before due date	e-Filing Acknowledgement Number	208574111140121

Taxable Income and Tax details	Current Year business loss, if any	1	3942515
	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
	(+)Tax Payable /(-)Refundable (6-7)	8	0
Distribution Tax details	Dividend Tax Payable	9	0
	Interest Payable	10	0
	Total Dividend tax and interest payable	11	0
	Taxes Paid	12	0
	(+)Tax Payable /(-)Refundable (11-12)	13	0
Detail	Accreted Income as per section 115TD	14	0
	Additional Tax payable u/s 115TD	15	0
	Interest payable u/s 115TE	16	
	Additional Tax and interest payable	17	
	Tax and interest paid	18	0
	(+)Tax Payable /(-)Refundable (17-18)	19	0

Income Tax Return submitted electronically on [illegible] from IP address 103.94.59.128 and verified by

HIMANSHU B GUPTA

using PAN AEMPG9834L on 14-01-2021 13:50:44 from IP address 103.94.59.128 using

Digital Signature Certificate (DSC)

DSC details: 16536945CN=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

A.Y. 2020-2021

Name : ORALCARE.CO.IN

P. Y. : 2019-2020

P.A.N. : AAFFC 0010 K

Address : H. NO. 5-5-57
CTS No. 14476,
KRANTI CHOWK,
OSMANPURA,, AURANGABAD - 431 001

D.O.F. : 27-May-2018

Status : Partnership Firm

Statement of Income

	Sch.No	Rs.	Rs.	Rs
Profits and gains of Business or Profession				
Business-1				
Net Profit Before Tax as per P & L a/c			-39,42,515	
Add: Inadmissible expenses & Income not included				
Depreciation debited to P & L a/c			29,94,101	
Adjusted Profit of Business-1			-9,48,414	
Total income of Business and Profession			-9,48,414	
Less: Depreciation as per IT Act	2		29,94,101	
Income chargeable under the head "Business and Profession"				-39,42,515
Total				-39,42,515
Unabsorbed Losses - C/F	1			39,42,515
Less - Brought forward losses set off	3			0
				0
Total Income				0
Tax on total income				

Schedule 1

Description	Unabsorbed LOSS
Ordinary Business Loss	9,48,414
Depreciation unabsorbed	29,94,101
Total	39,42,515

Bank A/c: KOTAK MAHINDRA BANK 9890303609 IFSC: KKBK0000693

For ORALCARE.CO.IN

Date : 14-Jan-2021
Place : AURANGABAD

Authorised Signatory

Appendix D

Precise, Perfect & Predictable Single Day Premium Dentistry

Oralcare.co.in

Center for Clinical Dentistry, Research & Academics

RESOLUTION NO. 2022/SEPT/1 1st SEPT 2022

WE AT Oralcare.co.in HERE BY RESOLVE TO RENEW THE APPLICATION FOR MUHS FELLOWSHIP IN AESTHETIC AND COSMETIC DENTISTRY FOR THE ACADEMIC YEAR 2022-23

MEETING ATTENDED BY

1) DR. HIMANSHU GUPTA
2) DR. KARTIK BHANUSHALI
3) DR. ABHA GUPTA
4) DR. POOJA MULEY
5) DR. NABHA DEO

Oralcare.co.in
[illegible] Floor, Prime Towers,
[illegible], Kranti Chowk, Osmanpura,
[illegible]bad, Maharashtra, India - 431001.

minutes of meeting

ORALCARE.CO.IN

Appendix E

CHALLAN
MTR Form Number-6

GRN	MH009227692018 19M	BARCODE	
Department	Inspector General Of Registration	Date	28/12/2018-13:07:54
		Form ID	35A

Stamp Duty		Payer Details	
Type of Payment	Sale of Non Judicial Stamps IGR Rest of Maha	TAX ID (If Any)	
		PAN No.(If Applicable)	
Office Name	ARB1_HQR SUB REGISTRAR AURANGABAD 1	Full Name	RUKHSANA BANO ASLAMKHAN AND OTHERS
Location	AURANGABAD		
Year	2018-2019 One Time	Flat/Block No.	CTS NO 14476 H NO 5-5-57
Account Head Details	Amount In Rs.	Premises/Building	
0030046401 Sale of NonJudicial Stamp	16600.00	Road/Street	KRANTI CHOWK USMANPURA
		Area/Locality	AURANGABAD
		Town/City/District	
		PIN	4 3 1 0 0 1
		Remarks (If Any)	
		SecondPartyName=DR HIMANSHU GUPTA BALKUMAR GUPTA AND OTHERS~CA=60~Marketval=425000	
		Amount In Words	Sixteen Thousand Six Hundred Rupees Only
	16,600.00		

₹16600.00

Payment Details	BANK OF MAHARASHTRA	FOR USE IN RECEIVING BANK			
Cheque-DD Details		Bank CIN	Ref. No.	02300042018122886268	183621670555
Cheque/DD No.		Bank Date	RBI Date	28/12/2018-14:15:12	Not Verified with RBI
Name of Bank		Bank-Branch		BANK OF MAHARASHTRA	
Name of Branch		Scroll No. , Date		01229 , 28/12/2018	

Department ID : Mobile No. : 0000000000

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

हयात चलान केवळ दुय्यम निबंधक कार्यालयातील नोंदणी-कार्यवाहीच्या बाबतीतच लागू आहे. नोंदणी न करावयाच्या बाबतीतील सदर चलान लागू नाही.

Seal of the Sub-Registrar No.6 Aurangabad

Challan Defaced Details

Sr. No.	Remarks	Defacement No.	Defacement Date	User Id	Defacement Amount
1	(B)-343-8703	0005493727201819	29/12/2018-16:57:58	IGR210	16600.00
			Total Defacement Amount		16,600.00

Page 1/1

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Print Date 29/12/2018 05:02:06
2092

Seal of the Sub-Registrar No.6 Aurangabad.

CHALLAN

MTR Form Number-6

GRN MH009639048201819M	BARCODE	Date 20/12/2018-13:36:44	Form ID 36A

Department	Inspector General Of Registration	Payer Details	
Type of Payment	Stamp Duty Registration Fee	TAX ID (If Any)	
		PAN No.(If Applicable)	BIBPK5807H
Office Name	ARB1_HQR SUB REGISTRAR AURANGABAD 1	Full Name	RUKHSANA BANO ASLAM KHAN AND OTHERS
Location	AURANGABAD		
Year	2018-2019 One Time	Flat/Block No.	CTS NO 14476 H NO 5-5-57
Account Head Details	Amount In Rs.	Premises/Building	
0030046401 Stamp Duty	54200.00	Road/Street	KRANTI CHOWK USMANPURA
0030063301 Registration Fee	1000.00	Area/Locality	AURANGABAD
		Town/City/District	
		PIN	4 3 1 0 0 1
		Remarks (If Any)	PAN2=AEMPG9834L~SecondPartyName=ORALCARE CO IN THROUGH Dr HIMANSHU GUPTA BALKUMAR SHANKARLAL GUPTA~CA=46~Marketval=425000
	55,200.00	Amount In Words	Fifty Five Thousand Two Hundred Rupees Only

Payment Details	BANK OF MAHARASHTRA	FOR USE IN RECEIVING BANK			
Cheque-DD Details		Bank CIN	Ref. No.	02300042018122067267	183541480151
Cheque/DD No.		Bank Date	RBI Date	20/12/2018-15:42:02	21/12/2018
Name of Bank		Bank-Branch		BANK OF MAHARASHTRA	
Name of Branch		Scroll No. , Date		81221 , 21/12/2018	

Mobile No. : 0000000000

Department ID :

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

टिप: चलन फक्त दुय्यम निबंधक कार्यालयात नोंदणी करावयाच्या दस्तासाठी लागू आहे. नोंदणी न करावयाच्या दस्तासाठी सदर चलन लागू नाही.

Validity unknown

Digitally signed by VIKTUAL MUMBAI 17:01:42 Government of India Location: India

Challan Defacement

Sr No.		Defacement No.	Defacement Date	Used	Defacement Amount
1	(IS)-343-6703	00054937342018 19	29/12/2018-16:58:02	IGR210	1000.00
2	(IS)-343-6703	00054937342018 19	29/12/2018-16:58:02	IGR210	54200.00
			Total Defacement Amount		55,200.00

Print Date 21-12-2018 05:01:41

3096

D—H—C

Receipt of Document Handling Charges

PRN	2912201806652	Receipt Date	29/12/2018

Received from RUKHSANA BANO ASLAM KHAN ANOD OTHRS, Mobile number 0000000000, an amount of Rs.1060/-, towards Document Handling Charges for the Document to be registered on Document No. 6703 dated 29/12/2018 at the Sub Registrar office Joint S.R.Aurangabad 6 of the District Aurangabad .

DEFACED
₹ 1060
DEFACED

Payment Details

Bank Name	SBIN	Payment Date	29/12/2018
Bank CIN	10004152018122905826	REF No.	CH97083542
Deface No	2912201806652D	Deface Date	29/12/2018

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

Seal of the Sub-Registrar (No.6) Aurangabad.

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२०१८

Sub-Registrar No.6 Aurangabad.

LEAVE AND LICENSE AGREEMENT

This **LEAVE & LICENSE AGREEMENT** (**"this agreement"**) is made and executed at Aurangabad on this **28th December 2018.**

BY AND BETWEEN

1. **MRS. RUKHSANA BANO ASLAM KHAN.**
Aged about 39 Years, Occupation : House Wife PAN : BIBPK5607H.

2. **MRS. KHAN JULEKHA MOHD. ARIF.**
Aged about 38 Years, Occupation : House Wife
PAN : BMIPK0702L.

3. **MRS. ZEHRA MOHSIN KHAN.**
Aged about 31 Years, Occupation : House Wife
PAN : BJQPK5357L.

Seal of the Sub-Registrar No. 6 Aurangabad.

All of above R/at : Plot No. 147, N-3 CIDCO, Aurangabad. Hereinafter referred to as the **"Licensors"** (which expression shall unless it is repugnant to the meaning or context thereof shall mean and include their legal heirs, assigns, successors in title and any persons/s claiming under or through them)

....PARTY OF THE FIRST PART

AND

ORALCARE.CO.IN, a Partnership firm Registered under Partnership Act 1932 having its registered office at Shop No 11, Ajaydeep Shopping Complex, Near Ganesh Madir N-3, CIDCO Aurangabad 431001. Hereinafter referred to as **"Licensee"** **through its partners**

1. **Dr. HIMANSHU GUPTA S/O BALKUMAR SHANKARLAL GUPTA.**
Age: 47 Years, Occupation: Doctor
PAN : AEMPG9834L
Resident at 426 Balkrishna, Sector – F, N-1 CIDCO Aurangabad – 431001.

2. **Mr. MANISH DALICHAND PARAKH S/O DALICHAND PARAKH**
Age: 47 Years, Occupation : Business
PAN: AFOPP3701L
Resident at Plot No 32-A N-3 CIDCO Near Jain Mandir Aurangabad-431001.

(which expression shall unless it is repugnant to the meaning or context thereof shall mean and include assigns, administrators, executors, successors in title and any persons/s claiming under or through it and its proposed entity).

...PARTY OF THE SECOND PART

Hereinafter, in this agreement, the Licensee and Licensors are collectively referred to as **"the Parties"** and individually referred to as **"the Party"** as the case may be.

Sub-Registrar No. 6 Aurangabad.

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20		

WHEREAS:

[A] The Licensors herein have represented that they are the owners of the Entire Premises including 5 (Five) Floors i.e. Ground, First, Second, Third, Four Floors with 2 Basement Parking. The 2nd & 3rd each Floor 3770 Sq. Ft X 2 admeasuring approximately 7540 Sq. Ft (Carpet Area) including exclusive right to use lift and allotted parking, situated at H. No. 5-5-57, CTS No. 14476, Kranti Chowk, Osmanpura, Aurangabad 431001 and are entitled to possess, use and occupy the same which is more particularly described in Schedule I written hereunder and which is delineated in the map attached as Annexure I. [In short "**the said Licensed Premises**"].

[B] The Licensors were in search of a Licensee to license the Licensed Premises. The Licensors got the knowledge that the Licensee is looking for a suitable Premises for its business purpose and accordingly approached the Licensee with a proposal to license the said Licensed Premises and represented to the Licensee as follows :

i. The Licensors are the only legal, beneficial and absolute Lessee of the said Licensed Premises with clear and marketable title.

ii. The Licensors have unrestricted and unreserved and absolute right to deal with the same in the manner they choose.

iii. The said Licensed Premises is free from all encumbrances, charges, claims, mortgages, lien, attachments, injunctions, litigations, disputes and the Licensors have never received any such notice thereof. The Licensors confirms that they shall keep the said proposed Licensed Premises free from all/any encumbrances, whatsoever during the subsistence of this agreement or such other agreement to be executed between the parties as per mutual discussion.

iv. The Licensors shall keep the Licensee duly indemnified from the cost, consequences, and damages resulting to and suffered by the Licensee, arising out of any claim or objection raised, by any third party or any statutory or government authority regarding usage of the said Licensed Premises.

The Licensors have represented to the Licensee that all past statutory dues pertaining to Electricity, Water, Municipal taxes and other statutory charges have been paid and that there are no balance charges or outstanding in this regard.

[C] Relying on the aforesaid representation made by the Licensors herein, the Licensee has agreed to take the said Licensed Premises on leave and license basis.

[D] Considering the aforesaid, the parties have decided to enter into this Agreement so as to reduce their understanding in the form of mutually agreed terms and conditions contained herein.

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

1. **GRANT AND OTHER TERM :**

1.1 **Term :**

In consideration of the license fees herein fixed and other conditions and covenants herein contained to be performed by the parties hereto, the Licensors hereby license the said Licensed Premises to the Licensee for a period of 04 (Four) Years commencing from 01/03/2019 and ending on 28/02/2023. ("**Term**"). And Extendable / Renewal as per terms (i.e) in para 1.3 of this agreement.

1.2 **Lock-In**

The Parties hereby agree that there shall be a lock-in period of 4 (Four) Years commencing from the date of commencement of this agreement during which the Parties shall not have any right to terminate this Agreement and thereafter, only the Licensee shall have the right to terminate this agreement by issuing 3 (Three) months written notice unless otherwise stated herein.

1.3 **Renewal**

It is specifically agreed between the Parties that the Licensee shall have the right to renew this agreement for 1 (One) additional terms of 5 (Five) years each by issuing written notice of 60 (Sixty) days prior to expiry of this agreement on same terms and conditions contained herein except for escalation of 15% every 3 (Three) years on last License Fees. In case of such renewal right exercised by the Licensee, the Licensors shall be under obligation to execute and register fresh Leave and License Agreement/swith the Licensee. If Licensee failed to get renewal in that case, Licensor to Terminate Licensee. In case the Licensee do not exercise its renewal right or fails/forgets to issue the said 60 day prior written notice, the Licensors shall inform the Licensee about such renewal within 30 days prior to the date of expiry and if the Licensee do not renew the agreement within such period of 30 days then this agreement will come to an end on the expiry.

1.4 **License fee-Free Fit-Out Period**

The Licensors had granted the Licensee a "License fee-Free Fit-out Period" is 90
Days starting from **28.12.2018** until **31-03-2019** during which the Licensee is not liable to pay any license fees to the Licensors.

2. **LICENSE FEES**

2.1 The Licensee has agreed to pay the monthly license fees along with applicable GST to the Licensors for the Term with respect to the said Licensed Premises (**"License Fees"**) as per following manner subject to Licensors providing the copy of the Challan of the payment of GST at regular intervals to the Licensee :

Sr. No.	Period	Total Payable License fees Amount per Month
1	**01/03/2019 to 28/02/2022**	4,25,000/- (Divided equally in all licensors)
2	**01/03/2022 to 28/02/2025**	4,88,750/- (Divided equally in all licensors)

2.2 The Licensors shall, at all times during the term of this agreement or any extensions thereof, bear and pay all the existing and future taxes, including but not limited to Property Taxes, Municipal Taxes, GST charges, duties, cesses, fines, penalties, and other outgoings, present and future, payable to the governmental and/or any other authorities in respect of the said Licensed Premises and all other taxes by whatever name called which may be levied on the Licensed Premises. The Licensors shall indemnify and shall at all times keep indemnified the Licensee from any and all liabilities and consequences arising out of and from any such non-payment, delayed payment, attachment, disturbance of physical possession, notice, order, litigation, etc. In case the Licensors fail to pay the applicable taxes, charges, duties, cesses, fines, penalties and other outgoings as stated hereinabove, the Licensee shall have the right, but not an obligation to pay the same and deduct the amount from license fees to be [illegible] the Licensee to the Licensors under this Agreement.

Appendix F

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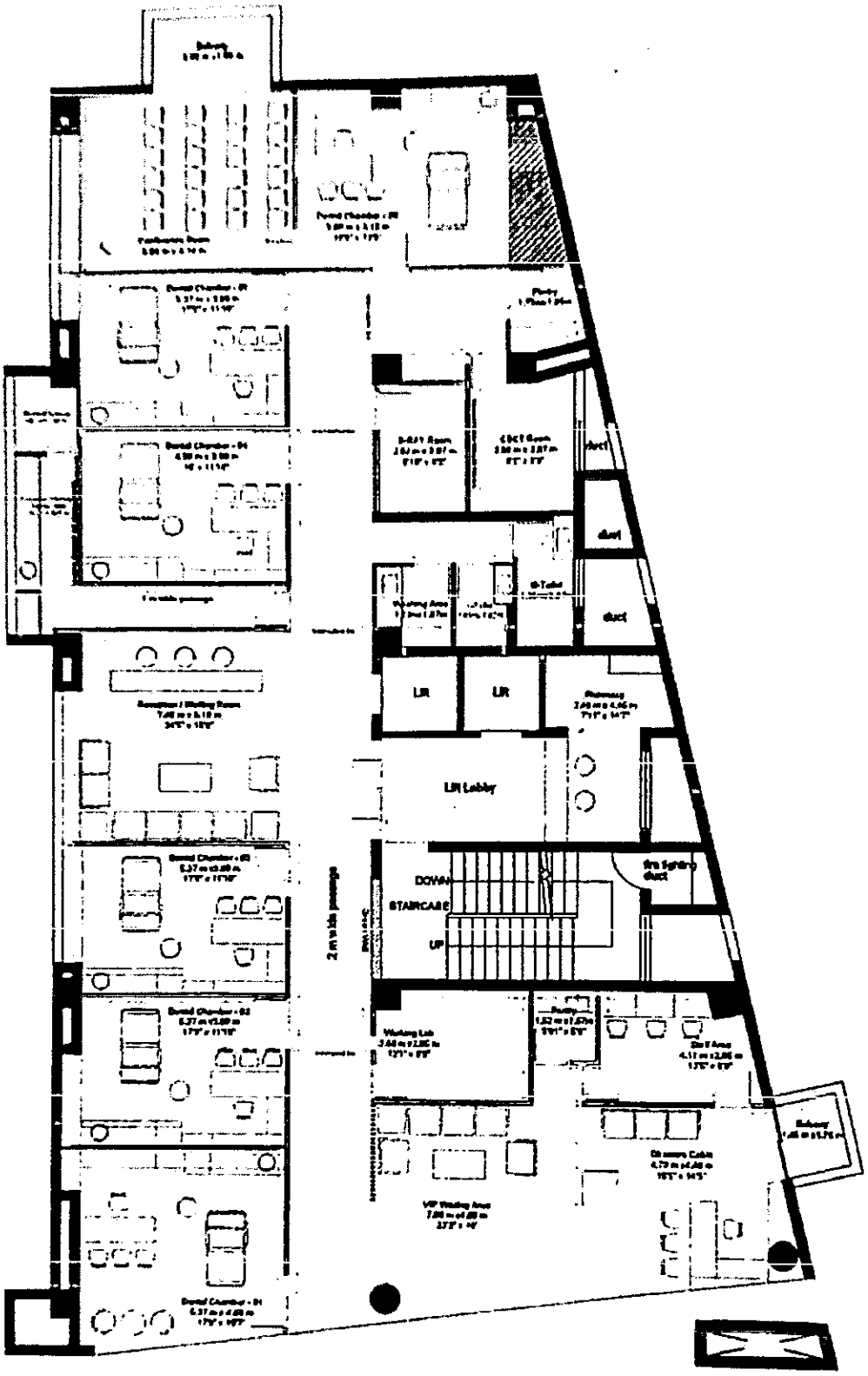


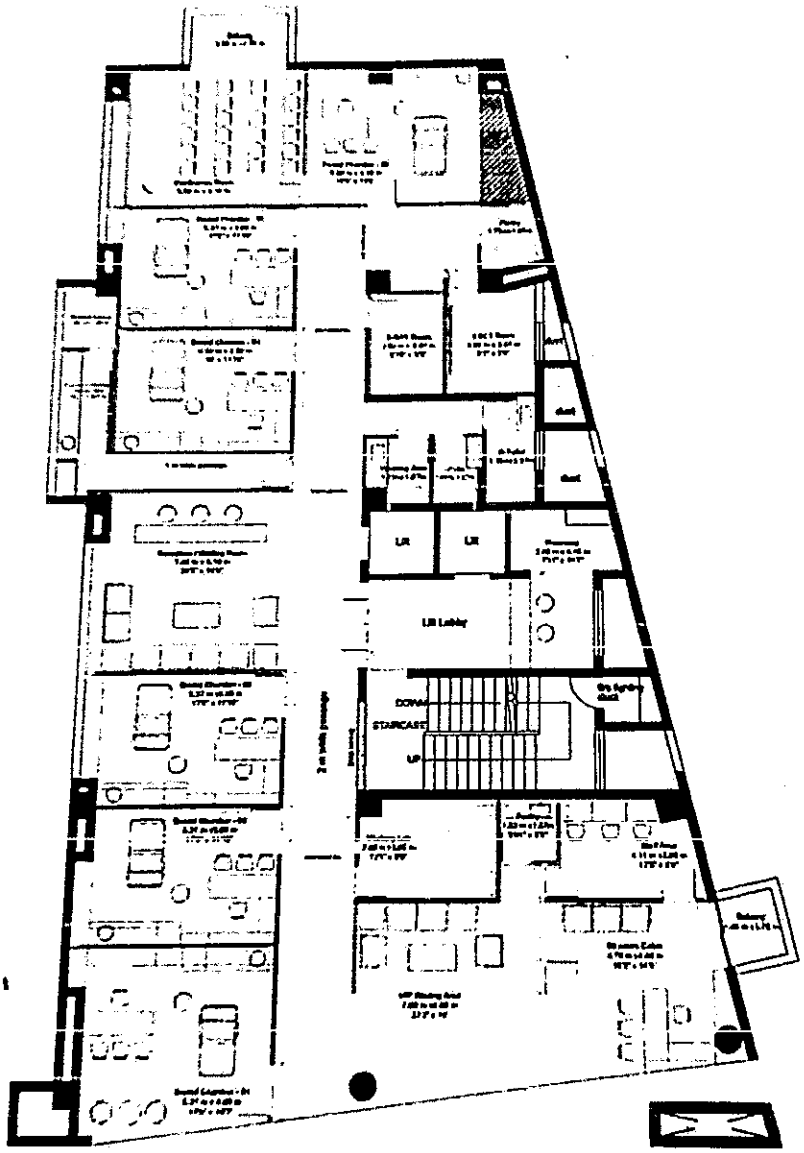
Floor pla

PCA

PARTITION LAYOUT

2nd Floor, AG Prime Towers, Opp. Manor Lawns, Kranti Chowk,
Osmanpura, Aurangabad, Maharashtra, India, 431001
Contact: +91 - 90210 47323 | Email: support@oralcare.co.in | Website: www.oralcare.co.in

Oralcare.co.in



Floor plan

PCA

MEETING LAYOUT

2nd Floor, AG Prime Towers, Opp. Manor Lawns, Kranti Chowk,
Osmanpura, Aurangabad, Maharashtra, India, 431001
Contact: +91 - 90210 47323 | Email: support@oralcare.co.in | Website:
www.oralcare.co.in

Precise, Perfect & Predictable Single Day Premium Dentistry

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Center for Clinical Dentistry, Research & Academics

ETHICAL COMMITTEE

THE MANAGEMENT AT ORALCARE.CO.IN HAS FORMULATED THE ETHICAL COMMITTEE FOR THE YEAR 2022-23 WITH THE FOLLOEING CONSTITUTION OF THE MEMBERS

CHAIRPERSON-DR KARTIK BHANUSHALI

COMMITTEE

NO.	NAME OF THE MEMBER	DESIGNATION
1	DR HIMANSHU GUPTA	DIRECTOR
2	DR ABHA GUPTA	DIRECTOR
3	DR POOJA MULEY	MENTOR
4	DR ANIRUDHA DESHPANDE	MENTOR

Ethical Committee

HEAD OF THE INSTITUTE

Oralcare.co.in
2nd Floor, Prime Towers,
Opp. Manor Lawns, Kranti Chowk-Osmanpura,
Aurangabad, Maharashtra, 431001.

ORALCARE CO. IN

File No. EC/20/000083

Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Ethics Committee Registration Division)

सत्यमेव जयते

FDA Bhawan, Kotla Road,
New Delhi - 110002, India
Dated: 28-Apr-2020

Composition of the Ethics Committee:-

Sr. No.	Name of Member	Qualification	Role/Designation in Ethics Committee
1	Mr. Chandrakant Malpani	B. COM (Not Applicable)	Chair Person
2	Dr. Himanshu Balkumar Gupta	BDS (PGDHMS)	Member Secretary
3	Dr. Devdatta P Palnitkar	MBBS (MS Gen. Surgery)	Clinician
4	Dr. Sonali Bhattu	MBBS (MD Medicine)	Clinician
5	Dr. Shilpa Asegaonkar	MBBS (MD Biochemistry)	Basic Medical Scientist
6	Dr. Prakash Khandelwal	MBBS (MD Pharmacology)	Basic Medical Scientist
7	Mr. Prashant Nandlalji Varma	BE Civil (M.E. Structure, M.I.E, F.I.V.)	Lay Person
8	Mr. Sandip Shirsath	LLB (B.Com., LLB., LL.M., D.LL)	Legal Expert
9	Mr. Girish Kale	BA (M.A Economics)	Social Scientist

VENUGOPAL GIRDHARILAL SOMANI

(Dr. V.G. Somani)
Drugs Controller General (I) &
Central Licensing Authority

ACD

ANNEXURE "C"
HOSPITAL INFORMATION

ANNEXURE – "C"

HOSPITAL INFORMATION

1. **Name of the Hospital:** SETH NANDLAL DHOOT HOSPITAL
As per MOU (Copy Attached)

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	26963	OPD	1220
IPD (Total No. of Patients admitted)	13787	IPD (Total No. of Patients admitted)	1281

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

In the entire hospital	
No of Beds	200
No of Beds in ICU	35
No of Beds in IRCU	
No of Beds in SICU	10
No of Major O.T.	06
No of Minor O.T.	02

4. **Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)**
   - No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM	100	127
• Daily admissions • Daily admissions in Dept.	 02	 03
• Through casualty at 10am • Bed occupancy in the Dept.	 07	 08
• Number of patients in ward (IPD)at 10AM	 76	 80
• Percentage bed occupancy at 10Am	..... 39%	..... 40%

- 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
•	.....	.....
• Cap Cementation	.....	05
• Composite	.....	16
• Restoration	.....	.....
•	.....	.....

5. Casualty:/ Emergency Department :

Space	1000 sq. ft
Number of Beds	04
No. of cases (Average daily OPD and Admissions):	12
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	yes
Staff (Medical/Paramedical)	med-01 Paramedical-02
Equipment available	List enclosed

6. Blood Bank : (storage facility only)

(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		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily 06	On Inspection day

7. Central Laboratory:

- Controlling Department: SRL
- No of Staff : 18
- Equipment Available : Attach separate List List enclosed
- Working Hours: 24x7

8. Central supply of Oxygen / Suction: **Available / Not available**

9. Central Sterilization Department **Available / Not available**

10. Ambulance (Functional) **Available / Not available**

11. Laundry: **Manual/Mechanical/Outsourced:**

12. Kitchen **Available / Outsourced/ Not Available**

13. Incinerator: Functional / Non functional **Capacity..... /Outsourced**

14. Bio-Medical waste disposal **Outsourced / any other method**

15. Generator facility **Available / Not available**

16. Medical Record Section: **Computerized / Non computerized**

- ICD X classification Used / Not used

Sign & Stamp
Head of the Department
Date: Date: 12/Nov/22.

Sign & Stamp
Dean/ Principal/ Director of Training Centre

Training Centre Round Seal

ORALCARE CO. IN.

RENT AND SERVICE AGREEMENT

MMRRDI Seth Nandlal Dhoot Hospital, A-1, MIDC Chikalthana, Jalna Road, Aurangabad -431001. through Administrator,Dr.Himanshu Gupta.

(Herein after called "**THE LICENSOR**" which expression shall unless it be repugnant to the context or meaning there of mean and include Executor's and Successor's thereof)

AND

MBB Dattaji Bloom Bank, Dr. Hedgewar Rugnalayn Campus, Aurangabad-431001.through Incharge, Blood Storage Center,Dr. Umesh Shahane,

(Herein after called "**THE LICENSEE**" which expression shall unless repugnant to the context or meaning there of mean and include the Executor's Successor's and assigns thereof)

AND NOW IT IS HEREBY MUTUALLY AGREED BETWEEN THE FOLLOWING

1. That the Licensor is the Administrator of Seth Nandlal Dhoot Hospital, Aurangabad (Herein after referred as the said premises)
2. That, the Licensee has requested the licensor to allow them to use and occupy the hospital premises for the period of 60 months on Rent basis only.
3. That the Licensor has agreed to allow the aforesaid premises to use and occupy to the Licensee's for the period of 60 months, commencing from 15/09/2018 and ends on 15/09/2023. That, Licensee shall pay to the Licensor for the use of said premises at the rate of Rs. 12500/- (Twelve Thousand Five Hundred) per month excluding Electricity Charges.
4. The Licensee shall pay monthly compensation regularly in advance on or before 7 th day of each English Calendar Month to the Licensor.
5. That, the Licensee shall not make any additions or alternations of structural modification in the said premises without the written permission of the Licensor.
6. That, the Licensee shall permit the Licensor or his representative to enter upon the said premises for inspection, maintenance and repairs as and when necessary.
7. That, the licensee shall use the said premises for running blood storage center activities only.
8. The blood bank storage center having its own identity will be responsible for supply of blood & blood components to Seth Nandlal Dhoot Hospital's patients. It will be therein be responsible for legal compliances, registers and records, blood components quality check, transportation of blood components to storage center & timely arrangement.
9. That, the Licensor shall not sell or transfer or otherwise dispose of the said premises during the period of this agreement.

10. The rates for components will be as fixed at time MOU. Subsequent revision can be done only by permission of Seth Nandlal Dhoot Hospital administration and not until eighteen month of effect of this agreement.
11. After expiry of the period of this agreement both the parties shall have alternative to renew the said agreement on the same terms & conditions or on new terms & conditions.
12. This leave of License agreement is liable to be terminated by either parties prior notice in writing not less than 30 days. (01 month)

Hence, this leave of license agreement has been executed by the parties with their free will and consent in presence of 2 witnesses:

Witness:

1). _____

Name: _____

2) _____

Name: _____

LICENSEE

Dr. Umesh Shahane

Incharge,

Blood Storage Center

LICENSOR

Dr. Himanshu Gupta

Administrator

Seth Nandlal Dhoot Hospital

S.N.D.H. BLOOD STORAGE CENTER AURANGABAD

ACD

ANNEXURE "D"

DEPARTMENTAL INFORMATION

ANNEXURE – "D"

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: AESTHETIC AND COSMETIC DENTISTRY
2. Date on which independent department of: functioning concerned specialty was created and started .....

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. HIMANSHU GUPTA	Full time	MENTOR	MDS	2.6
2.	DR POOJA MULEY	FULL TIME	MENTOR	MDS	0.5

4. Whether Independent Department of concerned Fellowship subject exists in the Institution : Attached as separate list.
✓Yes/No: AESTHETIC AND COSMETIC Since when: 2019

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	✓ 200 sq.ft	yes	
Clinics	3	yes	
Laboratory Space	✓ 150 sq.ft	yes	
Seminar room	✓ 350 sq.ft	yes	
Department Library	✓ 100 sq.ft	yes	
PG common room	✓ 150 sq ft	yes	
Pre-clinical lab (where ever applicable)	✓ 200 sq.ft	yes	
Patient waiting room	✓ 400 sq.ft	yes	
Total area	4200 sq ft	yes.	

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)
2020-21	AESTHETIC AND COSMETIC	5	6
2021-22	AESTHETIC AND COSMETIC	4	

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staffin the department:

Sr. No.	Name	Designation
1.	MR. SUDHAKAR KIRTAK	ADMINISTRATOR
2.	MR. SATISH GANGE	CLINICAL ASSISTANT

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)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1.	CAD-CAM UNIT	Dentsply Sirona	Functional.	1
2.	SIRO LASER BLUE	Dentsply Sirona	Functional	1

Attached as separate list.

9. **Intensive care Service provided by the Department: (Emergency)**

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
1-	Dentofacial trauma	saturday	1pm 6pm	2-3	Dr. Himanshu Gupta.
2.	Tobacco cessation				

11. **Services provided by the Department:**

a) Services

i. _____

ii. _____

iii. _____

(b) Ancillary Services

(f) Others: _____

12. **Space:**

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	6 Chair (dental)	—
2	Equipment's	10	—
3	Teaching Space	350 Sq ft	—
4	Waiting area for patients	350 Sq ft	—

13. **Office space:**

NA

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

14. **Clinical Load of Dept.: No of Surgeries / Procedures** .....8 - 10..... **Per day**

15. **Submission of data to National Authorities if any :** ——

ANNEXURE

LIST OF EQUIPMENTS

SR. No.	NAME OF THE EQUIPMENT	SPECIFICATION	FUNCTIONAL/ NOT FUNCTIONAL	QUANTITY
1	DENTAL CHAIR BY DENTSPLY SIRONA-SINIUS MODEL	DENTAL CHAIR	FUNCTIONAL	1
2	DENTAL CAHIR BY OSSTEM- K3 MODEL	DENTAL CHAIR	FUNCTIONAL	5
3	PRECLINICAL WORK STATION	PRECLINICAL LAB TABLE	FUNCTIONAL	10
4	PRECLINICAL WORK STATION	MICROMOTOR HANDPIECES	FUNCTIONAL	10
5	PRECLINICAL WORK STATION	AIROTOR HANDPIECES	FUNCTIONAL	10
6	DENTSPLY SIRONA HELIODONT ON THE CHAIR UNIT	X-RAY UNIT	FUNCTIONAL	1
7	DENTSPLY SIRONA T2 LINE CONTROL	HANDPIECE	FUNCTIONAL	1
8	DENTSPLY SIRONA T1 LINE CONTROL	HANDPIECE	FUNCTIONAL	1
9	DENTSPLY SIRONA PHYSIODISPENSOR	IMPLANTOLOGY UNIT	FUNCTIONAL	1
10	DENTSPLY SIRONA ENDOMOTOR	ENDOMOTOR	FUNCTIONAL	1
11	DENTSPLY SIRONA APEX LOCATOR	APEX LOCATOR	FUNCTIONAL	1
12	ACTEON LED LIGHT CURE UNIT ON THE CHAIR	COMPOSITE CURING LIGHT CURE	FUNCTIONAL	1
13	DENTSPLY SIRONA CEREC OMNICAM	INTRAORAL SCANNERS	FUNCTIONAL	1
14	DENSTPLY SIRONA CEREC MCXL	MILLING UNIT	FUNCTIONAL	1
15	DENTSPLY SIRONA CEREC SPEEDFIRE UNIT	SINTERING AND GLAZING UNIT	FUNCTIONAL	1
16	DENTSPLY SIRONA SIROLASER BLUE	DENTA LASER UNIT	FUNCTIONAL	1
17	DENTSPLY SIRONA HELIODENT MOBILE UNIT	MOBILE RVG UNIT	NON FUNCTIONAL	1

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18	DENTSPLY SIRONA DAC PLUS PROFESSIONAL	STERILISATION UNIT	FUNCTIONAL	1
19	LABOMED ENDOMICROSCOPE	ENDOMICROSCOPE	FUNCTIONAL	1
20	PHILIPS ZOOM WHITESPEED	BLEACHING UNIT	FUNCTIONAL	1
21	K3 OSSTEM CHAIR UNIT	DENTAL CHAIRS	FUNCTIONAL	5
22	K3 OSSTEM IMPLANT KIT	IMPLANTOLOGY KIT	FUNCTIONAL	1
23	K3 OSSTEM HIGH SPEED SUCTION UNIT	SUCTION UNIT	FUNCTIONAL	3
24	K3 OSSTEM LOW SPEED SUCTION UNIT	SUCTION UNIT	FUNCTIONAL	2
25	EMS SCALER UNIT	SCALER UNIT	FUNCTIONAL	2
26	ACTEON LED LIGHT CURE UNIT MOBILE	COMPOSITE CURING LIGHT CURE	FUNCTIONAL	1
27	ACTEON P5 XS MAX	SCALER UNIT	NON FUNCTIONAL	1
28	ACTEON P5 SCALER UNIT	SCALER UNIT	NON FUNCTIONAL	1
29	MEDESY CROWN REMOVAL KIT	CROWN REMOVAL KIT	FUNCTIONAL	1
30	MEDESY ENDODONTIC KIT	ENDODONTIC KIT	FUNCTIONAL	1
31	MEDESY COMPOSITE RESTORATION KIT	COMPOSITE RESTORATION KIT	FUNCTIONAL	1
32	DUCK WIFI INTRAORAL SCANNER	INTRAORAL SCANNERS	FUNCTIONAL	5
33	KAVO KERR NOMAD PRO	PORTABLE RVG UNIT	NON FUNCTIONAL	1
34	SURGITEL LOUPES	DENTAL LOUPES	TRANSIT	2
35	DENTSPLY SIRONA ORTHOPHOS SL 3D	RADIOGRAPHIC IMAGING UNIT	FUNCTIONAL	1
36	COLTENE COLTULEX LED CURING LIGHT	COMPOSITE CURING LIGHT CURE	FUNCTIONAL	1
37	ACTEON PIEZOELECTRIC KIT	PIEZOSURGERY KIT	FUNCTIONAL	1
38	3-SHAPE LAB SCANNER	INTRAORAL SCANNER	FUNCTIONAL	1
39	IVOCLAR LUMAMAT COMPOSITE FURNACE	CURING UNIT	FUNCTIONAL	1
40	QUICK LIGHTCURE UNIT FOR INDIRECT COMPOSITE MATERIAL	CURING UNIT	FUNCTIONAL	1
41	ELECTRIC WAXER	WAXING UNIT	FUNCTIONAL	1

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List of Assets

Description	Director room R 11	Account and IT room	Dentsply Sirona chair (Room 1)	Osstem (Prosthodontics section.) room 2	Osstem (General Dentistry section.)r 3	Reception	Osstem (Pedodontics section.)r4	Osstem (General Dentistry.)r5	Endodontics section r 6.	Conference room. R 7	Admin's room. R 8	Radiography room (CBCT) R 9.	PANTRY 2	PANTRY 1 R 14	Pharmacy. R 10	RVG (Heliodent.)	Waiting area near Director's room. R 13	GRAND TOTAL
Computer (Monitor 2, Mouse 2, Keyboard 2, Ups 2, Cpu 2)		2	1	1	1	2	1	1	1			1				1		12
Main Chairs	1	2	1	1	1	3	2	1	1									13
Chair	2		2	2	2		2	2	2	20	1	2			1	1		39
AC Centralized System	1		1	1	1	1		1	1	1							1	9
Sofa set (3+1+1)						2											1	3
Sofa set (5+2)					1													1
Telephone	1	1	1	1	1	2	1	1	1	1	1	1	3	1	1	1	1	20
Side Table	1		2	1	1	2	1	1	1	1		1			1	1		14
Main Table	1		1	1	1		1	1			1						1	8
LED TV			1	1	1	1	1	1	1									7
Printer		1				1												2
CCTV		1				2				1	1	1			2		2	10
Fire Fighter													1		1		1	5
Table fan		1		1	1	2	1	1		1		1			1	1	2	13
Interior tables						2												2
Watch						1												1
SPLIT AC											1	1						2
PROJECTOR										1								1
SOUND SYSTEM										1								1
SETUP BOX										1								1
UPS		1	1	1	1	2	1	1	1			3						12
FRIDGE													1		1			2
SMALL FRIDGE														1				1

ACD

ANNEXURE "E"

Information of Director of Training Centre

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. Himanshu Gupta
02.	Date of Birth	:	27/10/1971
03.	Address	:	Balkrishna, NI-Cidco, Abad
04.	Tel. No./ Mob. No.	:	9890303609
05.	E-mail id	:	hguptaa@yahoo.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	PGDHHM
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) Consultant Healthcare 2) Chief Administrator at Seth Nandlal Dhoot Hospital
09.	Present Appointment	:	Chief Administrator at SNDH
10.	Publications (List & Proof)	:	NA
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	NA
12.	Any other relevant information	:	NA

Date: - 12/nov/2022

Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

Sign & Stamp
Head of the Department
Date: 12/11/22

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

Training Centre Round Seal

ORALCARE CO. IN

ORIGINAL

OfficeTiming
Fees Accepted only between:
10:00 a.m. and 1:00 p.m. Monday To Friday

Maharashtra State Dental Council
Address: Govt. Dental College & Hospital,
3 floor, St. George Hospital Compound,
Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 22617634
Telephone: +91 022 22617644

Receipt No.: 264013 **Date:** 12-01-2022

Received with thanks from **GUPTA HIMANSHU BALKUMAR** Online **A-6324** Amount mentioned in item b below

Renewal Fee For Dentist Of Rs 500 For Year 2022
Total Amount (Rs.):- **500/-**
Remark :- Confirmed

Registrar
Maharashtra State Dental Council

Your registration is valid up to 31-December-2022

(a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
(c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(d) Rs. _____ being the price of the Maharashtra State Dentists/Hygienists/Mechanics. Register_____
(e) Penalty Fee under rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
(f) Rs. 500 under section 40.
(g) Rs. 500/- being the for registration of a change of name.
(h) Fee For restoration of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
(j) As Deposite Only.
(k) As Bank commission.
(l) Miscellaneous.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

Extension Office
Govt. Dental College and Hospital,Third Floor, ST. George Hospital Compound,Near C.S.T. Railway - Station,Mumbai-400001

Administration Office
211, Anand Complex, 2nd Floor, 189 - Sane Guruji Mar& Aurthor Road Naka,Chinchpokali (West), Mumbai - 400 011

This is to certify that the registration of Dentist ***GUPTA HIMANSHU BALKUMAR***
Registered at No.: **A-6324** is renewed on the
12day of Jan2022and will remain in force up to the 31st day of December 2022

Registrar,
Maharashtra State Dental Council,
Mumbai

These Rules were last amended by Government Notification Urban Development Public Health and Housing Department, No.AGT-1373/68888/5, Dated 12th July 1974, published on p.342 in Maharashtra Government Gazette, Part IV-A, Dated 25th July 1974.

This is a computer generated receipt and does not require any signature.

We,

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

Dr. Babasaheb Ambedkar Marathwada University

Certify

that the withinsigned

Himanshu Gupta

having been examined and found duly qualified for the Degree of Bachelor of Dental Surgery in April / May 1996. The Degree of

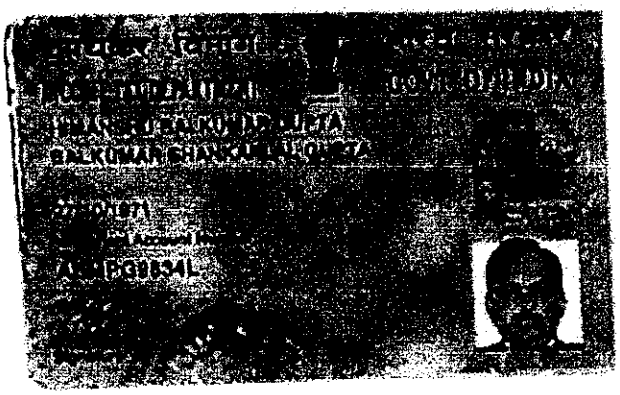
Bachelor of Dental Surgery

has been conferred on him at Aurangabad, on the nineteenth day of the month of December in the year one thousand nine hundred and ninety seven.

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

Test No. 220.
Place : Aurangabad
Date of issue of the
Degree Certificate

Chancellor



FORM C

(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL
Hotel Regal Palace Building, Third Floor
Near Roxy Cinema, Tata Road
Mama Parmanand Marg, Bombay 400 004

Dated 9/7/1997. 19

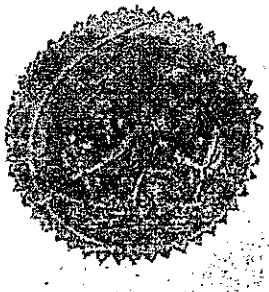
This is to certify that the person named below has been registered as a Dentist in Part A/ ~~Part B/Part C~~ of the State Register under the provisions of the Dentists Act, 1948 (~~and his/her registration was last renewed on~~).

This certificate shall remain in force till 31st December 1998.

Name Gupta Himanshu Balkumar.

Qualification B.D.S.(Dr. B.A.M.U.)

Registered No. A-6324.



Maharashtra State Dental Council

Registrar
Maharashtra State Dental Council
Bombay-400 004.

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. ~~15~~ 50 between 1st January and 31st March every year. If the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.
2. Every registered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.

Acp

ANNEXURE "F"

Information of Mentor of Training Centre

ANNEXURE – "F"

Information of Mentor of Training Centre

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

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	DR. HIMANSHU GUPTA
02.	Date of Birth	:	27/10/1971
03.	Address	:	426, Sector-F, N-1 CIDCO.
04.	Tel. No./ Mob. No.	:	9890303609
05.	e-mail id	:	hguptaa@yahoo.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	BDS PGDHHM
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) Consultant Healthcare 2) Chief Administrator at Seth Nandlal Dhoot Hospital
09.	Present Appointment	:	Chief Administrator at SNDH
10.	Publications (List & Proof)	:	NA
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	NA
12.	Any other relevant information	:	NA

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

ORAL CARE. CO. IN

ORIGINAL

OfficeTiming
Fees Accepted only between:
10:00 a.m. and 1:00 p.m. Monday To Friday

Maharashtra State Dental Council
Address: Govt. Dental College & Hospital,
3 floor, St. George Hospital Compound,
Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 22617634
Telephone: +91 022 22617644

Receipt No.: 264013 **Date:** 12-01-2022

Received with thanks from **GUPTA HIMANSHU BALKUMAR** Online **A-6324** Amount mentioned in item b below

Renewal Fee For Dentist Of Rs 500 For Year 2022
Total Amount (Rs.):- **500/-**
Remark :- Confirmed

Registrar
Maharashtra State Dental Council

Your registration is valid up to 31-December-2022

(a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
(c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(d) Rs. _____ being the price of the Maharashtra State Dentists/Hygienists/Mechanics. Register_____
(e) Penalty Fee under rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
(f) Rs. 500 under section 40.
(g) Rs. 500/- being the for registration of a change of name.
(h) Fee For restoration of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
(j) As Deposite Only.
(k) As Bank commission.
(l) Miscellaneous.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

Extension Office
Govt. Dental College and
Hospital,Third Floor, ST. George
Hospital Compound,Near C.S.T.
Railway - Station,Mumbai-400001

Administration Office
211, Anand Complex, 2nd Floor, 189
- Sane Guruji Mar& Aurthor Road
Naka,Chinchpokali (West), Mumbai -
400 011

This is to certify that the registration of Dentist ***GUPTA HIMANSHU BALKUMAR***
Registered at No.: **A-6324** is renewed on the
12day of Jan2022and will remain in force up to the 31st day of December 2022

Registrar,
Maharashtra State Dental Council,
Mumbai

These Rules were last amended by Government Notification Urban Development Public Health and Housing Department, No.AGT-1373/68888/5, Dated 12th July 1974, published on p.342 in Maharashtra Government Gazette, Part IV-A, Dated 25th July 1974.

This is a computer generated receipt and does not require any signature.

We,

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

Dr. Babasaheb Ambedkar Marathwada University

Certify

B.D.S. that the withinsigned

Himanshu Gupta

having been examined and found duly qualified for the Degree of Bachelor of Dental Surgery in April / May 1996. The Degree of

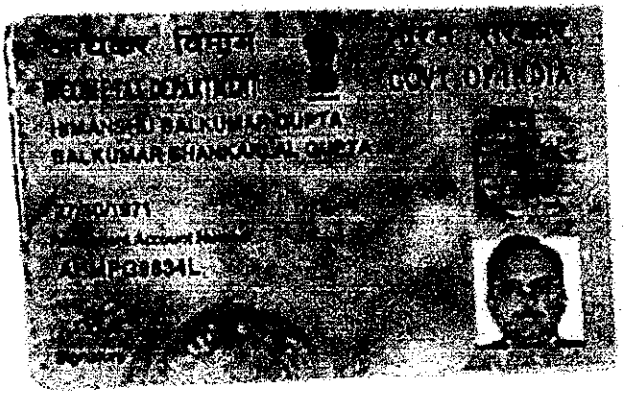
Bachelor of Dental Surgery

has been conferred on him at Aurangabad, on the nineteenth day of the month of December in the year one thousand nine hundred and ninety seven.

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

Test. No. 220.
Place: Aurangabad
Date of issue of the Degree Certificate

Chancellor


GOVT. OF INDIA
BALKUMAR BHANGARMAL GUPTA

FORM C

(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL
Hotel Regal Palace Building, Third Floor
Near Roxy Cinema, Tata Road
Mama Parmanand Marg, Bombay 400 004

Dated 9/7/1997.

This is to certify that the person named below has been registered as a Dentist in Part A/~~Part B/Part C~~ of the State Register under the provisions of the Dentists Act, 1948 (~~and his/her registration was last renewed on~~.....).

This certificate shall remain in force till 31st December 1998.

Name Gupta Himanshu Balkumar.

Qualification B.D.S.(Dr. B.A.M.U.)

Registered No. A-6324.

Registrar
Maharashtra State Dental Council
Bombay-400 004.

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. ~~15~~ 50 between 1st January and 31st March every year. he renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.
2. Every registered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.

ANNEXURE – "F"

Information of Mentor of Training Centre

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

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Nabha Deo
02.	Date of Birth	:	15-8-1990
03.	Address	:	153, Nandan Colony, Aurangabad
04.	Tel. No./ Mob. No.	:	9930668223
05.	e-mail id	:	Nabha.deo@rediffmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	BDS, FAD, PGDHHM
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)	:	4 years as mentor
09.	Present Appointment	:	Teacher / Mentor
10.	Publications (List & Proof)	:	–
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	–
12.	Any other relevant information	:	–

Date: - 12/mar/22

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:

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

ORAL CARE. CO. IN

Training Centre Round Seal

FORM C
(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL

Extension Office : Third Floor, Government Dental College and Hospital,
St. George Hospital Compound, Near CST Railway Station,
Mumbai 400 001. Website : www.msdcmumbai.org

Dated 28-11-2013

This is to certify that the person named below has been registered as a Dentist in **Part A / ~~Part B~~ / ~~Part T~~** of the state Register under the provisions of the Dentists Act,1948 ~~(and his other registration was last renewed on).~~

This Certificate shall remain in force till 31st December 2014

Name DEO (MS.) NABHA ANUP
Qualification B.D.S. (M.U.H.S., NASHIK)
Registration No. A-25883

Registrar,
Maharashtra State Dental Council,
Mumbai.

Registrar
Registrar,
Maharashtra State Dental Council
Maharashtra State Dental Council;

IMPORTANT NOTICE

1. **Every registered dental practitioner should pay a renewal fee of Rs. 200/- between 1st January and 31st March every year. if the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.**
2. **Every regisered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.**

Friday

Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 22617634
Telephone: +91 022 22617644

Receipt No.: 272947 **Date:** 27-02-2022

Received with thanks from **DEO MS. NABHA ANUP** Online **A-25883** Amount mentioned in item b below

Renewal Fee For Dentist Of Rs 500 For Year 2022
Total Amount (Rs.):- **500/-**
Remark :-

Registrar
Maharashtra State Dental Council

Your registration is valid up to 31-December-2022

(a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
(c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(d) Rs. _____ being the price of the Maharashtra State Dentists/Hygienists/Mechanics. Register_____
(e) Penalty Fee under rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
(f) Rs. 500 under section 40.
(g) Rs. 500/- being the for registration of a change of name.
(h) Fee For restoration of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
(j) As Deposite Only.
(k) As Bank commission.
(l) Miscellaneous.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

Extension Office
Govt. Dental College and
Hospital,Third Floor, ST. George
Hospital Compound,Near C.S.T.
Railway - Station,Mumbai-4oo001

Administration Office
211, Anand Complex, 2nd Floor, 189
- Sane Guruji Mar& Aurthor Road
Naka,Chinchpokali (West), Mumbai -
400 011

This is to certify that the registration of Dentist **DEO MS. NABHA ANUP**
Registered at No.: **A-25883** is renewed on the
27day of Feb2022and will remain in force up to the 31st day of December 2022

Registrar,
Maharashtra State Dental Council,
Mumbai

These Rules were last amended by Government Notification Urban Development Public Health and Housing Department, No.AGT-1373/68888/5, Dated 12th July 1974, published on p.342 in Maharashtra Government Gazette, Part IV-A, Dated 25th July 1974.

This is a computer generated receipt and does not require any signature.

L

ed only between:
and 1:00 p.m. Monday To

Maharashtra State Dental Council
Address: Govt. Dental College & Hospital,
3 floor, St. George Hospital Compound,
Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 22617644
Telephone: +91 022 22617644

:273848

Date: 03-03-2022

thanks from **MS MANISHA LAXMICHAND KUNGWANI** Online **A-19781** Amount mentioned in item b below

or Dentist Of Rs 500 For Year 2022
s.):- **500/-**

Registrar
Maharashtra State Dental

is valid up to 31-December-2022

ee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
y of Certificate for Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
ing the price of the Maharashtra State Dentists/Hygienists/Mechanics. Register_____
der rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
section 40.
g the for registration of a change of name.
ation of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
/-.
ission.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

:
llege and Hospital,Third Floor, ST. George Hospital
C.S.T. Railway Station,Mumbai-400001

Administration Office
211, Anand Complex, 2nd Floor, 189 - Sane Guruji Marg Arthur Road
Naka,Chinchpokali (West), Mumbai - 400 011

that the registration of Dentist **MS MANISHA LAXMICHAND KUNGWANI**
.: **A-19781** is renewed on the **03day of Mar2022and will remain in force up to the 31st day of December 2022**

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

[redacted]

P. R. No. 0209151195

No. : 1106563

Seat No. 47997

COLLEGE CODE. 2402

PASSING CERTIFICATE

This is to certify that Shri/Smt.

DEO NABHA ANUP

appeared for and passed the

FINAL B.D.S.

Examination held by the Maharashtra University of Health Sciences, Nashik

in the month of SUMMER-2012

Nashik

Date : 05 Oct 2012

Controller of Examinations

20AB0076714

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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

Bachelor of Dental Surgery

on

Deo Nabha Anup
(PRN 0209151195)

of

C.S.M.S.S. Dental College & Hospital, Aurangabad

for the examination held in Summer-2012
at the Convocation
held on 31st May,2014

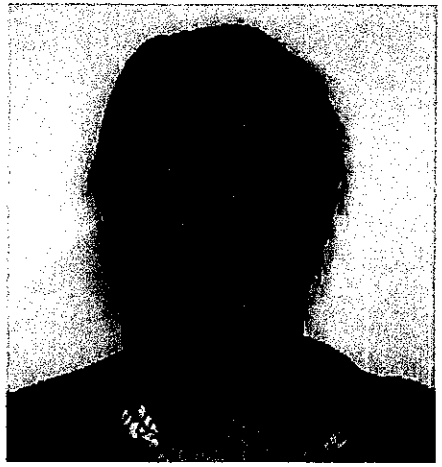
आम्ही,
कुलपती, प्र.कुलपती,
कुलगुरु
आणि
व्यवस्थापन परिषद व
विद्यापरिषदेचे सदस्य
दंतशल्य स्नातक

ही पदवी उन्हाळी-२०१२ मधील परीक्षेत उत्तीर्ण
झाल्याबद्दल
औरंगाबाद येथील सी.एम.एम.एस.एस. दंत
महाविद्यालय व रुग्णालया चे/च्या

देव नभा अनुप

यांना
३१ मे २०१४ च्या
दीक्षांत समारंभात प्रदान करीत आहोत

VICE-CHANCELLOR
कुलगुरु



Sadra Tushar Khiyani

1986-10-28

Female

xxxxxxxx5415

Address:

W/O Tushar Khiyani Ashiyana I B No.

13 Lane 02 Pratap Nagar - Aurangabad

- Aurangabad - Maharashtra 431001

Verified by DigiLocker

SYMBIOSIS
INTERNATIONAL (DEEMED UNIVERSITY)

(Established under Section 3 of the UGC Act, 1956)
Re-accredited by NAAC with 'A' Grade (3.38/4) / Awarded Category - I by UGC

We, the Chancellor, Pro Chancellor, Vice Chancellor and Members of the Board of Management and Academic Council of Symbiosis International (Deemed University) certify that

Nabha Prathmesh Mulay

Mother's Name: Sunita

[Student of Symbiosis School for Open and Distance Learning]

has been examined and found duly qualified for

Post Graduate Diploma in Hospital and Healthcare Management

delivered in Open and Distance Learning mode and has secured First Class with Distinction in April 2021. The said diploma has been conferred upon the student at the Eighteenth Convocation held on Twelfth December Two Thousand & Twenty One. In testimony whereof is set the seal of the said University.

Ernst Moritz Arndt
University of Greifswald,
Germany

Shobhit University, India

Institute of Laser & Aesthetic Medicine (ILAMED), India

Recognised by & Affiliated to the University of Greifswald, Germany

It is hereby certified that

Dr. Nabha Anup Deo

having completed the necessary courses of studies and clinical workshops

in Aesthetic Dentistry is awarded

Fellowship in Aesthetic Dentistry (FAD)

Dr. H. R. Metelmann
Dept. of Maxillo-Facial & Plastic Surgery
University of Greifswald, Germany

24.12.2014
Dated

Dr. A
Direc

ANNEXURE – "F"

Information of Mentor of Training Centre

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

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Pooja Balaji Muley
02.	Date of Birth	:	31-01-1990
03.	Address	:	401, Millenia heights, Aurangabad
04.	Tel. No./ Mob. No.	:	9011601177
05.	e-mail id	:	Poojamuley.31@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MDS (Oral medicine and Radiology)
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)	:	Consultant Oral Radiologist for 5 years
09.	Present Appointment	:	Mentor at oralcare.co.in
10.	Publications (List & Proof)	:	7 National & International
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	–
12.	Any other relevant information	:	–

Date: - 12/nov/22

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

ORIGINAL

OfficeTiming
Fees Accepted only between:
10:00 a.m. and 1:00 p.m. Monday To Friday

Maharashtra State Dental Council
Address: Govt. Dental College & Hospital,
3 floor, St. George Hospital Compound,
Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 22617634
Telephone: +91 022 22617644

Receipt No.: 277876 **Date:** 14-03-2022

Received with thanks from **MULEY MS. POOJA BALAJI** Online **A-26213** Amount mentioned in item b below

Renewal Fee For Dentist Of Rs 500 For Year 2022
Total Amount (Rs.):- **500/-**
Remark :-

Registrar
Maharashtra State Dental Council

Your registration is valid up to 31-December-2022

(a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
(c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(d) Rs. _____ being the price of the Maharashtra State Dentists/Hygienists/Mechanics, Register_____
(e) Penalty Fee under rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
(f) Rs. 500 under section 40.
(g) Rs. 500/- being the for registration of a change of name.
(h) Fee For restoration of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
(j) As Deposite Only.
(k) As Bank commission.
(l) Miscellaneous.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

Extension Office
Govt. Dental College and Hospital,Third Floor, ST. George Hospital Compound,Near C.S.T. Railway - Station,Mumbai-400001

Administration Office
211, Anand Complex, 2nd Floor, 189 - Sane Guruji Mar& Aurthor Road Naka,Chinchpokali (West), Mumbai - 400 011

This is to certify that the registration of Dentist **MULEY MS. POOJA BALAJI**
Registered at No.: **A-26213** is renewed on the
14day of Mar2022and will remain in force up to the 31st day of December 2022

Registrar,
Maharashtra State Dental Council,
Mumbai

These Rules were last amended by Government Notification Urban Development Public Health and Housing Department, No.AGT-1373/68888/5, Dated 12th July 1974, published on p.342 in Maharashtra Government Gazette, Part IV-A, Dated 25th July 1974.

This is a computer generated receipt and does not require any signature.

2018207989

MUHS

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

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु
आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य
मुख औषधवैद्यक शास्त्र व क्ष-किरण शास्त्र

ही पदवी उन्हाळी–२०१८ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल
औरंगाबाद येथील सी.एस.एम.एस.एस. दंत महाविद्यालय व [illegible]

मुळे पूजा बालाजी
यांना
१० डिसेंबर २०१८ च्या दीक्षांत समारंभात प्रदान करीत

We, the Chancellor, Pro-Chancellor, Vice-Ch[illegible]
and Members of the Management Council, Acade[illegible]
confer the Degree of
Master of Dental Surgery In Oral Medicine and Radiology

on
Muley Pooja Balaji
(PRN 2818119644)
of
C.S.M.S.S. Dental College & Hospital, Aurangabad

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

20F50702318

VICE-CHANCELLOR
कुलगुरु

Oralcare.co.in

Pooja Muley

FORM C
(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL

Extension Office : Third Floor, Government Dental College and Hospital,
St. George Hospital Compound, Near CST Railway Station,
Mumbai 400 001. Website : www.msdcmumbai.org

Dated 17-12-2013

This is to certify that the person named below has been registered as a Dentist in Part A / ~~Part B~~ / ~~Part T~~ of the state Register under the provisions of the Dentists Act,1948 ~~(and his / her registration was last renewed on .....).~~

This Certificate shall remain in force till 31st December 2014

Name MULEY (MS.) POOJA BALAJI
Qualification B.D.S. (M.U.H.S., NASHIK)
Registration No. A-26213

Registrar,
Maharashtra State Dental Council
Mumbai

Registrar
Registrar,
Maharashtra State Dental Council
Maharashtra State Dental Council

Self attested
Pooja Muley

Oralcare.co.in

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. 200/- between 1st January and 31st March every year. if the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.
2. Every regisered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.

20AB0100014

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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

Muley Pooja Balaji
(PRN 0209151168)
of
Government Dental College & Hospital, Aurangabad

for the examination held in Summer-2012
at the Convocation
held on 31st May, 2014

आम्ही,
कुलपती, प्र-कुलपती,
कुलगुरू
आणि
व्यवस्थापन परिषद व
विद्यापरिषदेचे सदस्य
दंतशल्य स्नातक

ही पदवी उन्हाळी-२०१२ मधील परीक्षेत उत्तीर्ण
झाल्याबद्दल
औरंगाबाद येथील शासकीय दंत महाविद्यालय व
रुग्णालया चे/च्या

मूळे पुजा बालजी

यांना
३१ मे, २०१४ च्या
दीक्षांत समारंभात प्रदान करीत आहोत

Self attested
Pooja Muley

VICE-CHANCELLOR
कुलगुरू

Oralcare.co.in

The authenticity of this certificate can be verified on our University website : http://www.muhs.ac.in

Pooja Muley

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

[redacted]

No. 1106545

Seat No. 47980

COLLEGE CODE 2401

PASSING CERTIFICATE

This is to certify that Shri/Smt.

MULEY POOJA BALAJI

appeared for and passed the

FINAL BDS

Examination held by the Maharashtra University of Health Sciences, Nashik

in the month of SUMMER 2012

Nashik

Date 05 OCT 2012

Controller of Examinations

Self attested

ANNEXURE – "I"

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 Manisha Kungwani
02.	Date of Birth	:	29/8/1986
03.	Address	:	B-NO. 13, Pralapnagar, Aurangabad
04.	Tel. No./ Mob. No.	:	7028929966
05.	e-mail id	:	oralcare.co.in@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MDS (Conservative Dentistry)
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)	:	Associate professor (3 Years) Lecturer (4 Years)
09.	Present Appointment	:	Mentor @ oralcare.co.in
10.	Publications (List & Proof)	:	5 Articles
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	–
12.	Any other relevant information	:	–

Date: - 12/NOV/2022

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

ORALCARE CO. IN

FORM C
(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL

Extension Office : Third Floor, Government Dental College and Hospital,
St. George Hospital Compound, Near CST Railway Station,
Mumbai 400 001. Website : www.msdcmumbai.org.in

Dated 01/11/2010

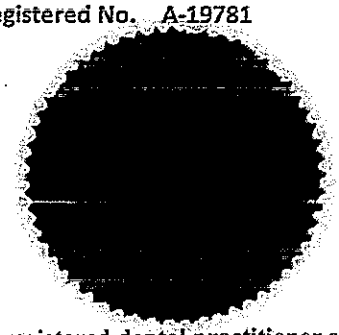
This is to certify that the person named below has been registered as a Dentist in **Part A / ~~Part B~~ / ~~Part T~~** of the state Register under the provisions of the Dentists Act,1948 ~~(and his / her registration was last renewed on .....)~~.

This Certificate shall remain in force till 31st December 2011.

M.D.S.(Conservative Dentistry and Endodontics)
(Ayush & H.S.U.,Raipur)

Registrar,
Maharashtra State Dental Council,
Mumbai.

Name	(MS.) MANISHA LAXMICHAND KUNGWANI
Qualification	B.D.S.(D.M.I.M.S.U., NAGPUR)
Registered No.	A-19781



Registrar
Registrar,
Maharashtra State Dental Council,
Mumbai.

Registrar,
a State Dental Council,
Mumbai.

Maharashtra State Dental Council;

IMPORTANT NOTICE

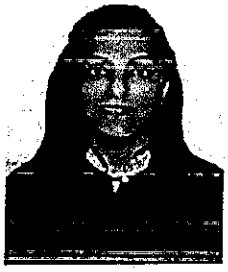
1. Every registered dental practitioner should pay a renewal fee of Rs. 200/- between 1st January and 31st March every year. if the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.
2. Every regisered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.

Roll No. 1006

Enroll. No. C-2/419

छत्तीसगढ़ आयुष एवं स्वास्थ्य विज्ञान विश्वविद्यालय, रायपुर

AYUSH AND HEALTH SCIENCES UNIVERSITY OF CHHATTISGARH, RAIPUR



मास्टर ऑफ डेंटल सर्जरी

MASTER OF DENTAL SURGERY

प्रमाणित किया जाता है कि मनीषा लक्ष्मीचंद कुंगवानी ने 2014 में इस विश्वविद्यालय से मास्टर ऑफ डेंटल सर्जरी परीक्षा उत्तीर्ण की है। उन्हें आज मास्टर ऑफ डेंटल सर्जरी की उपाधि प्रदान की जाती है।

This is to certify that Manisha Laxmichand Kungwani having passed the Master Of Dental Surgery Examination of this University in 2014, is admitted today to the Degree of the Master Of Dental Surgery.

Subject : **CONSERVATIVE AND ENDODONTICS**

रायपुर, दिनांक
Raipur, Dated: 05.05.2015

कुलपति
Vice Chancellor

नमुना "ई"

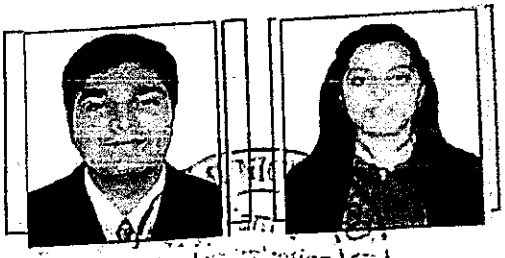
FORM " E "

विवाह नोंदणीचे प्रमाणपत्र

Certificate of Registration of Marriage

(पहा कलम ६ (१) (इ) आणि नियम ५)

[See Section 6 (1) (e) and Rule 5]



No. 002577

प्रमाणित करण्यात येते की,

पतीचे नाव	:	श्री. खियानी तुषार सुरेश
राहणार	:	आय बी १३, गल्ली नं. २, प्रतापनगर, उस्मानपुरा, औरंगाबाद.
आणि पत्नीचे नाव	:	कुंगवाणी मनिषा लक्ष्मीचंद
राहणार	:	सी-१०१, जयदीप अपार्टमेंट, नारा रोड, जरीपटका, नागपुर

यांचा विवाह दि. २६.०१.२०१४ रोजी मॅनॉर हॉटेल, क्रांती चौक, औरंगाबाद.

येथे विवाह विधी संपन्न झाला. त्याची महाराष्ट्र विवाह मंडळाचे विनियमन आणि विवाह नोंदणी विधेयक, १९९८ अन्वये ठेवण्यात आलेल्या नोंदवहीच्या खंड क्रं. १५ च्या अनुक्रमांक १६९६ वर दिनांक १३.०२.२०१५ रोजी माझ्याकडुन नोंदणी करण्यात आली आहे.

Certified that the marriage between,

(Husband's Name)	:	KHIYANI TUSHAR SURESH
Residing at	:	I. B. No. 13, Galli No. 2, Pratap Nagar, Osmanpura, Aurangabad.
And (Wife's Name)	:	KUNGWANI MANISHA LAXMICHAND
Residing at	:	C-101, Jaideep Appt., Nara Road, Jaripatka, Nagpur.
Solemnized on Date	:	26.01.2014
At (Place)	:	**Manor Hotel, Kranti Chowk, Aurangabad.**

is Registered by me on **13.02.2015** No. **1696** Of Volume **15**

of Register of Marriages maintained under the Maharashtra Regulation of Marriage Bureaus and Registration of Marriages Act, 1998.

ठिकाण - औरंगाबाद

Place - Aurangabad

AURANGABAD MUNICIPAL CORPORATION Marriage Registration Office Ward F SEAL

दिनांक : १६.०२.२०१५

Date - 16.02.2015.

Registrar of Marriage
Ward Office F
AURANGABAD MUNICIPAL CORPORATION

Roll No. **1006**

Enroll. No. **C-2/419**

छत्तीसगढ़ आयुष एवं स्वास्थ्य विज्ञान विश्वविद्यालय, रायपुर

AYUSH AND HEALTH SCIENCES UNIVERSITY OF CHHATTISGARH, RAIPUR

मास्टर ऑफ डेंटल सर्जरी

MASTER OF DENTAL SURGERY

प्रमाणित किया जाता है कि **मनीषा लक्ष्मीचंद कुंगवानी** ने 2014 में इस विश्वविद्यालय से **मास्टर ऑफ डेंटल सर्जरी** परीक्षा उत्तीर्ण की है। उन्हें आज **मास्टर ऑफ डेंटल सर्जरी** की उपाधि प्रदान की जाती है।

*This is to certify that **Manisha Laxmichand Kungwani** having passed the **Master Of Dental Surgery** Examination of this University in 2014, is admitted today to the Degree of the **Master Of Dental Surgery**.*

Subject : **CONSERVATIVE AND ENDODONTICS**

रायपुर, दिनांक
Raipur, Dated: 05.05.2015

कुलपति
Vice Chancellor

ANNEXURE – "F"

Information of Mentor of Training Centre

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

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Aniruddha Deshpande
02.	Date of Birth	:	26-4-1984
03.	Address	:	N3 Cidco, Aurangabad
04.	Tel. No./ Mob. No.	:	9422226172
05.	e-mail id	:	oralcare.co.in@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MDS - Periodontology
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) 10 years - CSMSS Dental College 2) Consultant at oralcare.co.in
09.	Present Appointment	:	Asso. Professor at CSMSS
10.	Publications (List & Proof)	:	7 International
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date: - 12/nov/2022

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor, the Members of the Management Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik, certify that

/Smt. DESHPANDE ANIRUDDHA MILIND

of C.S.M.S.S's Dental College & Hospital, Aurangabad

having been examined and found duly qualified for the

Bachelor of Dental Surgery

in June 2007 the said Degree has been conferred on him/her. In testimony whereof is set the seal of the said University.

N 0204191735

May 2009

VICE-CHANCELLOR

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

09021256

भारती महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन परिषद व विद्यापरिषद सदस्य प्रमाणित करतो की

औरंगाबाद येथील सी.एस.एम.एस.एस. च दंत महाविद्यालय व रुग्णालय चे/च्या

देशपांडे अनिरुद्ध मिलिंद

वर्ष/सत्र जून २००७ मध्ये

दंतशल्य स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्याना/ती यांची पदवी प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाचा अधिकृत मुद्रा येथे अंकित करण्यात येत आहे.

कुलगुरु

FORM C

(Rule 53)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL

Examination Office: The Prof. Government Dental College and Hospital
St. George Hospital Compound, Near CST Railway Station
Mumbai 400 001. Website: www.mmcindia.com

Dated 22/09/2008

This is to certify that the person named below has been registered as a Dentist in Part A / Part B / Part C of the State Register under the provisions of the Dentists Act, 1948 (XVI of 1948).

Qualification B.D.S. (M.U.H.S.)

Register No. A-1584

Mumbai

Registrar

Registrar
Maharashtra State Dental Council

Registrar
Maharashtra State Dental Council
Mumbai

IMPORTANT NOTICE

Every registered dental practitioner should pay a renewal fee of Rs. 200/- between 1st January and 31st March every year. If the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register. Every registered dental practitioner should be certain to send to the Registrar immediate notice of any change in his address.

Datta Meghe Institute of Medical Sciences

(Deemed University)

(Declared as Deemed to be University under Section 3 of UGC Act 1956)

Master of Dental Surgery

Prosthodontics & Implantology

[redacted]

ANNEXURE – "F"

Information of Mentor of Training Centre

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

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Kartik Bhanushali
02.	Date of Birth	:	29 - 12 - 1974
03.	Address	:	403A, Ajinkyatara, Mumbai
04.	Tel. No./ Mob. No.	:	9987535246
05.	e-mail id	:	Oralcare.co.in@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MDS - Prosthodontics
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)	:	3 years as lecturer 23 years as Reader
09.	Present Appointment	:	Course director & mentor
10.	Publications (List & Proof)	:	5-6 National & International
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date: - 12/nov/22

Name & Sign of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date: 12/Nov/22

ORALCARE CO. IN

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

Training Centre Round Seal

ng
pted only between:
n. and 1:00 p.m. Monday To

Maharashtra State Dental Council
Address: Govt. Dental College & Hospital,
3 floor, St. George Hospital Compound,
Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 2261/624
Telephone: +91 022 22617644

o.: 285868

Date: 16-05-2022

th thanks from **BHANUSHALI KARTIK DHANJI** Online **A-6344** Amount mentioned in item b below.

entist Of Rs 600 For Year 2022
t (Rs.):- **600/-**

Registrar
Maharashtra State Dent

tion is valid up to 31-December-2022

n fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
ee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
_ being the price of the Maharashtra State Dentists/Hygienists/Mechanics. Register
e under rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
under section 40,
being the for registration of a change of name.
storation of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
e Only.
ubmission.
2022.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

fice
College and Hospital,Third Floor, ST. George Hospital
lear C.S.T. Railway - Station,Mumbai-400001

Administration Office
211, Anand Complex, 2nd Floor, 189 - Sane Guruji Marg,Aurther Road
Naka,Chinchpokali (West), Mumbai - 400 011

tify that the registration of Dentist **BHANUSHALI KARTIK DHANJI**
t No.: **A-6344** is renewed on the **16day of May2022and will remain in force up to the 31st day of December 2022**

Registrar,
Maharashtra State Dental
Mumbai

es were last amended by Government Notification Urban Development Public Health and Housing Department, No.AGT-1373/68888/5, Dated 12th July 1974, published on p.342 in
ent Gazette, Part IV-A, Dated 25th July 1974.

This is a computer generated receipt and does not require any signature.

We,

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

Dr. Babasaheb Ambedkar Marathwada University

Certify

that the withinsigned

Kartik Dhanji Bhanushali

having been examined and found duly qualified for the Degree of Bachelor of Dental Surgery in April / May 1996. The Degree of

Bachelor of Dental Surgery

has been conferred on him at Aurangabad, on the nineteenth day of the month of December in the year one thousand nine hundred and ninety seven.

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

SHREE SHANTILAL VELJI GA
Special Executive Officer (MR 2/298)
"C" 806 KRUSHAL TOWER,
M.G. ROAD, CHEMBUR-400 089.

Test No. 217.
Place : Aurangabad
Date of issue of the
Degree Certificate _____

Oralcare.co.in

Chancellor

We,

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

Dr. Babasaheb Ambedkar Marathwada University

Certify

that the withinsigned

Kruthi Dhanji Bhanushali

having been examined and found duly qualified for the Degree of Master of Dental Surgery in December 2001 The Degree of

Master of Dental Surgery

(Prosthodontics)

has been conferred on him at Aurangabad, on the thirteenth day of the month of January in the year two thousand three

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

Seat No. 802

Place: Aurangabad

Date of issue of the Degree Certificate 29 JAN 2006

Vice-Chancellor

FORM C
(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL

Extension Office : Third Floor, Government Dental College and Hospital,
St. George Hospital Compound, Near CST Railway Station,
Mumbai 400 001 Website : www.medomumbai.org.in

Dated 09/07/1997

This is to certify that the person named below has been registered as a Dentist in **Part A / Part B / Part T** of the state Register under the provisions of the Dentists Act,1948 ~~(and his / her registration was last renewed on .....).~~

This Certificate shall remain in force till 31st December 1998.

Name	BHANUSHALI KARTIK DHANJI
Qualification	B.D.S.(DR.B.A.M.U.,AURANGABAD)
Registered No.	A-6344

M.D.S.(Prosthodontics)
(DR.B.A.M.U.,AURANGABAD)

Registrar

Maharashtra State Dental Council;

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. 200/- between 1st January and 31st March every year. If the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.
2. Every registered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.

आधार

भारत सरकार

4896 0751 7963

मेरा आधार, मेरी पहचान

INFORMATION

4896 0751 7963

मेरा आधार, मेरी पहचान

4896 0751 7963

ACD

ANNEXURE "G"

Information of Co-Ordinator of Training Centre

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	:	Dr Pooja Baloji Muley
02.	Date of Birth	:	31/01/1990
03.	Address	:	Millenia Heights, Near 11 plus H. A'bad
04.	Mob. No.	:	9011601177
05.	E-mail id	:	poojamuley.31@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MDS (OMR)
08.	Present Appointment	:	Mentor & Course coordinator
09.	Any other relevant information		–

Date: 12/11/22

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date: 12/11/22

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 12/11/22

Training Centre Round Seal

ORIGINAL

OfficeTiming
Fees Accepted only between:
10:00 a.m. and 1:00 p.m. Monday To Friday

Maharashtra State Dental Council
Address: Govt. Dental College & Hospital,
3 floor, St. George Hospital Compound,
Near CST Railway Station,
Fort, Mumbai-400001
Website: msdcmumbai.org.in
Fax: +91 022 22617634
Telephone: +91 022 22617644

Receipt No.: 277876 **Date:** 14-03-2022

Received with thanks from **MULEY MS. POOJA BALAJI** Online **A-26213** Amount mentioned in item b below

Renewal Fee For Dentist Of Rs 500 For Year 2022
Total Amount (Rs.):- **500/-**
Remark :-

Registrar
Maharashtra State Dental Council

Your registration is valid up to 31-December-2022

(a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
(c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(d) Rs. _____ being the price of the Maharashtra State Dentists/Hygienists/Mechanics. Register_____
(e) Penalty Fee under rule 65(3) for Dentists Rs. 100 /- Dental Hygienists Rs. 100 /- Dental Mechanics Rs. 100 /- For Year 2022 to 2021
(f) Rs. 500 under section 40.
(g) Rs. 500/- being the for registration of a change of name.
(h) Fee For restoration of a name to the Register under section 42-Dentist Rs. 0 /- Dental Hygienists Rs. 0 /- Dental Mechanics Rs. 0 /-
(j) As Deposite Only.
(k) As Bank commission.
(l) Miscellaneous.

FORM C-3
[See rule 65 (2)]
Certificates of renewal of registration under section 39(3) of the Dentists Act, 1948 (XVI of 1948).

Extension Office
Govt. Dental College and Hospital,Third Floor, ST. George Hospital Compound,Near C.S.T. Railway - Station,Mumbai-400001

Administration Office
211, Anand Complex, 2nd Floor, 189 - Sane Guruji Mar& Aurthor Road Naka,Chinchpokali (West), Mumbai - 400 011

This is to certify that the registration of Dentist **MULEY MS. POOJA BALAJI**
Registered at No.: **A-26213** is renewed on the
14day of Mar2022and will remain in force up to the 31st day of December 2022

Registrar,
Maharashtra State Dental Council,
Mumbai

These Rules were last amended by Government Notification Urban Development Public Health and Housing Department, No.AGT-1373/68888/5, Dated 12th July 1974, published on p.342 in Maharashtra Government Gazette, Part IV-A, Dated 25th July 1974.

This is a computer generated receipt and does not require any signature.

2018207989

MUHS

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

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु
आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य
मुख औषधवैद्यक शास्त्र व क्ष-किरण शास्त्र

ही पदवी उन्हाळी–२०१८ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल
औरंगाबाद येथील सी.एस.एम.एस.एस. दंत महाविद्यालय व [illegible]

मुळे पूजा बालाजी
यांना
१० डिसेंबर २०१८ च्या दीक्षांत समारंभात प्रदान करीत

We, the Chancellor, Pro-Chancellor, Vice-Ch[illegible]
and Members of the Management Council, Acade[illegible]
confer the Degree of
Master of Dental Surgery In Oral Medicine and Radiology

on
Muley Pooja Balaji
(PRN 2818119644)
of
C.S.M.S.S. Dental College & Hospital, Aurangabad

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

20F50702318

VICE-CHANCELLOR
कुलगुरु

Oralcare.co.in

Pooja Muley

FORM C
(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL

Extension Office : Third Floor, Government Dental College and Hospital,
St. George Hospital Compound, Near CST Railway Station,
Mumbai 400 001. Website : www.msdcmumbai.org

Dated 17-12-2013

This is to certify that the person named below has been registered as a Dentist in Part A / ~~Part B~~ / ~~Part T~~ of the state Register under the provisions of the Dentists Act,1948 ~~(and his / her registration was last renewed on .....)~~.

This Certificate shall remain in force till 31st December 2014

Name MULEY (MS.) POOJA BALAJI
Qualification B.D.S. (M.U.H.S., NASHIK)
Registration No. A-26213

Registrar
Registrar,
Maharashtra State Dental Council

Registrar
Registrar,
Maharashtra State Dental Council

Self attested
Pooja Muley

IMPORTANT NOTICE

1. **Every registered dental practitioner should pay a renewal fee of Rs. 200/- between 1st January and 31st March every year. if the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.**
2. **Every regisered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.**

20AB0100014

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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

Bachelor of Dental Surgery

on

Muley Pooja Balaji
(PRN 0209151168)

of

Government Dental College & Hospital, Aurangabad

for the examination held in Summer-2012
at the Convocation
held on 31st May, 2014

आम्ही,
कुलपती, प्र-कुलपती,
कुलगुरु
आणि
व्यवस्थापन परिषदेचे
विद्यापरिषदेचे सदस्य
दंतशल्य स्नातक

ही पदवी उन्हाळी २०१२ मधील परीक्षेत उत्तीर्ण
झाल्याबद्दल
औरंगाबाद येथील शासकीय दंत महाविद्यालय व
रुग्णालया चे/च्या

मूळे पुजा बालजी

यांना
३१ मे, २०१४ च्या
दीक्षांत समारंभात प्रदान करीत आहोत

VICE-CHANCELLOR
कुलगुरु

Self attested
Pooja Muley

Pooja Muley

The authenticity of this certificate can be verified on our University website : http://www.muhs.ac.in

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

[redacted]

No. 1106545

PRN No. 0209181168

Seat No. 47989

COLLEGE CODE: 2801

PASSING CERTIFICATE

This is to certify that Shri/Smt

MULEY POOJA BALAJI

appeared for and passed the

FINAL B.D.S.

Examination held by the Maharashtra University of Health Sciences, Nashik

in the month of SUMMER 2012

Nashik

Date 05 OCT 2012

Controller of Examinations

Self attested

ANNEXURE "H"

DECLARATION

ANNEXURE – "H"

DECLARATION

I, the ~~Dean~~ / Director/ ~~Principal~~ of the ORALCARE.CO.IN 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 &G** 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 &G** 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 &G** 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 12 Day of Nov 2022 At AZAMGARH

Date: 12/Nov/22

Place: AZAMGARH

ORALCARE.CO.IN

Signature of Dean/Principal/Director
Name of the Signatory
(With Seal of the Training Centre)