

ANNEXURE "A"

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

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor ✓

Title of the Course applied for:- *Oral Implantology*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	
<i>Director</i>	<i>Oct 2018</i>	<i>till date</i>	<i>5 years</i>	
<i>Administrator Dhoot</i>	<i>Oct 2011</i>	<i>till date</i>	<i>12 years.</i>	

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

Designation	From	To	Total period Year/Months	
<i>Mentor</i>	<i>2019</i>	<i>till date</i>	<i>3 years.</i>	

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

[Signature]
12/11/22
Sign & Stamp
Head of the Department
Date

[Signature]
Sign & Stamp
Dean/Principal/Head of Institute
Date *12/NOV/2022*

[Signature]

[Signature]

A-1



ORIGINAL

Office Timing
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

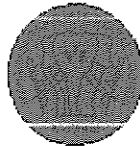
- (a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
- (b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
- (c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental 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 /-
- (i) As Deposit 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



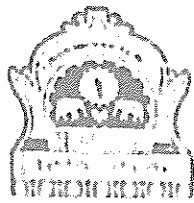
Administration Office
211, Anand Complex, 2nd Floor, 189
- Sane Guruji Mar & Aurthor Road
Naka, Chinchpokali (West), Mumbai -
400 011

This is to certify that the registration of Dentist **GUPTA HIMANSHU BALKUMAR**
Registered at No.: **A-6324** is renewed on the
12 day of Jan 2022 and 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

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.

Seal No. 220.

Place : Aurangabad

Date of issue of the

Degree Certificate 1996

Arumatti

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.

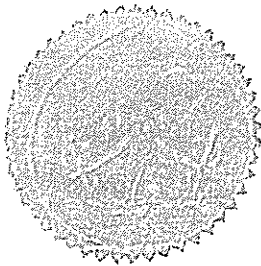
This is to certify that the person named below has been registered as a Dentist in Part A/
~~Part B/Part C~~ of the State Register under the provisions of the Dentists Act, 1948 (and his/her
~~registration was last renewed on.....~~).

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.



[Signature]
Maharashtra State Dental Council

[Signature]
Registrar



Registrar
Maharashtra State Dental Council,
Bombay-400 004.

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. 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.

[Signature]

[Signature]

आयकर विभाग
INCOME TAX DEPARTMENT
HIMANSHU BALKUMAR GUPTA
BALKUMAR SHANKARLAL GUPTA
27/10/1971
Partnership Account Number
AEMPG9834L
Signature
भारत सरकार
GOVT. OF INDIA



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Handwritten signature

Handwritten signature

ANNEXURE "B"
INSTITUTIONAL INFORMATION

(INSTITUTIONAL INFORMATION)

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

Name: DR HIMANSHU GUPTA Age: 51 (Date of Birth) 27/10/1971

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>PGDHIM</u>	<u>2009</u>	<u>Symbiosis Pune</u>	<u>Symbiosis University Pune</u>

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	—	—		
Asso. Professor/Reader	—	—		
Professor	—	—		
Any Other	—	—	Grand Total	

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>ORALCARE.CO.IN, AURANGABAD</u>
	ii) Postal Address, with PIN:	<u>A4 PRIME TOWERS, KRANTI CHOWK</u>
	iii) Contact Details:	Mob: <u>9021047323</u> 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	<u>SETH NANDLAL DHOT HOSPITAL</u>
	ii) Nursing Home Registration No. iii) Establishment Year	<u>007 (Amc - AURANGABAD)</u> <u>1998</u> - Mark as Appendix 'B' ✓
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>ORALCARE - CO. IN</u>
	ii) Postal Address, with PIN:	<u>A4 PRIME TOWERS, KRANTI CHOWK</u>
	iii) Contact Details:	Mob: <u>9021047323</u> Tele: _____
	iv) E-mail ID:	
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) ... <u>2</u> ... Approved Intake Capacity <u>10</u> / Affiliated Since <u>2019</u> (if necessary Attach separate List)
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) Required Required Intake Capacity..... (if necessary Attach separate List) <u>NA</u>
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)
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) 20.21-22 Rs ... <u>2.5</u> ... <u>3</u> , <u>L</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>2022/SEP/1</u> Dated <u>1/09/2022</u>
		Copy of Management Resolution attached? *Yes/No-- Mark as Appendix 'D' ✓

Other Information:	
a) Land:	*Yes/No. If yes, then Area <u>Approx. 4000 sq ft</u>
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): Copy of Land Registration Certificate attached? *Yes/No. – Mark as Appendix 'F' <u>NA [RENTED PLACE]</u>
iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs Copy of Loan/Mortgage Deed attached? *Yes/No. – Mark as Appendix 'G' <u>NO ANY</u>
b) Building:	<u>4200 . . sq. ft.</u>
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No <u>✓</u> – 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	2	2	ORAL IMPLANTOLOGY

- 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: 10am - 9pm
- 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 NA

5. **Hostel Accommodation:** NA

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of						
Students						
Status of Cleanliness						

6. **Residential accommodation for Staff / Paramedical staff :** Available / Not Available ✓

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

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)

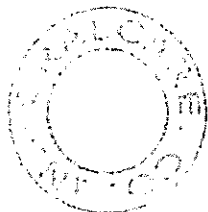


Shree

**ADMISSION DEED
OF
M/S ORALCARE.COIN**

**- Registered Office -
426, "BALKRISHNA",
Sector - F, N-1, CIDCO,
Aurangabad - 431001**

**-Date of Execution-
12TH APRIL 2021**



A handwritten signature in black ink.

A handwritten signature in black ink.

महाराष्ट्र MAHARASHTRA

© 2020 ©

BC 441358

बस दि 12/04/2021 को

कोषागारः श्रीविहारी एन.एस.

ORALCARE.CO.IN

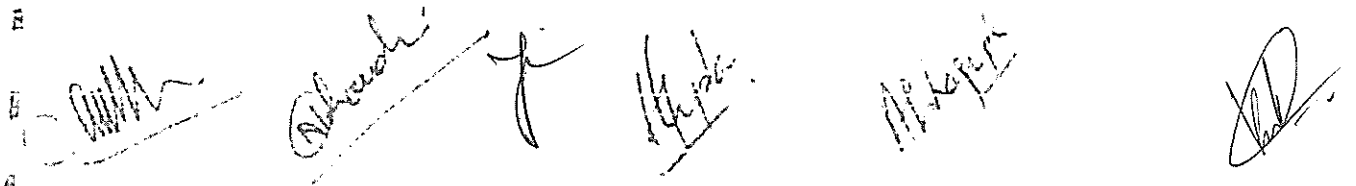
वकील. श्री. लक्ष्मण
राजेंद्र
हायकोर्ट परिसर, अहमदाबाद
ता. 3909030

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 (27/10/1974), 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":

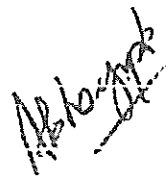
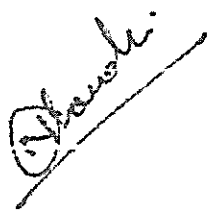
WHERE AS, The party of the First part And Second Part of Continuing / Existing Partners are carrying on business in partnership in the name of **M/S ORALCARE.COIN.** at 426, "BALKRISHNA", Sector - F, N-1, CIDCO, Aurangabad - 431 001. Vide their Partnership Deed executed on dated 27TH MAY 2018, Registration 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 to 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.





000004278153

FORM I-A Certificate of Registration

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

MAHARASHTRA GOVT
 DS GOVERNMENT OF MAHARASHTRA 01
Digitally signed by DS GOVERNMENT OF MAHARASHTRA 01
 DN: cn=DS GOVERNMENT OF MAHARASHTRA 01, o=MAHARASHTRA
 GOVERNMENT OF MAHARASHTRA
 Reason: I am the issuer
 Location: Maharashtra, Aurangabad City, India
 Date: 2018.04.01 10:30:30 +05'30'



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.

<u>Tie up Arrangements for following facilities</u>	<u>Hospital confirming tie up arrangements</u>
<ul style="list-style-type: none"> • 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



Dr. Himanshu Gupta Mr Shyam Chaudhari

Dr. Himanshu Gupta

Directors

CEO

Oralcare.co.in

SETH NANDLAL

MOU E chhod H

Appendix C

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



Nov 20, 2018

Ref No : 03101470041574/TAN/NEW

TO
ORALCARE CO IN
SHOP NO 11
AJAY DEEP SHOPPING COMPLEX
NEAR GANESH MANDIR
N-3 CIDCO
AURANGABAD-431001
MAHARASHTRA
TEL NO 7774009755

3 Year

Sr.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.

NSK001063G

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, allotted to you earlier.

Income Tax Department

Signature valid

Digitally signed by [Signature] e.
DN: cn=Income Tax Department, o=GOVT OF INDIA, ou=Income Tax Department, email=Income Tax Department@govt.in, c=IN, postalCode=110001, serialNumber=110001, location=Delhi

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.



[Handwritten signature]

[Handwritten signature]

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: AAFF09810K
 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 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



AAFF09810K05129116870260722FF8E80CAFDRC8FC03AE5A58ECA168E2C9C0BD9C

DO NOT SEND THIS ACKNOWLEDGEMENT TO CRO, BANGALURU

[Handwritten signatures]

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

	AAIT09810K
name	ORAI CARE CO IN
address	H NO 5-5-57, CTS No 14476,, KRANTI CHOWK,, OSMANPURA,, AURANGABAD, MAHARASHTRA, 431001


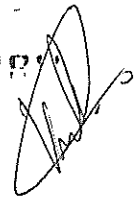
	Firm	Form Number	ITR-5
filed u/s	139(1)-On or before due date	e-Filing Acknowledgement Number	208574111140121
Taxable Income and other details	Current Year business loss, if any		3942515
	Total Income		0
	Book Profit under MAT, where applicable	2	0
	Adjusted Total Income under AMT, where applicable	3	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
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 115TD	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 14-01-2021 13:50:44 from IP address 103.91.59.128 and verified by HIMANSHU B GUPTA

Using PAN AEMPG9834L on 14-01-2021 13:50:44 from IP address 103.91.59.128 using

Digital Signature Certificate (DSC)
16536945CN=e-Mudhra Sub CA for Class 2 Individual 2014,OU=Certifying Authority,e-Mudhra Consumer Services Limited,C=IN
DSC details:

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

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

Status : Partnership Firm

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

Statement of Income

Sch.No Rs Rs Rs

Profits and gains of Business or Profession

Sch.No	Rs	Rs	Rs
		-39,42,515	
		29,94,101	
		<u>2,12,114</u>	
		-9,48,414	
		<u>29,94,101</u>	
			-39,42,515
			<u>-39,42,515</u>
			39,42,515
			0
			<u>0</u>
			0

Schedule 1

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

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

For ORALCARE.CO.IN

Date : 14-Jan-2021
Place : AURANGABAD

AUTHORISED SIGNATORY

Appendix D

RESOLUTION NO. 2022/SEPT/1

1st SEPT 2022

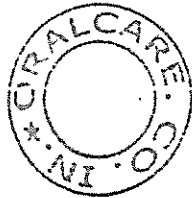
WE AT Oralcare.co.in HERE BY RESOLVE TO RENEW THE APPLICATION FOR MUHS FELLOWSHIP IN AESTHETIC AND COSMETIC DENTISTRY FOR THE ACADEMIC YEAR 2022-23

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
2nd Floor, AG Prime Towers, Kirti Chowk, Osmanpura, Aurangabad, MH. India 431001
+91 9021047323, +91 7301191191 | support@oralcare.co.in

minutes of meeting



Handwritten: 11/12/2018

CHALLAN
MTR Form Number-6

QR No. MR0002779201810M		BARCODE		Date 29/12/2018 18:57:28	Form No.
Department: Inspector General Of Registration					
Stamp Duty			Payor Details		
Type of Payment: Sale of Non Judicial Stamp IGR Real of Maha			TAX ID (If Any)		
Office Name: ARBI HQR SUB REGISTRAR AURANGABAD 1			FAN No. (If Applicable)		
Location: AURANGABAD			Full Name	RUGHANA BANO, ASLAM KHAN AND OTHERS	
Year: 2018-2019 One Time			Flat/Block No.	CTE NO 1447B H NO 6-6-67	
Account Head Details		Amount in Rs.	Premises/Building		
00001401 Sale of Non-judicial Stamp		16000.00	Read/Street	KRANTI CHOKK UDHANPURA	
			Area/Locality	AURANGABAD	
			Town/City/District		
			PIN	431001	
			Remarks (If Any)		
			Second Party Name	DR HIMANSHU GUPTA BALKUMAR GUPTA AND OTHERS-CA-60-Market-42800	
			Amount in Words	Sixteen Thousand Six Hundred Rupees Only	
		16,000.00			
Payment Details: BANK OF MAHARASHTRA			FOR USE IN RECEIVING BANK		
Cheque-DR			Bank CNR	Ref. No.	0230004201812280206 16382167055
Cheque/DD No.			Bank Date	FBI Date	29/12/2018-14:15:12 Not Verified with RBI
Name of Bank			BANK OF MAHARASHTRA		
Name of Branch			01229 , 29/12/2018		

Stamp: 16000.00

Department ID: **0000060000**
 NOTE:- This challan is valid for documents to be registered in sub Registrar office only. Not valid for unregistered documents.
 ध्यातव्य आहे की हे चालान केवळ न्यायिक कागदांसाठी न्यायिक अधिकाऱ्यांच्या कार्यालयीन वापर साठीच वैधित्य प्राप्त करते. यासाठी न्यायिक अधिकाऱ्यांच्या कार्यालयीन वापर साठीच वैधित्य प्राप्त करते.

Challan Defaced Details

Sr.No.	Remarks	Defacement No.	Defacement Date	UsrId	Defacement Amount
1	(03)-343-8703	0005493727201810	29/12/2018-18:57:28	IGR210	16000.00
Total Defacement Amount					16,000.00

Page 1/1
 Julecha

31 11 11 - 6
 2018 08:22:00
 2094





Receipt of Document Handling Charges

PRN 2912201808852

Receipt Date 29/12/2018

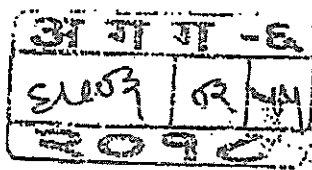
Received from RUKHSANA BANO ASLAM KHAN ANOD OTHERS, Mobile number 0000000000, an amount of Rs.1000/-, towards Document Handling Charges for the Document to be registered on Document No. 6703 dated 29/12/2018 at the Sub Registrar office Joint S.R.Aurangabad 6 of the District Aurangabad.



Payment Details

Bank Name	SBIN	Payment Date	29/12/2018
Bank CN	10004152018122005826	REF No.	CH97083542
Deface No	2912201808852D	Deface Date	29/12/2018

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





बीरगावाड महानगरपालिका
Form no. 2 (See Rule No. 76, 87 to 89)



RECEIPT/पावती

Customer Copy/ग्राहक पत्र

Receipt No./पावती क्र. (F104/21406)	Date/दिनांक (16-07-2019)	Related To/संबंधित (बैला विभाग)	Page No./पान क्र. (1/19)	Counter/काउंटर क्र. (35/8)
Received From/पावती प्राप्त (DR HIMANSHU BALKUMAR GUPTA)				
Amount/रक्कम (510.00)				
Amount in Words/रक्कम शब्दों में (पाचशे एका फळ)				
Subject/विषय (Miscellaneous पावती)				
Narration/विवरण (BMW MEMBER FEES, ORALCARE CO. IN. 2 ND FLOOR PRIMETOWER OPP MANOR LAWN KRANTI CHOWK AURANGABAD)				
Payment Mode/दिवसाचा प्रकार				
Mode/प्रकार (रोट)	Amount/रक्कम (510.00)	Cheque No./चिक नं.	Cheque Date/चिक दिनांक	Bank Name/बँक नाव
Reference No./संदर्भ क्र. (बायोमेडीकल सेल प्रमुख सभागृह नोंदणी फी)				
			Payable Amount/संदर्भ क्र. (510.00)	Am. Recd./रक्कम (510.00)
			Total/एकूण	510.00

AMC HELP LINE 2333539

17/35 / Lall Kapan (Add Cashier) / 16-JUL-2019 12:07 PM

Receiver's Signature



महाराष्ट्र चुंगाने व आस्थापना (नोकरीचे व सेवाकारांचे विनियमन) अधिनियम, २०१७

अनुचा "ब"
(नियम १० पहा)



१९४५०३१३२०५४७

द्विमी क्रमांक	: १९४५०३१३२०५४७
स्थापनेचे नाव	: ORALCARE . CO. IN
सर्वे नोंदणी प्रमाणपत्र अर्जाद्वारे ऑनलाईनपद्धते अर्जासोबत सादर केलेल्या (अपलोड) स्वयं-प्रमाणित दस्तऐवजाच्या प्रती व स्वयं-घोषणापत्राच्या आधारे आणि अर्जांमध्ये सविस्तर नमुद केलेल्या माहितीची आणि आस्थापनेच्या व्यवसायाची व आस्थापनेच्या जागेची प्रत्यक्ष पडताळणी व करता देण्यात आले आहे. सर्वे प्रमाणपत्र हे केवळ नोंदणी प्रमाणपत्र आहे व सादर नोंदणी प्रमाणपत्र कोणत्याही प्रकारे मालमत्ता हक्क किंवा मालमत्तेचा मालकी हक्क धारण करण्याचा अधिकार देत नाही. सादर नोंदणी प्रमाणपत्र नोंदणीचा कालावधी समाप्तीच्या सीस दिवस अगोदर नूतनीकरण करणे आवश्यक राहिल.	
प्रस्ताव सुरू करण्यात आल्याचा दिनांक	: ०१-०७-२०१९
द्विमी प्रमाणपत्राचा कालावधी	: ०३
व्यक्तिचे नाव	: डॉ हिमंशु बालकृष्ण गुप्ता
स्थापनेचे स्वरूप	: DENTAL CLINICS
स्थापनेचा पत्ता	: एच नं-५-५-५७, सीटीएस नं-१४४७६ क्रांति चौक, उस्मानपुरा, औरंगाबाद(म.न.पा), औरंगाबाद, औरंगाबाद, ४३१००५

धनका / कामगारांचा तपशील

गारची संख्या	पुरुष	स्त्री	इतर	एकुण
गारची संख्या	५	५	०	१०
एक सप्तद्वार अधिनियम, १९६५ (वि३६१ चा ५२) अन्वये एक सप्तद्वाराची संख्या	०	०	०	०
द्विमी कामगारांची संख्या	०	०	०	०
मालिक कामगारांची संख्या	०	०	०	०
	५	५	०	१०

प्रमाणित करण्यात येते की, उक्त आस्थापना महाराष्ट्र चुंगाने व आस्थापना (नोकरीचे व सेवाकारांचे विनियमन) अधिनियम, २०१७ (महाराष्ट्र २०१७ चा ६१) प्राज दिनांक १९/०७/२०१९ रोजी आस्थापना म्हणून नोंदविण्यात आलेली आहे.

१९/०७/२०१९

At: Aurangabad

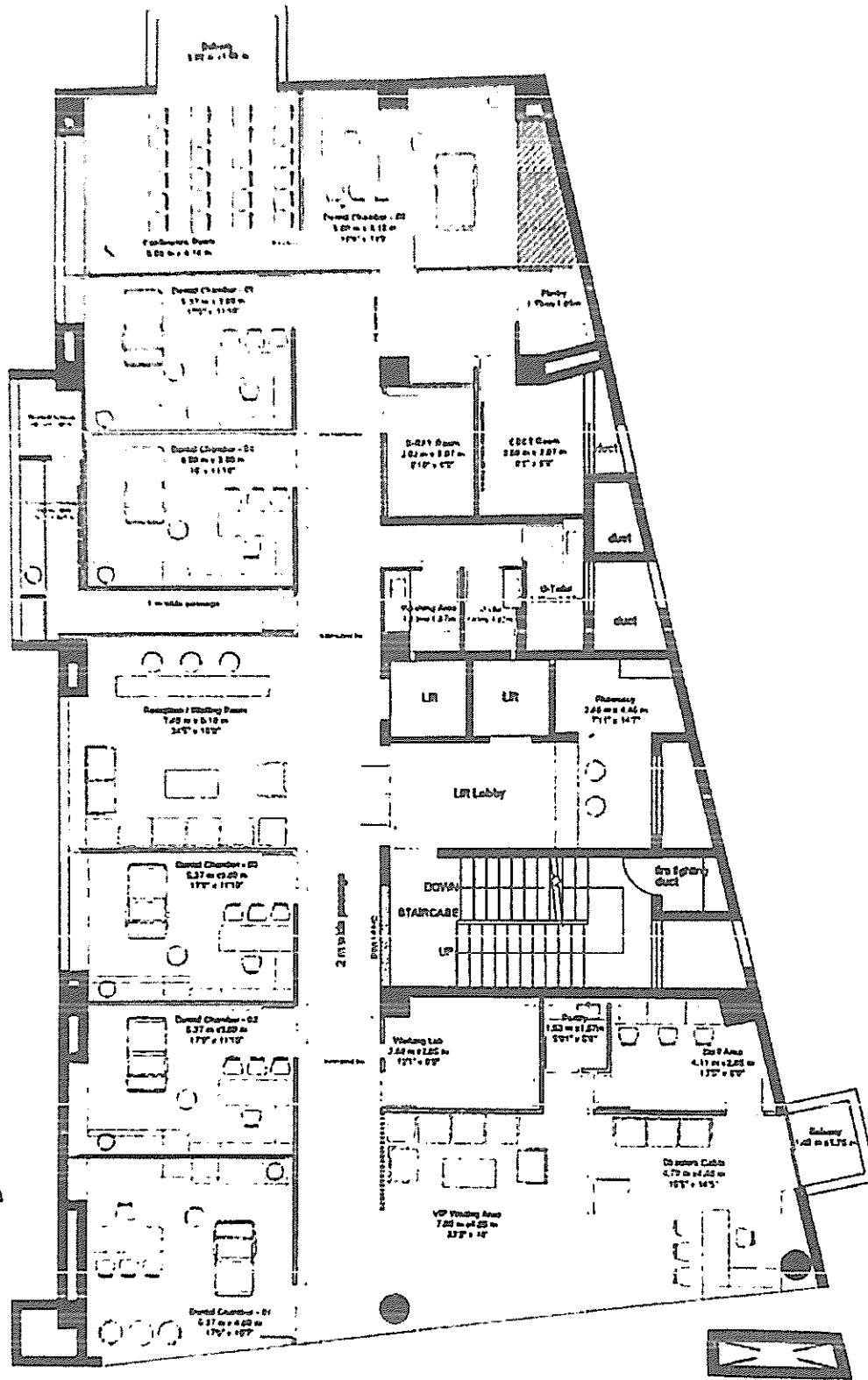
Signature valid

Digitally Signed by
Govind Anisam Gawande
Date: 16/07/2019 11:12:26

सुविधाकाराचे नाव व स्वाक्षरी

पत्ता : Office of the Deputy Commissioner of Labour, Aurangabad, Address- Malejpur, Station Road, Aurangabad.

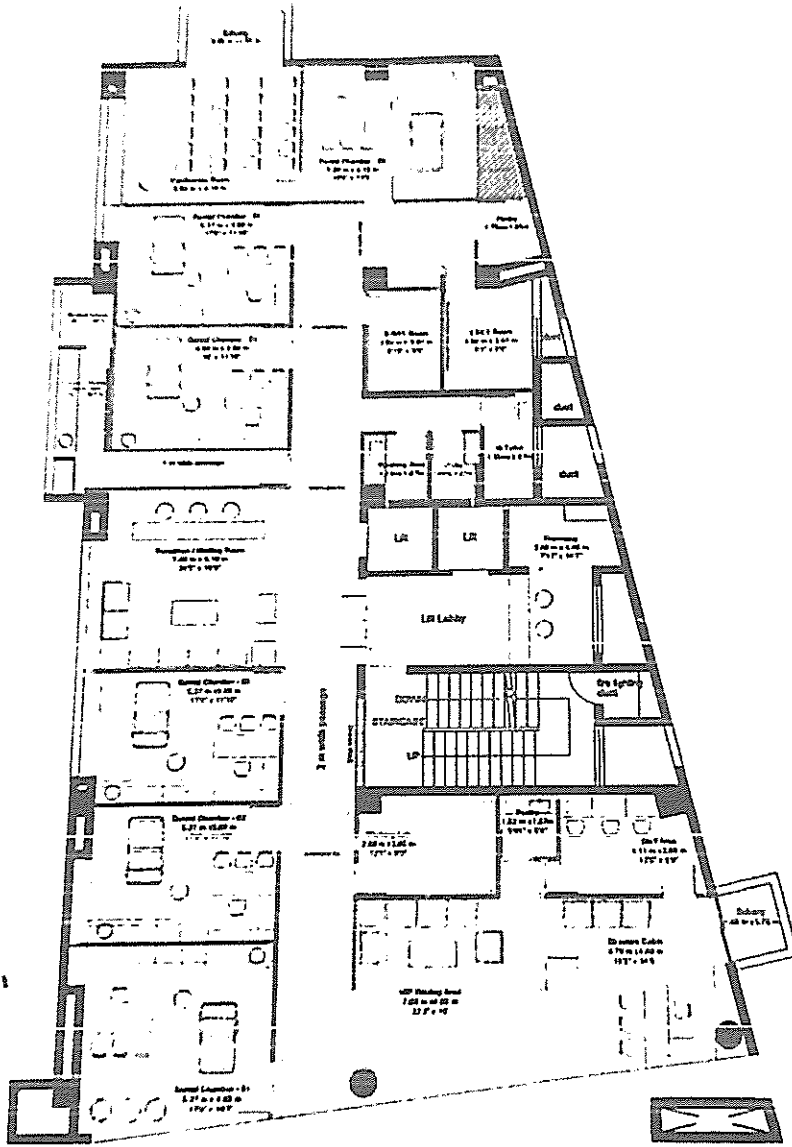
द्विमी संख्या	अर्जाचा आव.डी. क्रमांक	प्रदान केलेले रक्कम (रुपये)			
१९/०७/२०२०	१०००५९३९१९०५	२३.६०			
क्र	भागीदाराची नाव	भागीदाराचा पत्ता	आधार क्रमांक	संलग्नक क्रमांक	ई-मेल
	डॉ आमा हिमंशु गुप्ता	४२६ बाळकृष्ण सेक्टर एफ एन-१ सिडको औरंगाबाद	२५३०२४४७३८६५	१०२१०७७३२३	support@oralcare.co.in
	अनिलकुमार हिरालाल बंडारी	फॉर्ट नं-६३ रत्नाईरा बंसीलाल नगर विहाण्ड रेल्वे स्टेशन रोड औरंगाबाद	१०२१०७७३२३	१०२१०७७३२३	support@oralcare.co.in
	मनीष वसुदेव पारख	फॉर्ट नं-३२ -ए एन-३ सिडको नियर जैन मंदिर औरंगाबाद	६६४२८२२०१९७८	१०२१०७७३२३	support@oralcare.co.in



Floor plan

PCA <small>PREVENTIVE CARE ASSOCIATES ARCHITECTS & INTERIORS www.pca-arch.com</small>	2nd Floor AG Prime Towers, Opp. Manor Lawns, Kranti Chavak, Osmanpura, Aurangabad, Maharashtra, India, 431001 Contact: +91 - 90210 47323 Email: support@oralcare.co.in Website: www.oralcare.co.in	25.00 26.00 27.00 28.00 29.00 30.00 31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00 43.00 44.00 45.00 46.00 47.00 48.00 49.00 50.00 51.00 52.00 53.00 54.00 55.00 56.00 57.00 58.00 59.00 60.00 61.00 62.00 63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 74.00 75.00 76.00 77.00 78.00 79.00 80.00 81.00 82.00 83.00 84.00 85.00 86.00 87.00 88.00 89.00 90.00 91.00 92.00 93.00 94.00 95.00 96.00 97.00 98.00 99.00 100.00 101.00 102.00 103.00 104.00 105.00 106.00 107.00 108.00 109.00 110.00 111.00 112.00 113.00 114.00 115.00 116.00 117.00 118.00 119.00 120.00 121.00 122.00 123.00 124.00 125.00 126.00 127.00 128.00 129.00 130.00 131.00 132.00 133.00 134.00 135.00 136.00 137.00 138.00 139.00 140.00 141.00 142.00 143.00 144.00 145.00 146.00 147.00 148.00 149.00 150.00 151.00 152.00 153.00 154.00 155.00 156.00 157.00 158.00 159.00 160.00 161.00 162.00 163.00 164.00 165.00 166.00 167.00 168.00 169.00 170.00 171.00 172.00 173.00 174.00 175.00 176.00 177.00 178.00 179.00 180.00 181.00 182.00 183.00 184.00 185.00 186.00 187.00 188.00 189.00 190.00 191.00 192.00 193.00 194.00 195.00 196.00 197.00 198.00 199.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00 210.00 211.00 212.00 213.00 214.00 215.00 216.00 217.00 218.00 219.00 220.00 221.00 222.00 223.00 224.00 225.00 226.00 227.00 228.00 229.00 230.00 231.00 232.00 233.00 234.00 235.00 236.00 237.00 238.00 239.00 240.00 241.00 242.00 243.00 244.00 245.00 246.00 247.00 248.00 249.00 250.00 251.00 252.00 253.00 254.00 255.00 256.00 257.00 258.00 259.00 260.00 261.00 262.00 263.00 264.00 265.00 266.00 267.00 268.00 269.00 270.00 271.00 272.00 273.00 274.00 275.00 276.00 277.00 278.00 279.00 280.00 281.00 282.00 283.00 284.00 285.00 286.00 287.00 288.00 289.00 290.00 291.00 292.00 293.00 294.00 295.00 296.00 297.00 298.00 299.00 300.00
	25.00 26.00 27.00 28.00 29.00 30.00 31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00 43.00 44.00 45.00 46.00 47.00 48.00 49.00 50.00 51.00 52.00 53.00 54.00 55.00 56.00 57.00 58.00 59.00 60.00 61.00 62.00 63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 74.00 75.00 76.00 77.00 78.00 79.00 80.00 81.00 82.00 83.00 84.00 85.00 86.00 87.00 88.00 89.00 90.00 91.00 92.00 93.00 94.00 95.00 96.00 97.00 98.00 99.00 100.00 101.00 102.00 103.00 104.00 105.00 106.00 107.00 108.00 109.00 110.00 111.00 112.00 113.00 114.00 115.00 116.00 117.00 118.00 119.00 120.00 121.00 122.00 123.00 124.00 125.00 126.00 127.00 128.00 129.00 130.00 131.00 132.00 133.00 134.00 135.00 136.00 137.00 138.00 139.00 140.00 141.00 142.00 143.00 144.00 145.00 146.00 147.00 148.00 149.00 150.00 151.00 152.00 153.00 154.00 155.00 156.00 157.00 158.00 159.00 160.00 161.00 162.00 163.00 164.00 165.00 166.00 167.00 168.00 169.00 170.00 171.00 172.00 173.00 174.00 175.00 176.00 177.00 178.00 179.00 180.00 181.00 182.00 183.00 184.00 185.00 186.00 187.00 188.00 189.00 190.00 191.00 192.00 193.00 194.00 195.00 196.00 197.00 198.00 199.00 200.00 201.00 202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00 210.00 211.00 212.00 213.00 214.00 215.00 216.00 217.00 218.00 219.00 220.00 221.00 222.00 223.00 224.00 225.00 226.00 227.00 228.00 229.00 230.00 231.00 232.00 233.00 234.00 235.00 236.00 237.00 238.00 239.00 240.00 241.00 242.00 243.00 244.00 245.00 246.00 247.00 248.00 249.00 250.00 251.00 252.00 253.00 254.00 255.00 256.00 257.00 258.00 259.00 260.00 261.00 262.00 263.00 264.00 265.00 266.00 267.00 268.00 269.00 270.00 271.00 272.00 273.00 274.00 275.00 276.00 277.00 278.00 279.00 280.00 281.00 282.00 283.00 284.00 285.00 286.00 287.00 288.00 289.00 290.00 291.00 292.00 293.00 294.00 295.00 296.00 297.00 298.00 299.00 300.00	

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



Appendix H

HA

Floor plan

PCA
HYDROPHOBIC
RESISTANT
EPOXY
PAINTS

PAINTS LAYERS	
1	Primer
2	Base Coat
3	Top Coat

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

[Handwritten signatures]

[Handwritten signature]

ETHICAL COMMITTEE

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

CHAIRPERSON-DR NAKUL BHANUSHALI

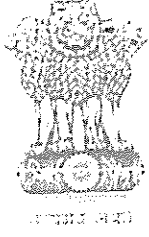
COMMITTEE

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.





File No. EC/20/000083
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organization
(Ethics Committee Registration Division)

FDA Bhawan, Kofa 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 Malpant	B. COM (Not Applicable)	Chair Person
2	Dr. Himanshu Balkumar Gupta	BDS (PGDHMS)	Member Secretary
3	Dr. Devdatta P Polnitkar	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.F. Structure M.I.E, F.I.V.)	Lav 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

VINUGOPAL
GODHARLA
I SOMANI

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

426 BALKRISHNA SECTOR-F N-1
CIDCO AURANGABAD

Cust ReIn No : 299453269
Account No : 9890303609
Currency : INR
Branch : Aurangabad
Nominee Registered : N

AURANGABAD - 431001
MAHARASHTRA, INDIA



Date	Narration	Chq/Rel No	Withdrawal (Dr) Deposit (Cr)	Balance
30-10-2022	KotakPayout-07905606930091-301022		1,600.00(Cr)	45,969.85(Cr)
30-10-2022	NEFT S001223030001688 ORALCARE NEFTINW- CO IN SRCEB0000001		90,000.00(Cr)	135,969.85(Cr)
30-10-2022	SemiMPS23031426559Maharashtra/HD IMPS- FCX0649/ORALCAREF	0483089273 230314266630	50,000.00(Dr)	85,969.85(Cr)
30-10-2022	SemiMPS230314268876Maharashtra/HD IMPS- FCX0649/AESTHETIC	230314268878	50,000.00(Dr)	35,969.85(Cr)



Statement Summary

Opening Balance 44,369.85(Cr)
Total Withdrawal Amount 100,000.00(Dr)
Total Deposit Amount 91,600.00(Cr)
Closing Balance 35,969.85(Cr)
Withdrawal Count 2
Deposit Count 2

[Faint signature]



MUHS AFFILIATED FELLOWSHIP COURSES LIST

NO.	NAME	INTAKE CAPACITY
1	Fellowship in Aesthetic and Cosmetic Dentistry	10
2	Fellowship in Oral Implantology	10

[Signature]

[Signature]

ANNEXURE "C"
HOSPITAL INFORMATION

HOSPITAL INFORMATION

1. Name of the Hospital: SETH NANDLAL DHOOT HOSPITAL

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	280
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
• Daily admissions
• Daily admissions in Dept.
• Through casualty at 10am
• Bed occupancy in the Dept.
• Number of patients in ward (IPD) at 10AM
• Percentage bed occupancy at 10Am

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
•
• Implant level impression	08
• All on 4 dentures delivery	01
•
•

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:

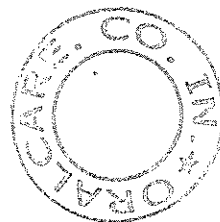
- Controlling Department: SRL
- No of Staff : 18
- Equipment Available : Attach separate List List enclosed
- Working Hours: 24 x 7

- 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

[Signature]
 Sign & Stamp
 Head of the Department
 Date: 11/Nov/2022

[Signature]
 Sign & Stamp
 Dean/ Principal/ Director of Training Centre

Training Centre Round Seal



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.

<p><u>Tie up Arrangements for following facilities</u></p> <ul style="list-style-type: none"> • Casualty • Intensive care • Operation theatre • Pathology • Radiology • Pharmacy Services • Ambulance Services • Indoor Admission of Patients • Dental OPD 	<p><u>Hospital confirming tie up arrangements</u></p> <p>SETH NANDLAL DHOOT HOSPITAL A-1, MIDC Area, Chikalhana Aurangabad</p>
---	--

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



Dr. Himanshu Gupta Mr Shyam Chaudhari

Dr. Himanshu Gupta

Directors

CEO

Oralcare.co.in

SETH NANDLAL

MOU e chhot H

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 thereof mean and include Executor's and Successor's thereof)

AND

~~MBB Dattaji Blood Bank, Dr. Hedgewar Ragnalaya 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 thereof 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 10 days.

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

02

ANNEXURE "D"
DEPARTMENTAL INFORMATION

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Oral Implantology
 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 Kartik Bhamare	Full time	Mentor	MDS	26
2	Dr Pooja Muley	Full time	Mentor	MDS	5

4. Whether Independent Department of concerned Fellowship subject exists in the Institution: ^{Attached as separate list}
 Yes/No: Oral Implantology 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 feet	Yes	
Patient waiting room	400 sq feet	Yes	
Total area	4200 sq feet	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)
21-22	Oral Implantology	02	5

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

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

Sr. No.	Name	Designation
1	Mr Sudhakar Khatkhat	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	Physio dispenser	Donsply Siron	Functional	3
2	CBLT unit	Bicong	Functional	1

(Orthoped) SL 3D

Attached as separate list

P

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	11 am - 6 pm	2 - 3	Dr Nirmanshu Gupta
2	Geriatric clinic	Friday	11 am - 6 pm	3 - 4	Dr Pooja Muley

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 dental chairs	-
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 : ----- NO

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 CHAIR BY OSSTEM- K3 MODEL	DENTAL CHAIR	FUNCTIONAL	5
3	PRECLINICAL WORK STATION	PRECLINICAL LAB. TABLE	FUNCTIONAL	20
4	PRECLINICAL WORK STATION	MICROMOTOR HANDPIECES	FUNCTIONAL	10
5	PRECLINICAL WORK STATION	AIRTOR 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



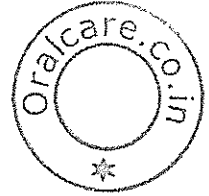
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18	DENTSPLY SIRONA DAC PLUS PROFESSIONAL	STERILISATION UNIT	FUNCTIONAL	1
19	LABOMED ENDOMICROSCOPE	ENDOMICROSCOPE	FUNCTIONAL	1
20	PHILIPS ZOOM WHITESPEED	BLEACHING UNIT	FUNCTIONAL	1
21	K3 OSSTEM CHAIR UNIT	DENTAL CHAIRS	FUNCTIONAL	5
22	K3 OSSTEM IMPLANT 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	2
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



42	3D PEN WITH MATERIAL SPOOL	SPOOL	FUNCTIONAL	1
43	CALIBRATION KIT	CALIBRATION KIT	FUNCTIONAL	1



List of Assets

Description	Director room R 11	Account and IT room	Dentistry Sirona chair (Room 1)	Osstem (Prosthodontics section.) room 2	Osstem (General Dentistry section.) r 3	Reception	Osstem (Pedodontics section.) r 4	Osstem (General Dentistry.) r 5	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 (Heliudent.)	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
Main Chairs	1	2	1	1	1	3	2	1	1									1
Chair	2		2	2	2		2	2	2	20	1	2			1			39
AC Centralized System	1		1	1	1	1		1	1	1							1	9
Sofa set (3+1+1)						2												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	14
Side Table	1		2	1	1	2	1	1	1	1		1			1	1	1	20
Main Table	1		1	1	1	1	1	1	1		1							1
LED TV			1	1	1	1	1	1	1									8
Printer		1				1	1	1	1									7
CCTV		1																2
Fire Fighter						2				1	1	1			2			10
Table fan													1		1			5
Interior tables	1		1	1	1	2	1	1	1			1			1	1	1	13
Watch						2												2
SPLIT AC						1												1
PROJECTOR											1	1						2
SOUND SYSTEM										1								1
SETUP BOX										1								1
UPS		1	1	1	1	2	1	1	1			3	1					12
FRIDGE																		1
SMALL FRIDGE														1				2

ANNEXURE "E"
Information of Director of Training Centre

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 22617544

Telephone: +91 022 22617544

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

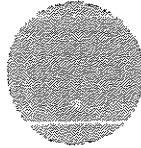
- (a) Registration fee-Dentists Rs. 1500 /- Dental Hygienists Rs. 500 /- Dental Mechanics Rs. 500 /-
(b) Renewal fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /- For Year 2022
(c) Duplicate Copy of Certificate fee-Dentists Rs. 1000 /- Dental Hygienists Rs. 500 /- Dental 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 Deposit 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

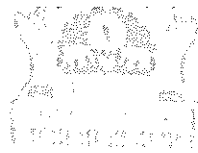
This is to certify that the registration of Dentist **GUPTA HIMANSHU BALKUMAR**
Registered at No.: **A-6324** is renewed on the

12 day of Jan 2022 and 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 are set the Seal of the said University
and the signature of the said Chancellor.

Chancellor

Form No. 1020

Place: Aurangabad

Date of issue of the

Degree Certificate 1996

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

श्रीमान्शु बालकृष्ण दुग्पा
SHRI MANSHU BALKRISHNA DUGPA

27/10/1971

Pensioners Account Number
AEMPG0634L

Signature



11/11

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.

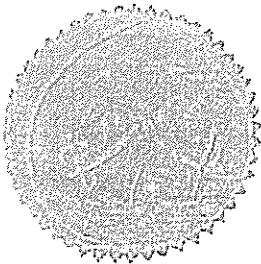
This is to certify that the person named below has been registered as a Dentist in Part A/
~~Part B/Part C~~ of the State Register under the provisions of the Dentists Act, 1948 (and his/her
registration was last renewed on.....).

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-6524.



[Signature]
Registrar
Maharashtra State Dental Council
Bombay-400 004

[Signature]
Registrar
Maharashtra State Dental Council
Bombay-400 004

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. ⁵⁰15 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.

[Signature]

ANNEXURE "F"

Information of Mentor of Training Centre

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. Karthik Bhanushali
02.	Date of Birth	: 29-12-1974
03.	Address	: 403A, Ajinkyatara, Mumbai
04.	Tel. No./ Mob. No.	: 9987535246
05.	e-mail id	: o2alcaee.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/2022

Dr. Karthik Bhanushali
Name & Sign. of Mentor

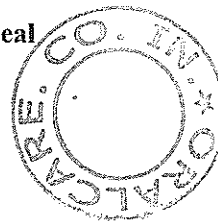
For the use of affiliated Training Center:

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.

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

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

Training Centre Round Seal



Karthik



We,
the Chancellor, Vice-Chancellor
and Members of the Management Council of
Dr. Babasaheb Ambedkar Marathwada University
Certify

Kartik
[Redacted Name Box]

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

Serial No. 217

Place: Aurangabad

Date of issue of the

Degree Certificate _____

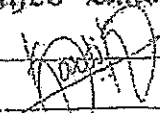
Kartik



[Signature]



We,
 the Chancellor, Vice-Chancellor
 and Members of the Management Council of
Dr. Babasaheb Ambedkar Marathwada University
 Certify

 that the withinsigned

Shri. N. B. Chavan

having been examined and found duly qualified for
 the Degree of Master of Dental Surgery
 in December 1999 2001 The Degree of


Master of Dental Surgery

(Orthodontics)

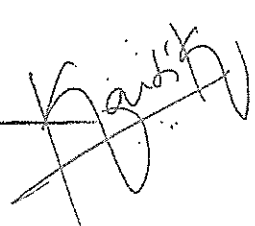
has been conferred on Shri. N. B. Chavan at Aurangabad, on the
thirtieth day of the month of January in the year
two thousand three

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

Roll No. 902
 Place: Aurangabad
 Date of issue of this
 Degree Certificate 29 July 2006


 Vice-Chancellor







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.mahadentcouncil.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 C of the state Register under the provisions of the Dentists Act, 1948 (XVI of 1948).

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

Name BHANUSHALI KARTIK DHANUJI
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.



ANNEXURE - "F"

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


Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Rajesh Jambur
02.	Date of Birth	: 7-7-1978
03.	Address	: A-13, Muthiyar Residency, Gaekwad
04.	Tel. No./ Mob. No.	: 9370645300
05.	e-mail id	: o2alcare.co.in@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS - Oral & maxillofacial Surgery
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)	: -
09.	Present Appointment	: Mentor
10.	Publications (List & Proof)	: 2-3 International
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -

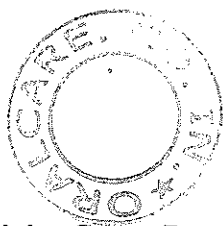
Date: - 12/Nov/22


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



Training Centre Round Seal


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

**ORIGINAL**

Office Timing
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

Date: 17-03-2022

Receipt No.: 278587

Received with thanks from JAMBURE RAJESH PANDITRAO Online A-8107 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 Deposit 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 - Sans
Guruji Mar & Aurthor Road Naka, Chinchpokali
(West), Mumbai - 400 011

This is to certify that the registration of Dentist JAMBURE RAJESH PANDITRAO
Registered at No. A-8107 is renewed on the

17 day of Mar 2022 and 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.

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.madomumbai.org.in

Dated 18/07/2000

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 2001.

Name JAMBURE RAJESH PANDITRAO
Qualification B.D.S.(DR.B.A.M.U.,AURANGABAD)
Registered No. A-8107

M.D.S.(Oral & Maxillofacial Surgery)
(NAGPUR UNIVERSITY)



Maharashtra State Dental Council

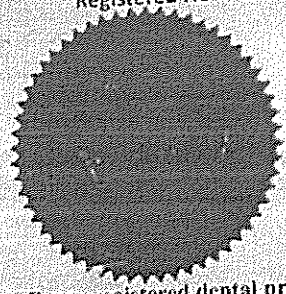
Registrar

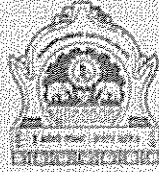


Maharashtra State Dental Council;

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.





We,
the Chancellor, Vice-Chancellor
and Members of the Management Council of
Dr. Babasaheb Ambedkar Marathwada University
Certify

J.D. Jambure that the withinsigned

Rajesh Panditrao Jambure.

having been examined and found duly qualified for
the Degree of Bachelor of Dental Surgery
in May 1993. The Degree of

Bachelor of Dental Surgery

has been conferred on him at Aurangabad, on the
13th day of the month of February in the year
two thousand one.

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

DUPLICATE

Roll No. 206

Place Aurangabad

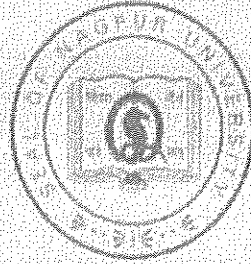
Date of issue of the

Degree Certificate

Controller of examinations
Dr. Babasaheb Ambedkar
Marathwada University, Aurangabad

J.D.
Vice-Chancellor

Nagpur University



Master of Dental Surgery

(Faculty of Medicine)

*This degree of
Master of Dental Surgery is awarded
to Rajesh Panditrao Jambure
having been found to be duly qualified in the
written examination, clinical, practical and
viva-voce examinations and on examination of the
thesis in this University in the Examination held
in Winter 2003 in Oral & Maxillofacial
Surgery.*

Nagpur
September 29, 2004

A.S. Lakhtaly
Vice-Chancellor

W20030710031171012502X



भारतीय विशिष्ट ओळख प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 2006/00477104294

To,
राजेश पंडितराव जंबुरे
Rajesh Panditrao Jambure
S/O Panditrao Jambure
NEAR TILAK NAGAR DARGAH ROAD R.H. NO
A-13 MUTHIYAN RESIDENS DEEP NAGAR,
GARKHEDA
Aurangabad
Maharashtra 431005

10/01/2012

Ref: 66 / 248 / 131637 / 131670 / P



UE09012809SIN



आपला आधार क्रमांक / Your Aadhaar No. :

7027 1107 3515

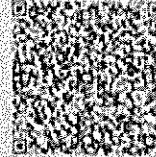
आधार — सामान्य माणसाचा अधिकार



भारत सरकार
GOVERNMENT OF INDIA



राजेश पंडितराव जंबुरे
Rajesh Panditrao Jambure
जन्म वर्ष / Year of Birth : 1978
पुंस्व / Male



7027 1107 3515

आधार — सामान्य माणसाचा अधिकार

[Handwritten signature]

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 mentore
09.	Present Appointment	: Teacher / Mentore
10.	Publications (List & Proof)	: -
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.

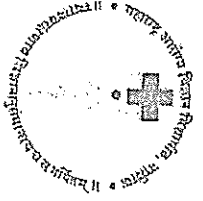
Sign & Stamp
Head of the Department
Date:



Training Centre Round Seal

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

Signatures



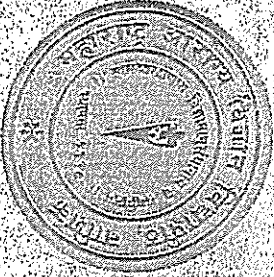
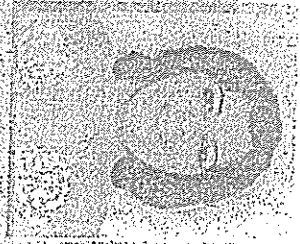
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Or
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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



ही पदवी उन्हाळी-२०१२ मधील परीक्षेचे उत्तीर्ण

शाल्यावढल

औरंगाबाद येथील सी.एस.एम.एस.एस. दंत

महाविद्यालय व रुग्णालया चे/च्या

देव नशा अनुप

यांना

३१ मे २०१४ च्या

दीक्षा समारंथात प्रदान करित आहोत

आमी,

कुलपती, प्रकुलपती,

कुलगुरु

आणि

व्यवस्थापन परिषद व

विद्यापरिषदेचे सदस्य

वतणस्य स्नातक

VICE-CHANCELLOR
महाराष्ट्र



20AB0076714



ORIGINAL

Office Timing

Fees Accepted only between:
11 a.m. and 2 p.m. Monday To Friday
Office is Closed on 2nd And 4th
Saturday and Public Holiday.

Address: Maharashtra State Dental Council
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.: 180082

Date: 15-02-2019

Received with thanks from DEO MS. NABHA ANUP Online A-25883 Amount mentioned in item b below
Renewal Fee For Dentist Of Rs 200 For Year 2019
(Including of 10% Service Charges)
Total Amount (Rs.): - 220/-

Registrar
Maharashtra State Dental Council

Your registration is valid up to 31-December-2019

- (a) Registration fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /-
- (b) Renewal fee-Dentists Rs. 200 /- Dental Hygienists Rs. 80 /- Dental Mechanics Rs. 80 /- For Year 2019
- (c) Duplicate Copy of Certificate fee-Dentists Rs. 500 /- Dental Hygienists Rs. 200 /- Dental Mechanics Rs. 200 /-
- (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. 50 /- Dental Mechanics Rs. 50 /- For Year 2019 to 2018
- (f) Rs. 100 under section 40.
- (g) Rs. 50/- 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 /-
- (i) As Deposit Only.
- (j) As Bank commission.
- (k) 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 & Aurther
Road Naka, Chinchpokali (West),
Mumbai - 400 011

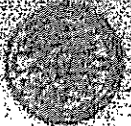
This is to certify that the registration of Dentist DEO MS. NABHA ANUP
Registered at No.: A-25883 is renewed on the
15 day of Feb 2019 and will remain in force up to the 31st day of December 2019

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.

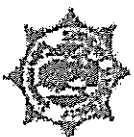




Erste Medizinische
Fakultät
Universität Grolswald
Germany



Shobhit University, India



Institute of Laser & Aesthetic Medicine (ILAMED), India

Recognised by & Affiliated to the University of Grolswald, Germany

It is hereby certified that

Dr. Nabha Anup Deo

Having completed the necessary course of study and clinical workbooks

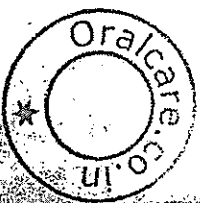
in Aesthetic Dentistry is awarded

Fellowship in Aesthetic Dentistry (FAD)

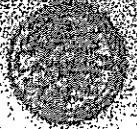
[Handwritten signature]
Dr. D. H. P. [unclear]

24.12.2014

Dated



[Handwritten signature]
Dr. Ajay Kumar
Dentist, India



EMIL HEINRICH AMT
UNIVERSITY OF GROLESWALD
GERMANY



Shreebhil University, India



Institute of Laser & Aesthetic Medicine (ILAMED), India

Recognised by & Affiliated to the University of Grolleswald, Germany

It is hereby certified that

Dr. Nabha Anup Deo

having completed the necessary courses of study and clinical workbooks

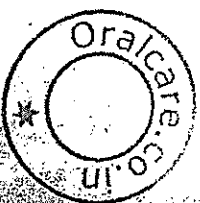
in Aesthetic Dentistry is awarded

Fellowship in Aesthetic Dentistry (FAD)

[Signature]
Dr. Nabha Anup Deo

24.12.2014
DENTAL

[Signature]
Dr. Ajay Kumar
DENTAL



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. Anisuddha 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	:

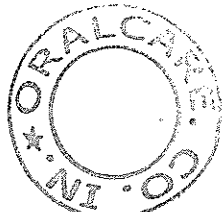
Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:



Training Centre Round Seal

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

Handwritten signatures and stamps at the bottom right of the page.

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

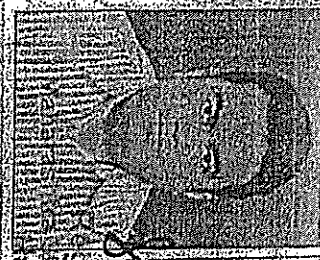
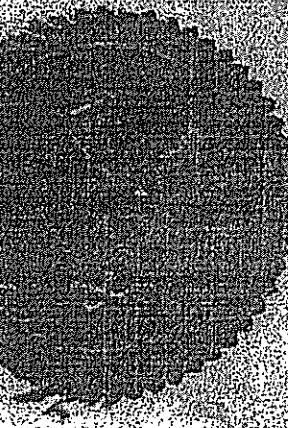
MAHARASHTRA STATE DENTAL COUNCIL

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: 22/09/2008

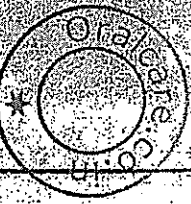
I hereby certify that the person named below has been registered as a Dentist in Part A of the Register of the State under the provisions of the Dentists Act, 1948 (XVI of 1948).

Qualification: B.D.S. (M.T.D.S.S.A. 1971)
Registered No. A/5884



[Signature]
Registrar
Maharashtra State Dental Council
Mumbai

[Signature]
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 careful to send to the Registrar immediate notice of any change in his address.

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 Dental College & Hospital,
Aurangabad

having been examined and found
duly qualified for the

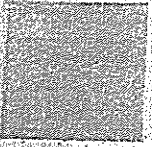
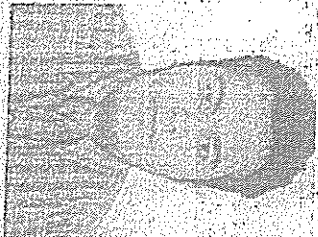
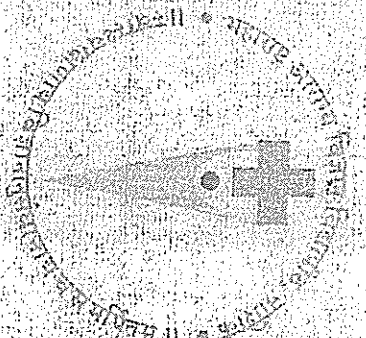
Bachelor of

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

M.M. Deshpande
VICE-CHANCELLOR



महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आरटी, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे

कुलपति, प्रकुलपति, कुलगुरू,

लावल्यान परिषद व विद्यापरिषद सदस्य

प्रमाणित करतो की,

औरंगाबाद येथील सी.एस.एम.एस.एस.चे

दत्त सहविद्यालय व रुग्णालया चे/च्या

देशपांडे अनिरुद्ध मिळिंद

हे/ह्या जून-२००७ मध्ये

दंतशास्त्र स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना

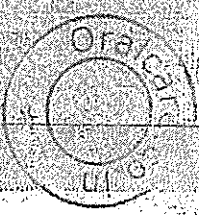
ही पदवी प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा

येथे अंकित करण्यात येत आहे.



शुद्धी प्रतिक
कुलगुरू



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Annexure - A

The details of Director / Co-ordinator / each Mentor (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff.

(to be submitted separately for Director / Co-ordinator / each Mentor)

Sr. No.	Particular	-	Information to be filled
01	Name of Director / Co-ordinator / mentor / Teacher	:	SONAL GAIKWAD
02	Appointed for Fellowship Course as (Mention Director / Co-ordinator / mentor / Teacher)	✓	MENTOR
03	Date of Birth	:	03-05-1990
04	Age (Maximum age for Director 65 years, for Co-ordinator & Mentor 62 years.)		29 years
05	Address	:	Plot No. 20 - Nandanwan Colony
06	Tel. No./ Mob. No.	:	9545675520
07	e-mail id	:	dr.gaikwadsonal@gmail.com
08	Nationality	:	INDIAN
09	Qualification in details : (attach documentary proof)	:	BDS, MDS (Pedodontics)
10	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	CONSULTANT
11	Present Appointment at Institute / Hospital / College	:	HON. CONSULTANT at oralcare.co.in
12	Publications (List & Proof)	:	2 (as in the cv)
13	Post Graduate Teaching experience (Attach documentary evidence)	:	-NA-
14	Any other relevant information	:	-NA-

- Note:*
- 1 Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 - 2 Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 - 3 Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 - 4 In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 - 5 Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

Date :- 5/8/19

Sign. of Director / Co-ordinator / Mentor /Teacher

Countersigned by Head of Institute

I have verified the qualification and experience of the faculty and found to be eligible for fellowship course.

Date :- 5/8/19

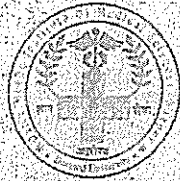
Sign. of Head of Institute



Datta Meghe Institute of Medical Sciences

(Deemed University)

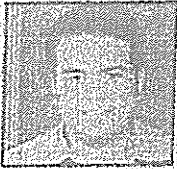
(Declared as Deemed to be University under Section 3 of UGC Act, 1956)



NAAC Accredited Grade 'A'

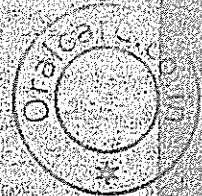
Master of Dental Surgery

Periodontology & Implantology



This is to certify that this degree
is awarded to

Dr. Deshpande Aniruddha Milind
on having been found to be duly qualified in terms of
completion of the curriculum in the prescribed course
& proficiency demonstrated at the examination of
April-May, 2012 on evaluation of the thesis titled:
"A comparative evaluation between of PDGF-BB + β -TGF and
subepithelial connective tissue graft (SCTG) for the treatment of multiple
gingival recession defects in human: A clinical study."
was admitted to the degree of Master of Dental
Surgery in Periodontology & Implantology
in the faculty of
Dentistry of this university.



Nagpur

Date: 26 April 2012

[Signature]
Vice Chancellor

[Signature]

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.madcmumbai.org

Dated 22/09/2008.

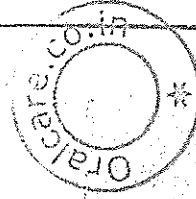
This is to certify that the person named below has been registered as a Dentist in accordance with the provisions of the Dentists Act, 1948 (XVI of 1948) under the provisions of the Dentists Act, 1948 (XVI of 1948).

Qualification: B.D.S.
Registered No. A-15884



[Signature]
Registrar,
Maharashtra State Dental Council,
Mumbai

[Signature]
Registrar,
Maharashtra State Dental Council,
Maharashtra State Dental Council;



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 careful to send to the Registrar immediate notice of any change in his address.

**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 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

Pranod Phadnis
VICE-CHANCELLOR



09827236

**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**

आपची, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु,
उपस्थायी परिषद व विद्यापीठ संकल्प
प्रमाणित करणे की,
औरंगाबाद येथील सी.एस.एम.एस.एच.
दंत महाविद्यालय व रुग्णालया चे/च्या

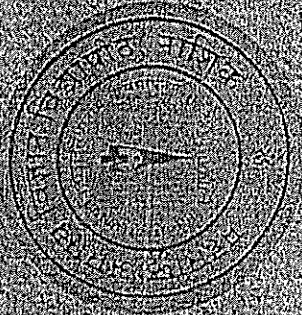
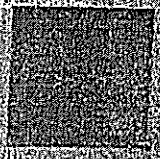
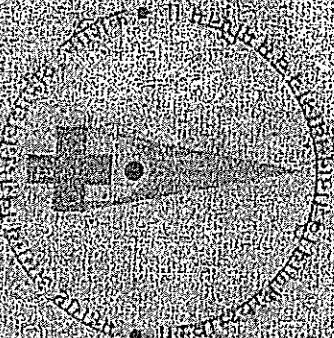
देशपांडे अनिरुद्ध मिलिंद

हे/ह्या जून-२००७ मध्ये

दंतशास्त्र स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्याला
ही पदवी प्रदान करण्यात येत आहे
याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे

Pranod Phadnis
कुलगुरु



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 & 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	-

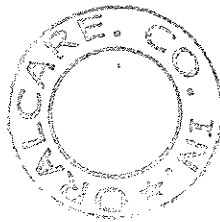
Date: - 12/Nov/2022



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: 12/11/22




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

Training Centre Round Seal

ORIGINAL

Office Timing
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 Deposit 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
14 day of Mar 2022 and 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

मुळे पूजा बालाजी
यांना

१० डिसेंबर २०१८ च्या दीक्षांत समारंभात प्रदान करे

We, the Chancellor, Pro-Chancellor, Vice-Chancellor
and Members of the Management Council, Academic Council
confer the Degree of
Master of Dental Surgery In Oral Medicine and Radiology

on
Muley Pooja Balaji

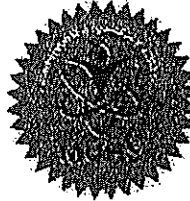
(PRN 2818119644)

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



Pooja Muley
VICE-CHANCELLOR
कुलगुरु



Pooja Muley

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

MAHARASHTRA STATE DENTAL COUNCIL

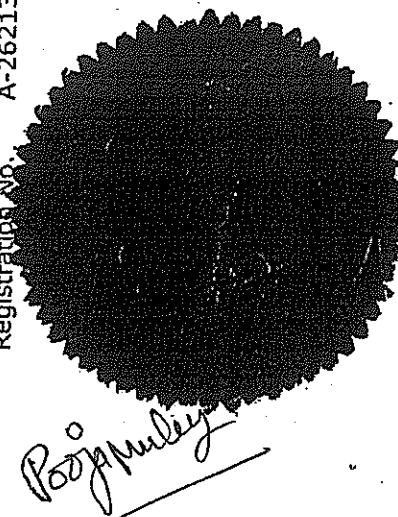
Extension Office : Third Floor, Government Dental College and Hospital,
St. George Hospital Compound, Near CST Railway Station,
Mumbai 400 001. Website : www.msdc Mumbai.org

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 X of the state Register under the provisions of the Dentists Act, 1948 ~~and his/her registration was last renewed on~~
XX.

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



Pooja Muley
Shri
Registrar,
Maharashtra State Dental Council,
Mumbai
Self attested
Goopy



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.



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

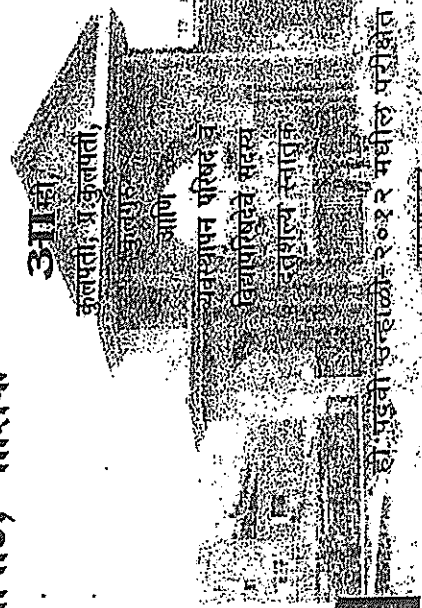
We,

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 0209151158)

of

Government Dental College & Hospital, Aurangabad

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

आरंगाबाद येथील शासकीय दंत महाविद्यालय ने

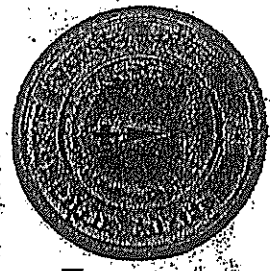
संघालया चे/च्या

मुखे पुजा बालजी

शाना

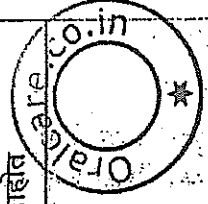
३१ मे, २०१४ च्या

वीक्षांत समारंभात प्रदान करित आहेत



Pooja Muley

VICE-CHANCELLOR
 कुलपती



Pooja Muley

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Roll No. 0200011200

Seat No. 27280

College Code 2401

No. 1106545

PASSING CERTIFICATE

This is to certify that Shri/Smt.

MULEY PUSPA BALELI

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

Consulter of Examinations

Pr
self attested

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 BALAJI MULEY
02.	Date of Birth	: 31/01/1990
03.	Address	: MILLENIA HEIGHTS NEAR J3 PLUS 4, A'BAD
04.	Mob. No.	: 9011601177
05.	E-mail id	: poojamuley.31@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MDC (OMR)
08.	Present Appointment	: MENTOR ATMS COURSE CO-ORDINATOR
09.	Any other relevant information	

Date: 12/Nov/2022


Sign. of Co-ordinator

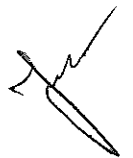

Sign & Stamp
Head of the Department
Date:

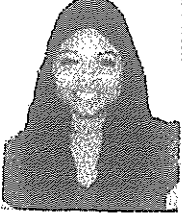

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:

Training Centre Round Seal

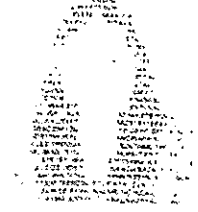



A handwritten signature in black ink.


A handwritten signature in black ink.



2018207989



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.एम.एस. दंत महाविद्यालय कडून

मुळे पूजा बालाजी
यांना

१० डिसेंबर २०१८ च्या दीक्षांत समारंभात प्रदान करावी.

We, the Chancellor, Pro-Chancellor, Vice-Chancellor
and Members of the Management Council, Academic Council
confer the Degree of
Master of Dental Surgery In Oral Medicine and Radiology

on
Muley Pooja Balaji

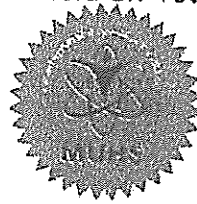
(PRN 2818119644)

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



Pooja Balaji
VICE-CHANCELLOR
कुलगुरु



Pooja Muley

ORIGINAL

Office Timing
Fees Accepted only between:
11 a.m. and 2 p.m. Monday To Friday
Office is Closed on 2nd And 4th Saturday
and Public Holiday.

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

Receipt No.: 100231

Date: 16-02-2019

Received with thanks from MULEY MS. POOJA BALAJI Online A-26213 Amount mentioned in item b below
Renewal Fee For Dentist Of Rs 200 For Year 2019
(including of 10% Service Charges)
Total Amount (Rs) - 220/-

Registrar
Maharashtra State Dental Council

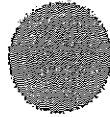
Your registration is valid up to 31-December-2019

- (a) Registration fee-Dentists Rs. 500 / Dental Hygienists Rs. 200 / Dental Mechanics Rs. 100/-
- (b) Renewal fee-Dentists Rs. 200 / Dental Hygienists Rs. 80 / Dental Mechanics Rs. 50 / For Year 2019
- (c) Duplicate Copy of Certificate fee-Dentists Rs. 500 / Dental Hygienists Rs. 200 / Dental Mechanics Rs. 100/-
- (d) Fee being the cost of the Maharashtra State Dental Hygienists/Mechanics Register
- (e) Penalty Fee under rule 65(2) for Dentists Rs. 100 / Dental Hygienists Rs. 50 / Dental Mechanics Rs. 25 / For Year 2019 to 2018
- (f) Rs. 100 under section 40
- (g) Rs. 50/- being the fee for registration of a change of name
- (h) Fee for restoration of a name to the Register under section 42 Section for 0/- Dental Hygienists 0/- Dental Mechanics Rs. 0/-
- (i) At Deponent's Only
- (k) At Desk communication
- (l) Miscellaneous

FORM-65
{See rule 65 (2)}

Certificate of renewal of registration under section 39(3) of the Dentists Act, 1948 (XXI of 1948)

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



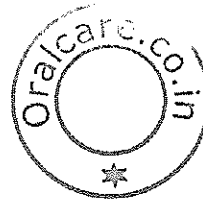
Administration Office
211, Anand Complex, 2nd Floor, 189 - Sans Gurus Marg
Aundh Road Naka, Churnepatali (West), Mumbai - 400
011

This is to certify that the registration of Dentist MULEY MS. POOJA BALAJI
Registered at No. A-26213 is renewed on the 16 day of Feb 2019 and will remain in force up to the 31st day of December 2019

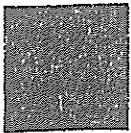
Registrar,
Maharashtra State Dental Council,
Mumbai

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.

self attested
Pooja Muley



Pooja Muley



20AB0100014

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

W/e.

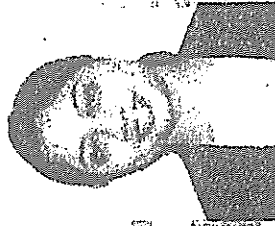
the Chancellor, Pro-Chancellor,
Vice-Chancellor

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

आह्वान

कुलपती, प्र.कुलपती,

कुलगुरु

आणि

यंत्रस्थापन परिषद व

विद्यार्थिपदेचे सदस्य

दंतशल्य स्नातक

ही पदवी उन्हाळी-२०१२ मधील परीक्षेत उत्तीर्ण

झाल्यावहेल

औरंगाबाद येथील शासकीय दंत महाविद्यालय व
रुग्णालया चे/च्या

मूळे पुजा बालजी

यांना

३१ मे, २०१४ च्या

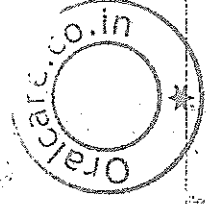
दीक्षांत समारंभात प्रदान करित आहोत

Pooja Muley

Pooja Muley

VICE-CHANCELLOR

कुलगुरु



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.msdcmbai.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 C of the state Register under the provisions of the Dentists Act, 1948 (and his/her registration was not removed).

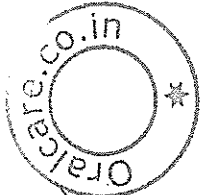
This Certificate shall remain in force till 31st December 2014

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



[Signature]
Registrar,
Maharashtra State Dental Council,
Maharashtra State Dental Council.

[Signature]
Registrar,
Maharashtra State Dental Council,
Maharashtra State Dental Council.



[Signature]
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 registered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.

[Signature]

**ANNEXURE “H”
DECLARATION**

DECLARATION

I, the ~~Dean~~ / Director/ Principal of the..... ORALLORE, 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.....12th Day of NOV 2022 At.....ARANDIAND

Date: 12/Nov/2022

Place: ARANDIAND



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

