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

Title of the Course applied for:-

This to Certify that Dr. that Dr Balasaheb V. Khadbade has worked in the Department

Of OBSTETRICS AND GYNECOLOGY, POST GRADUATE INSTUTUTE has worked in the Department

Of YASHODA HOSPITAL Training Centre as per following details

A) General Experience

Designation	From	То	Total period Year/Months	
Director	2009	2022	13 YEARS	

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

Designation	From	То	Total period Year/Months
Asst professor at MGM Medical College	Mar-2012	Sep-2013	. 1 year 07
Teacher (college of physician & surgeons)	2016	Till Date	5 years

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

Sign & Stamp

Head of the Department

Date

Dr. Balasakeh V. Khadbads M.D. (Obst. & Gynasc.)

Reg. No. 20 - 0658

Sign & Stamp

Dean/Principal/Head of Institute

Date



(Date of

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Balasaheb V. Khadbade____Age: 41 Year, 4 months_

Birth)15 June 1981_

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	OBS & Gyn	2009	DMCH LAHERIASARAI DARBHANGA	LNMU University

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	MGM MEDICAL COLLEGE	03/2012	09/2013	1 Y.7 M
Asso. Professor/Reader	YASHODA HOSPITAL	06/2017	10/2022	5V
Professor				
Any Other	•		Gran d Total	6 Y, 07 M

	i) Name of the Society/Institution/ Training Centre/University Dept.:	YASHODA HOSPITAL
01	ii) Postal Address, with PIN:	Sec -21,kamothe navi Mumbai -410209
	iii) Contact Details:	Mob: 9022335332 Tele:
		i) Public Trust Act 1950:
		ii) Society's Registration Act. 1860:
02	Society/Institution/ Training Centre	iii) Year of establishment:2009
	Registration Number and date:	iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- Marked as Appendix 'A'
03	Hospital Information: (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms) i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	Yashoda Hospital. MH/PMC/H-126
	i) Name of the Training Centre /Institute where course is to be conducted:	Yashoda Hospital
	ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	Satyam Arcade, Plot No. 26, sector- 21, Kamothe, Navi Mumbai- 410209 Mob: 9022335332 Tele: Yashoda.hospital 21@gmail.com
04	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) Fellowship Course in Reproductive medicine Approved Intake Capacity03 Affiliated Since (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) Fellowship Course in Reproductive medicine
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes (Pending Fees, if any;) FSTK NOO0197562936
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes Mark as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) F.Y. 2020-21 Rs 400000/- ii) F.Y. 2021-22 Rs 500000/-
08	Management Resolution seeking	iii) F.Y. 2022-23 Rs 600000/- Resolution NoYH/2021/69 Dated 01.03.2021
	Recognition of Institute for	70000000 110 110 2021/07 Dated 01.03.2021

. Appendix D

	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: 678.01 sq.ft
	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
09	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number:
	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'
	b) Building: i) Total built-up area:	.100000 sq. ft. Certified copy of Building Plan attached? *Yes/No - Mark as Appendix 'H'

3. Central Library

• Total number of Books in library:100

Books pertaining to concerned Fellowship subject: 10 0

Purchase of latest editions of concerned books in last 3 years: - YES

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	02	
3	Foreign	01	

· Year / Month up to which latest Indian Journals available: YES

Year / Month up to which latest Foreign Journals available : YES

Internet / Med pub / Photocopy facility:

available

Library opening times:

10: AM TO 11:00 PM

Reading facility out of routine library hours:
 (Obtain list of books & journals duly signed by Dean)

available

4. Recreational facilities:

Available / Not available

Play grounds Gymnasium

ostel Accommodation:	T.	G	P	G	Inte	erns
Particular	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of			2	2		
Students			10	16	- 15	
Status of Cleanliness						

- Residential accommodation for Staff/Paramedical staff: Available /Not Available
- Ethical Committee (Constitution):

NO

8. Medical Education Unit (Constitution): (Specify number of meetings held annually & minutes thereof)

9. Any other faculty specific information required: (such as Herbal garden / PanchakarmaUnit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

Dr. Balgsafieb V. Khadbade M.D. (Obst. & Gynsec.) Reg. No. 2005/02/0656

HOSPITAL INFORMATION

1. Name of the Hospital:	YASHODA	HOSPITAL	

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the e	ntire hospital		nt of concerned Fellowship subject
OPD	16000	OPD	13000
IPD (Total No. of Patients admitted)	90000	IPD (Total No. of Patients admitted)	8000

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

	In the entire hospital	
No of Beds	61	
No of Beds in ICU	2	
No of Beds in IRCU	*	
No of Beds in SICU		
No of Major O.T.	1	
No of Minor O.T.	1	

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

No. of available for clinical service on inspection day:

• Daily OPD – 2 PM	On Inspection day 20	Average of random 3 days 35
Daily admissions Daily admissions in Dept.	4	7
Through casualty at 10am Bed occupancy in the Dept.	4	4
Number of patients in ward (IPD)at 10AM	7	4
Percentage bed occupancy at 10Am	35	40

• Cli	nical Procedure(s) & Operative Details	related to Fellowship subject/Specialty:
(For furth	ner details in this concern, kindly peruse the On Inspection day	Guidelines information sheet supplied herewith, Average of random 3 days
•	3	6

•	*****************	***************************************

5 Casualty:/ Emergency Department:

Space	YES,ABAILABLE
Number of Beds	5
No. of cases (Average daily OPD and Admissions):	4
Emergency Lab in Casualty (round the clock):	available
Emergency OT and Dressing Room	available
Staff (Medical/Paramedical)	available
Equipment available	available

6. Blood Bank:

(i)	Valid FDA License(copy of certificate be annexed)	No	
	Blood component facility available	No	
	All Blood Units tested for Hepatitis C,B, HIV	No	
(iv)	Nature of Blood Storage facilities (as per specifications)	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	On Inspection day

7	Central	La	bora	tory:
	CORRES SES	Bullet.	C. C. S. 64	

0 111 15	
Controlling Department:	

No of Staff: 2

Equipment Available: Attach separate List

Working Hours: 10 am to 11 pm

& Central supply of Oxygen / Suction:

Available

Central Sterilization Department

Available

10. Ambulance (Functional)

Available (Out rowal)

11. Laundry:

Outsourced:

12. Kitchen

Available

13. Incinerator: Functional / Non functional

Outsourced

14 Bio-Medical waste disposal

Outsourced

15 Generator facility

Available

16. Medical Record Section:

Non computerized

ICD X classification

Used / Not used

Sign & Stamp Head of the Department Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: Date:

Dr. Balasaheb V. Khadbade

Training Centre Round Seal Dr. Balasaheb V

M.D. (Obst. & Gynaec.)

M.D. (Obst/& Gynaec.) Reg. No. 2005/02/0650

Reg. No. 2005/02/0656

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: REPRODUCTIVE MEDICINE

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. Prashaut	Rell	Menter	MBBS,	10 years
	Kale	Time		DNB	

4. Whether Independent Department of concerned Fellowship subject exists in the Institution:

Since when: 0.1.9.3.25 8

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	150 2911	~	
Clinics	500 SIN		
Laboratory Space	300 STIN	-	
Seminar room	300 SSIM	L	
Department Library	300 81.11		
PG common room	250 81	-	
Pre-clinical lab (where ever applicable)	NA		
Patient waiting room	800 511	-	
Total area	2600 sq. Hr.		

 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)		
2021	FELLOWSHIP GUPLE	3	Br. Bashant	Kale	
	IN REPROPUCTIVE				

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

7. List of Non-teaching Staffin the department:

Sr. No.	Name		Designation	
1.	vidhi	Koli	office Superntentit	
2.	Ram	Pawar	A.v. incras	

 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.	sonognilly (E	30E CD	Fleverin.	1
2.	son from the	illox	Rendon	1
3	2C52 m	achine_	Function	1
۲,	Androbyy	workstul	on Frenchind	1
5	. HERA	CEIL	nousat Fun	199
4	Bench	go an	cubator firet	jond

Cryscans

- 9. Intensive care Service provided by the Department: (Emergency)
- 10. Specialty clinics being run by the department and number of patients in each :

	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge	
1	PCOS CINE	Fider	10 to 2pm	20	Os Prasher	kale

11. Services provided by the Department:

100	460	77.74		
	200	print State of	A100	ø
31.1	Se	LVI		ລ

i IUI

" TYP

= 7CST

(b) Ancillary Services USC

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	50- 39 1.	200 594
2	Equipment's		
3	Teaching Space	300 51/	200 Sy M
4	Waiting area for patients	800 syl	400 54

13. Office space:

Department Office	Department Office		ing Faculty
Space (Adequate)	Yes/No	HOD	200 591)
Staff (Steno /Clerk).	Yes/No	Professors	150 91
Computer/ Typewriter	Yes/No	Associate Professors	100 51/
Storage space for files	Yes/No	Assistant Profess or	100 57 11
		Residents	120 54

14. Clinical Load of Dept.: No of Surgeries / Procedures 20 Per da

15. Submission of data to National Authorities if any : - Yes

THE CONTRACTOR OF THE CONTRACT

Dr. Balasaheb V. Khadbade M.D. (Obst. & Gynaec.) Reg. No. 2005/02/0656

ANNEXURE - "E"

Information of Director of Training Centre

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

Sr. No.	Particular		Information to be filled
01.	Name of the Director		Dr. Balasaheb V. Khadbade
02.	Date of Birth	0	15/06/1981
03.	Address	446	Flat no. 803, wing-A, plot no.26,Satyam Arcade,Sector 21, Kamothe.
04.	Tel. No./ Mob. No.	4.6	9967294847
05.	E-mail id		drkhadbade@gmail.com
06.	Nationality	÷	indian
07.	Qualification in details : (attach documentary proof)	7.0	MBBS, MD (OBGY)
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)		Director of Yashoda Hospital Director of PG Institute (Yashoda Hospital)
09.	Present Appointment		Director of Yashoda Hospital
10.	Publications (List & Proof)	13	NIL
11.	Post Graduate Teaching experience (Attach documentary evidence)	1	7 years.
12.	Any other relevant information		National faculty in OBGY/IVE

Date: - 8/11/2 2

Name & Sign of Director

For the use of affiliated Training Center:

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

Sign & Stamp

Head of the Department

Date:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Dr. Balesaheb V. Khadbade Training Centre Round Seal

M.D. (Obst. & Gynesc.) Reg. No. 2005/02/0656

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. Kale Prashant Bhimrao
02.	Date of Birth	*	23/04/1981
03.	Address	+	Kamothe, Navi Mumbai
04.	Tel. No./ Mob. No.		9029025725
05.	e-mail id	*	kaleprahantb@gmail.com
06.	Nationality	禅	Indian
07.	Qualification in details : (attach documentary proof)	100	MBBS,DNC,DGO
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)		Asso. Professor
09.	Present Appointment		NIL
10.	Publications (List & Proof)	T	: Attached separately
11.	Post Graduate Teaching experience (Attach documentary evidence)		TYEARS, ASSESTANT PROFESSOR AT HOURUSJEE WASEA MATERHETY
12.	Any other relevant information	1	4 KEM HOSP MUMBER

Date: - 8/11/2 2

For the use of affiliated Training Center:

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

Sign & Stamp

Head of the Department

Date:

Sign & Stamp

Dean/Principal/Director of Training Centre

vame & Sign. of Mentor

Date:

Dr. Balasakeb V. Khadbade Training Centre Round Seal

M.D. (Obst. & Gynaec.) Reg. No. 2005/02/0656

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 SNEHALATA BALASAHEB KHADBADE
02.	Date of Birth		06/06/1982
03.	Address	:	PLOT NO 02 SATYAM ARCADE PLOT NO 26 SECTOR 21 KAMOTHE, NAVI MUMBAI.
04.	Mob. No.	:	9320860170
05.	E-mail id	;	Snehalatakhadbade@gmail.com
06.	Nationality		indian
07.	Qualification in details : (attach documentary proof)	:	M.B.B.S., DGO
08.	Present Appointment	÷	consultant in OBGY
09.	Any other relevant information		

Date:

Sign & Stamp

Head of the Department

Date:

Sign, of Co-ordinator

Sign & Stamp

Dean/ Principal/ Director of Praining Centre

Date:

Dr. Balasakeb V. Madbale Training Centre Round Seal

M.D. (Ohst. & Gymaec.) Reg. No. 2005/02/0656

Dr. Balasaheb V. Khadbade M.D. (Obst. & Gyraec.) Reg. No. 2005/02/0656

DECLARATION

I, the Dean / Director/ Principal of the Youho do Hospital 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 A. & H are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year 20.22-20.23 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure A. & H. 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 A. & H 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 ... & Day of Nov 2022 At Koundhe

Date: 08 11 2022

Place: Maxi Mumbar

Signature of Dean/Principal/Director

Name of the Signatory

(With Seal of the Training Centre)

Dr. Balasakeb V. Khadbade M.D. (Obst. & Gynaec.) Reg. No. 2005/02/0658







YASHODA HOSPITAL

A MULTI - SPECIALITY UNIT 1st Floor, Satyam Arcade, Plot No. 26, Sector - 21, Karnothe, Navi Mumbai - 410209, cali - 022-27435500

Ref. No. Yashoda Hosp./Fellow/2022/13 D

Date: 23/08/2022

प्रति, मा. कुलसचिव, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ विंडोरी रोड, म्हसरूळ, नाशिक

विषय: फेलोशिप अभ्यासक्रमाची सन २०२२-२३ मधील सलग्रता शुल्क जमा करणे बाबत . . .

मा. मोहदय,

उपरोक्त विषयास अनुसरून, आमच्या यशोदा हॉस्पिटल, कामोठे येथे मुरु असलेल्या केलीशिप अभ्यासक्रमासाठी सन २०२२-२०२३ वर्षाकरिता सलग्रता शुल्क विद्यापीठाला ऑनलाईन दिनांक २७ जुलै २०२२ रोजी पाठवण्यात आलेले आहे. शुक्ल पाठवल्याचा टोकन क्रमांक. FSTKN0001975629395 हा आहे.

सोंबत शुल्क पाठवल्याची ऑनलाईन प्रत जोडलेली आहे. तरी त्याचा स्वीकार व्हावा.

Director यशोदा हॉस्पिटल, कामीठे नवी मुंबई

DR. BALASAHEB V. KHADBADE M. D. (Obst. & Gynaec.) Reg. No. 2005 / 02 / 0055

सोबतः वरील प्रमाणे

YASHODA MATERNITY & NURSING HOME



Academic Year (2022 - 2020) MUHS Maharashtra University of Health Sciences University Copy 1505043/2223 durin : Wednesday, 27 July, 2022 Receipt No Under Section (SOLT) University Department Cell (Fellowship) Received From : Yashool Hospital, Korrothe, New Marakae CRF. Coltinuation/Renewal near Forthellowship Course (the Course) Email Address products has individual and com-Mobile No. : 9967294647 On Account Or Amount (Rs) t. 4161 ER 10601 Fellosehip (Certificate Program Continuation Of Afficiation 55 R09 OH 2 4162 ER10502 Fellowship, Certificate Program Application Fees 0:08 5 4163 ER10603 Feloro/epicedfeate Program Syllabox Faro 0.00 Subject To Remaden Receipt Total Rupess (in words): Fifty Thousand Hupess Dely Payment Details 1 Het Bank 50,000.00 (kg Nur Bur A 156 77956467, CRIC for Tukun FSTRONO00 1975629(96 College: D001158 Tirebook Hospito, Kancolin, New Murchal Rotekt Type StudenFees Registrar MUHS, Nashik Wednesday, 27 July, 2022, 94 47 pm; (AQ: 1111; OPS), ORIC, 1)

The details of each faculty (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. (Separate from shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	- Information to be filled
01.	Name of Faculty/Teacher	: Dr. Balasaheb V. Khadbade
02.	Date of Birth	: 15/06/1981
03.	Address	Flat no. 803, wing-A, plot no.26.Satvam
04.	Tel. No./ Mob. No.	Arcade, Sector 21, Kamothe.
05.	e-mail id	: drkhadbade@gmail.com
06.	Nationality	indian
07.	Qualification in details : (attach documentary proof)	MBBS, MD (OBGY)
08.	Teaching Medical: Profession experience/ experience /Consultant/Mentor (attached document proof with signature of Head)	: Director of Yashoda Hospital Director of PG Institute (Yashoda Hospital)
09.	Present Appointment	: Director of Yashoda Hospital
10.	Publications (List & Proof)	: NIL
11.	Post Graduate Teaching experience (Attach documentary evidence)	7 year.
12.	Any other relevant information	National faculty in OBGY/IVF

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 additional columns.
- Publications: Give only full articles in indexed Journals published during the period of promotion and list them

 here only. No Annexure will be seen.
- Incase 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 chough. 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 :- 08/11/2-22

Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Dr. Bulasahel V. Kindbade

Annexure - B

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

(Separate from shall be filled for Director, Co-ordinator & Mentor)

Title of the Course applied for :-

This is to Certify that **Dr** Balasaheb V, Khadbade has worked in the Department Of OBSTETRICS AND GYNECOLOGY, POST GRADUATE INSTUTUTE YASHODA HOSPITAL College / Institutes as per following details.

A) General Experience:-

Designation	From	То	Total period Year / Month
			13 years
Director	2009	2022	15 years

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	То	Total p Year / N	
Asst professor at	MAR 2012	SEP -2013	1 YEARS	07
Teacher college of physicians and surgeons	2016	Till date	6 years	

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

Sign& Stamp Head of the Department Sign & Stamp
Dean/Principal/Head of Institute

Date:

97. Balascheb V. Khadeels M.D. (Obst. & Gynesc.) Reg. No. 2005/02/0658

Date:

Reg. No. MHIPMCI AT AMOTHS

Recommended/Not Recommended

Signature with date of LIC Chairman/Member







भारतीय विशेषक सारुप्य प्राप्तकारणा भारत सरकार Unique Identification Authority of India Covernment of India

नोदणी कपांकः/ Enrolment No.: 1178/18015/00597

To marrials fogure ages
Balasaheb Vithalroo Khadbade
S/O: Vithalroo Khadbade
O2 satyam arcade
Plot no 26 Sector no 21
kamushe
Panval
[ci Kamothe
Raigarh Mahorashtra - 410206
9957294847

CONTRACTOR



आपला आधार क्रमांक / Your Aadhaar No. :

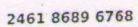
2461 8689 6768 माझे आधार, माझी ओळख



Mixa artiste



बाजासहित विश्वलस्य एडक्के Bolasaheb Vilthalrao Khadbade जन्म तारीस/DQB: 15/06/1981 पुरुष/ MALE





माझे आधार, माझी ओळख



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INFORMATION

- · Aadhaar is a proof of Identity, not of citizenship.
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Address

पता:

S/O: Vitthalrao Khadbade, 02 परिभाषे/आईचे नावः चिठ्ठलराव खडबडे, 02 satyam arcade, Plot no 26 Sectorसत्यथ आर्केडे, प्लॉट नो 26 संग्रहर मी 21. no 21, kamothe, Panvel, Raigarh, कापोठे, पनवेल, रायण्ड, Maharashtra - 410206

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OF HEALTH SCIENCES, NASHIK MAHARASHTRA UNIVERSITY

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

KHADBADE BALASAHEB Shri-Smt

COLLEGE, AURANGABAD of GOVERNMENT MEDICAL

VITTHALRAO

having been examined and found duly qualified for the Bachelor of Medicine &

Bachelor of Surgery

conferred on him/her In testimony whereof is set the seal of the said University

PRN 0100126329

12th May 2005

VICE-CHANCELLOR

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Vice-Chancellor

No. 149

LALIT NARAYAN MITHILA UNIVERSITY

KAMESHWARANAGAR, DARBELANGA.



PROVISIONAL CERTIFICATE

This is to certify that Khadbade Balasaheb.	Kilthalkau
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Maharashtra Medical Council, Mumbai

Certificate of Registration

Registration No. 2005/02/0656.

This is to certify that the withinsigned

Doctor Shril Arimutil Kamara KHADBADE BALASAHEB

possessing the qualification

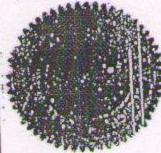
of (MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK),

has been duly registered under

the Medical Council Act, 1965 (Mak XLVI of 1965), in Part 1 of the register.

In whitness whereof are herewith affixed the Feat of the Muhwashtra

. Medical Council . Mumbai & the Signature of the Registran.





Registrar

Duted the 4TH FERRUARY 2005.



ALC: 40 NO 10 NO 100

Maharashtra Medical Council, Mumbai

Registration No.: 2005/02/0656

Dated: 04/02/2005

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 1647/2009

Dated: 23/07/2009



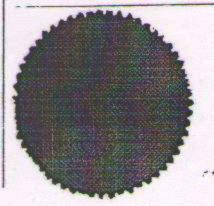


I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME

ADDITIONAL QUALICATION

DR. KHADBADE BALASAHEB VITTHALRAO M.D. (OBST. & GYNAE.) LALIT NARAYAN MITHILA UNIVERSITY, 2009



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Mahaima Gandhi Mission's MEDICAL COLLEGE

Sector-1, Kamothe, Navi Mumbal - 410 209, India Ph. (022) 27433404, 27437900 PBX), 27437992 E-mail: methmenb@gmail.com, Web: www.mgmuhs.com

MGM/MBD-C/2018/ 1991

Date: 23/06/2018

Experience Certificate

This is to certify that Dr. Khadbade Balasaheb has worked in the Department of Obst & Gynaecology at Mahatma Gandhi Mission's Medical College Kamothe Navi Mumbal in the following capacities:-.

Rote	777 37726	Erom	То	Total Years &
Senior Resid		7.30	15/05/2012	months
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This is as per record. This certificate is issued on his request.



MGM Medical College & Hespit Kampune, Navi Mumpai, 41021 The details of each faculty (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. (Separate from shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	- Information to be filled
01.	Name of Faculty/Teacher	Dr. Kale Prashant Bhimrao
02.	Date of Birth	23/04/1981
03.	Address	Kamothe, Navi Mumbai
04.	Tel. No./ Mob. No.	9029025725
05.	e-mail id	kaleprashantb@gmail.com
06.	Nationality	: indian
07.	Qualification in details : (attach documentary proof)	: MBBS, DNC,DGO
08.	Teaching Medical: Profession experience/ experience /Consultant/Mentor (attached document proof with signature of Head)	: Asso. Professor
09.	Present Appointment	Asso. Professor
10.	Publications (List & Proof)	: NIL
11.	Post Graduate Teaching experience (Attach documentary evidence)	HOSP & KEND HOSP MUMBAGE HOSP & KEND HOSP MUMBAGE
12.	Any other relevant information	

Note:

- 1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
- Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
- Publications: Give only full articles in indexed Journals published during the period of promotion and list them
 here only. No Annexure will be seen.
- Incase 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.
- 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 :- 08 11 222

Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

2/11/0-00

Annexure - B

Professional/Teaching Experience Certificate for Fellowship/Certificate

Courses Faculty/Teachers/Consultant/Mentor

(Separate from shall be filled for Director, Co-ordinator & Mentor)

Title of the Course applied for :-

This is to Certify that Dr. Kale Prashant Bhimrao has worked in the Department Of Obstetrics and gynecology, post graduate institute Yashoda Hospital College / Institutes as per following details.

General Experience:-A)

A) General Exp Designation	From	To 2018	Total period Year / Month	
			06 year	08 months
Asst. professor	21 December 2011	01 August 2018	03 years	03 months
Asst. professor	02 August 2018	Till Date	05 years	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To O1 August 2018 Till Date	Total period Year / Month	
			06 year	08 months
Asst. professor	21 December 2011 02 August 2018		03 years	03 months
Asst. professor			os years	

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

Sign& Stamp Head of the Department

Date: Dr. Balasakeb V. Khadbade M.D. (Obst. & Gynesc.)

Reg. No. 2005/02/0656

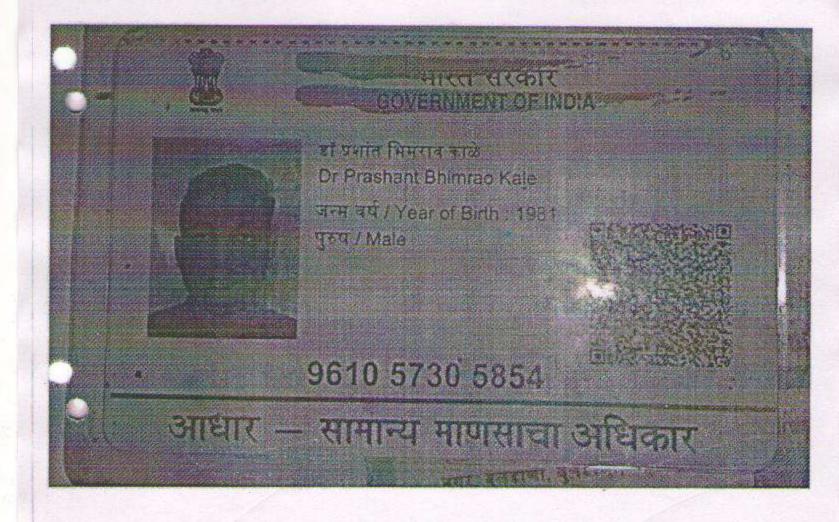
Sign & Stamp Dean/Principal/Head of Institute

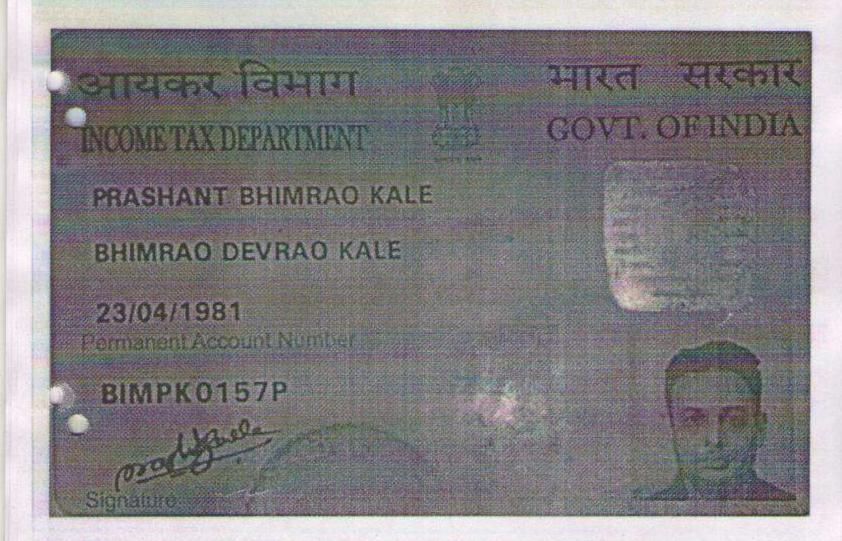
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Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member





(2)

OF HEALTH SCIENCES, NASHIK

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

ShriSmt KATEFRASHANT BIRMBAO

of Sech G.S. Medical College, Parel, Mumbai

having been examined and found duly qualified for the

Strain and a solution of the s

VICE-CHANCELLOR

PRN 2309112968

महासाद् आसेम्य विज्ञान विद्यापीठ, नारिशक अग्नरी, पहाण्ड आयोग्य चित्राम विद्यापीटाय कुलपात, प्रकृत्यपति, कुलगुर, ज्यवस्थापन परिषद् य विद्यापित्यद् मदस्य ज्याधिक कातो की, पच्छ, मुंबाई सूखीरत सर्द्ध मी, भूं, विद्यापित्य महाविद्यात्वया चे/्या

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National Board of Examinations

New Delhi
Iproby certifies that
Rule Arashant Chimran
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and has demonstrated his proficiency at an examination held in June 2011 session to the satisfaction of the Mourd. Accordingly, on this First Day of February in the year Two Chousand Twelve

the Nourd admits him at the Convocation held at New Nellyi as

Diplomate of National Board
for the practice of

Obstetrics and Gynaecol-

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B. P. S. Arai Din Persi ed Er. S Jalai Pire President

Dr. R. M. Sallina Dies President

Signature Comments of the control of

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Maljarashtra Medical Council, Mumbai

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Certificate of Registration

Registration No. 2005/02/01272.

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PRIASHANT

possessing the qualification

M.B., B.S. (MAHARASHIRA UNIVERSITY OF HEALTH SCIENCES, NASHI)

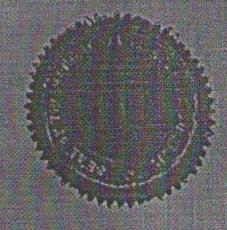
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in Part 1 of the register

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28TH FEBRUARY 2005.



Maharashtra Medical Council, Mumbai

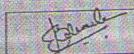
Registration No.: 2005/02/1272

Dated: 28/02/2005

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 0675/2013

Dated: 08/03/2013



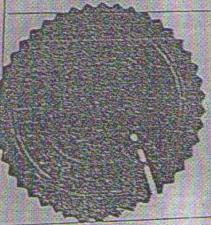
I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME

ADDITIONAL QUALIFICATION

DR. KALE PRASHANT BHIMRAO

D.N.R. (OBST. & GYNAE.) N.R.E. NEW HELTH, 2011



REGISTRAR

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Maharashtra Medical Council, Mumbai

189-A, Anand Complex, 2nd Floor, Sane Guruji Merg, Arthur Road Naka, Chlachpokali(W), Mumbai 400011, Tel 23010668 http://www.maharasbtramedicalcouncil.in

No : MMC/RENW/2005021272/202003277

To,
Dr. KALE PRASHANT BHIMRAO
C/O B.D. KALE, RAMNAGAR,
WARD NO. 15, -443001,
MAHARASHTRA.

Sub: Renewal of Registration No: 2005021272 Ref: Your Application date: 05/03/2020 Date: 27/03/2020



Sir,

I have to inform you that your name has been continued up to 28 Feb 2025 on the medical register of this Council, maintained under the provision of Maharashtra Medical Council Act 1965.

It is stated that the Medical Graduates / Practitioners registered with this Council will be required to approach this Council two months in advance before expiry of the above period for next renewal of registration as per section 23(C) of the Maharashtra Medical Council (Amendment) Act 2003.

Your's Truly

(Deshmush

(Sanjay Deshmukh)
Registrar
Maharashtra Medical Council

MOWROSJEE WADIA MATERNITY HOSPITAL Acharya Donde Marg Parel, Mumbai - 400012 Phone: 02224146964/65/66/67.

Ref .No.08-18/905.

06.08.2018.

EXPERIENCE CERTIFICATE

This is to certify that Dr. Prashant Bhimrae Kele was working as an Assistant Professor in Obstetrics & Gynaecology Department at Nowrosjee Wadia Maternity Haspital & Seth G.S. Medical College, Parel, Mumbai since 21 December 2011 to 1⁵¹ August 2018 for a period of 6 years & 8 months.

Ouring this tenure his services found to be satisfactory in carrying out job duties, responsibilities and his conduct & character was good.

During this period he has :

- 1. Experience in diagnosing, managing Obstetries & Gynaccological cases and Performing operative procedures & managing complications in OBGY efficiently.
- 2. Worked as an Undergraduate (MBBS) & Postgraduate (MS & DGO) teaching faculty for MUHS university & conducted university exams for the same.
- 3. Worked as Teaching Faculty for USG training programme, CGO certificate course & MUHS recognized Fellowship in Minimal Access Surgery & Infertility.
- 4. Experience of 5 years in Basic & Advanced Ultrasonography & USG Guided diagnostic & operative procedures.
- Experience in managing Infertility cases i.e. female a male infertility efficiently.
- Expertise in performing diagnostic & operative Hysteroscopy & Laparescopy procedures
- 7. Worked as co-ordinator & Master Trainer for FOGS1 PPIUCD Project in this Institute & also has experience in conducting, presenting & publishing Research Work in OBGY.
- 8. He is also empanelled on BMC family planning panel for Tubal Ligation & Vasectony

We wish him all the best for his future endeavour ...

Toward.

Dr. M. J. Jessawella

Mo. Jessawella

Mo. Jessawella

Modical Director

Nowcesice Visits Columbus 400 012

ernational Journal of Reproduction, Contraception, Obstetries and Gynecology andekar PK et al. Int J Reprod Contracept Obstet Gynecol. 2018 Feb;7(2):467-469 www.ijrcog.org

pISSN 2320-1770 | eISSN 2320-1789

DOI: http://dx.doi.org/10.18203/2320-1770.ijrcog20180156

Original Research Article

Placenta in pregnancy induced hypertension

Pooja Kashinath Bandekar*, Prashant Bhimrao Kale

Department of Obstetrics and Gynecology, Seth G. S. Medical College, Nowrosjee Wadia Maternity Hospital, Parel, Mumbai, Maharashtra, India

Received: 12 January 2018 Accepted: 16 January 2018

*Correspondence:

Dr. Pooja Kashinath Bandekar, E-mail: pujuobgy@gmail.com

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ABSTRACT

Background: Placenta is a predictor of outcome of pregnancy. Placental examination holds an important role in improving outcome of pregnancy. It is strategically located at feto-maternal interface and it acts like a record of pregnancy in which the cumulative effects of pregnancy related events and changes reflecting the intrauterine environment can be scrutinized. Objective of present study was to diagnose presence, if at all, of lesions of placenta and their nature in cases of pregnancy induced hypertension specifically in 2nd and 3rd trimester of pregnancy and to classify the lesions based on clinical presentation and to compare the results.

Methods: This study is based on histopathological examination of placenta in cases of PlH over a period of three years, from May 2011 to April 2014. The study was carried out at a tertiary care hospital.

Results: There were 280 (19.4%) cases of PIH amongst a total of 1440 cases. In these 280, 170 (60.72%) cases had severe PIH, 110 (39.28%) cases had mild PIH. Also, 180 (16.28%) cases revealed increased morbidity and mortality. Conclusions: Evaluation of placenta is an extremely important predictor, that helps to improve the outcome of pregnancy.

Keywords: Placenta, PIH, Predictor

INTRODUCTION

The entire existence of fetus in utero is solely dependent on only one vital organ "The Placenta". Placenta is essential for both maintenance and promotion of growth and development of fetus. The most accurate record of the infant's prenatal experience is the placenta. Pregnancy-induced hypertension (PIH) is the leading cause of maternal, fetal and neonatal mortality.

Pregnancy complications reflect in a significant way, both macroscopically and microscopically, in the placenta. Several studies have shown that there is uteroplacental insufficiency in PIH due to maternal vasospasm.³ This leads to vaso constriction of fetal stem arteries and hence the changes seen in the placenta of preeclamptic women.⁴

Maternal vasospasm leads to fetal hypoxia and also may lead to fetal distress and fetal death.⁵ The placenta is the mirror of maternal and fetal status. This study was carried out to diagnose changes, gross and microscopic, in placenta in cases of pregnancy induced hypertension over a period of 3 years from May 2011 to April 2014.

METHODS

This study consists histopathological examination of placentae in cases of PIH from May 2011 to April 2014. The study was carried out at a tertiary care hospital.

All the placentae in cases of pregnancy induced hypertension, in 2nd and 3rd trimesters of pregnancy were included in the study. Placentae of first trimester of pregnancy were excluded from the study.

Placenta, membranes and umbilical cord were submitted to the pathology department for examination. After receiving the specimen it was washed in running tap water, weighed and cut into vertical segments of 1-2 cm thickness from maternal to fetal surface to ensure proper fixation and then it was fixed in adequate volume of 10% formalin for 1 week. All the placentae were handled in accordance to Universal precautions. Thorough gross examination of the placenta was done with careful review of the umbilical cord, placental membranes, fetal and maternal surfaces. All significant lesions were noted. The diagnosis was further made on microscopy in the light of clinical details and investigations.

RESULTS

We observed 280 (19.4%) cases of PIH amongst a total of 1440 cases (Figure 1).

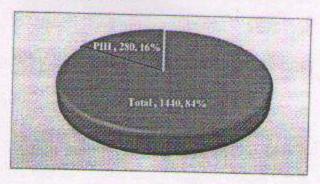


Figure 1: Proportion of PIH.

170 (60.72%) were having severe PIH, while 110 (39.28%) were having mild PIH. Out of total 280 cases of PIH, 180 (16.28%) cases showed high morbidity and mortality which included, abruptio placentae 80, DIC 20, HELLP syndrome 10 intra uterine losses 52, still births 9, eclampsia 9 cases (Table 1).

Table 1: Complications.

Pathology	Number	Percentage
Abruptio placentae	80	44.40
DIC	20	11.11
HELLP	10	5,56
Intra-uterine losses	52	28.89
Still births	9	5
Eclampsia	9	5
Total	180	

Amongst severe PIH cases, 130 (76.4%) placentae showed low placental weight, in mild PIH only 20 (18.2%) placentae showed the same for the corresponding gestational age. It revealed that low placental weight was significantly associated with PIH (Chi-square=6.930 and P value 0.08). Weight of baby was smaller than expected, for the corresponding gestational age in 140 (82.3%) cases of severe PIH and 40 (35%) cases of mild PIH. It revealed that low birth weight was significantly

associated with PIH (Chi-square=4.312 and P value 0.03).

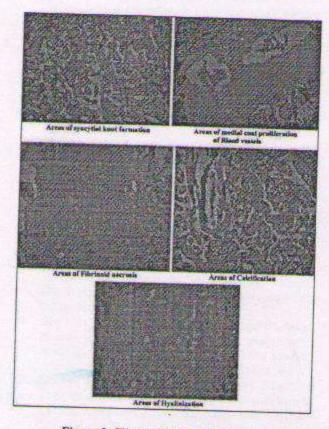


Figure 2: Histopathological changes.

Placentae were smaller in PIH. Commonest pathology seen was large multifocal infarcts, in 120 (42.85%) cases, followed by retro- placental clot in 80 (28.50%) cases, abruptio placentae 80 (22.40%) cases and calcification in 20 (7%) cases (Figure 2). The base and edge infarcts were most extensive. Infarcts were seen in 100 (58%) cases of severe PIH and 20 (18.2%)cases of mild PIH. Uteroplacental insufficiency (UPI) was the major pathological diagnosis in 78.6% cases as documented in literature. Uteroplacental insufficiency (UPI) reflected increased infarcts, syncytial knots, maternal vessel thrombosis and fibrinoid necrosis.

DISCUSSION

The study included 280 (19.4%) cases of PIH. 60% of cases revealed severe PIH. Similar observations found in study by Narasimha A et al.⁷ In this study increased morbidity and mortality included abruption placentae 80, DIC 20, HELLP syndrome 10, intra uterine losses 52, still births 9, eclampsia 9 cases. An almost similar clinical outcome was obtained by Alexander et al who studied 6518 patients with PIH.⁸

On gross examination, small placentae and large multifocal infarcts in 120 (42.85%) cases is the commonest pathology, followed by retroplacental clot 80 (28.5%) cases, abruption 60 (21.42%) cases and calcification 20 (7%) cases. The basal and edge infarcts of placenta were extensive and more commonly seen in cases of severe PIH. An alteration in the hormonal facto probably leads to altered blood flow and hence a significant increase in syncytial knot formation in placental. According to Robertson, the cause of reduction in blood flow is due to vasculopathies of spiral arteries, which in turn causes reduction in the weight of placenta. It has been recorded that maternal utero-placental blood flow is decreased in preeclampsia because of maternal vasospasm. Reduced maternal utero-placental blood flow indirectly leads to constriction of fetal stem arteries. 6(9)

It revealed that low placental weight was significantly associated with severe PIH. These findings correlated with other studies. 6,10,11 Weight of baby was smaller than expected gestational age in 140 cases (82,3%) of severe PIH, and 40 cases (35%) of mild PIH. It revealed that low birth weight was significantly associated with severe PIH which correlate with findings of other studies. 6,10-14

CONCLUSION

PIH contributed to 19.4% of cases amongst all the placentae received. Placental examination helps reveal increased morbidity and mortality in the form of low placental weight and associated low birth weight of baby. The histopathological changes of PIH and uteroplacental insufficiency revealed various structural changes such as significant number of syncytial knots, areas of fibrinoid necrosis, areas of medial coat proliferation of medium sized blood vessels, areas of calcification, and areas of hyalinization. Thus placental changes occuring in PIH directly affect the growth and nutrition of fetus in utero. detailed history, clinical investigations of mother and ultrasonography play an examination essential role in the interpretation of histopathological diagnosis of placental lesions.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

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Cite this article as: Bandekar PK, Kale PB. Placenta in pregnancy induced hypertension. Int J Reprod Contracept Obstet Gynecol 2018;7:467-9.

mational Journal of Reproduction, Contraception, Obstetrics and Gynecology andekar PK et al. Int J Reprod Contracept Obstet Gynecol. 2018 Jan;7(1):128-131

pISSN 2320-1770 | eISSN 2320-1789

DOI: http://dx.doi.org/10.18203/2320-1770.ijrcog20175546

Original Research Article

Awareness of carcinoma cervix in nursing personnel of a tertiary care institute, Mumbai, India

Pooja K. Bandekar*, Prashant B. Kale

Department of Obstetrics and Gynecology, Seth G.S. Medical College and Nowrosjee Wadia Maternity Hospital, Maharashtra, India

Received: 03 December 2017 Accepted: 14 December 2017

*Correspondence: Dr. Pooja K. Bandekar, E-mail: pujuobgy@gmail.com

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ABSTRACT

Background: Carcinoma cervix is the second most common cancer of women all over the world and commonest cancer among Indian women. Awareness about cervical cancer and its prevention low amongst Indian women. The Pap test is a simple cost-effective technique for screening to help early diagnosis of cervical cancer. Nursing staff should be made aware of cervical cancer, so that they can spread the knowledge to the general public. Objectives of present study were to assess the knowledge level regarding symptoms, risk factors, prevention and screening of cervical carcinoma among nursing staff and to find out the behaviour of respondents regarding prevention and screening of cervical carcinoma.

Methods: A cross-sectional interview-based survey regarding knowledge of cervical carcinoma was conducted among the nursing staff of a tertiary care institutes of Mumbai. A structured questionnaire with multiple choices was used as a tool for data collection. Provision for open-ended responses was also made in the questionnaire. 100 nurses participated in the current study. Data was entered in Microsoft Excel. SPSS statistical software was used to generate statistical parameters like proportion, mean, standard deviation, etc. The test of significance used was the Z test and a P value of <0.05 was considered as the level of significance.

Results: We lack an organized opportunistic screening program for cervical cancer in India. Data indicates a slow, but steady, decline in the incidence of cervical cancer. However, the rates are still too high, particularly in the rural areas. It is extremely essential to screen eligible women when they come to health units for other services. Studies have shown it is possible to train nurses to screen for cervical cancer. Attitudes that screening is to be done by doctors or gynaecologists only needs to change. The survey revealed that the hospital played a limited role as a source of information on Pap smear. This calls for a re-orientation of nurses, paramedicals and health workers and a need for introduction of simpler cervical cancer screening methods such as visual inspections that are more sustainable

Conclusions: Awareness about cervical cancer has to be improved. Education of the nursing personel will strongly contribute to strengthen cervical cancer screening programs. Nursing staff can and should educate the masses to help increase health awareness in women.

Keywords: Cervical cancer, Knowledge, Nursing staff, Pap test, Screening

INTRODUCTION

International Agency for Research on Cancer (IARC) states that India has the highest number of cervical cancer cases in the world. Estimated 1,32,000 new cases and

74,000 deaths occur every year due to cervical cancer in India. Sexually transmitted infection with human papilloma virus (HPV) is a precursor to the development of carcinoma cervix. Its prevalence increases due to multiple sexual partners and poor genital hygiene. There

are 100 HPV types of which 18 are high-risk for cervical cancer, and the rest are low-risk.2 Cervarix® by Glaxo SmithKline (GSK) is a bivalent vaccine that protects against HPV strains 16 and 18, and Gardasil® by Merck is a quadrivalent vaccine that protects against HPV strains 16, 18, 6 and 11. These two types of vaccine are available with private health care providers though there is no provision for HPV vaccine at the institute where the study has been carried out. HPV types 16 and 18 accounts for almost 70% of all cervical cancer cases in India.3 The Programme for Appropriate Technology in Health (PATH), a USA-based not for profit nongovernmental organization (NGO), has been working on coverage, acceptability, feasibility and costs of the vaccines in two Indian states, Gujarat and Andhra Pradesh, and it is funded by the Bill & Melinda Gates Foundation.4 The study was suspended in April 2010 by the Government of India vide concerns about safety. PATH and the Indian government are investigating whether to implement a HPV vaccination program.5

Of all the female genital tract cancers, cervical cancer is a deadly disease once in the invasive stages, nevertheless, it is the only preventable cancer, if detected at its early stages. Population screening with Pap smear is an important secondary preventive measure for cervical cancer helping in a high-cure rate amongst patients. The facilities to do a Pap smear are available in the institute where the study has been carried out,

A recent qualitative study reported a low level of awareness about HPV and cervical cancer amongst the general population and even the health service providers of particular four developing countries (India, Peru, Uganda and Vietnam). Very similar results, were found in several studies conducted in many other countries all over the world.

Nurses can provide information to all the patients they serve in day-to-day practice. They play a key role in health promotion and disease prevention. They are an ideal to provide health education to young girls and women. Hence the nursing staff should be aware about cervical cancer, sources of knowledge of cervical cancer and its prevention. The present study was to assess the knowledge of the nursing staff of a tertiary health institute.

METHODS

This is cross-sectional study carried out among the nursing staff of a tertiary health institute in mumbai. The duration for the study was from March to August 2008, over a period of six months. A total of 675 nursing staff were enrolled in this study. 15% of staff were randomly selected. Practically a total of 100 nurses were selected for the study. Verbal-informed consent was sought from the subjects. A structured questionnaire was designed. There also was a provision for open-ended responses in the format. The selected nurses were interviewed for the

socio-demographic profile of the respondents, their knowledge about symptoms, risk factors and prevention, their attitude and awareness of Pap smear for screening for carcinoma cervix.

Statistical analysis

Data entry was done, and SPSS statistical software was used to generate statistical parameters like proportion, mean, standard deviation, etc. Z test was used as a test of significance, and P value of <0.05 was considered as level of significance.

RESULTS

Out of 100 staff nurses, 60% belonged to the age group of 41-50 years. The mean age of the study population was 46 years. The majority of respondents (90%) were married (Table 1).

Table 1: Social and -demographic profile of study population.

Age	Number	Percentage
21-30	4	4
31-40	16	16
41-50	60	60
51-60	20	20
Marital statu	S	The same of the sa
Married	90	90
Unmarried	10	10
Widow	0	0
Socio econom	ic class (Modifi	ied Prasad classification)
Class I	90	90
Class 2	10	10
Total	100	100

69% of respondents had some knowledge of cervical carcinoma. Almost 90% of the study population belong to class 1 as per modified Prasad Classification (Table 1).

As per information regarding knowledge of the symptoms of cervical cancer, only 65 (94.2%) respondents stated vaginal discharge as one of the symptoms.

The percentages of respondents who mentioned menstrual abnormality and pain as symptoms were 86.9 and 66.6, respectively. 40 (71.1%) of the staff nurses believed that early marriage was an important risk factors were as 51 (73%) felt that early pregnancy was an important risk factors and 43 (62.3%) were of the opinion that repeated pregnancy was an important risk factors. Only eight (11.5%) respondents were aware of multiple sexual partners as one of the risk factors of cervical carcinoma.

Out of 69 respondents who had some knowledge regarding cervical carcinoma, 61 (88.4%) had knowledge regarding Pap test as one of the preventive measures (Table 2). Out of 62 staff nurses who knew about Pap test, only five (8%) had undergone Pap test (Table 3).

Table 2: Knowledge about various aspects of carcinoma cervix.

Aspects	Frequency		Z	P value
Symptoms				MA THE IS
Menstrual abnormality	60	86.5	1.4	>0.05
Vaginal discharge	65	94.2	1	
Pain	46	66.6	4.3	< 0.05
Others	28	40.5	8.6	< 0.05
Risk factors		3400000	even negative	
Early marriage	49	71.1	0.3	>0.05
Early pregnancy	51	73.9	1	
Repeated pregnancy	43	62.3	1.4	>0.05
Oral contraceptives	12	17.3	6.9	<0.05
Multiple sexual partners	8	11.5	6.5	<0.05
Preventive measu	ires	-		
Good genital hygiene	57	82,6	5.9	<0.05
Use of condom	59	85.5	5.7	< 0.05
PAP Test	61	88.4	1	# Passage
Total	69	100		Charles Commission

Others included post-coital bleeding, bladder and rectal involvement, weight loss and loss of appetite

Table 3: Knowledge regarding PAP smear.

Knowledge	PAP Done		Total
about PAP	Wes, n (%)	No, n (%)	N (%)
Present	5 (8.1)	57 (91.9)	62 (100)
Absent	0 (0)	38 (100)	38 (100)
Total	5 (5%)	95 (95)	100 (100)

DISCUSSION

This study was conducted among staff nurses to evaluate their knowledge regarding carcinoma cervix. 69% of staff nurses had some knowledge related to cancer of the cervix. In the present study, 86.9 and 94.2% mentioned menstrual abnormality and abnormal vaginal discharge, respectively, as symptoms of cervical cancer, while in a study by Nganwai et al, this proportion was 77.7 and 92.4% respectively. This was 80.6% in a study by Anya et al. 8

In present study, only 11.5% knew of multiple sexual partners as one of the risk factors. In a study of Ali et al,

45% and in a study carried out by McCarey et al, 41% of the nurses knew this. 9.10 In the present study, 73.9% mentioned early age at pregnancy as one of the risk factors for cervical cancer. In the study by Nganwai et al 81.8 and 85.6% of respondents knew these as risk factors for cervical cancer. 7

In the present study, knowledge regarding Pap test was present in 88.4% of respondents. Similar findings (83%) were documented in a study carried out by Mutyaba et al. 11 In a study by Ali et al, only 75% knew the same. 9

In the present study, only 5 (5%) respondents underwent Pap test. The same result (5.5%) was there in a study by Udigwe. 12 However, in a study carried out by Nganwai et al, 56.4% underwent Pap smears every year. 7

We lack an organized opportunistic screening program for cervical cancer in India. 13 Data indicates a slow, but steady, decline in the incidence of cervical cancer. However, the rates are still too high, particularly in the rural areas. 13 It is extremely essential to screen eligible women when they come to health units for other services. Studies have shown it is possible to train nurses to screen for cervical cancer. 14 Attitudes that screening is to be done by doctors or gynaecologists only needs to change. The survey revealed that the hospital played a limited role as a source of information on Pap smear. This calls for a re-orientation of nurses, paramedicals and health workers and a need for introduction of simpler cervical cancer screening methods such as visual inspections that are more sustainable. 15

CONCLUSION

Awareness about cervical cancer has to be improved. Education of the nursing personel will strongly contribute to strengthen cervical cancer screening programs. Nursing staff can and should educate the masses to help increase health awareness in women.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

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Cite this article as: Bandekar PK, Kale PB.

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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 SNEHALATA BALASAHEB KHADBADE
02.	Date of Birth	:	06/06/1982
03.	Address	:	PLOT NO 02 SATYAM ARCADE PLOT NO 26 SECTOR 21 KAMOTHE, NAVI MUMBAI.
04.	Mob. No.	:	9320860170
05.	E-mail id	:	Snehalatakhadbade@gmail.com
06.	Nationality	;	indian
07.	Qualification in details : (attach documentary proof)		M.B.B.S., DGO
08.	Present Appointment	:	consultant in OBG?
09.	Any other relevant information		

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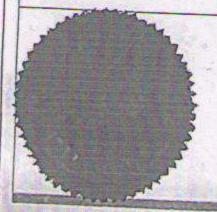
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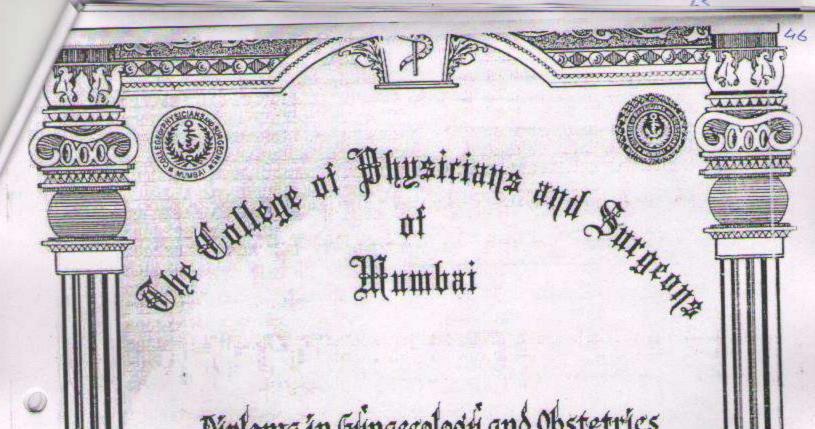
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Diploma in Gynaecology and Obstetrics

DR. REDARLINGE SNEHALATA BHARAT

having completed the prescribed course of study and having satisfied the examiners of her proficiency at the examination held in October 2018 of Gynaecology and Obstetrics has been

granted this Diploma

at the convocation held in Mumbai on this 8th day of March 2019



Controller of Examinations





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PASSING CERTIFICATE

This is to certify that Shri/Smt.

AEDARLINGE SNEHALATA BHARAT

Appeared for and passed the

FINAL M. B. B. S.

Examination held by the Maharashtra University of Health Sciences, Nashik

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21/12/2018

BONAFIDE CERTIFICATE

This is to state that DR. Snehalata Bharat Kedarlinge is a bonafide student of Yashoda Hospital, Kamothe, Navi Mumbai. She is registered to do the Diploma of College of Physicians and Surgeons of Mumbai in Obstetrics And Gyneacology (DGO) in the department of Obst. And Gyneacology, Yashoda Hospital, Kamothe Navi Mumbai from 01/10/2016 to 30/09/2018.

DR. BALASAHEB V KHADBADE

Yashoda Hospital, sector 21,

Kamothe , Navi Mumbai

M. D. (Obst. & Gynaed.) Reg. No.: 2005/02/0656

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Statement of Marks

Statement No. 18212

Diploma in Gynaecology and Obstetrics : October 2018

Rall No : Name :					
Code	Paper Name	Max	Min	Obtained	SubTota
1	Paper 01	100		52	2 - 72
2	Paper 02	100		51	
3	Paper 03	100		55	100
	Theory	300	150		158 P
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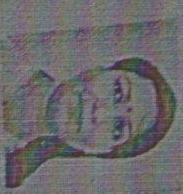
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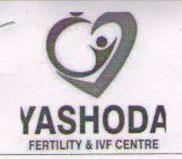
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OBSTETRICS & GYNAECOLOGY

LIST OF INSTRUMENT AND EQUIPMENT LIST

SR.NO	NAME OF THE ITEMS	NO.REQUIRED
Α	GENERAL	
1	Speculums and retractors	100
2	EA+ ECC sets	5
3	Cytology bottle	4
4	Microscope	3
5	MR Syringes	3
6	Colposcope	1
7	Cryolelectro cautery apparatus	1
8	Simple fetal Doppler	2
9	NST machine	
10	Stitch removal sets	(
11	Dressing sets	
12	Ultrasound machine	
13	Weighing machine	
14	Height scale	
15	View box	
16	Digital/ Electronic Blood Pressure apparatus, measuring tapes, gloves, syringes, needles torch	
17	Resuscitation tray (Laryngoscope, ET tube, Ambu bag, Suction catheter	
18		
19	Hysterosalphigogram Cannula	
20	PCT forceps	
21	Ayer's spatula	4



YASHODA HOSPITAL

A Multi – Specialty Unit 1st Flor, Satyam Arcade, Plat No.,t 26, Sector-21 Kamothe, Navi Mumbai – 410209,

OPD and **OPD**

Instrument and Equipment list

В	MAIN OPERATION THEATRE	
22	Abdominal Hysterectomy set (Artery forceps, scissors, scalpel, Allis's kelly's clamp, Babcock forceps, thumb forceps, Harington & Richardson retractors)	
23	Vaginal Hysterectomy set	3
24	Scalpel, scissors, metal catheter, Sim's, Speculum volsellum, Kelly's clamps, right angle retractor, arteries, Allis, uterine sound, bladder sound	3
25	Tuboplasty set	
26	Myomectomy instruments (Myoma screw, Boney's clamp)	1
27	Diagnostic laparoscopy set	1
28	Operating laparoscopy set including one with HD with all accessories & hand instruments.	1
29	Laparocator for tubal ligation	1
30	Operative Hysteroscopy set	1
31	Electronic Carbondioxideinsuffator/ Insuffator basic unit	2
32	Resectoscope	1
33	Hysteromat	1
34	Operative microscope	1
35	Electrocautery	1
	LABOUR ROOM	PAULEURA!
36	Delivery sets	8
37	Digital/ Electronic B.P. Apparatus	1
38	Weighing machine	1
39	Fetal Doppler	1
40	Cardiotocogram machine	2
41	Portable ultrasound	

42	High suction machine	3 2
43	Resuscitation tray	2
	SPECIAL EQUIPMENT	
44	Oxytocin infusion pumps	2
45	Multichannel monitors	4
	TEACHING SET	
46	Doll and Dummy	1
47	Female Pelvis	1
48	Gross specimens	10
49	X-ray/US films	5
50	View box	1
51	Multimedia Projector with Screen	1
52	Set of instruments for teaching purpose	1
	FMINOR OPERATION THEATRE	
53	Cervical biopsy set	2
54	MTP set	3
55	D&C set	3
56	UCD insertion/removal set	5
57	High suction machine	2
58	Resuscitation tray	1
59	EB. set	3
60	Operation Theatre table, Operation Theatre lights, Central 02 and suction	1
	MATERNITY OPERATION THEATRE	
61	Set for LSCS	6
62	D&C set	3
63	MTP set	3
64	High suction machine	1
65	Cervical exploration set	2
66	Uterine packing forceps	3
67	Abdominal hysterectomy set	1
68	Diagnostic laparoscopy set	1
69	Postpartum ligation	1
70	Outet forceps	1

72	Vacuum Extractor and suction machine	1
73	Resuscitation tray	1
74	Infusion Pump	1
75	EB set	2
76	Laparocator for tubial ligation	1
77	Operation Theatre table. Operation Theatre lights, Central 02 and suction	As required
Н	WARDS	
78	Blood Pressure Apparatus (Digital/Electronic	5
79	Weighing machine	1
80	Height scale	1
81	Speculum and retractors	10
82	Glucometer	1
83	Microscope	1
84	Suture removal sets	4
85	Dressing sets	4
86	Ultrasound	1
87	Cutdown sets	1
88	CTG machine	1
89	Suction machine	2
90	Resuscitation tray	2
91	Xray View box	1
92	Central 02 and suction	As required
	Special Equipment	
93	Ultrasound machine with Doppler/Vaginal probe/facilities for interventional procedure	1
94	Oxytocin infusion pumps	2
95	Multichannel monitor with ECG,BP,HR, Pulse oximeter for high risk pregnant patients	1
96	Fetal Monitor for Antepartum Surveillance	3
97	Multimedia Projector with Screen	2

PANVEL CITY MUNICIPAL CORPORATION



Certificate Of Registration

(Under Bombay Nursing Home Registration (Amendment) Act 2005 Under Section 5)

This is certify that Dr. Balasaheb khadbade MBBS MD Gra 2005/02/065

has been registered under The Bombay Nursing Home Registration (Amendment) Act

2005 in Respect of Yashoda Hospital

situated at Satyam Arcarde Gr Aar, frot flow Ploto 26 Panvel City Seet 21 Karmothe

Municipal Corporation and has been authorised to carry on said Nursing Home

Registration No. MH/PMC/H- 126

Date of Registration 01 | 04 | 2022

Place P.M.C

Date of issue 15 | 06 | 2022

Terms and Conditions

/ PCPNDT Regd. No. TL Regd. No._ Facility - MTP Regd. No.

- No. of Indoor patients Sanctioned 611) Maternity Bed 40 2) ICU Bed 043) NICU Bed 20 Total Bed 61 be
- There should not be any nuisance or health hazards to the neighboring residents 2) 3)
- Hospital waste should be disposed off as per the Biomedical Waste Act, 1998
- Hospital waste should not be thrown in community dustbins or anywhere in open space. 4)
- All necessary NOC required from various department should be renewed regularly. 5)
- It is necessary to obtain relevant Registration / Licences required under various act applicable to hospital 6) 7)
- Registration should be renewed every three year in the month of March as per the Bombay Nursing Home Registration (Amendment) Act 2005.
- It is mandatory to submit information / report as desired by PCMC
- 10) The Registration is liable to be evoked on violation of any of above condition.

Medical Officer of Health ealth Panyel Municipal of BSPatesion

GOVT OF MAHARASHTRA



Public Health Department
(PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES
PROHIBITION OF SEX SELECTION ACT, 2003)

SCHEDULE III

Certificate Of Registration

1.	Prevention of Misuse) Act, 1994, (57 of 1994), the Appropriate Authority
	hereby grants registration to the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*
	named below purposed of carrying out Genetic Counselling Pre-natal Diagnostic Procedures*/ Pre-
	natal Diagnostic Tests as defined in the aforesaid Act for a period of five years ending on 2/7/2023
2.	This registration is granted subject to the aforesaid Act and rules there under and any contravention
	there of shall result in suspension or cancellation of this certificate of Registration before the expiry of the said period of years.
	A Name and address of the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*
	Yashada Hospital Satyam Arcade, Sect-21, Kamothe B Name of the Applicant for registration
	Dr. Balasaheb V. Khadbade, MD 0BGY, Regno-2005/02,
	C Pre-natal diagnostic procedure approved for (Genetic Clinic)
	- Ultrasound ii) Amniocentesis DPr. Sachin v. Nichite
	iii) Chorionic villi biopsy iv) Foetoscopy DNB obay Reg no 2005/02
	v) Foetal skin or organ biospy vi) Cordocentesis 6 Dr. Prugya Pripativi.
	DOM DOM ONLY
	D. Pre-netal diagnostic tests approved (for Genetic Laboratory) 1) Chromosomal Studies ii) Biochemical studies Dr. Vished Palujome
	1) Chromosomal Studies ii) Biochemical studies Dr. Vished Palui, Drik
	III) Molecular studies & Dx. Keshav Kule Card PN- 2008/10/3524.
3.	Model and make of equipments being used philips CV 350 SW- C31313028.
4.	Model and make of equipments being used philips (V 350 SW- C 313/3028. Registration No. allotted MH/PM/P-107.
5.	Period of validity of Registration 5 years From 3/07/2018 To, 02/07/2023
	SPRINGE OF PETRICAL
Da	seal Dr. Ramesh Nikam
	Medical CoMD (Mum)



HOSPITAL ALI BAG - RAIG





FORM - A

CIVIL SURGEON RAIGAD - ALIBAG REGISTER SHOWING THE NAME OF THE PERSONS, REGISTERED U/S 5 OF THE BOMBAY NURSING HOMES REGISTRATION ACT 1959 (UNDER RULE 3)

YEAR 2010 . 2011

NAME : (In Full) Name of the Applicant Dr. Balasaheb V. Khadbade

Full Address of the Applicant Yashada Maternity Gen HOSP, Ist Floor, Soltyam, Arcade plot No. 26,500- Ex Name & Other Partie Nursing Home Which the applicace

Nationality of the Applicant Registered Indian

Place Where the Nursing Home is situated Yashada Maternity's Gen Hospital, Ist Auss, Saryam Vecage, Wot 40-55, 200-54 Kamo me - pannel.

Total Number of Patients for whom Accommodation is available in the. Nursing Home 15

Maternity Patients -06

Other Patients - 09

No. & Date of Registration 216/29/11/2010

Date of Renewal of Registration 31 March - 2013

Balasaheb Khadbade

Civil Surgeon Raigad - Alibag

M. D. (Obst. & Gynaec.) Reg. No.: 2005/02/0656

plu



ANNEXURE - C

FORM NO. 3CB

Audit report under section 44AB of the Income-tax Act, 1961 in the case of a person referred to in clause (b) of sub-rule (1) of rule 6G

have examined the balance sheet as at 31st March 2019 and the Profit and loss account for the period beginning from 01 attached herewith, of YASHODA HOSPITAL 01.SATYAM ARCADE SECTION 0. AND THE PANYEL. PANYEL-RAIGAD, MAHARASHTRA, 410200 We have ending on 21/03/2012 attached nerewith, of YASHODA HOSPITAL 01.SATYAL NO. 2018 AMOUNTHE PANYEL. PANYEL-RAIGAD, MAHARASHTRA, 410209 AABFY6674K,

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hold of the following observations/comments/discrepancies/inconsistencies; if any:

(3) We report the following observations/comments/discrepancies/inconsistencies; if any:

All the balances of Balance sheet and profit and loss account as per books and

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We have obtained all the information and explanations which, to the best of Our knowledge and belief, were necessary for the purposes of the audit. (b) Subject to above,-(B) In Our opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears

In Our opinion, per and belief, were necessary for the examination of the books. from Our knowledge and only, the necessary for the examination of the books.

(C) In Our opinion and to the best of Our information and according to the explanations given to Us the said accounts, read with notes thereon, if any, give a true and fair view:-

with notes thereon, if any, give a true and fair view:with notes unclean, in the case of the balance sheet, of the state of the affairs of the assessee as at 31st March, 2019; and

(i) in the case of the <u>Profit and loss account</u> of the <u>Profit</u> of the assessee for the year ended on that date.

4. The statement of particulars required to be furnished under section 44AB is annexed herewith in Form No. 3CD.

5. In Our opinion and to the best of Our information and according to explanations given to Us the particulars given in the said 5.In Our opinion and to the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

Form No. 3CD and the Factorian No. 3CD and t	Observations/Qualifications
No. 1 Others.	I have relied upon the proprietors certification in respect of certain expenses / transaction where otherwise the evidences are not available.
2 Others. 3 Others.	All the balances from Balance Sheet and Profit and Cost to confirmation from various parties.
Place PANVEL 24/10/2019	Name Membership Number FRN (Firm Registration Number) Address CHETAN KISHOR JOSHI 125904 125904 0128063W S-4 SUPER CHS - GAURIDARSHAN SE CTOR 11 PLOT NO. 2, NEW PANYEL. PANYEL, MAHARASHTRA, 410206

Dr. Balasaheb Khadbade M. D. (Obst. & Gynaec.)

Reg. No.: 2005/02/0656

[See rule 6G(2)]

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or dividend. [Section 30(1)(1)]							
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draft or use of electronic clearing system through a bank account during the previous year Particulars at (c), (d) and (e) need not be given in the case of a repayment of any loan or deposit or any specified advance accepted from Government, Government company, banking company or a correction particular accepted from Government, Government company, banking company or a correction (Particulars at Control of the Control of the Case of a repayment of any loan or deposit or any specified advance as accepted from Government, Government company, banking company or a corporation established by a Central, State in or accepted Act) Details of brought forward loss or depreciation allowance, in the following manner, to extent available provincial Act) Assessment Year Nature of loss/allowance Amount | Amount 5 No and S 25 assessed Date returned Whether a change in shareholding of the company has taken place in the previous year due to which Not Applicable the losses incurred prior to the previous year cannot be allowed to be carried forward in terms of Whether the assessee has incurred any speculation loss referred to in section 73 during the previous year. C If yes, please furnish the Whether the assessee has incurred any loss referred to in section 73A in respect of any specified business No d during the previous year If yes, please furnish details In case of a company, please state that whether the company is deemed to be carrying on a speculation business of the same 2 e as referred in explanation to section 73 If yes, please furnish the details of speculation loss if any 33 Section-wise details of deductions, if any admissible under Chapter VIA or Chapter III (Section 10A, Section 10AA) No Amount S.No | Section Whether the assessee is required to deduct or collect tax as per the provisions of Chapter XVII-B or Chapter Yes Nil 34 a Amount of XVII-BB, if yes please furnish Amount Total Amount Total Total of tax Nature of Total tax amount Section of Tax amount deducted amount amount of deducted on which payment deducted deduction on which on which payment or tax was and was tax was or or receipt tax collected collected deducted collected collection deducted the required of on (8) not out of (6) or Account or deposited be to nature collected collected Number deducted the specified to at less (TAN) in column of credit than specified collected the Central (3) specified rate out of out of (4) Governmen rate out of (5) out of (6) (7) and (8) 0 720 36000 36000 36000 Payments 194C AAACA8 to contra 049G ctor and sub-contr O actors 69890 0 698880 698880 698880 Payments AAACS28 194C to contra 09J and sub-contr actors 55350 553500 553500 553500 Payments AADCS87 194C to contra 34K ctor and sub-contr 2655 actors 26550 26550 26550 AAFCT91 194C Payments to contra 31P ctor and sub-contr 17500 actors 175000 175000 175000 Payments ACNPV89 194C contra 58R

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> PANVEL 24/10/2019

Name

Membership Number

FRN (Firm Registration Number) 0128063W

Address

CHETAN KISHOR JOSHI ACCOM

S-4 SUPER CHS - GAURIDARSHAN SE CTOR II PLOT NO. 2. NEW PANVEL. PANVEL, MAHARASHTRA, 410206,

Filing Details		
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Furnitures & Fittings @ 10%					1	43.	1								
Total of Furniture	s & F	ittings @ 10	0%												
Plant &	1.	12/03/20	19	12/03/2019	7200	0	0	0 0	72000						
Machinery @ 15%		01/04/20		01/04/2018	174977	7	0	0 (
Total of Plant &	Machi	nery @ 15°	/-						182177						

Deduction Details(From Point No. 18)			
Description of Block of Assets	Sl.No. Date of Sale etc.	Amount	
Furnitures & Fittings @ 10%			
Total of Furnitures & Fittings @ 10%			
Plant & Machinery @ 15%			
Total of Plant & Machinery @ 15%			

FORM NO. 3CB [See rule 6G(1)(b)]

Audit report under section 44AB of the Income-tax Act, 1961 in the case of a person referred to in clause (b) of sub-rule (1) of rule 6G

- 1. We have examined the balance sheet as at 31st March 2018 and the Profit and loss account for the period beginning from 01 /04/2017 to ending on 31/03/2018 attached herewith, of YASHODA HOSPITAL 01.SATYAM ARCADE.SECTOR 21. PLOT NO. 26.KAMOTHE PANVEL. PANVEL-RAIGAD. MAHARASHTRA. 410209 AABFY6674K.
- 2. We certify that the balance sheet and the <u>Profit and loss account</u> are in agreement with the books of account maintained at the head office at <u>01.SATYAM ARCADE.SECTOR 21. PLOT NO. 26.KAMOTHE PANVEL</u>, and <u>0</u> branches.
- 3. (a) We report the following observations/comments/discrepancies/inconsistencies; if any:

All the balances of Balance sheet and profit and loss account as per books and are subject to confirmation from various part ies. In respect payment made by cheque or draft, we have to state that is not possible for us to verify whether the payment in excess of Rs. 20.000 have been made otherwise than by crossed cheque or draft as the necessary evidence is not possible for the assesses to produce. Fixed assets are not fully supported by vouchers or invoices. I have relied upon the proprietors certification in respect of certain expenses or Transaction where otherwise the evidences is not available. Expenses are not proper ly supported by vouchers. Our audit is based on materiality and on test check basis wherever required. Profession Tax deduction of employees from salary not done during previous year.

- (b) Subject to above,-
- (A) We have obtained all the information and explanations which, to the best of Our knowledge and belief, were necessary for the purposes of the audit.
- (B) In <u>Our</u> opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from <u>Our</u> knowledge and belief, were necessary for the examination of the books.
- (C) In Our opinion and to the best of Our information and according to the explanations given to Us the said accounts, read with notes thereon, if any, give a true and fair view:-
 - (i) in the case of the balance sheet, of the state of the affairs of the assessee as at 31st March, 2018; and
 - (ii) in the case of the Profit and loss account of the Profit of the assessee for the year ended on that date.
- 4. The statement of particulars required to be furnished under section 44AB is annexed herewith in Form No. 3CD.

5.In Our opinion and to the best of Our information and according to explanations given to Us the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

	Observations/Qualifications
	I have relied upon the proprietors certification in respect of certain expenses / transaction where otherwise the evidences are not available. M. No.
Others.	Our audit is based on materiality and on a test check basis wherever required. All the balances from Balance Sheet and Profit and Loss Account are subject.
Others.	All the balances from Balance Sheet and Profit and Loss Account are subject to confirmation from various parties
A 5 (1)	Name CHETAN KISHOR JOSHI Membership Number FRN (Firm Registration Number) Address S-4 SUPER CHS - GAURIDARSHAN SE
	Others.

CTOR 11 PLOT NO. 2, NEW PANVEL. , PANVEL, MAHARASHTRA, 410206

Dr. Balasaheb Khadbade

Leey

M. D. (Obst. & Gynaec.) Reg. No. : 2005/02/0656

FORM NO. 3CD [See rule 6G(2)] Statement of particulars required to be furnished under section 44AB of the Income-tax Act, 1961

Γ	1	Name of the assessee			YAS	HODA HOS	PITAL			
1	2	Address			01,SA7	TYAM ARCA VEL, , PANV	DE,SECTO	R 21, PLOT	NO. 26,F	AMOT
1	3	Permanent Account Nun	ber (PAN)		AABF	Y6674K	EL-KAIGA	D, WARAK	нэптка	, 410203
	1 0	Whether the assessee is duty, service tax, sales to duty, etc. if yes, please fur number or any other ide ame	liable to pay indirect ax, goods and servicularities thish the registration	ces tax,customs number or,GST	5					
r	S	l Type			Re	gistration Nu	mber			
5		tatus			172					
6		revious year from			Firm	017 to 31/03/2	010			Control of the second
7	all Street, and	ssessment Year			2018-19		010			
8		dicate the relevant claus	se of section 44AB u	nder which the						
	SI	Relevant clause of o.	section 44AB under	which the audi	t has bee	n conducted	cted	in the second se		
9	a	If firm or Association of AOP, whether sha	oss receipts of profession of Persons, indicatures of members are i	e names of part	tners/me	mbers and th	eir profit sl	naring ratios	. In case	
		nme						Pro (%	ofit Shar	ing Rati
		LASAHEB KHADBADI				(VA)	The state of the state of	50		
9		EHLATA KHADBADE		11/03/		8.1		50		
,	b Da	If there is any chang preceding year, the p		Type of O change sh		New profit Sharing	Remarks	the last dan	e or me	NU
10	a	Nature of business or	profession (if more	than one busine	ess or pro	Ratio ofession is ca	rried on du	ring the prev	vious yea	ır, natur
		of every business or p	orofession).	70.,		10 1 1 1 N	The state of the s			
		ctor	100388		ub Secto		**	<i>P</i>	Code	The second second
	E.C.	ALTH CARE SERVICE			ursing h				18003	
10		If there is any change					such chang	ge		No
		siness	Sector	31	ubSector		-27		Code	
-	Nil	Whether books of acc	ounts are prescribed	under section 4	ΔΔΔ if	ves list of b	ooks so pro	seribad	- 13	Yes
-	Vicinia.	oks prescribed	ounts are prescribed	under section 4	47.77, II	yes, list of be	JOKS SO PIE	scribed		1 62
		SH BOOK, BANK BOOK	CENERAL LANCE	D MAINTAIN	ED ON C	OMPLITED				
1	b	List of books of accounts are maintained in a co accounts are not kept a maintained at each loo	int maintained and th imputer system, menti it one location, please ation.) Same as 11(a)	e address at wh ion the books of furnish the add above	ich the b f accoun lresses of	ooks of acco t generated b f locations alo	y such com ong with the	puter system e details of b	n. If the books of a	ooks of ccounts
1		oks maintained	Address Line 1	Address Lir	ne 2	City or District	Town	or State	PinCo	
	K, (SH BOOK, BANK BOO GENERAL LADGER M TTAINED ON COMPUT	KAMOTHE			PANVEL		MAHARA SHTRA	410209	
0.00	С	List of books of accou	nt and nature of relev	ant documents	examine	d. Same as 1	1(b) above			
	and a grant	oks Examined	CHURN							
		SH BOOK, BANK BOOK					ulua basta 1	from Indian	to the INI	
1	amo	ether the profit and loss a ount and the relevant sect ny other relevant section	ion (44AD, 44AE, 44					G, First Scho		
		tion				- fi	M. No.	100	Amour	it
	Nil					6	20904	161		
3	a	Method of accounting	employed in the previ	lous year Me	ercantile	system =	12/103/	1811		

	b	1			any change i	n the met	and of see						
		the i	mmediate	ly precedi	any change in ng previous y	ear.	iod of acci	ounting e	mployed vis	s-a-vis th	e metho	od empl	oyed in No
13		If an	swer to (l) above is	in the affirm	ative, giv	e details o	fouch at					profit or loss.
	Parti	iculars				8.1	e details 0	such cha	ange , and the	ne effect	thereof	on the	profit or loss.
13	d	whe	ther any	adjustment	is roquired	4- L			micrease	in profi	it(Rs.)	Decrea	se in profit(Rs.)
		incor	ne compi	itation and	disclosure s	tandards r	notified up	oronits or	1022 TOL COL	mplying	with the	e provis	ions of No
13	e	If ans	swer to (d) above is	in the affirm	ative giv	o dotalla a	der sectio	on 145(2).				
	ICD:	S				II.	e details o	such adj	ustments.				
	Tota					11	crease in	profit(Rs.) Decreas	e in pro	fit(Rs.)	Net ef	fect(Rs.)
13	f	Discl	osure as	per ICDS.									()
	ICDS	S											
14	a	Meth	od of val	uation of c	losing stock			Disclosur	Control of the Contro				
14	b	In ca	se of dev	iation from	the method furnish:	employed	in the pre	vious yea	ar.		NO	T APPL	ICABLE
		the p	rofit or lo	ss please	furnish	of valua	tion presc	ribed und	er section	45A, an	d the el	ffect the	reof on No
7	Partic	culars		os, picase	diffisii.							cct tine	acor on 140
			llowing	netlele.	6.1				Increase	e in prof	it(Rs.)	Decre	ase in profit(Rs.
+	(a) D	occein	tion of a	pital asset	of the capita	l asset co	nverted int	to stock-in	n-trade	1	()	Decid	ise in profittes.
	(a) D	cscrip	tion of ca	pitai asset					b) Date	of	(c) Co	et of	d) Amount
1									cquisition		acquisi	tion	u) Amount
1											acquist		which the ass
1	Nil												s converted in
		unt-	nt a !!:	1							-		tock-in trade
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6	d	The n	ems rain	ng within	the scope of	section 28	3	0.55					
		Descr	iption		Jr.X.7			A. 140°			- 1/		
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1				h credits, d	rawbacks or	refund a	e admitter	l as due h	the author	etax, or	retuna d	or sales	tax or value add
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7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Wher assess Detail proper on Block Asset Class Asset Furni @ 10° Plant Mach @ 15° For Amo	Description of a situres attings % Additunts au	land or lassessab of Addr 1 of deprectine:- Rate of depreciation (In Percentage) 10%	Opening WDV (A) 48450 calciding of the by any a calciding allowed al	Address Li 2 wable as per Purchase Value (1) 28500 1863190 etails refer A lons: nount debite offit and	me City/I the Incom MOD- VAT (2) ddition and loss also of I	Additions Change in Rate of Exchange (3)	t, 1961 ir s Subsidy, Grant (4) nissible as a condition Act, 196	Total Value (Purchases (B) (1+2+3+4) 28500	each ass Deduction (C) of e End of ovisions opecified e-tax Rui	cation leader 50C, Consirection accru set or bi ctions L A	ess than please f ideration yed c ed lock of Deprecia Allowab (D	value adopted furnish: In Value adopted or assessed of assessable assets, as the caution Written Down Value at the end the year (A+B-C-I 69255

	Descript	ion	dividend	. [Section	n 36(1)(I	1)]	-MOII 101 S	civices r	endered, wh	ere su	h sum	was othe	rwise payal
20 в	Details of	f contribu	tions reco	lyod fee							Ame	ount	
	Nature o	f fund	tions rece	ived IIO	in emplo	yees fo	or various	funds as	referred to	in secti	on 36(1)(va):	
	1						Oun		Due date f	or The	actu	al The	actual d
							rece		payment		ount pai		payment
							fron			-		the	concern
	Nil	- 1527						loyees				autho	ritioe
21 a	Please fu	mish the	details of	2100000	- 1-11				ccount, bel			Tautilo	ities
	advertise	ment ever	nditues of	amount	s debited	to th	e profit a	nd loss a	ccount, bel	ng in t	he natu	re of can	ital name-
	Capital	xpenditure	nonure et	С						6 (ne matu	ic of cap	itai, person
			2	0.7-13-1									
	Particula									TA-			
		expenditu	re							An	ount in	Rs.	
	Particular	S	Latin Commission of Control								HILLIAN		
	Advertise	ment exp	enditure ir	any so	uvenir b	rachu	so tenet		or the like p	Am	ount in	Rs.	
T	Particular	3		3 55	avenit, b	TOCHU	ie, tract, p	amphlet	or the like p	oublish	ed by a	political	party
	Expendit	ire incurre	ed at clubs	· balas						Ап	ount in	Rs.	
T	Particular	e mean	ou at clubs	oeing t	intrance	ees a	nd subscri	ptions					
										T			Amount in
	David	ire incurre	ed at clubs	being o	cost for c	lub se	rvices and	facilitie	sused		-		Amount in
		-								IA		D	
	Expendit	ire by way	y of penal	ty or fin	e for viol	ation	of any lar	v for the	time being	An	ount in	Rs.	
	Particular	S		-6-1	101 110	ation	or any lav	v for the	time being				
-	Expendito	ire by way	y of any o	than	1. ~	Denish.	100	· .		An	ount in	Rs.	
T	Particular	e oj maj	of any of	mer pen	alty or fi	ne not	covered	above					
			16	V	- YM &	7.11	57	111	100	An	ount in	Rs.	
_	Expendin	ire incurre	ed for any	purpose	which is	s an o	ffence or	which is	prohibited b	v law			
		•				- 6		2.6	promoticu t		ount in	D.	
) Amo	unts inadn	issible ur	ider sectio	n 40(a):	- 47			- 10		An	ount in	Ks.	
(i) as	payment	o non-res	ident refer	rred to i	n sub cla	(1)		11.1					
	(A) Detai	s of navn	nent on wh	alch ton	i 1	use (i)		A.F					
T	Date	of Ame	icht on wi	nen tax				177					
	payment		unt of N				the PAN	of	Address	Ad	dress	City	or Pinco
	payment	paym	ient p	ayment	pay	ee	the	payee,if	Line 1	Lin	e 2	Town	
	10.				- 21		avali	able		E-8100			
) Deta	ills of payr	nent on w	hich tax h	as been	deducted	but h	as not be	en paid d	uring the pr	evious	Vear or	in the s	ibeaguest
fore th	1 2	- I	Donnett un	idei see	HOHEOUL)			S are pr	CVIOUS	year of	m me si	osequent 3
	Date	of Amour	nt of Nati	ure of	Name		AN of	Addrose	Address	- 10	<i>a</i> 5-	In.	
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as na	yment refe	errod to in	cub alaus	- (:-)		0	valiable						
, as pa					a little			2	57				
_	(A) Detai	s of paym	nent on wh					1525-50					
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		payment		1		paye	e if		Line	٤	or Dis	trict	
							iable						
-	(B) Detail	s of navn	cont on w	latal, Asse		avai	lable				1		
	cub seeti	5 01 payn	ient on w	nich tax	has bee	n ded	ucted but	has not l	been paid o	n or b	efore th	e due da	te specifie
1	The Control of the Co		COUNTY TO										
	Date of	Amount	Nature o	of Name	of PA	N of	Address	Addre	ss City	or Pin	code	Amount	IAmount
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			1			liable			Distric			deducted	deposited
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- 1	(A) Detail	s of navm	ent on wh	dala lare									- Vanna Sanii Saasaa
т і	Date of	A	N .	ich ievy	is not de	educto							
		Amount			ne of the	PAN	of A	ddress Li	ne 1 Addre	ss	Cityo	Town F	incode
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						avall	lablo						
	(B) Detail	s of payir	ent on wi	ilch lev	v has bee	n ded	ucted but	has not	been paid o	n or l	· C		
	sub- section	on (1) of s	ection 139).	,		mercu but	nas not	been paid o	n or b	ctore th	e due da	te specified
1200	D-1- C	Amount	Nation	f Name	ofload	J 6	14.11	14.11					
T	Date of		TATIBLE OF	e prantic	OULT	10 V	Address	Addres	s City	or Pin	code	Amount	Amount
	Date of	of /	DETAN .	aleur -	Troc It						CONTRACTOR IN		
	payment	of /	quayment	the pa	yer the		Line 1	Line 2	Town	or		of levy	of (
	payment	of payment	quayment	the pa	yer the	ee,if				or		of levy	

Ount

(iv) fri	nge benefit tax und	er sub-clause (ic)						
(v) we	alth tax under sub-c	lause (iia)						
(vi) roy	yairy, license ice, se	rvice fee etc. under	sub-clause (iib).				-	
(vii) sa	Date of An	e India/to a non resid	lent without TD	S etc. under sub-cl	ause (iii).			
		- Carrie Of	ine PAN	of Address Line 1	Address	City	Pince	nde
	I Pay	ment payee	the payee	11,	Line 2	1-13	1	ouc
(viii) p	avment to PF /other	fund etc. under sub-	avallable					
(iv) tax	naid by employer f	or nemulation under						1 1 1 1 1 1
(c) Am	ounts debited to pr	ofit and loss accoun	t being interest					Earning (
section	40(b)/40(ba) and co	ofit and loss account computation thereof;	d being, interest	, salary, bonus, co	mmission or rer	nuneration ina	dmissi	ble unde
	Particulars	Section	Amount deb					
			Ito P/I A/C	Admissible	Amount		marks	
(d) Disa	illowance/deemed i	ncome under section	10 A (2)		Inadmissib			
(A)	On the basis of th	e examination of b	pake of -	and other releva	nt doguments/s.			157
expe	enditure covered un	der section 40A(3) re lraft. If not, please fi	ead with rule 6D	D were made by a	count payor she	idence, wheth	er the	Yes
or ac			urnish the detail	s:	count payee che	que arawn on	a bank	
	Date Of Payment	Nature Of	Amount in Rs	Name of the pay	700	Permanent		
		Payment		rume of the pay	cc	Number of	· ·ba	Accoun
								Septiment of the second
(B) C	On the basis of the ex	camination of books	of account and o	ther relevant docum	ments/evidence		ımant	Vac
			details of amou	ant deemed to be	the profits and	gains of busin	ess or	
prote		2011(011)	and the state of t			•		
	Date Of Payment		Amount in Rs	Name of the pay	ee	Permanent		Account
do.	the party of the	Payment	nine take	100		Number of	the p	
) Dansi	-1 F	1/17	Statistical.	任段		available		
Provi	sion for payment o	f gratuity not allowa	able under section	on 40A(7)	SHAR			(
) Any s	sum paid by the ass	essee as an employe	er not allowable	under section 40A	(9)			(
g) Partic	culars of any liabili	ty of a contingent na	ature	1.171				
	Nature Of Liability	Y TA TA	25 7/ 1912 - 49 - 3	11/1/	Amount in Rs.			
n) Amo	unt of deduction in	admissible in terms	of section 14A i	n respect of the exp	enditure incurre	d in relation t	o incor	ne which
des not	form part of the to	ai income	Maria	the state of the s	A STATE OF THE STA			
	Nature Of Liability		1 44 64 1	1111	Amount in Rs.	w.CATT		
) Amou	int inadmissible un	der the proviso to se	ction 36(1)(iii)		A THE SECTION			0
Amo	unt of interest inad	missible under section	on 23 of the Mic	cro, Small and Me	dium Enterprises	Developmen	t Act,	0
2006	The second secon			4.856.5	The Miller and			
		ent made to persons			Marie Marie			
Ivame	e of Related Person	PAN of Related P	erson Relation	Mark Application of the Control of t	Nature o	f Payment M	ade(Ar	nount)
DAY	CAUED VUADDA	13 Marie	PARTNE		trasaction			
DE	ASAHEB KHADBA	a Walter Balting	PARINE		REMUNERATI ON AND INTER			3417398
					EST ON CAPITA			
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SNEI	ILATA KHADBAL		PARTNE		REMUNERATI	*		2861236
E		x			ON AND INTER	2		
in the land					EST ON CAPITA			
		<u> </u>		0015	L			
		rofits and gains und	er section 32AC	or 32AD or 33AE		ABA.		
Section	on Descr	iption			Amount			
	amount of profit sh	argeable to tax under				- Section of the sect		
	of Person	Amount of income						
Nil	e of Person	Amount of income	Section	Descripti	on of Transactio	n Computa	tion if	any
	In respect of any si	ım referred to in clau	150 (a) (c) (d) (a)	(f) or (a) of soction	n 42D the liabili	tu for subjekt		
	pre-existed on the	first day of the previ	ous year but wa	e not allowed in th	a accordment of	any proceeding	provide	NIE MORE
	and was :-	inst day of the previ	ous year but wa	s not allowed in th	e assessment of	any preceding	previo	ous year
6 (i)(A		ng the previous year					31571403	A Section Co.
	Section	-B me previous jeur		re of liability		lAr	nount	NATIONAL DESCRIPTION OF THE PERSON OF THE PE
	Nil			or nability		S. O. CONTRACTOR		SEED / ACCOUNT
6 (i) (A)	College Description of the property of the control of the college	during the previous	year				WE SE	
	Section			re of liability	CNETAN	An	nount.	at many
	Nil			1	(12 m	discount of	### F	and the
6 (i)B	was incurred in the	previous year and w	/as	int	20 m			The second
				18	834. 1.8/	TO SERVE		
				1/3	COUNTANTS	2 76		

26 (i) (l	B) (a) P	aid on c	or before	the du	ie dat	e for furni:	shing	the return	61					
	Section Nil						Nati	re of lia	hillby	me of the prev	ious year	under sec	tion 1	39(1)
26 (i) (I						resaid date		- or tru	onity			Am	ount	
20/10/1	Section		on or bei	ore th	e aror	esaid date	The second secon							
	Nii						Natu	ire of lia	bility		70 V V V V V V V V V V V V V V V V V V V	Am	ount	
(State v	whether sales	tax, goo	ds & ser	vice T	ax, c	ustoms No	_	T						
duty, ex	cise duty of	any ou	ier indire	ct tav	losa			1						
account	etc., is pas	sea mr	ougn th	e prof	it an	d loss								
27 a	Amount of	Central	Value A	dded T	Fav C	rodita/I	. (70)			ailed of or utilis				
	year and its	treatme	nt in pro	fit and	loss a	account an	ut Tax	Credit(ITC) ava	iled of or utili:	sed during	the previ	ous N	lo
	Input Tax C	reait(I)	C) in ac	counts	5	account and	uneat	ment of o	outstand	illed of or utili: ing Central Va	lue Added	Tax Cred	its/	
	CENVAT/I	TC		Amou	unt			-						
	Opening Ba	lones									I rea	tment in /Account	Pro	fit and
	Credit Avai										LUSS	Account	S	
	Credit Utili:													
	Closing/Ou		σ	-										
	Balance											anuello del		Language .
27 b	Particulars of	of incon	ne or ext	enditi	ire of	nrior peri	od cro	dited as	J. L 14 . 1	to the profit ar				
	Туре			Partic	ulars	Prior peri	ou cre	Amour	debited	to the profit ar	id loss acc	ount :-		
				58		25-	45	Timour	ıı		Prior	period es(Year	to	which
	NU			10.27	Section 1			The same			yyfor		in	уууу-
28 Who	Nil	he near	davis su	W. W.		点[2-28]55	15%	7	(V)					
com	nany in which	h the n	iblic are	r the a	assess	see has rec	eived	any pro	perty, be	eing share of a	company	y not bein	ng a	
	red to in sect	er min he	TOTIC BIC	Substa	uittat	ly intereste	d, Wil	thout cor	isiderati	on or for inade	equate cor	sideratio	n as	
	Name of			f the	Nam	ne of the	CIN	of the co	mnanu	No. of Share	[A	· clr		· · ·
	person	from	person,	if	com	pany from	O.I.	or the co	inpany	Received	conside			Marke of the
		shares	available		whic	h shares	IN.		1/1/	received	paid		hares	
	received		180		rece	ived	À		/ logif		1			
20 Who	Nil ther during t	ha neard		41									lg j	
mark	tet value of t	he share	ous year	rred to	sesse	e received	any c	onsidera	tion for	issue of shares urnish the det	which ex	ceeds the	fair	
155	Name of the	ne perso	on from	whom	PAI	N of the ne	rson	if No o	f Shares	Amount			1arket	
	consideration	on recei	ved for i	ssue of	ava	ilable		1 10.0	Citares	consideratio		value o		
	shares	The same of the sa						The same of		received		shares		
	Nil		Tar.	e illi Cilia	- 1	1 30 00	yem gri			5777 and 1				۲
A(a)	Whether an	y amou	int is to	be incl	luded	as incom	e char	geable u	inder the	head Income	from oth	er source	s as	No
	referred to	in clause	e (ix) of	e of In	ction	(2) of sect	ion 5	6? (b) If	yes, plea	ase furnish the		g details:		
	Sl No.		Ivatur	e or in	come					Amor	unt			
B(a)		v amou	nt is to	be incl	luded	as income	e char	peable 1	inder the	e head Income	from oth	or source	e sel	No
.,	referred to i	n clause	(x) of su	b-sect	ion (2	e) of section	n 56?(Yes/No)	(b) If ye	s, please furni	sh the follo	owing det	ails:	110
	Sl No.			e of In						Amor	Control of the Contro			
	Nil						m anamage j							
30 Deta	ils of any an	nount bo	orrowed	on hun	idi or	any amou	nt due	thereon	(includ	ing interest or	the amou	int borrov	ved)	No
repa	id,otherwise									. 15		1.		
ni ku (p	Name of I	he	Line 1			Town or	State	Pincode		nt Date of red Borrowing	Amount	Amoun		ite o
		erson, i		1	62	District			DOITOW	ed Borrowing	including	repaid	INC	paymer
		vailable				District					interest	'l		
	whom													
	amount													
	borrowed							IIAEN I						
	or repaid on hundi		1										100	
	Nil											3 32/04		
A(a)	Whether pr			t to tra	nsfer	price, as r	eferre	d to in su	b-sectio	n (1) of section	n 92CE, h	as been m	ade 1	Vo.
	during the						/	CHETA	V		2472	100	AND D	a land
	(b) If yes, p	olease fu	irnish the	tollov	wing	details	1/3	613	121	10	120.60%	1,123		I MARKET

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86	Wante	et die weeren Eng one oose	turant a	s nathamaski ber	in this tax	ng ha y than ()	environs ju	set by we	y of loss	and in cho	autar sanu	u Ka
	10,100	ins, glossen five	alidh dan s	es coming for	with.			***********			NID-270/147/1970	
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				(in Re.)		1114.		100		(in R4.)		(in R
,	bill			· · · · · · · · · · · · · · · · · · ·	,						,	, ,,
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-		Shinte of th	o biller	e 18 Fe	*******	Lauran	Visation	Taller	9 1	Vicetar	the fo	case.
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				in Inc.	the or	P#				n ton electronic clearing system forough bank accor	or ac chequ a accou	ne or count pa count pa
	364			of last too do:	de a ; ynita		buting the previous year	en Sententia		electronic clearing system formatis fonds accor	or ac an acc chequ a accou and, bank	ccepted count pa e or ut pa draft.
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by a Control. State on Provincial Act.)

(1 Va) Particulars of each receipt in an ancient exceeding the limit specified in section 2015. In aggregate from a person in a day on in respect of a simple transportant of in respect of transactions relating to one event or occasion from a person, during the previous year, where first receipt is otherwise than by a cheque or bank draft or use of electronic clearing opposite transactions for each draft or use of electronic clearing opposite transactions for each or provide the province of the pr

12777				Number (if available with the assessee) of the Payer				
NII						cocir in a	aaroaal	o from a nerson in
a day o	lars of each recel or in respect of a s d by a cheque or us year :-	ingle transaction	or in respect	of fransactions i	ue or an a	count pay	ee ban	k draft, during the
S.No.	Name of the Paye	r Addre	ss of the Payer	Number	(if availab	le with	Amount	of receipt
NII								
In a day		a single transact ue or bank draft (or use of electro	onic clearing sys	tem throug	h a bank a	ccount	
S.No.	Payer			Account Number (if available with the assessee) of the Payer	transaction	Payment		
NII			e de Maria de Maria	U-1 specified	in section 2	269ST. in	aggrega	ate to a person in
by a ch	neque or bank drai Name of the Payo	e Addre	ss of the Payce	Permane Number the asses	nt A (if availab see) of the	le with Payee	mount	of Payment
	- Commany a DOSI	Office Sayning			Y . t 20	171"		
Particu						other the	In ca	se the repaymen
S.No.	Name of the payee	Address of the payee	Account of	paymentistandi the acco	rep. ng in was unt at by during or evious dra of clea sys thre	ayment made cheque bank ft or use electronic aring tem bagh a	was n bank same accou an ac draft.	nade by cheque of draft, whether the was repaid by a nt payee cheque of
		<u> </u>						16 - Lin anatio
269T r	eceived otherwise	man by a cheque	ic or built are		Nin	mbor (if)	Amoun	t of repaymen
0	r depositor or per rom whom speci	fied whom spec	the tender, or r person from dified advance	1 1 de	nocitor of	person vance is	any spreceived by a draft or clearing bank ac	d otherwise that cheque or bank use of electronic system through ecount during the
	S.No. Nii Particu in a day otherw year S.No. Niii Particu day or by a ch S.No. Niii (Particu bankin or in th Particu in section sec	Nii Particulars of each payment a day or in respect of otherwise than by a cheque of same of the Payer Nii Particulars of each payment day or in respect of a sing by a cheque or bank draft S.No. Name of the Payer Nii (Particulars at (ba), (bb), banking Company, a post or in the case of persons reparticulars of each repay in section 269T made du S.No. Name of the payer Niii Particulars of repayment during the previous year: S.No. Name of the len or depositor or perform whom speci	Nii Nii Nii Nii Particulars of each payment made in an an in a day or in respect of a single transact otherwise than by a cheque or bank draft of year S.No. Name of the Address of Payer Nii (Particulars of each payment in an amound day or in respect of a single transaction or by a cheque or bank draft, not being an action of by a cheque or bank draft, not being an action of the Payer Nii (Particulars at (ba), (bb), (bc) and (bd) nee banking Company, a post office savings base or in the case of persons referred to in Notion Particulars of each repayment of loan or in section 269T made during the previous S.No. Name of the Address of the payee Nii Particulars of repayment of loan or deposited or depositor or person or depositor or person or depositor or person of depositor or person of the lender, and depositor of the lender, and the lender of the lender, and the lender of the lender, and the lender of the	S.No. Name of the Payer Nil Particulars of each payment made in an amount exceeding in a day or in respect of a single transaction or in respect of the payer S.No. Name of the Address of the Payer S.No. Name of the Payer Nil Particulars of each payment in an amount exceeding the day or in respect of a single transaction or in respect of by a cheque or bank draft, not being an account payee of S.No. Name of the Payer Nil (Particulars at (ba), (bb), (bc) and (bd) need not be given in the case of persons referred to in Notification No. S.O. Particulars of each repayment of loan or deposit or any in section 269T made during the previous year: S.No. Name of the payer Nil Particulars of repayment of loan or deposit or any specification or depositor or person or depositor or person or depositor or person from whom specified depositor or person from whom specified whom specified advance	Nil Particulars of each payment made in an amount exceeding the limit specified day or in respect of a single transaction or in respect of transaction otherwise than by a cheque or bank draft or use of electronic clearing sysyear S.No. Name of the Payer Permanent Account Number (if available with the assessee) of the Payer Particulars of each payment in an amount exceeding the limit specified day or in respect of a single transaction or in respect of transactions relably a cheque or bank draft, not being an account payee cheque or an acce S.No. Name of the Payee Address of the Payer Permanent Account Number (if available with the assessee) of the Payer Permanent Account Number (if available with the assessee) Nil Particulars at (ba), (bb), (bc) and (bd) need not be given in the case of recompany, a post office savings bank, a cooperative bank or in the or in the case of persons referred to in Notification No. S.O. 2065(E) dated 3 Particulars of each repayment of loan or deposit or any specified advance in section 269T made during the previous year: S.No. Name of the payee Permanent Account Name of the payee Particulars of each repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any specified advance in a mount Particulars of repayment of loan or deposit or any sp	Nil	Nil	Nil Nil

1	269T r			cheque o	r bank drai	ft which is a	ecified adv	rance in an runt payee	amount exc cheque or	ceeding the account pay	limit specifi ee bank dra	ed in section
	S.No.	lame r der	of the	lender.	Address of	of the lende or person ecified adv	from avail	anent Aca able with er, or de whom sp	count Nur the assesse positor or	mber (if A ce) of the of person vance is by di	mount of f loan or ny specific recived oth y a cheque raft or use of earing syste ank account revious year	repayment deposit of ed advance erwise that de or bank of electronism through a during the
ote: (I	Particula	rs at	(c), (d) a	and (e) no	ed not be p	given in the	case of a r	epayment o	f any loan	or deposit o	or any specif	led advance
ken o	ir accept	ea in	om Gove	ernment.	Governme	nt company	, banking	company o	r a corpora	tion establi	shed by a C	entral. State
	/incial A		ernicht (oruned to								
2 a	S.No	3011	Asse	ssment Y	ear Nature	eciation allo e of loss/allo	owance, in	Amount	Amount	Order U/ Ro S and		
	NII							Treturned	assessed [Date		
2 b	Whet the lo	sses n 79.	Incurred	prior to	the previou	is year cann	not be allow	ved to be c	arried forw	ard in term	The state of	
2 c	Whet	her tl	e assess	ce has the	curred any	speculation	loss referre	d to in sect	ion 73 dur	ing the prev	lous year.	No
	If yes	pleas s belo	se furnisl	h the	The second second second	L. HE						101
2 d	Whet	her t	he asses	see has it	scurred any	loss referr	ed to in se	ction 73A	in respect o	of any spec	ified busine	ss No
1_	durir	g the	previous	s year				1979				
	of the	ER TO		h details				17/1				
2 e	Inca	se of	a compa	m minus	state that v	whether the o	company is	deemed to l	e carrying	on a specul	ation busine	22
				the same of the same of	Ammeric France .		company of	accinca to	, ,			
	asie	erre	d in expl	amation to	section 73			1277				
_	If ye	, pln	i in expl se furnis	amation to de the deta	section 73 dis of special	lation loss if	any	748		À.		
3 Se	If ye	, pln	i in expl se furnis	amation to de the deta	section 73 dis of special	lation loss if	any	748		À.		
S.	If ye incurrent with No. Se	, plei red d ise de ction	in expl se furnis turing the tails of C	amation to it the deta e previous inductions	section 73 alls of special year if any adn	lation loss if	er Chapter	VIA or Cha	pter III (Sec	tion 10A, S	ection 10A	A) No
S. Ni	If ye incurrent work of the wo	red of ise de ction	in explain furnishming the states of d	anation to the deta e previous inductions are in try	section 73 alls of special sear s, if any adn [Amount juited to de-	lation loss if	er Chapter	VIA or Cha	pter III (Sec	tion 10A, S	ection 10A	A) No
S. Ni	If ye incurection was No Section Who XV	red of ise do ction ther	d in explaine furnishments of controls of	amation to it the deta e previous inductions	section 73 alls of special sear s, if any adn [Amount juited to de-	lation loss if missible unde duct or colle	er Chapter \ er Chapter \ er tax as pa	VIA or Chaper the provi	pter III (Sec	tion 10A, S sapter XVII	B or Chapt	A) No
S.	If ye incurection was No Section Who XV	ther I BB	d in explise furnisharing the tasks of control of the assessing the distance of the assessing the as	anation to the deta e previous inductions see is requience for	section 73 alls of special system Amount [Amount pulsed to de- nish	Total amount of payment or receipt	Total amount on which tax was required to be deducted or	Total amount on which tax was deducted or collected at	Amount of tax deducted or	Total amount on which tax was deducted or collected at less	B or Chapter of tax deducted or collected on (8)	A) No Amount of tax deducted or collected not deposited to th
S. Ni	If ye incurection was No Section Who XV	ther I BB	the assessing th	anation to the deta e previous inductions see is requience for	Section 73 alls of special year a if any adn [Amount ulred to decirish	Total amount of payment of the nature specified	Total amount on which tax was required to be deducted or collected	Total amount on which tax was deducted or collected	Amount of tax deducted or collected out of (6)	Total amount on which tax was deducted or collected	B or Chapter of tax deducted or collected on (8)	A) No Amount of tax deducted or collected not deposited to the credit of the Central Government.
S. Ni	If ye incurscition with No Section with No Sec	please de cettorn la BB de an co	d in expline furnishment the assess, if yes paix duction duction count umber (AN)	amation to the deta- e previous leductions see is req- lease farr Section	is of special year if any administration (Amount ulred to de- nish Nature of payment	Total amount of payment or receipt of the nature specified in column (3)	Total amount on which tax was required to be deducted or collected out of (4)	Total amount on which tax was deducted or collected at specified rate out of (5)	Amount of tax deducted or collected out of (6)	Total amount on which tax was deducted or collected at less than specified rate out of (7)	B or Chapter of tax deducted or collected on (8)	A) No Amount of tax deducted or collected not deposited to the Centra Government out of (6 and (8)
S. Ni	If ye incursetion we no Settlement When Settle	ther I BB de an CO AA N (I	the assess the assess that is a count to the assess the asset the assess the assess the asset t	anation to the deta- e previous inductions aree is req- ilease fare Section	if any administration of a precision is a precision of a precision of a precision of the pr	Total amount of payment or receipt of the nature specified in column (3)	Total amount on which tax was required to be deducted or collected out of (4)	Total amount on which tax was deducted or collected at specified rate out of (5)	Amount of tax deducted or collected out of (6)	Total amount on which tax was deducted or collected at less than specified rate out of (7)	B or Chapter of tax deducted or collected on (8)	A) No Amount of tax deducted for collected to the credit of the Centra Government of (6 and (8))
S. Ni	If ye incursetion we no Settlem Who Settlem Who Settlem Who Settlem S.N.	ther I BB de an CO AA N (I	the assess the assess the assess that is a count to the assess the assess that is a count to the assess the assess that is and the assess that is a count to	services in requirement of the detail of the	if arry administration of the special	Total amount of payment or receipt of the nature specified in column (3)	Total amount on which tax was required to be deducted or collected out of (4)	Total amount on which tax was deducted or collected at specified rate out of (5) c deducted of Whete ing. tax deshed conta all which	Amount of tax deducted or collected out of (6) or tax collected out of ins information are required to the requirement of tax collected or tax	Total amount on which tax was deducted or collected at less than specified rate out of (7) cted. If yes terment of collected at ansactions ared to be	B or Chapter of tax deducted or collected on (8)	A) No Amount of tax deducted or collected not deposited to the credit of the Centra Government out of (6 and (8)) sh No lease t of
S. Ni	If ye incurrent with the S.N.	please de cetion de la cetion d	the assess the assess the assess the assess the assess that are th	secution to the detail of the	if any administration of payment Type of furnition of fu	Total amount of payment or receipt of the nature specified in column (3)	Total amount on which tax was required to be deducted or collected out of (4)	Total amount on which tax was deducted or collected at specified rate out of (5) x deducted of Wheting, tax deshed conta all which report	Amount of tax deducted or collected out of (6) or tax collected out of ins informa details/tra are required.	Total amount on which tax was deducted or collected at less than specified rate out of (7) cted. If yes terment of collected at ansactions ared to be	Amount of tax deducted or collected on (8)	A) No Amount of tax deducted or collected not deposited to the Centra Government out of (6 and (8)) sh No lease t of not
S. Ni 34 a	If ye incursely	please de cetion de la cetion d	the assess the assess the assess the assess the assess that are th	secution to the detail of the	if any administration of payment Type of furnition of fu	Total amount of payment or receipt of the nature specified in column (3)	Total amount on which tax was required to be deducted or collected out of (4)	Total amount on which tax was deducted or collected at specified rate out of (5) x deducted of Wheting, tax deshed conta all which report	Amount of tax deducted or collected out of (6) or tax collected out of ins informa details/tra are required.	Total amount on which tax was deducted or collected at less than specified rate out of (7) cted. If yes terment of collected at ansactions ared to be	B or Chapter of tax deducted or collected on (8)	A) Noter Not

1		S.No			Tax ded collection Number (1	2	nter ect		der	Amoun	t	Dates	of paymer	it
		Nil	C - tending		-1										
35	a	S.No	se of a trading Item Name	Uni		intita	tive defail	0	pening pening ock	Pu cs du	rchas- ring e	Sales during the previous	ed Closing s	tock	Shortage/ excess. if any
		Nil					*** **	1-	1-1164		-1114	of	u materia	e finished	products
5		and by-p	e of a manufac	cturing co	oncern, g	ive qi	uantitative	de	tails of the	prin	ісіраі п	ems of rav	w materia.	is, imisiec	products
5	bΑ	Raw mat	SCOTT INVESTMENT	111-14	10	In			C	+1 [Calac	Closing	*Yield	*Percent-	Shortage
		S.No It	em Name	Unit	Openin stock	duri			Consump on duri the previous year	ng c	during the previous year	stock	of finished products	age of yield	excess, if any
		Nil			200	-	W.	175							
5	bB	Finished S.No	products : Item Name	Un	it Op		Purchase during	sQ m	uantity anufactur-		les dur	0	Closing	tock	Shortage excess,
					Sio		the	ed	3 7 1 1 8	1					if any
		Nil	<u> </u>	2.6		dy e	a Latin		ρĘ,	5.					
5	bС	By prod		1111		100	Trays H	10	171	ICal	les du	ing the	Closing	stock	Shortage
		S.No	Item Name	Un	it Op sto		Purchase during the previous year	m ed th	anufactur-	pre	evious y				excess, if any
	3	NiI	1 199	- Na. 75			10	1-		, v.,		<u> </u>	A		
6	In th	ne case of	a domestic co	mpany, d	etails of t	ax or	n distribut	ed I	profits und	er se	ection 1	15-O in t	he follow	ing forms	s:-
		S.No (a) Total amou of distribut profits	ed reduced references	Amount ction red to	of as in	(c) Ar reduction referred section (ii)	nou	as p	1)	Total thereon	tax (e)	total tax	Dates paym	5 0
1(a)	Whether clause (2	the assessee 22) of section 2	2.If yes, p	please fur	nish	the follow	nat /ing	ure of div g details:-	iden	d as re		بالسر المدور	ause (e) o	of No
		SI No.		Amount r	eceived ((in R	s.)					Date of 1	receipt		
17	Who	Nil ether any	cost audit was	carried o	ut										Not Applic
	If y	es, give th	ne details, if an alue/quantity a	y, of dis	squalifica	tion /iden	or disagro	em	ent on any	y					
8	Who	ether any a	audit was cond	ucted un	der the C	entra	l Excise A	Act,	1944						Not Applic
0	mat	ter/item/va	ne details, if an alue/quantity a audit was con-	s may be	reported	/iden	tified by t	he	auditor		04 in re	lation to	valuation	of taxab	le Not
	serv If y	ices as ma	ay be reported/ ne details, if an	identifiency, of dis	d by the a	udite	or or disagro	eem	nent on an						Applic
-			alue/quantity a							1					
-	COLUMN		ling turnover		tit, etc., f	or th	e previous	ye					r:		
lo		iculars	Previous Ye	AT N JOS	1				Precedi	ng p	revious	rear			

CCOUNTAIN

1	Total turn	over			44345	862				
10	of the asso	fit / 331	35783	AADAEOGO	10.000					188015
1	Gross pro furnover		06865	44345862		1	6032669		18801533	85.27%
T	let prof urnover	11 / 01	.00005	44345862	18.28%		3735714		18801533	19.87%
T	tock-in- rade umover	1			%					%
Fi go pr	laterial onsumed inished oods roduced			11210079					2768864	
The	details r	equired to be fur	nished for pri	ncipal items	of goods	traded or manu	factured	or service	s rendere	1)
	CHOC . WALL	thou die delails	or acmann fai	SPO OF FOLLID	d iccured d			under any	tax laws	d) other than Incom
+		961 and Wealth								
l	II AATTI	ch demand/ Tand relates to	ax law	raised/Ref	fund ra	ised/refund	Amount		Remarks	
	Nil			received)	Te	ceived				
2	Who	ether the assesse	e is required	o furnish sta	tement in	Form No.61 o	r Form N	o. 61A or	Form No	. 61B? If Yes
_	yes,	please furnish Income-tax	Type of Form			200				
		Department Reporting Entity Identification Number		n Due furnish		Date furnishing, furnished	if con info all tran are	tains ormation	about to details/ a which	f not, please furni ist of the detail ransactions whi re not reported.
12	Nil	10 o o	AFM	796		1/2/	1. 1.1.			
13		Whether the asse n sub-section (2)			lternate re	porting entity is	s liable to	turnish th	e report a	s referred No
	SI No	Whether rep been furnish the assessee parent entity alternate re entity	ort has Name led by or its or an		repo		rnate Date (if of re			
1	Nil		nton oversate d	data of fund	chine the	ranget		SW.		
44	Bre	Not due , please of eak-up of total ex ril,2019)	penditure of e	ntities regist	ered or no	t registered une	der the G	ST:(This	Clause is	applicable from
T	Si	Total amoun				gistered under	GST		I	Expenditure
	No	of Expenditure incurred during the year	Relating to g	oods Relatir vices entities from under compo	ng to s falling sition	Relating to registered en	other Tot	al paym istered en	ent to r	clating to entite to the clating to entite the clating the claim t
				scheme	е				0111	S. CHETAN
	Nil									// 13.7

Place Date

PANVEL 02/10/2018

Name Membership Number 125904 FRN (Firm Registration Number) 128063W Address

S-4 SUPER CHS - GAURIDARSHAN SE CTOR 11 PLOT NO. 2, NEW PANVEL. . PANVEL. MAHARASHTRA, 410206,

Original

/		D			m Point No. 18)			
of of	SI.No.		Date put to	Amount	Adjustment	on account	of	Total Amount
Description of Block of Assets		Purchase	use		MODVAT		Subsidy Grant	
urnitures &	1	16/04/2017	16/04/2017	28500	0	0	0	28500
Fittings @ 10% Total of Furniture	s & Fit	tings @ 10%						28500
Plant &		31/03/2018	31/03/2018	238950	0	0	0	238950
fachinery @ 15%	2	05/01/2018	05/01/2018	5490	0	0	. 0	5490
	3	27/12/2017	27/12/2017	300000	0	0	0	300000
	4	10/08/2017	10/08/2017	550000	0	0	0	550000
	5	14/10/2017	14/10/2017	686250	0	0	0	686250
	6	28/04/2017	28/04/2017	73000	0	0	0	73000
	7	06/06/2017	06/06/2017	9500	0	0	0	9500
otal of Plant & N			DOCUMENTS TO THE REAL PROPERTY.	5.00.2				1863190

Deduction Details(From Point No. 18) Description of Block of Assets	Sl.No. Date of Sale et	c. Amount		
Furnitures & Fittings @ 10%	T g-ususa	755	_	
Total of Furnitures & Fittings @ 10%	19322200	1/1/		
Plant & Machinery @ 15%	A CASE AND	13187		
Total of Plant & Machinery @ 15%	400	A 1 14	1 /2	



YASHODA HOSPITAL

SATYAM ARCADE, SECTOR 21, PLOT NO. 26, KAMOTHE PANVEL, PANVEL-RAIGAD, MAHARASHTRA-410209

BALANCE SHEET AS ON 31 March 2018

LIABILITIES	AMOUNT (IN RS.)	ASSETS	AMOUNT (IN RS.)
CAPITAL ACCOUNT AS PER SCH. NO. 1)	9,966,223.00	FIXED ASSETS (AS PER SCH. NO. 4)	6,032,583.25
SUNDRY CREDITORS AS PER SCH. NO. 2)	6,142,828.00	CURRENT ASSETS (AS PER SCH. NO. 5)	2,535,904.25
PROVISIONS AS PER SCH. NO. 3)	1,069,724.00	SUNDRY DEBTORS (AS PER SCH. NO. 6)	18,891.00
NO. 11.		CASH AND BANK (AS PER SCH. NO. 7)	1,066,760.25
		CASH IN HAND (AS PER SCH. NO. 8)	182,336.25
		DEPOSITS (AS PER SCH. NO. 9)	360,000.00
		LOANS AND ADVANCES (AS PER SCH. NO. 10)	6,982,300.00
			17,178,775.0
TOTAL	17,178,775.0	0 TOTAL	

SOLA M. No.

125904 FRN

1280631

As Per Audit Report of Even Date FOR CHETAN JOSHI & CO. (Chartered Accountants) Reg No.:128063W

CHETAN KISHOR JOSHI (Proprietor)

Membership No: 125904

Place: PANVEL Date: 02/10/2018 FOR YASHODA HOSPITAL

SD/-

(Partner) BALASAHEB KHADBADE

FORM NO. 3CB [See rule 6G(1)(b)]

Audit report under section 44AB of the Income-tax Act, 1961 in the case of a person referred to in clause (b) of sub-rule (1) of rule 6G

- 1. We have examined the balance sheet as at 31st March 2017 and the Profit and loss account for the period beginning from 20 to ending on 2017-03-31 attached herewith, of __YASHODA HOSPITAL 26.SATYAM ARCADE.SEC 21 FIRST FL OOR.KAMOTHE NAVI MUMBAL. NAVI MUMBAL MAHARASHTRA, 410209 AABFY6674K.
- 2. We certify that the balance sheet and the Profit and loss account are in agreement with the books of account maintained at the head office at 26,SATYAM ARCADE,SEC 21 FIRST FLOOR,KAMOTHE NAVI MUMBAL. and 0 branches.
- 3. (a) We report the following observations/comments/discrepancies/inconsistencies; if any:

 This is the first year of operation. Date of furnishing audit report is after the due date. All the balances of Balance sheet and profit and loss account as per books and are subject to confirmation from various parties. In respect payment made by cheq use or draft, we have to state that is not possible for us to verify whether the payment in excess of Rs. 20,000 have been made otherwise than by crossed cheque or draft as the necessary evidence is not possible for the assesses to produce. Fixed assets a re not fully supported by vouchers or invoices. I have relied upon the proprietors certification in respect of certain expenses or Transaction where otherwise the evidences is not available. Expenses are not properly supported by vouchers. Our audit is based on materiality and on test check basis wherever required.
 - (b) Subject to above,-
 - (A) We have obtained all the information and explanations which, to the best of Our knowledge and belief, were necessary for the purposes of the audit.
- (B) In Our opinion, proper books of account have been kept by the head office and branches of the assessee so far as appears from Our knowledge and belief, were necessary for the examination of the books.
- (C) In Our opinion and to the best of Our information and according to the explanations given to Us the said accounts, read with notes thereon, if any, give a true and fair view:
 - (i) in the case of the balance sheet, of the state of the affairs of the assessee as at 31st March, 2017; and
 - (ii) in the case of the Profit and loss account of the Profit of the assessee for the year ended on that date.
- 4. The statement of particulars required to be furnished under section 44AB is annexed herewith in Form No. 3CD.
- 5.In Our opinion and to the best of Our information and according to explanations given to Us the particulars given in the said Form No. 3CD and the Annexure thereto are true and correct subject to following observations/qualifications, if any:-

SI	Qualification Type	Observations/Qualifications
1	TDS returns could not be verified with the books	
	form 3CD, have not been maintained by the assessee.	D ASSETS PURCHASED NOT PROVIDED FOR AUDIT MANO
3	Records necessary to verify personal nature of expenses not maintained by the assessee.	DIFFICULT TO ASCERTAIN EXPENSES OF DERSONAL DATURE
Plac	21/11/2017	Name Name CHETAN KISHOR JOSHI Membership Number FRN (Firm Registration Number) Address Address

Dr. Balasaheb Khadbade M. D. (Obst. & Gynaec.)

Reg. No.: 2005/02/0656

FORM NO. 3CD
[See rule 6G(2)]

Statement of particulars required to be furnished under section 44AB of the Income-tax Act, 1961

BALASAHEB KHADBADE SNEHLATA KHADBADE KEDARLINGE 9 b If there is any change in the partners or members or in their profit sharing ratio since the last date of preceding year, the particulars of such change. Date of change Name of Partner/Member Type of Old profit Sharing ratio since the last date of preceding year, the particulars of such change. Date of change Name of Partner/Member Type of Old profit Sharing ratio sharing ratio sharing ratio sharing ratio. Sector SubSector Medical profession is carried on during the previous of every business or profession). Sector Medical professionals Medical professionals If there is any change in the nature of business or profession, the particulars of such change Business Sector SubSector Nil Whether books of accounts are prescribed under section 44AA, if yes, list of books of prescribed CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER If b List of books of account maintained and the address at which the books of accounts are kept. (In case the are maintained at each location.) Same as 11(a) above Books maintained at each location.) Same as 11(a) above Books maintained Address Line 1 Address Line 2 City on Town or State CASH BOOK, BANK BOOK KAMOTHE ADGER MAINTAINED ON COMPUTER If c List of books of account and nature of relevant documents examined. Same as 11(b) above Books Examined CASH BOOK, BANK BOOK KAMOTHE ADGER MAINTAINED ON COMPUTER Whether the profit and loss account includes any profits and gains assessable on presumptive basis, if yes, indications and mount and the relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Sor any other relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Sor any other relevant section). Section Whether there has been any change in the profit of accounting employed in the previous page.			Cabo accorre	-			YASHO					
Permanent Account Number (PAN)	1	Name o	t me assesse				26,SATYA	MAF	CADI	E,SEC 21 FIRST F	LOOR,KAM	OTHE N
Permanent Account number or now indirect tax like excise day, service tax, sales tax, customs duty, etc. if yes, please furnish the registration number or any other identification number allotted for the same Si Type Registration Number	2						AVI MUM	IBAI,	, NAV	I MUMBAI, MAH	ARASHIKA,	410209
Whether the assesses is liable to pay findrect at an excess duty, service tax, sales tax, customs duty, etc. if yes, please familish the registration number alored for the same Registration Number	3	Permane	ent Account	Number (PAN)	The sector		74K				
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Sector Professionals Medical professionals		of	every busin	ess or pro	ofession).				IN THE		*	
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the immediately preceding previous year. (5)	-	b W	hether there	e has beer	any change in th	e molladat	accounting	g emp	loyey	the works the me	hod employ	ed in No

Partic				-18		T	norease in pr	ofit(Rs)	Decrease in r	rofit(Rs)
d	whether any ad	justment is	required to b	e made t	the profi	its or loss	for complying	ng with the	provisions o	flNo
1 17	computa	tion and dis	closure stand	lards noti	icd under	section I	45(2).			
100000000000000000000000000000000000000	If answer to (d)	above is in	the affirmativ	e, give de	tails of su	ch adjust	ments.			
ICDS				Incre	ase in pro	fit(Rs.)	Decrease in p	rofit(Rs.)	Net effect(R	s.)
Total										
f	Disclosure as pe	r ICDS.								
ICDS	The state of the s					closure				
2 1	Method of valua	tion of clos	ing stock em	ployed in	the previo	us year.			FAPPLICAB	
h II	In case of devia	tion from th	ne method of	valuation	n prescribe	ed under	section 145A	, and the cf	fect thereof	on No
1	the profit or loss	, please fun	nish:				r		ra	
Partice	ulars						Increase in p	rofit(Rs.)	Decrease in	profit(Rs.)
Give t	the following pa	rticulars of	the capital as	set conve	rted into s			de s	. 617.15	
(a) De	escription of cap	ital asset				(b) acq	Date uisition	acquisi	tion which	Amount at the asset inverted into in trade
****					-				Stock	-in trade
Nil	unts not credited	to the prof	it and loss ac	count be	ing.	-				
1	The items fallin				ъ.			***************************************		
	Description	5 *************************************	scope of sci	200 20		***			Amount	
	Nil							** ***	,	
	The proforma cr	edits draw	backs refund	1 of duty	of customs	orexcise	or service ta	c or refund	of sales tax o	r value added
	tax, where such									
	Description	oreano, are	THE CHOICE OF THE	rung mo	-	a due oj	tile dudicini		Amount	
	Escalation clair	ns accented	during the r	revious	ear	, Y -				
	Description	is accepted	during the p	icvious y	Call				Amount	
	Nil				-				rimount	
CHARLES TO SERVICE	Any other item	of income		11 19,44	36 1					
	Description	or moone	ě.		4,4,4	i,			Amount	
	Nil		1	17/3		. 97			2 Lineant	
	Capital receipt,		12 N 50	,		3.3		2 Y Y		
	Description	2è .	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75 75 To	; ; ;	- MATE	49	2 2	Amount	
Detai prope	The state of the s	ess Line	Address Lin			tate	Pincode	Correc	nsideration eived or	Value adopted or assessed of assessable
Dartie	culars of deprec	iation allos	vable as per	the Incon	oc-tay Act	1061 in	reeport of or	1000000		
	be, in the:-	lation allov	value as per	the meon	ic-tox Act	. 1901 11	respect of ca	ich asset of	block of as	sets, as the car
Desci		Opening	-		Additions			Dadustian	al Danas sinti	
ion	of deprecia		Durahasa	MOD-		Subsidy	Tatal		s Depreciation	
Block Asset Class	k of tion (In Percent- s of age)		Value (1)	-VAT	in Rate of Ex- change (3)	Grant	Value of Purchases (B) (1+2+3+4)	(C) _.	(D)	at the end the year (A+B-C-
Asset	itures 10%	0	51000				51000		2550	48450
Furn		1		-	-		5934000		890100	5043900
Furni & Fi @ 10 Plant Mact @ 15	1% t & 15% hinery 5%	0	5934000							
Furni & Fi @ 10 Plant Maci @ 15	t & 15% hinery 5% or Addition and I	Deduction D	etails refer A	ddition as	nd Deducti	on Detail		End of the		
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Furni & Fi @ 10 Plant Mach @ 15 * For	t & 15% hinery 5% or Addition and I	Deduction Declared and Ampro	etails refer A ions : nount debite	ed to An	nounts adı	nissible). ne condit	Tables At the	visions of to pecified un	Page the Income-to	ax Act, 1961 ant 14provision
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20 b	Details o	f contribut	ions receive	ed from er	nploye	es for va	rious	funds as	refer	red to in	section 3	6(1)(1	va):		
	Nature of	fund					Sum			date for	The a	ctual	The	actual	dat
							recei	ALI PERSONAL PROPERTY.	payr	nent	amount	paid	of	payment	1
	1						from						the	conce	me
							empl	oyees				#0 III	author	rities	
	NII	11.11						.,							
21 a	Please fu	rnish the (details of a	mounts de	bited	to the pr	otit ai	nd loss a	accou	nt, being	in the n	ature	of cap	ital, perso	ona
		cpenditure	nditure etc												
	Particular														
	DEPREC										Amount	in Rs	5.		
		expenditu												89	265
	Particular		6												
	DONATIO	The second second second									Amount	in Rs	5.		
			enditure in a	nu conve	oir bro	sahura te				19 . 1					450
	Particular	e capa	nature in a	my souver	iii, bic	Jenuie, ii	act, p	ampniet	or the	ike put				party	
			d at clubs b	aina anto	C						Amount	in Rs	3.		
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1	A PROPERTY OF THE PARTY OF THE	Transition of the second	d at aluba l		c			c 101.1						Amount in	n R
	Particular	ne meune	d at clubs b	eing cost	tor cit	ib service	es and	facilitie	s usc	d.					
			6 10	<i>C C</i>							Amount	in Rs	3.		
	Particular	ire by way	of penalty	or tine to	r viola	tion of a	ny law	for the	time	being for					
		(Table 1)				4.0					Amount	in Rs	3.		
	Expendin	ire by way	of any oth	er penalty	or fin	e not cov	ered a	bove			71177				iii ni
	Particular				10			4			Amount	in Rs	5.		Y
	Expendit	are incurre	ed for any p	urpose wh	ich is	an offend	ce or v	vhich is	prohi	bited by l	aw	•			
	Particular							- 45			Amount	in Rs	3.		
(b) Am	iounts inadn	nissible un	der section	40(a):-				4							
(1) 8	as payment	to non-res	ident referr	ed to in su	b-clau	se (i)									
			ent on whi					1.7							
	Date	of Amor			Mary P.	e of the		2 7	Add		Address		City	or Pince	ode
	payment	paym	ent pa	yment	paye	e ·		payee,if	Line	1	Line 2		Town	or	
(D) D			72/2				avalia	able //			A.	-	Distri	ct	
hafara	tails of payi	nent on w	hich tax has	been ded	ucted	but has n	ot bee	n paid d	uring	the previ	ous year	or in	the sul	bsequent	yca
T			at of Natu				- cl				1	55			
	payment	payme				of PAN		ine 1	100	ddress	City		Pinco		
-1	payment	payme	nt payin	cut line	payed	paye		line i	L	ine 2	Town	or			tax
						avali					Distric	ı		deduc	eled
(ii) as n	navment refe	erred to in	sub-clause	(ia)		lavan	acre	-			1				
(11) do p			ent on whi		ot ded	ucted:									
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			payment			the	OI	idiess L						incode	
	payment	payment	payment	payce		payee,if				Line 2	or L	Distric	t		
		payment				avaliable									
	(R) Detail	le of navn	ant on wh	ah tay ba	a boon	daduata	1100								
	sub- secti	on (1) of c	ection 139.	ich tax na	s been	deducte	d but	nas not	been	paid on o	or before	the d	lue dat	e specific	d ii
-		Amount			CDAN	-Cl A		14.11	- 12						
	payment		rayment				ne l				Pincode	100	nount	Amount	
	payment	payment	The second contract of the second	the payer	William Control	1171.27	ie i	Line 2		own or		of		1.0	(V
		payment	1		paye				L	District		dec	ducted	deposite	d, i
(iii) as	payment ref	erred to in	sub-clause	(ib)	avan	abic								any	
	(A) Detai	ls of navm	ent on which	ch lorne in	not do	duate di	-								
	Date of	Amount		of Name			۵.								
	payment		payment		7.000 P. 100 P.		of A	idress L	ine I	Address	City	or To	own Pi	ncode	
	- Je	payment	payment	payee		the payee,if				Address Line 20	TRUCE	Rank	1		
						avaliable			r'EI	111 150					
	(B) Detai	ls of payn	nent on whi	ch levy h	is beer	deducte	ed but	has not	bace	paid on	or before	the d	lue det	o specifi-	d in
	sub- secti	on (1) of s	ection 139.	y iii	- 000	. ocuden	o out	1105 1101	occii	paid on	or octore	the d	uc date	specific	u II
	Date of	Amount	Nature of		PAN	of Ad	dross	Addre	ee Ir	City or	Pincode	[A		Amount	
	payment			the payer		THE TRANSPORT BUILDINGS	ne I	Line 2		tiwn or	rincode		levy	Amount	ou (VI
	V. Barrison to	payment	1	Can.	paye			Line 2	Told	District				deposited	
				18/h	hyali	able		16	7/1	No a	1	uca		any	٠, ١
(iv) fri	nge benefit	tax under	sub-clause (Ky (-	10			161	0	19 \S	1			1	0
				11:11		53		100	11200	4-1-	!				-
				1. 15		1		18	200	JIN S	,				
				1	- 2			1	COACC	OUNT					

(v) wca	lth tax under	sub-cla	nusc (iia)									
(vi) roy	alty, license i	cc, ser	India/to	tc. under s	ub-clau	se (iib).						
(vii) sal	Date (of Am	ount of	Name of	the DA	nout IDS	etc. under sub-cla					
	payment		ment	payee	the	payce,if	Address Line 1	Address Line 2	C	ity	Pincoc	ie
wiii) na	yment to PF	other :	fund etc.	under sub-								
	paid by empl											
c) Amo	unts debited	to pro	fit and lo	ss account	being,	interest, s	salary, bonus, co	mmission or	remur	eration	inadmissib	la und
ection 4	40(b)/40(ba)	and co	mputation	n thereof;			,,,		·	cration	maumissio	ne und
	Particulars	W ST	Section	n	Amo	unt debite	d Amount	Amour	nt		Remarks	
						L A/C	Admissible	Inadmi	ssible			
d) Disa	llowance/dee	med in	icome un	der section	40A(3):						
expe	on the basis nditure cover count payee	red und	er section	1 40A(3) re	ad with	rule 6DD	and other relevan	nt document count payee	s/evide chequ	nce, wl	hether the on a bank	Yes
	Date Of Pay	ment	Nature		Amount		Name of the pay	iee	- 1	Permane	ent	Accou
			Payment						1		of the p	
(B) C	n the basis o	f the ex	aminatio	n of books	ofacco	unt and oth	ner relevant docum	ments/evider	ice. wh	etherth	e payment	Ves
paye	e bank draft ssion under	If not, section	please f 40A(3A	urnish the	details	of amour	by account paye at deemed to be	the profits a	ind gai	ins of b	usiness or	
	Daw Of Fa)	ment	Payment		Amount	in Ks	Name of the pay	ree	1	Permane Number availabl	of the	Accou payee,
) Provi	sion for pay	ment o	f gratuity	not allows	ble und	der section	40A(7)					
Any s	um paid by	the ass	essee as a	an employe	r not al	llowable u	nder section 40A	(9)				
g) Partic	culars of any	liabili	ty of a co	ntingent na	nture					1)		
	Nature Of L				·	50		Amount in	Rs.	-		
ı) Amo	unt of deduc	tion in	admissibl	e in terms	of secti	on 14A in	respect of the ex	penditure in	curred	in relat	ion to inco	me whi
oes not	form part of	the tot	al incom	e)			B. 1717		ja.			
	Nature Of L			ist of	De.			Amount in	Rs.			
) Amou	int inadmissi	ble un	der the pr	oviso to se	ction 3	6(1)(iii)		- KAN	52	A.m.		
Amou	unt of interes	st inadi	missible	under secti	on 23 c	of the Mic	ro, Small and Mo	edium Enter	prises !	Develop	pment Act,	
2006							10110					
Name	of Related	Parran	DANIO	ED alatad D	specifi	ed under s	ection 40A(2)(b)					
Name	of Related	reison	PANO	Related P	erson	Relation		Nature trasaction	of	Payme	nt Made(A	mount
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DE								DIAWING	3			1414
E	LATA KHA					PARTNE		DRAWING				1950
		to be p	rofits and	d gains und	ier sect	ion 32AC	or 33AB or 33A	BA or 33AC	C		e x	
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Nii												
		ofit cha	argeable	to tax unde	r sectio	on 41 and	computation the	reof.				THE PERSON
	of Person		Amoun	t of income	e	Section	Descrip	otion of Tran	saction	n Co	mputation	if any
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(1)*	in respect of	any su	ım referre	ed to in cla	use (a)	, (b), (c), ((d), (e), (f)or (g)	of section 4.	3B, the	: liabilit	y for which	1;-
(i)A	pre-existed of	on the	first day	of the prev	ious ye	ear but wa	s not allowed in	the assessm	ent of	any pre	eceding pre	vious y
	and was :-											
(i)(A)		id duri	ng the pr	evious yea	Г	Ye						
	Section NII					Nati	ire of liability				Amou	nt
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-	Section	t paid	during th	e previous	year	151	611 1 111				- 1.	
	NII					Nati	ire of liability			THE C	Amou	nt
	was incurred	in the	previous	vear and	wae			CERTIF	ED 11	THE A	24 a	
(i)(B)						rmichine (the return of inco	anno of the o	minu	e voor ii	nder sectio	n 130/
and section designation	Section	(/// ()	recore	me title tial	e for It		re of liability	ane or the p	revious	year u	Amou	
Ī	Nii		1000	200		INan	ne or natimy	C.TAN	Jose		Lymon	
6 (i)(B)		paid	on or hou	are the afo	resaid c	late		(cst	777	1		
	Section	- (11-1	d Section	. courti t		ire of liability	161-1K	301		Amour	nt
		100	1				or maoning	151.70	V-1	•	1	
		1	0.	11.01				115 K306	W/S	3//		
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he profit an Amount of in profit an CENVAT Opening Bac CENVAT CENVAT COSING/OU Balance	Central Va d loss accor alance Availed Utilized	unt.) luc Addo unt and t	ed Tax Cr reatment	redits availe							nent N	0
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	the previou	s year th	e assesse	e received a	ny consi	deration fo	or issu	ne of shares	which ex	ceeds the	fair	
et value of	the shares	as referre	d to in se	ction 56(2)	(viib). If	ves, pleas	e furi	ish the deta	ils of the	same		
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31	c			ment of loan or		iny speci	ficd adva	nce in a	an amount exc	ccding	g the limit s	pecified
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tako	en or			need not be giv nt, Government					TOTAL STREET,		A CAMPAGA AND A	
32	a	Details of	brought forward	d loss or depreci	ation allow	ance, in	the follo	wing ma	anner, to exter	nt avai	lable	
		Assessmen	nt Year N	ature of loss/allo		Amount as returned	Amour as assessed	Date	TRUE C	Rem	arks	
32	b	NII Whether a	change in abou	cholding of the c	ampani k	n tolern	lana in d	o nemi	nue year due t	a subia	h Not An	licable
			incurred prior t	to the previous y								, acable
32	c	ALCOHOLD TO THE REAL PROPERTY OF THE PARTY O		incurred any spe	culation lo	ss refer	ed to in/s	cerion 5	I donn the r	orevio	us year.	No
			se furnish the	1000			1	1	36 2			
32	d	Whether t		inchred any lo	ss referred	to in sc	ection 73	1 1	1 /1-11	pecific	ed business	No
_1							4	*Cou	Thy S			

		Nii	land I		ved		as th fr sp su re	vailable sith the cosessee) of a common whom becified am is ceived	accepte	d draft or of elec- clearing a through a account	system an account account bank of	was taken ecepted by count payee e or an nt payee draft.
(Pa	rticul	ars at (a) and (b) n	eed not l	e given in the ca	se of a Gov	ernment	company, a	bankin	g company o	r a corporation	established
by	a Cen	tral, Sta	te or Prov	rincial A	ct.)							
31	C	Particu	lars of car	on repay	ment of loan or ing the previous	deposit or a	my spec	iticd advan	cc in a	n amount exc	eccaing the life	nit specific
		S.No.	Name	of the	Address of the	Permanent	Amoun	Maximum	. 1	Whether the	In case the	repaymen
		3.110.	payee		payee	Account	of the repayin	amount entitstanding the account	ng in summer at laring evious	repayment was made by cheque or bank draft or use	was made or bank dra the same or accepte account pay an account draft.	by cheque aft, whether was taken and by an ee cheque
					2.5					through a	1	
-	***	7.000								bank account		
		Nil				1.00		M-				
31	d	269T r during	the previo	therwise ous year:	of loan or deposite than by a chequent of the characteristic of th	ie or bank o	iraft or t	ise of elect	rome c	Number (if	Amount of lo	an or depos
		2.0			**	7	recei	ved //	. 14.	A	draft or use clearing syste bank accoun previous year	m through t during th
		Nil								avacading th	e limit specif	ed in section
31	е	269T r	eceived by	y a chequ	of loan or deposition or bank draft	which is no	t an acce	nut payee	cucque	or account p	-,	
\neg		S.No N	lame of	the lene	der, Address of	the lender,	or Perm	nanent Acc	the acc	Number (ii	or any speci	fied advan
		0	r deposito	or or per	der, Address of son depositor of ied whom spec	r person Iro	on land	able will i	nositor	or person	received by	cheque or
		fi	om whor	n specif	ied whom spec	iffed advan	from	whom sp	ecified	advance is		
		a	dvance is	received	is received		recei		177		account payo	e cheque
											account paye	e bank dra
1											during the pr	evious year
		NII		-								God advan
lo	tc: (P	articula	rs at (c), (c	d) and (c) need not be giv	en in the ca	sc of a r	epayment o	of any l	oan or depos	blished by a (Central Sta
ak	cn or	accepto	d from G	overnme	need not be given, Government	company, t	anking	company o	г а соп	poration esta	onsiled of a	
or I	Provi							r C 11		nor to exten	t available	
32	a	Details	of brough	nt forwar	d loss or depreci	ation allow	ance, in	The follows	Order	11/S and	Remarks	
		Assess	ment Year	, N	lature of loss/allo	owance /	Amount is eturned	as assessed	Date	U/S and	Š.	
		Nil							CENT	a want due to	which Not A	pplicable
32	b	the los	ses incurr	ed prior	cholding of the c	year cannot	be anov	lace in the posed to be c	arried	forward in te	rms of	
22	c	section	er the need	essee has	incurred any spe	eculation los	s referr	ed to in see	tion 73	during the pr	revious year.	No
3.	<u>. </u>	If yes.	please furn	ish the				100	TRN			
32		details		1	molitied way to			17.51		and of any co	ecified busine	ess No
	d	merans	Delaw									

	f yes, please furn f the same								
	n case of a comp s referred in exp	any, please sta	te that wheel		and the same of th				
e	s referred in exp	lanation to so	ction 73	the company	is deemed to	be carrying	On a specule	tion busine	
1	yes, please furn	ish the details	of speculation 1			, ,		dod ousine	22
110	SPRITTED GUILDE L	DE DIEVIOUS VA							
Tomine	n-wise details of Section	deductions if	any adminable		سورة الألاطاط				
Section	Section	1	Amount	under Chapt	er VLA or Ch	apter III (Se	ction 10A S	ection IOA	ANINO
-	Section		Amount					calou tox	AJINO
NI	id about a sec								
1	Whether the assexVII-BB, if yes	asce is requir	ed to deduct or	collect tax a	s per the pro	visions of C	hanter YVII	D 0	
1	1.0	piease furnist			•		complete XVI	-B of Chap	ICT NO
	Tax Sect	ion Nature	of Total	Total	Total	Amount of	Tarit		
- 0	deduction	paymen	it amount of	amount on	amount on	tax			Amount of
12	and		payment	which tax	which tax	dad	amount on		tax
10	collection		or receipt	was	was		which tax		deducted or
- 1	Account			required to		or	was	or	collected
- 1	Number		nature			collected	deducted	collected	not
	(TAN)		500 PM (100 PM	be	or	out of (6)	or	on (8)	deposited
- 1	(1741)		specified	deducted	collected		collected		to the
ı			in column		at		at less than		credit of
- 1			(3)	collected	specified		specified	1	the Central
- 1				out of (4)	rate out of		rate out o	rl	Governmen
1				1	(5)		(7)	1	out of (6)
1					100		100		
	NII '				1		1	1	and (8)
-		serves has fine	ALLE LAND						
4 b	Wilculer the as	sessee has the	nished the state	ment of tax	deducted or	tax collectes	d within the	prescribed	time Not
	If not, please for								Applica
	1 100 1 100 House the test to be a first to	ion Type of F			Date of	Whether			tax deducted
	and collect		furnish	ning	furnishing.	or collect	ed contain	s informat	ion about al
	Account Num			100		transaction	as which are	required to	be reported
		DCI			II furnished				
	The second secon	iber			11 furnished	11			
	(TAN)	bei			11 turnished				
141-	(TAN)	1							
34 c	(TAN)	1	le to pay interes						rnish Not
34 c	(TAN) NII Whether the a	ssessee is hab		t under secti	on 201(1A) o	or section 20	06C(7).If ye	s, please fu	rnish Not
34 c	(TAN) NII Whether the a	ssessee is hab	le to pay interes	t under secti	on 201(1A) o	or section 20		s, please fu	rnish Not
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34 c	(TAN) NB Whether the a Tax deduction Number (TA)	ssessee is liab	on Account An	t under sectionsount of itser	on 201(1A) on terest Amo	or section 20	06C(7).If ye	s, please fu	rnish Not
1_	(TAN) Nil Whether the a Tax deduction Number (TA)	ssessor is fiable and collection	on Account An uni 20 pa	t under sectionsount of itself.	on 201(1A) on nterest Amo section 7) is	or section 20	Dates of	s, please fu	rnish Not
34 c	(TAN) Nil Whether the a Tax deduction Number (TA) Nil In the case of	ssessor is fiable and collection	on Account An und 20 pa	t under sectionsount of itself.	on 201(1A) on terest Amosection 7) is	or section 20	Dates of	s, please fu payment	rnish Not Applie
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1	(TAN) Nil Whether the a Tax deduction Number (TA) Nil In the case of	ssessor is fiable and collection	on Account An und 20 pa	t under sectionsount of its der (1/4)/206C(on 201(1A) on terest Amosection 7) is	or section 20 ount all items of g	Dates of Dates of goods tradec Sales during	s, please fu payment	rmish Not Applic
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	lincurred du	inne the	previ	OHE VOOR					***			
Se	ection-wise deta	ails of de	ducti	ons, if an	y admissible	under Cha-	ter VIA C'	lanter III	lant!	0	104.451	lo.
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Nii a		6 200	90 1	Per ·				With the second				
1	XVII-BB, i	f vec -1	ce is	required t	to deduct or	collect tax a	as per the pro	visions of	Chapter X	VII-B or C	Chapter N	Vo
Ħ	Tax	Section		lature of		and the same of	quincular entrem					
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ь	Whether th	e assess	ce ha	s furnishe	ed the statem	ient of the	deducted or to	ax collects	d within "	C present	ed tim-1	Not
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	Tax ded	duction	Турс	of Form		date for I	Date of	Whether	the state	ement o		deducted
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	In the case of	of a trad	ing c	Unit		tive details	Opening	Purchas- es	Sales during		tock	excess,
	In the case of	of a trad	ling c	Unit		tive details	Opening	Purchas- es during	Sales during the		tock	
	In the case of	of a trad	ling c	oncern, g		tive details	Opening	Purchases during the	Sales during the previous		tock	excess,
	In the case of Item Name	of a trad	ling c	oncern, g		tive details	Opening	Purchases during the previous	Sales during the previous		tock	excess,
	In the case of Item Name			Unit	give quantita	itive details	Opening stock	Purchases es during the previous year	Sales during the previous year	Closing s		excess, if any
	In the case of Item Name Nii In the case of	of a man		Unit	give quantita	itive details	Opening stock	Purchases es during the previous year	Sales during the previous year	Closing s		excess, if any
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Description of Block of Assets	SI.No.	Purchase of	Date put to	Amount	n Point No. 18) Adjustmer	nt on account	of	Total Amount
			use		MODVAT	Exchange Rate Change		10ml / Infoliate
Furnitures & Fittings @ 10%	<u> </u>	03/03/2017	03/03/2017	51000		0 (0	51000
Total of Furniture	s & Fit	tings @ 10%						
Plant &	1	31/05/2016	31/05/2016	1 5024000				51000
Machinery @ 15%			131/03/2010	5934000		0	0	0 5934000

Description of Block of Assets	Sl.No. Date of Sal	e etc Amount		
Furnitures & Fittings @ 10%			or and where the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total of Furnitures & Fittings @ 10%		- 1 <i>è</i> 17.		
Plant & Machinery @ 15%	Tarana in the			



CENTRED TRUE COPY

JAMES!



ANNEXURE - D





YASHODA HOSPITAL

A MULTI - SPECIALITY UNIT

1st Floor, Satyam Arcade, Plot No. 26, Sector - 21, Kamothe, Navi Mumbai - 410209, call : 022-27435500

RESOLUTION (TRUE COPY)

Subject: Starting of Fellowship Courses for the academic year 2021-22

Resolution No: YH/202/69 Date: 01 / 03 / 2021.

In view of the above subject this management of trust has decided to start fellowship courses in the following subjects with effect from academic year 2021-22, in its meeting held on 01/03/ 2021

1. Reproductive Medicine

Resolution approved unanimously

Resolution Proposed by: Dr. Balsaheb V. Khadbade

Resolution Seconded by: Dr. Snehalata B Khadbade

Date: 01/03/ 2021

Place: Navi Mumbai

SPITOLAND SPITOL

(Director)

Dr. Balasaheb Khadbade M. D. (Obst. & Gynaec.)

Reg. No.: 2005/02/0656

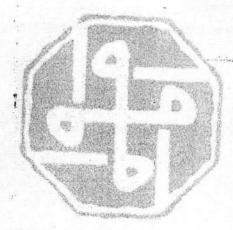
ANNEXURE - E

Shop NOO. 4 New Salayam Arcade



529/13454 पावती Original/Duplicate Sunday, December 16, 2018 5:12 PM नोंदणी क्रं. :39म Regn.:39M पावती कं.: 14073 दिनांक: 16/12/2018 गावाचे नाव: कामोठे 🕻 दस्तऐवजाचा अनुक्रमांक: पवल5-13454-2018 दस्तऐवजाचा प्रकार : सेल ढीड सादर करणाऱ्याचे नाव: बाळासाहेब विठ्ठलराव खडबडे . . नोंदणी फी रु. 100.00 दस्त हाताळणी फी ₹. 800.00 पृष्ठांची संख्या: 40 एक्ण: ₹. 900.00 आपणास मूळ दस्त .थंबनेल प्रिंट,सूची-२ अंदाजे 4:00 PM ह्या वेळेस मिळेल Sub Registrar Panvel 5 बाजार मुल्यः रु.7499000 /-मोबदला रु.7000000/-भरलेले मुद्रांक शुल्क : रु. 100/-1) देयकाचा प्रकार: By Cash रक्कम: रु 100/-2) देयकाचा प्रकार: DHC रक्कम: रु.800/-पक्षकाराची स्वाधारी डीडी/धनादेश/पे ऑर्डर क्रमांक: 1112201810949 दिनांक: 11/12/2018 बँकेचे नाव व पत्ताः नोंद्णी फी माफी असल्यास तपशिल :-1) Fee Adjusted : Old Doc.No10220-2017 Amt. 30000 सर्वात निवंधक, कारेल-५ (वर्ग-२)

. .





सूची क्र.2

दुय्यम निबंधक : सह दु.नि.पनवेल 5

दस्त क्रमांक : 13454/2018

नोदंणी: Regn:63m

गावाचे नाव: कामोठे

(1)विलेखाचा प्रकार

सेल डीड

(2)मोबदला

7000000

(3) बाजारभाव(भाडेपटटयाच्या बाबतितपटटाकार आकारणी देतो की एटटेदार ते नमुद करावे)

7499000

(4) भू-मापन,पोटहिस्सा व घरक्रमांक (असल्यास)

1) पालिकेचे नाव:रायगड इतर वर्णन :, इतर माहिती: शॉप नं. 04,तळमजला, "सत्यम आर्केड सीएचएस लि. ",प्लॉट नं. 26,सेक्टर नं. 21,कामोठे,नवी मुंबई,ता.पनवेल,जि.रायगड,क्षेत्र. 62.99 चौ.मी. कारपेट या मिळकतीचे पनवेल येथील सब रजिस्ट्रार पनवेल सह दुनि. पनवेल- 2 यांच्या कायालयात नोंदणी झालेला करारनामा दस्त नं. 10220/2017,दि. 04/09/2017 अन्वये मु.श्. व नों फी. वसूल केले असे आणि त्याबायतचे अभिहस्तांतरणपत्र.((Plot Number : 26 ; SECTOR NUMBER 21;))

(5) क्षेत्रफळ

1) 62.99 नौ.मीटर

(6)आकारणी किंवा जुडी देण्यात असेल

(7) दस्तऐयज करुन देणा-या/लिहून ठेवणा-या पक्षकाराचे नाव किंवा दिवाणी न्यायालयाचा हुनुमनामा किंवा आदेश असल्यास,प्रतिवादिचे नाव व भृता.

1): नाव:-पंकज मणिलाल पटेल . . वय:-43; पत्ता:-प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: ., रोड नं: सदनिका क्र. ए-1702, दि एम्पायर, प्लॉट नं. 41 व 42, सेक्टर नं. 20, खारघर नवी मुंबई, महाराष्ट्र, राईगार्:(ं०ः). पिन कोड:-410210 पॅन नं:-AJIPP8753E

3)दस्तऐवज करुन घेणा-या पक्षकाराचे व किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश अंसल्यास,प्रतिवादिचे नाव व पत्ता

1): नाव:-बाळासाहेब विद्रुलराव खड्बडे . . वय:-35; पत्ता:-प्लॉट नं: ., माळा नं: ., इमारतीचं नाव: , ब्लॉक नं: ,, रोड गं: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे,, महाराष्ट्र, राईग़ार्ः(ं०ः). पिन कोड:-410206 पैन नं:-BLEPK6427K 2): नाव:-श्रेहलता बाळासाहेब खडवडे . . वय:-35; पत्ता:-प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नंः , रोड नं पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे., महाराष्ट्र, रःइंगार्ः(ंःः). पिन कोड:-410206 पॅन नं:-BAOPK6494H

(9) दस्तऐवज करुन दिल्याचा दिनांक

16/12/2018

(10)दस्त नोंदणी केल्याचा दिनांक

16/12/2018

(11)अनुक्रमांक,खंड व पृष्ठ

(12)वाजारभावाप्रमाणे मुद्रांक शुल्क

13454/2018

100

(13)बाजारभावाप्रमाणे नोंदणी शुल्क

100

(14)शेरा

JOINT

सह दुव्यय निबंधक, पन्वेल-५ (बर्ग-२)

मुल्यांकनासाठी विचारात घेतलेला

मुल्यांकनाची अवश्यकतः नाही कारण करारतामा अलाहिदा नोदविला आहे कारणाचा तपशील



CHALLAN MTR Form Number-6



GRN MH009275677201819E					Date 11/12/2	2018-19:2	0:2	5 Fo	rm ID		25.1	
Department Inspector Genera	l Of Registration				Pa	yer Deta	ls					
Stamp Duty Type of Payment Registration F	ee		TAX ID	(If Any)			1			-		
			PAN No.	(If Applicab	ole)		T					
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Location RAIGAD												
Year 2018-2019 One T	īme		Flat/Bloc	k No.	SHOP N	0. 04,	GR	OUN	D FL	OOF	R. S.	ATYAN
			Premise:	s/Building	ARCADE							
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Print Date 11-12-2018 07:20:57



Receipt of Document Handling Charges

PRN

1112201810949

Receipt Date

16/12/2018

Received from BALASAHEB VITTHALRAO KHADBADE, Mobile number 8422955964, an amount of Rs.800/-, towards Document Handling Charges for the Document to be registered on Document No. 13454 dated 16/12/2018 at the Sub Registrar office Joint S.R. Panvel 5 of the District Raigarh

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Payment Details

Bank Name	IBKL	Payment Date	11/12/2018
Bank CIN	10004152018121109155	REF No.	193931863
Deface No	1112201810949D	Deface Date	16/12/2018

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

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सह दुय्यम निबंधक, पनवेल-५ (वर्ग-२)

पवल - ५ २३४५४ २०१८ 3 /&





CHALLAN MTR Form Number-6



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सह दुय्यम निबंधक, पनवेल-५ (वर्ग-२)

A (60-A (62) (7)



SALE DEED

SHOP NO.

04, GROUND FLOOR.

12.5% GAOTHAN EXPANSION SCHEME

BUILDING KNOWN AS

"SATYAM ARCA

ON PLOT NO.

26

SECTOR NO.

21

NODE

KAMOTHE

CARPET AREA IN SQ. MTR.

62.99

SALE PRICE.

RS. 70,00,000/-

THIS SALE DEED on Ownership basis made and entered into at PANVEL on

this the 16th day of the month DECEMBER in the Christian Year 2018.

BETWEEN

MR. PANKAJ MANIBHAI PATEL, (PAN NO: AJIPP8753E), an Aged 43 Years, Indian Inhabitant, Residing at FLAT NO.A-1702, THE EMPIRE, PLOT NO.41 & 42, SECTOR-20, KHARGHAR, NAVI MUMBAI 410210, hereinafter called and referred to as "THE TRANSFEROR / SELLER' (which expression shall unless it be repugnant ... to the context or meaning thereof be deemed to mean and include their heirs, executors, administrators and assigns) of the FIRST PART.

AND

1. MR. BALASAHEB VITTHALRAO KHADBADE, (PAN NO: BLEPK6427K), an Aged 36 Years, 2. MRS. SNEHALATA BALASAHEB KHADBADE, (PAN NO. BAOPK6494H), an Aged 35 Years, Both Indians Inhabitants, Residing at FIRST FLOOR, SATYAM ARCADE, PLOT NO 26, SECTOR-21, KAMOTHE, NAVI MUMBAI 410209, hereinafter called and referred to as 'THE TRANSFEREES / PURCHASERS' (which expression shall unless it be repugnant to the context or meaning thereof be deemed to mean and include their heirs, executors, administrators and assigns) of the SECOND PART.

AND WHEREAS:

By virtue of another Tripartite Agreement dated 18/01/2008 entered into between Corporation of the One Part and the said M/S. SHREE DEVELOPERS a partnership firm represented by its Partners 1) SHRI SHAILESH AMBALAL PATEL, 2) SHRI ASHOK RAMANBHAI PATEL, 3) SHRI. JITY NARSHIBHAI PATEL and 4) SHRI PANKAJ AMBALAL PATEL therein referred to as "THE NEW LICENSEES") of the Second Part and M/S. SATYAM DEVELOPERS, a partnership firm represented by its Partners 1) SHRI. DINESH RATANSHIBHAI PATEL, 2) SHRI NARENDRA MANIBHAI PATEL, 3) SHRI VINOD MANIBHAI PATEL, 4) SHRI. PANKAJ MANIBHAI PATEL, 5) SHRI MANIBHAI JETHABHAI PATEL, 6) SHRI, DILIP CHANGANBHAI VELANI and 7) SHRI. HEMANG DINESH PATEL, the exception to as "THE SUBSEQUENT NEW LICENSEES" the Builders herein of the Third P. Corporation has agreed to grant to the said Subsequent New Licensee the said plot bearing No.26, in sector-21, Kamothe, Phase-2, Tal. Panyer Dist. Rages O admeasuring 2249.96 Sq. Mtrs. on the terms and conditions specified therein and whereas the terms and conditions of the said plot was leased and assign of the Subsequent New Licensees the Builders herein .

AND WHEREAS:

Pursuant to the above the Builders are absolutely seized and possessed well and sufficiently entitled to the said Plot of land.

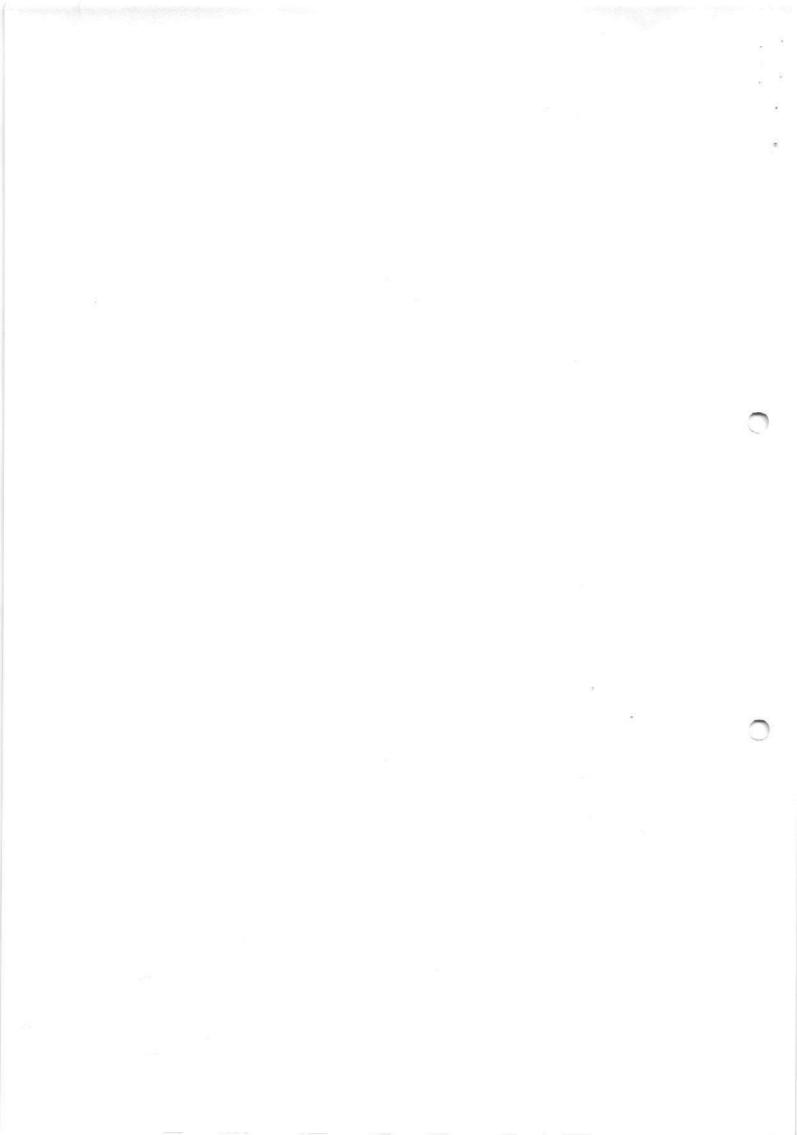
AND WHEREAS:

The Builders propose to Constructed the Residential cum Commercial building(s) as per the plans sanctioned and the development permission granted by the Corporation including such additions modifications revisions, alternations therein if any from time to time as may be approved by the planning authority.

AND WHEREAS:

M/S. SATYAM DEVELOPERS i.e. the Developers herein has obtained the Development permission and Commencement Certificate from CITY INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LIMITED for construction of the Residential cum Commercial building/s on the aforesaid plot of land under the Ref. No. CIDCO/ATPO/769, dated 25/04/2008.

Part



Housing	Society	Act,	1961,	bearing	Registration	No.
AND WHER	EAS					
The TRANS	FEROR is th	e Registe	red Membe	er of the "SAT	YAM ARCADE Co	
Housing So	ciety Ltd.",	a society (duly registe	red under the	Maharashtra Stat	- Op.
Operative	Societies				Registered	
		-		0	referred to as "Th	No.
Society")				(cicircu to as Ti	e said
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AND WHER	EAS:				9224	tone
The Part pa	ayment Agre	eement w	vas registe	red between	the TRANSFEROI	408
PURCHASER	S dated 04/	09/2017	by Register	ed Document	No. PVL-2-10220	y and
egistered be	efore the Sul	b Registra	r Office. Pa	nvel and tota	l consideration is	-CDC
70,00,000/-	& Market	Value of	Rs. 74.99	0,000/- and	on the state JO	INT S
					0/- and Registration	
Rs. 30,000	/- was paid	in resp	ect of SH	OP NO. 04	on GROUND FI	oon 4
ADMEASURI	NG CARPET	AREA 6	2.99 SQ. M	TR. IN THE	BUILDING KNOW	JUK, E
SATYAM AF	RCADE Co -	Op. Hous	ing Society	Ltd" CONST	RUCTED ON PLO	TO ASV
26, SECTOR	NO. 21, KA	MOTHE, 1	TAL PAN	VEL DIST D	AIGAD, NAVI MUI	NO. W
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ND WHERE	AS:				*	
SATYAM AR	CADE Co - C	p. Housii	ng Society	Ltd "" a Societ	y duly registered u	
ne provision	ns of the N	Aaharasht	ra Co. one	erative Societ	ies Act 1961 be	inder
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lanagement :	and Transfer) Act. 196	3.	Tromotion	or Construction,	Sale,
					ele en per per	40
It is fur	ther declare	d by the T	RANSFERO	R / SELLER th	at:	

A. There are no suits, litigations, civil or criminal or any other proceedings pending as against the TRANSFEROR personally affecting the said SHOP.

B. There are no attachment or prohibitory orders as against or affecting the said SHOP and the said SHOP is free from all encumbrances or charges and / or is

and the TRANSFEROR / SELLER have full right, title and interest to enter into this Agreement with the TRANSFEREES on the various terms and conditions as stated herein.

J. The TRANSFEROR are aware that relying on the said representations the TRANSFEREES have agreed to purchase the said SHOP.

NOW IT IS HEREBY AGREED BY & BETWEEN THE PARTIES HERETO AS FOLLOWS:

THE TRANSFEROR/SELLER have agreed to sell and transfer said Share
Certificate / Membership Right along with Occupancy SHOP NO. 26, 20 GROUND FLOOR, ADMEASURING CARPET AREA 62.99 SQ. MTB. IN THE
BUILDING KNOWN AS "SATYAM ARCADE CO - Op. Housing Society/Ltd."

CONSTRUCTED ON PLOT NO. 26, SECTOR NO. 21, KAMOTHE TALL
PANVEL, DIST. RAIGAD, NAVI MUMBAI in the jurisdiction of Registration
Sub District of Panvel, District Raigad, and the TRANSFEREES PURCHASERS
have agreed to get transfer said Share Certificate / Membership Right along in the jurisdiction of Registration of Re

AMOUNT	DESCRIPTION
Rs. 15,00,000/-	By Cheque No. 008219, Dated 01/03/2017 drawn on Indian Overseas Bank.
Rs. 12,50,000/-	By Cheque No. 006345, Dated 31/03/2017 drawn on Indian Overseas Bank.
Rs. 5,00,000/-	By RTGS Dated 10/07/2017 drawn on Federal Bank.
Rs. 37,50,000/-	By Cheque No. 049963, Dated 16/12/2018 drawn on NKGSB BANK, Kamothe Branch.
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Sept.

- 9) ALL COSTS, charges and expenses in connection with the formation preparing, approving and engrossing, stamping & registration of the conveyance to be executed between the parties shall be borne-& paid entirely by the TRANSFEREES/PURCHASERS.
- THE TRANSFEROR/SELLER undertakes to pay all the outgoings amount by way of CIDCO Property Taxes, Maintenance Charges and other dues payable and due till the date of handing over possession to the TRANSFEREES/PURCHASERS and the TRANSFEREES/PURCHASERS shall be the responsible for such payments effective from the date of possession.
- THE TRANSFEROR / SELLER also hereby agrees to inform "SATYAM ARCADE Co Op. Housing Society Ltd." and the Concerned Authority for the transfer of the Deposit Amount kept with them i.e. Deposit with M.S.E.B. for Electricity Connection Share Money Deposit kept with Society to an the name of TRANSFEREES.
- Deed on completion of transfer in all respect.
- premise is free from all encumbrances and / or liabilities and that the isc entitled to sell, transfer & assign said premises where the isc TRANSFEREES/PURCHASERS and he has not done any act where the isc prevented from transferring or selling the said premises. The TRANSFEROR *

 SELLER further agree that he has not created any liability against the transferring or selling the said premises.

Also this Sale Deed shall always be subject to the provisions of Maharashtra ownership SHOP Act, 1963 and the rules of 1964 made there under.

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8 20 ×

IN WITNESS WHEREOF the TRANSFEROR and the TRANSFEREES have signed and executed this Agreement at PANVEL on the day and thate Transfer above written.

SIGNED, SEALED & DELIVERED

By the withinnamed TRANSFEROR

MR. PANKAJ MANIBHAI PATEL

PAN NO: AJIPP8753E

In the presence of

1. Wilesh V. Pandit

2. 25

SIGNED, SEALED & DELIVERED

. By the withinnamed TRANSFEREES

1. MR. BALASAHEB VITTHALRAO KHADBADE PAN NO: BLEPK6427K

2. MRS. SNEHALATA BALASAHEB KHADBADE PAN NO. BAOPK6494H

In the presence of

1. Nilesh V Fandit

2.





POSSESSION LETTER

I, MR. PANKAJ MANIBHAI PATEL, the legal and lawful owners of SHOP NO. 04, on GROUND FLOOR, ADMEASURING CARPET AREA 62.99 SQ. MTR. IN THE BUILDING KNOWN AS "SATYAM ARCADE Co - Op. Housing Society Ltd." CONSTRUCTED ON PLOT NO. 26, SECTOR NO. 21, KAMOTHE, TAL. - PANVEL, DIST. RAIGAD, NAVI MUMBAI, within the limits of CIDCO Ltd., in the Jurisdiction of Registration Sub District of Panvel, District Raigad, and I have sold and transferred the said SHOP for the total consideration of RS. 70,00,000/- (RUPEES SEVENTY LAKHS ONLY) being Full & Final Payment, from 1. MR. BALASAHEB VITTHALRAO KHADBADE AND 2. MRS. SNEHALATA BALASAHEB KHADBADE, vide SALE DEED, registered in the Office of Sub-Registrar, Panvel and I handover the physical vacant, peaceful possession of the above said Premises on today to 1. MR. BALASAHEB VITTHALRAO KHADBADE AND 2. MRS. SNEHALATA BALASAHEB KHADBADE.

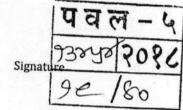
HANDING OVER PEACEFUL POSSESSION

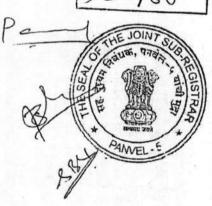
MR. PANKAJ MANIBHAI PATEL

TAKING OVER PEACEFUL POSSESSION

1. MR. BALASAHEB VITTHALRAO KHADBADE

2. MRS. SNEHALATA BALASAHEB KHADBADE







SATYAM DEVELOPERS

To, MR. PANKAJ MANILAL PATEL

Sub: - NOC from builder for resale of Shop

Dear Sir,

This is to confirm that we have sold Shop no-04 Ground building called "Satyam Arcade" located at Plot no-26, Sector Panvel to MR. PANKAJ MANILAL under an appen PATEL 16/12/2011.

We have no-objection to sell the above said flat. We have all all the above said amount from the owner. And he has cleared all his dues till now.

We hereby assure that the said flat as well as the said building and the land appurtenant there to are not subject to any encumbrance charge or liability or any kind whatever and the entire property is free and marketable title to the said and marketable. We further confirm that we have a clear legal and marketable title to the said property and every part thereof.

The new purchaser of the flat is MR. BALASAHEB VITTHALRAO KHADBADE & MRS. SNEHALATA BALASAHEB KHADBADE.

Thanking You,

Yours Faithfully, FOR SATYAM DEVELOPE

ad Office: Office No. 807-808, The Landmark, 8th Floor, Plot No. 26/A, Sector-7, Kharghar, Navi Mumbai-410 210, Ph.: 022-2774 6511 / 22, Fax: 022-2774 6511 Branch Office: Office No. 4 & 5, Satyam Arcade, Plot No. 26, Sector - 21, Kamothe, Navi Mumbai - 410 209. Ph.: 022 - 27431500 / 1600

O. AJIPP8753E) say
Only) a part payment
, Building known as
1e, Tall Panvel, Dist.
1l Admeasuring area
I as MR BALASAHEB
HEB KHADBADE as

by the way of Cheque 7 in Indian Overseas

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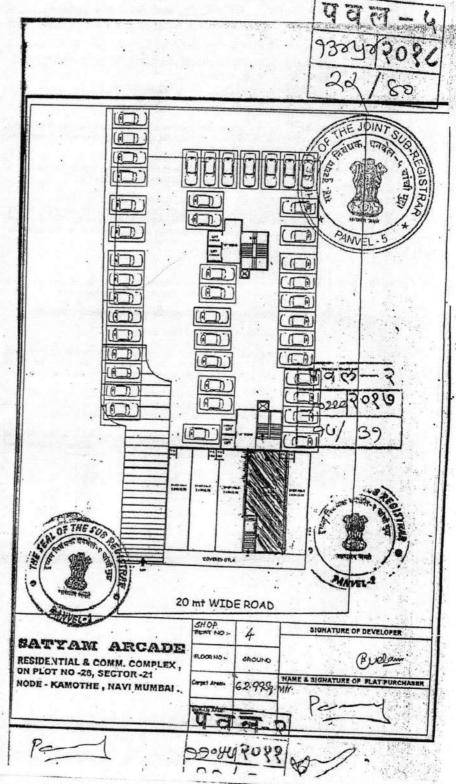
ie way of RTGS as a k. In account of the



I Say Received Rs 32,50,000/usand Rupees Only)

AJ MANIJAL PATEL AN NO.AJIPP8753E)





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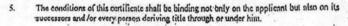
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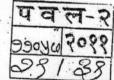
- 6. A certified copy of the approved plan shall be exhibited on site.
- The amount of R3. U.So deposited with CIDCO as security deposit shall be forfeited either in whole of in part at the absolute discretion of the Corporation for breach of any of the conditions attached to the permission covered by the Continencement Certificate. Such forfeiture shall be without prejudice to any other remedy or right of Corporation.
- 8. "Every Building shall be provided with under ground and over head water tank. The capacity of the tanks shall be as per norms fixed by CIDCO. In case of high rise, buildings under ground and over head water tank shall be provided as per the fire lighting requirements of CIDCO. The applicant shall seek approval of the EE(Water Supply) of CIDCO in respect of capacity of domestic water tanks. The applicant shall seek approval of the Fire Officer of CIDCO in respect of capacity of water tanks for the fighting purpose".
- 9. You shall approach Executive Engineer, M.S.E.B. for the power requirements for all of transformer, if any, etc.
- 10. As per Gove, of Maharmatira memorandum vide No. IEP/4393/150/C 061/04. UD-11/RDP, Dated 19° July/1994 for all outldines following odditions that apply.
 - i) As soon as the development permission for new construction or Edevelopmen is obtained by the Owners/Developer, he shall install a Display Board on the conspicuous place on site indicating following details:
 - a). Name and address of the owner/developer, Architect and Contractor.
 - b) Survey Number/City survey Number. Plot. Number/Sector, under reference along with description of its boundaries.
 - c) Order Number and date of grant of development of sistion of development of sistion date of grant of development of sistion date of grant of development of sistion date of grant of development of sistion of the sisting of the sistion of the sistion of the sisting of the sistence of the
 - d) Number of Residential flats/Commercial Units twith

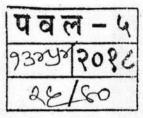
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Address where copies of detailed approved plant shape prelable for inspection.

in the frequency of an advertisement, giving all the detailed mentioned in (i) and the provinced in two widely circulated newspapers one of which in to the province of the control of the







SCHEDULE

RAIN WATER HARVESTING

Rain Water Harvesting in a building site includes storage or recharging into ground of rain water falling on the terrace or on any paved or unpaved surface within the building site.

- The following systems may be adopted for harvesting the rain water drawn from terrace and the paved surface.
 - (i) Open well of a minimum of 1.00 mt. dia and 6 mt. in depth into which rain water may be channeled and allowed after filtration for removing silt and floating material. The well shall be provided with ventilating covers. The water from the open well may be used for non potable domestic purposes such as washing, flushing and for watering the garden etc.

(ii) Rain water harvesting for recharge of ground water may be done through a bore well around which a pit of brillings butth may be excavated upto a depth of at least 3.00 mt and refuled with stone aggregate and sand. The filtered rain water may be sampled to the refuled pit for recharging the forewell.

aggregate and sand. The filtered rain water may be champered to the refilled pit for recharging the borewell. 90270 \
An impervious surface funderground storage tank of required capacity may be constructed in the solvele position open space and the rain water may be champeled to the storage tank shall always be provided with ventuating towns and shall have draw off taps suitably placed so that the rain water may be drawn off for domestic, washing participing and such other purposes. The storage tanks shall be provided with an overflow.

(iv) The surplus rain water after storage talky be recharged purposed.

(iv) The surplus rain water after storage may be recharged pittle round through percolation pits or trenches or constituent of one of the surplus and frenches. Depending on the geomorphological and registration of the size of 12 of 12 of the size of 12 of the size

- a) 40 mm stone aggregate as bottom layer upto 50% of the depth; b) 20 mm stone aggregate as lower middle layer upto 20% of the depth;
- c) Coarse sand as upper middle layer upto 20% of the depth;

di Ashir and of fine sand as top layer;



nt on 27th August 2003, india and as per Circular aharashtra, vide No.

ngs following additional

or tiles or clay fly ash its or a combination of total bricks, blocks &

TPB 432001/2133/CR-

. 300.00 Sq.m. following

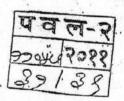
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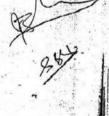
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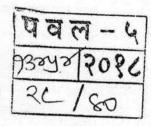
e (a) above shall ensure in good repair for storage twater at all times.

ANNING OFFICER











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sumstances will be Il be ensured that by passing the first

such use, proper have been made.

CITY AND INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LIMITED

"NIRMAL", 2nd Floor, Nariman Point,

Mumbal - 400 021.

PHONE: (Reception) +91-22-6650 0900 / 6650 0928

: +91-22-2202 2509 / 6650 0933

CIDCO/ATPO(BP)/20112 9.1 = ====

HEAD OFFICE:

CIDCO Bhavan, CBD Belapur,

Navi Mumbal - 400 614 PHONE: +91-22-6791 8100

1 3 MAY 2011.

Unique Code No. 2 0 1 1 0 2 0 2 1 0 2 0 2 9 5 0 2

M/s. Satyam Developers, C-203, Ambika Tower, Ayodhyanagari, Manpada Road, Dornbivali, Dist. Thane.

Sub: - Occupancy Certificate for Residential Building on Plot No.26, Sector -21 at Kamothe (12.5% scheme), Navi Murribai.

1) Your architect's letter dated 29/11/2010, 02/12/2010 & 14/03/2011

2) No dues certificate issued by M(TS-II) vide letter dtd.28/12/2010

3) No dues certificate issued by EE(Env-I) vide letter dtd.10/11/2010 4) Fire NOC issued by Fire Officer, CIDCO vide letter dtd.12/03/2011 5) Maveja NOC issued by AEO vide letter dtd.12/11/2010

6) Extension in time limit NOC issued by M(TS-II) vide letteration 12/2010

7) 100% IDC paid of Rs.22,50,000/- vide

Challan No.102646, dtd.16/04/2008, Amount o

Challan No.118123, dtd.10/12/2010, Amount of

Dear Sir.

Please find enclosed herewith the necessary Residential Building on above mentioned plot alongwith as built drawings duly

You shall carry out Structural Audit of this development from Structural Far after every 5 years from the date of occupancy certificate granted and subtribute of structural audit to Estate Section, CIDCO for their record. The premises is to be transferred to the register society, the above of the seld terms & conditions at the time of execution of contents. of the said terms & conditions at the time of execution of conveyance

Since, you have paid 100% IDC paid of Rs.22,50,000/-No.102646, dtd.16/04/2008, Amount of Rs.11,25,000/- II) Che dtd.10/12/2010, Amount of Rs.11,25,000/-, you may approach to the Hq 118123 Engineer (Env.) to get the water supply connection to your plot.

Thanking you,

(R. B. Ratil) Add. Town Planning Officer(BP) (Navi Mumbai & Khopta)



HEAD OFFICE: CIDCO Bhovan, CBD Belapu Navi Mumbal - 400 614. PHONE: +91-22-6791 8100 FAX: +91-22-6791 8166

Date 1 3 MAY 2011.

2 9 5 0 2

[Res. BUA= 2946,496 Sq.mtrs. (No. of Units, q.mtr. (Free of FSI) on umbai completed under /2010 and I declare that 3 General Development nmencement certificate for which it has been

Patil)
nino Officer(BP)
ai & Khopta)



10:10:17 AM

पावती

Original नौंदणी ३९ म.

पायती क्र. : 11204 হিনাজ 16/12/2011

प्रवर्ण-3080 9022

साटर करणाराचे नाव:वंकज मणिलाहुर पटेल र्

নব্যাল (ঝ. 11(1)), ফুটাজনাখী নবফল (ঝা. 11(2)), কসনান (ঝ. 12) য দানাখিস্বল (ঝ. 13) >> ফুটারিন ড়ী (39)

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आयागस ह। उस्त अंदाजे 10:25AM ह्या देळेस मिळेल

दुय्यम निबधक

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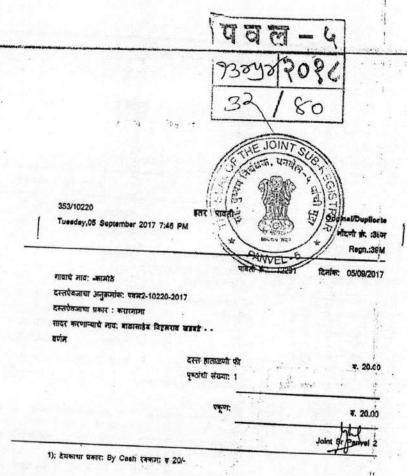
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्राञ दस्तर्यम परत । परमा.

बेक्य नाम व पताः. -; बीडी/पनाकर्ष क्रमोक: -; रस्कम: 30000 रू.; दिनाक: 08/12/2011

शिपीम कुव दस्तऐयज परत मिळाला

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आयकर विभाग INCOME TAX DEPARTMENT

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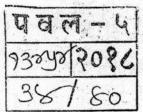
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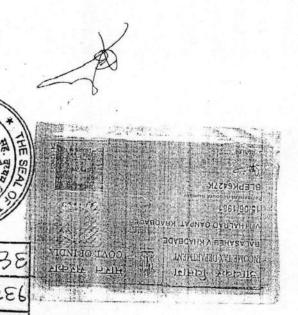
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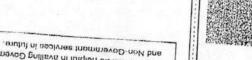
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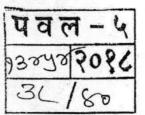
निलेश विनोद पंडित Nilesh Vinod Pandit जन्म तारीस / DOB: 14/10/1988 पुरुष / MALE Mobile No.: 9987078482



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माझे आधार, माझी ओळख

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नारतीय विशिष्ट पष्टचान प्राधिकर्ण JAKOUE IDENTIFICATION AUTHORITY OF INDIA air Code with Photograp

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Address: 2 A-202, Plot No.42, Swapnashilp CHS, Sector 9 -9, Khanda Colony, New Panvel, Panvel, Reigarh(MH), Maharashira - 410206





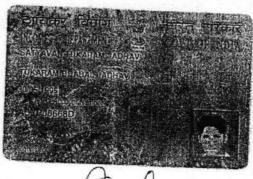












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529/13454 रविवार,16 डिसेंबर 2018 5:13 म.नं.

दस्त गोषवारा भाग-1

чам53*е* दस्त क्रमांक: 13454/2018

दस्त क्रमांक: पवल5 /13454/2018

बाजार मुल्य: रु. 74,99,000/-

मोबदला: रु. 70,00,000/-

भरलेले मुद्रांक शुल्क: रु.100/-

नोंद्णी फी माफी असल्यास तपशिल :-

1) Fee Adjusted : Old Doc.No10220-2017 Amt. 30000

दु. नि. सह. दु. नि. पवल5 यांचे कार्यालयात अ. क्रं. 13454 वर दि.16-12-2018

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Sub Registrar Panvel 5

पावती:14073

पावती दिनांक: 16/12/2018

सादरकरणाराचे नावः बाळासाहेब विठ्ठलराव खडवडे . .

नोंदणी फी दस्त हाताळणी फी

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Sub Registrar Panvel 5

दस्ताचा प्रकार: सेल डीड

मुद्रांक शुल्क: (एक) कोणत्याही महानगरपालिकेच्या हद्दीत किंवा स्थालगत असलेल्या कोणत्याही कटक क्षेत्राच्या हद्दीत किंवा उप-खंड (दोन) मध्ये नमूद न केलेल्या कोणत्याही नागरी क्षेत्रात

शिक्का के. 1 16 / 12 / 2018 03 : 38 : 43 PM ची वेळ: (सादरीकरण)

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दरत्र्वतासोवत जोडलेले कागदपत्रे, कुलमुखत्यार पत्र व्यक्ती इत्यादि बनावट आढळून आल्यास याची

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अंगठ्याचा रुसा

16/12/2018 4 05:58 PM

दस्त गोषवारा भाग-2

पवल5 80/80 दस्त क्रमांक:13454/2018

दस्त क्रमांक :पवल5/13454/2018 दस्ताचा प्रकार :-सेल डीड

अनु क्र. पक्षकाराचे नाव व पत्ता

> नाव:बाळासाहेब विठ्ठलराव खडवडे . . पत्ताः प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: .. रोड नं: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट स्वाक्षरी: नं. 26, सेक्टर नं. 21, कामोठे,, सहाराष्ट्र, राईगार्:(००:), पॅन नंबर:BLEPK6427K

नाव:स्रेहलता बाळासाहेब खडबडे . . पत्ता:प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: ., वय:-35 रोड नं: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट स्याक्षरी:-नं. 26, सेक्टर नं. 21, कामोठे., महाराष्ट्र, राईग़ारुः(ंः:). पैन नंबर:BAOPK6494H

नाव:पंकज मणिलाल पटेल . . पत्ता:प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: ., चय :-43 लिहन देणार रोड नं: सदनिका क्र. ए-1702, दि एम्पायर, प्लॉट नं. 41 व स्वाक्षरी:-42, तेक्टर नं. 20, खारघर नवी मुंबई, महाराष्ट्र, राईग़ारूः (do:). पॅन नंबर:AJIPP8753E

पक्षकाराचा प्रकार लिहन घेणार वय:-35

लिहुन घेणार



छायाचित्र







वरील दस्तऐवज करुन देणार तथाकथीत सेल डीड चा दस्त ऐवज करुन दिल्याचे कबुल करतात. शिक्का क्र.3 ची वेळ:16 / 12 / 2018 03 : 41 : 16 PM

ओळख:-

खालील इसम असे निवेदीत करतात की ते दस्तऐवज करुन देणा-यानां व्यक्तीशः ओळखतात, व त्यांची ओळख पटवितात

अनु क्र. पक्षकाराचे नाव व पता

नाव:निलेश विनोद पंडित . . वय:30 पत्ता:6072, बिमा काम्प्लेक्स, कलम्बोली पिन कोड:410206

नाव:सत्यवान तुकाराम जाधव - -वय:22 पत्ता:खानाव ता.पनवेल पिन कोड:410206

स्वाक्षरी









शिक्का क्र.4 ची वेळ:16 / 12 / 2018 03 : 41 : 43 PM

शिक्का क.5 ची वेळ:16 / 12 / 2018 03 : 42 गी पुस्तन 1 मध्ये

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ब्रह्मांचन करणेन येते की सदर दस्तास एकूण पानं आहेत, पुस्तक क.

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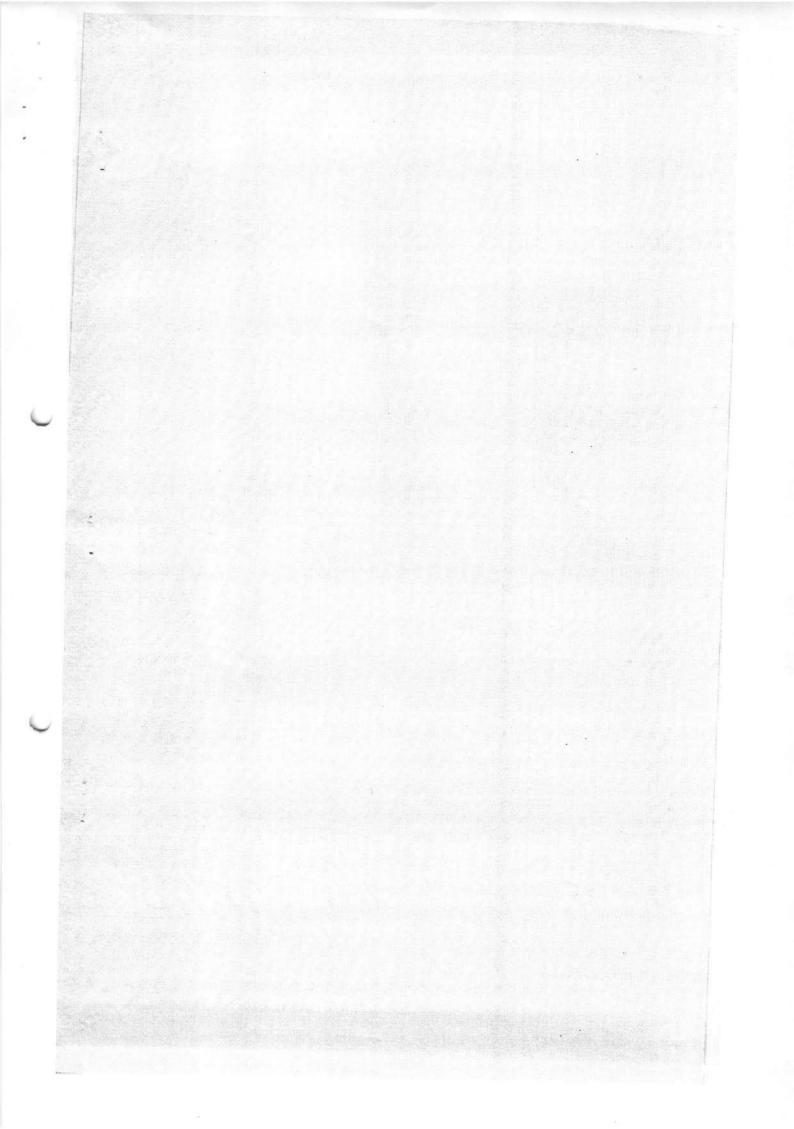
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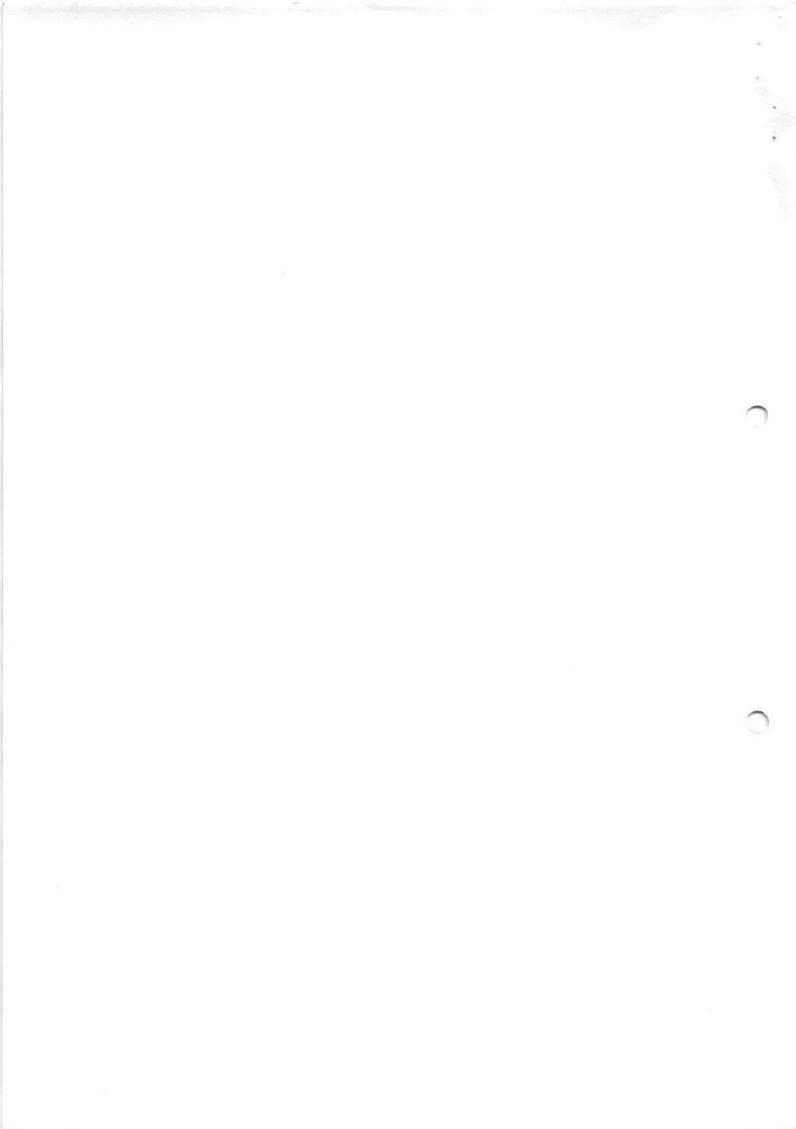
Know Your Rights as Registrants

1. Verify Scanned Document for correctness through thumbnail (4 pages on a side) printout after scanning.

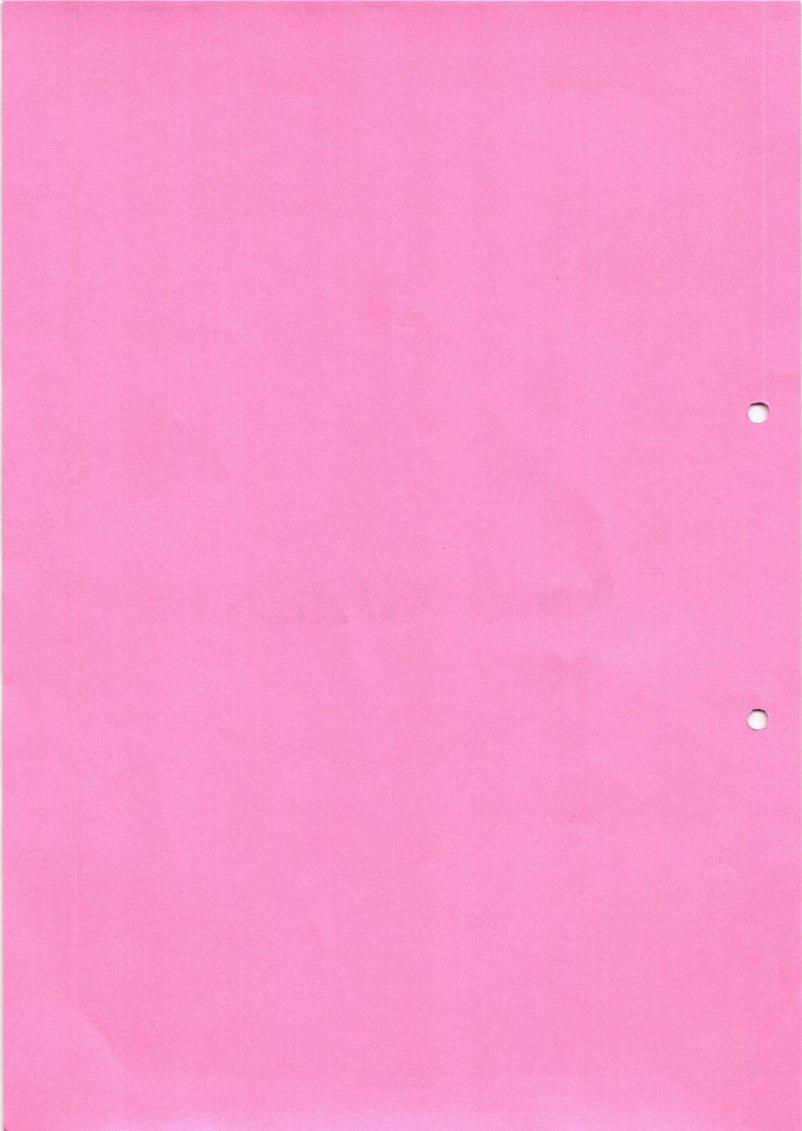
2. Get print immediately after registration.

For feedback, please write to us at feedback.isarita@gmail.com





ANNEXURE - F



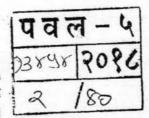
तपशील:-:

मुद्रांक शुल्क आकारताना निवडलेला शृह्युच्छेद:-: करारनामा अलाहिदा नोंदविला आहे

(i) within the limits of any Municipal Corporation or any Cantonment area annexed to it.

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Department of Stamp & Registration, Maharashtra Receipt of Document Handling Charges PRN 1112201810949 Date 11/12/2018 Received from BALASAHEB VITTHALRAO KHADBADE, Mobile number 8422955964, an amount of Rs.800/-, towards Document Handling Charges for the Document to be registered (ISARITA) in the Sub Registrar office Joint S.R. Panvel 3 of the District Raigarh. **Payment Details** Bank Namo IBKL 11/12/2018 Bank CIN 10004152018121109155 REF No. 193931863 This is computer generated receipt, hence no signature is required.





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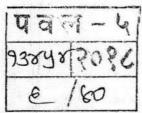
GRN: MH009275677201819E Amount: 100.00

Bank: IDBI BANK

Date: 11/12/2018-19:20:25

Total Defacement Amount

100.00





WHEREAS .

The CITY AND INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LIMITED, (hereinafter called the said "CORPORATION") is in an New Town Development Authority declared for the area designated as a site for the new town of New Bombay by the Government of Maharashtra in exercise of its power under Sub – Section (1) and 3(A) of Section 113 of Maharashtra Regional & Town Planning Act, 1966.

AND WHEREAS:

The State Government in pursuance of section 113(1) of the said act, acquired the land described therein and vesting such lands in the said Corporation for development and disposal.

AND WHEREAS:

1) SHRI DATTATRAYA HASHA MHATRE, AND OTHERS THREE, hereinafter jointly collectively referred into as. And whereas THE ORIGINAL LICENSEES had allotted a plot of Land of the said Corporation bearing No.26 under 12.5% Erstwhile Gaothan Expansion Scheme of CIDCO Ltd in Sector No.21, Village-Kamothe, Phase-2, Tal.Pahvel, Dist. Raigad admeasuring 2249.96 Sq. Mtrs. or thereabouts and more planticularly described in the FIRST Schedule hereunder written (hereinafter referred to as "THE SAID PROPERTY") on the terms and conditions including of Lease of the said Property as set out therein.

Original Licensees thereafter sold and transferred all their rights, title and interest in temperature and plot to 1) SHRI DATTATRAYA HASHA MHATRE, AND OTHERS THREE by Straining required permission from CIDCO of Maharashtra Ltd., and accordingly the Tripartite Agreement dated 19/07/2007 has been made and entered in to between CIDCO LTD. on one part, the Original Licensees on the Second Part and M/S. SHREE DEVELOPERS a partnership firm represented by its Partners 1) SHRI SHAILESH AMBALAL PATEL, 2) SHRI ASHOK RAMANBHAI PATEL, 3) SHRI. JITY NARSHIBHAI PATEL and 4) SHRI PANKAJ AMBALAL PATEL therein, referred to as the New Licensee on the Third Part.

AND WHEREAS:

The CIDCO LTD. issued final Letter No. in the name of M/S. SHREE DEVELOPERS vide Letter Ref. No. CIDCO/VASAHAT/NA/12.5% SCHEME/TEMBE/2007, transferred the said plot favour of the New Licensees.

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AND WHEREAS:

The Developers commenced the construction of the Residential cum Commercial Building thereon namely "SATYAM ARCADE" consisting of Ground plus 13 upper floors as per the plans and specification duly approved by the TOWN PLANNING Authority of CIDCO LTD.

AND WHEREAS:

The Developers expressed their intention to dispose of the Flats, Shops and Other Units in the proposed new building to be known as "SATYAM ARCADE" on OWNERSHIP BASIS to the prospective buyers.

AND WHEREAS:

The Developers constructed building on the said plot known as "SATYAM ARCADE" and obtained the Occupancy Certificate, Vide Letter No. CIDCO/ATPO/(BP) 2011/291 dated-13/05/2011.

AND WHEREAS:

Under an AGREEMENT FOR SALE dated 16/12/2011, the DEVELOPERS have sold one of the SHOP NO. 04, on GROUND FLOOR, ADMEASURING CARPET AREA 62.99 SQ. MTR. IN THE BUILDING KNOWN AS "SATYAM ARCADE" CONSTRUCTED ON PLOT NO. 26, SECTOR NO. 21, KAMOTHE, TAL. - PANVEL, DIST RAIGAD NAVI MUMBAI, to the SELLER / TRANSFEROR, for a consideration of Rs. 31.50.000 and the same has been registered with the Registrar of URAN PANVEL 2, Vide its Sr. No. - 11057/2011, dated 16/12/2011, vide its Receipt No. 11204 to MRS PANKAI MANIBHAI PATEL.

SELLER TRANSFEROR has paid full and final amount of consideration to the Builders Developers has handed over vacant peaceful possession of the said SHOP to the SELLER FRANSFEROR.

THE SELICENCE RANGE EROR is now fully seized and well possessed of or otherwise well and sufficiently entitled to hold the SAID SHOP.

AND WHEREAS

The member of the building with the help of the Developers have formed the Cooperative Housing Society of all the allotters SHOP namely "SATYAM ARCADE COOP. HOUSING SOCIETY LTD.", duly registered under the Maharashtra Co-Operative

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not subject matter to any lis-pendens or easements or attachments either before or after judgment and the TRANSFEROR / SELLER have not received any notice neither from the Government, Semi – Government or CIDCO regarding any of the proceedings in respect of the said SHOP.

- C. The said SHOP is free from all mortgages, charges encumbrances of any nature whatsoever.
- D. The TRANSFEROR / SELLER have paid all the necessary charges of any nature in respect of the said SHOP and TRANSFEROR have not received any notice from any statutory body or authorities asking for the payment of any nature whatsoever of the said SHOP till the date of execution of this Agreement.
- E. The TRANSFEROR / SELLER in the past has not entered into any Agreement (except with the TRANSFEREES herein) either in the form of sale, lease, exchange, assignment or in any other rights of the like nature in the said SHOP in any manner whatsoever. The TRANSFEROR have received any notice either from the CIDCO and / or from any other statutory body or authorities regarding the acquisition and / or requisition of the said SHOP.

93749 the gain Stor or persons are in use, occupation and possession story of the gain Story and every part thereof and except the TRANSFEROR / SELLER no other person or persons are in use, occupation and enjoyment of 92 the said SHOP or any part thereof.

avencuo prances of any nature whatsoever of the said SHOP and every part thereof and there are no outstanding estates or effect by way of lease lien, charges, without tance, sale, gift, trust, mortgage or otherwise however outstanding against the TRANSFEROR / SELLER and / or against the said SHOP or any part thereof.

- H. The TRANSFEROR / SELLER are not restricted either in Income Tax Act, Gift Tax Act, Wealth Tax Act or under any other stature from disposing off the said SHOP as stated in this Agreement.
- I. The TRANSFEROR / SELLER have not done any act, deed, matter or thing whereby they are prevented from entering into this Agreement on the various terms and conditions as stated herein in favor of the TRANSFEREES

885

Rs. 70,00,000/- Total Consideration.

- 2) THE POSSESSION of the said SHOP has been delivered to the TRANSFEREES / PURCHASERS at the time of Registration.
- 3) UPON POSSESSION of the said SHOP being delivered the TRANSFEREES / PURCHASERS shall be entitled to the use and occupy the said premises and shall thereafter have no claim against the TRANSFEROR/SELLER in respect of any item or work in the said Premise which may be alleged or completed.
- 4) TRANSFEREES/PURCHASERS are aware that all those who have purchased SHOP in the said buildings will become the Member of "SATYAM ARCADE Co Op. Housing Society Ltd.", constituted under the provisions of Maharashtra Co. Op. Housing Society Act 1960 (herein after referred THE SAID CO OP. HOUSING SOCIETY LTD.)
- 5) THE TRANSFEREES/PURCHASERS fully agrees and undertake to confirm and abide by the provisions of the said Act rules & bye - laws of "SATYAM ARCADE Co - Op. Housing Society Ltd."

THE TRANSFEREES/PURCHASERS shall be liable to pay CIDCO Property

axes, Society Charges, Water & Electricity Charges & all other outgoings

3343 and their share according to the percentage in common expenses

payable in respect of the said SHOP from the date of possession.

THE TRANSFEREES/PURCHASERS shall from the date of possession the JOINGAIN and the said SHOP at the cost of the TRANSFEREES/PURCHASERS in a good and tenantable repair condition and shall not do or suffer to be done anything in or to the said SHOP or to common areas and facilities which may the rules regulations and / or bye-laws of the CIDCO Corporation "SATYAM ARCADE Co - Op. Housing Society Ltd.", or to the said AWEL Preprises or to the buildings or any part thereof.

8) THE TRANSFEROR/SELLER shall at all times thereafter at the request and cost of TRANSFEREES/PURCHASERS execute any document or documents as the TRANSFEREES/PURCHASERS may require for perfectly assuring unto and to the TRANSFEREES/PURCHASERS are right, title and interest in to and upon the SHOP.

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SCHEDULE - I DESCRIPTION OF LAND

ALL THAT PIECE AND PARCEL of land under the erstwhile 12.5% Gaothan Expansion Scheme, bearing PLOT NO. 26, SECTOR NO. 21, KAMOTE, TAL. PANVEL, DIST. RAIGAD, within the Jurisdiction of Registration, containing by measurements about 2249.96 Sq. Mtrs. and bounded as under:-

On or Towards the North By

Plots No. 56 & 57.

On or Towards the South By

20.00 Mtrs. Wide Road.

On or Towards the East By

Plots No. 54,55 & 27.

On or Towards the West by

1.

Plots No. 58A & 58B.

SCHEDULE - II DESCRIPTION OF SHOP

SHOP NO. 04, on GROUND FLOOR, ADMEASURING CARPET AREA 62.99 SQ. MTR. IN THE BUILDING KNOWN AS "SATYAM ARCADE Co - Op. Housing Society Ltd." CONSTRUCTED ON PLOT NO. 26, SECTOR NO. 21, KAMOTHE, TAL. - PANVEL, DIST. RAIGAD, NAVI MUMBAI.



RECEIPT

Received from the TRANSFEREES/PURCHASERS the sum of RS. 70,00,000/(RUPEES SEVENTY LAKHS ONLY) paid by Cheques & D. D. being a full & final payment towards the SHOP NO. 04, on GROUND FLOOR, ADMEASURING CARPET AREA 62.99 SQ. MTR. IN THE BUILDING KNOWN AS "SATYAM ARCADE CO - Op. Housing Society Ltd." CONSTRUCTED ON PLOT NO. 26, SECTOR NO. 21, KAMOTHE, TAL. – PANVEL, DIST. RAIGAD, NAVI MUMBAI in the said Agreement.

I SAY RECEIVED

Rs. 70,00,000/-

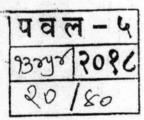
MR. PANKAJ MANIBHAI PATEL

TRANSFEROR/SELLER

पवल - ५ १३४५४ २०१८ १८/४०

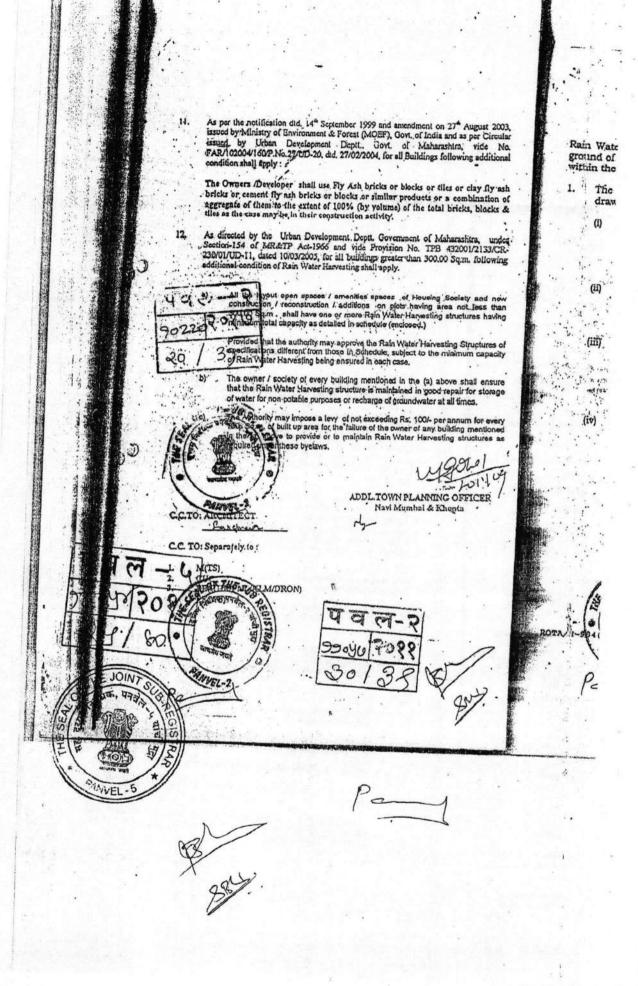


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REF.NO.CIDCO/ATPO/3 6 1 4--2 O JAN 2009 CITY & INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LTD. COMMENCEMENT CERTIFICATE The co Pennission is hereby granted under section-15 of the Maharashtra Regional and Town Planning Act. 1966 (Maharushira XXIVII) of 1966 to MA. Satyon Doubles A certi The or Road No. _ Scotor 31 Node Kempthe forfeit Navi Mumbai. As per the approved plans and subject to the following conditions for the of any Certifi development work of the proposed Residential Adda. Corpa "Even Total 804 - 3373 476 ML capaci buildi Nos. of Commercial units 88 requir ble to be revoked by the Corporation it:approent work in respect of which permission is granted under this not carried out of the use thereof is not in accordance with the You s of trar Any of the conditions subject to which the same is granted or any of the restrictions imposed upon by the Corporation is contravened. As pe The infrared of Misrepresentation and the applicant and/or any person deriving desired by the applicant and/or any person deriving desired back as and a see a court shall be deemed to have carried out the desired by the contravention of section-13 or 45 of the Maharashtra and the Planning Act-1966. apply. ŋ Gives notice to the Corporation for completion of development work upto plinth to the continuous steps of days before the continuous ment of the further work. 6) writter notice to the Corporation regarding completion of the work. '2(o) Obtain Occupancy Certificate from the Corporation. di Permit authorised officers of the Corporation to enter the building or premises, for which the permission has been granted, at any time for the purpose of ensuring the building control Regulations and conditions of this certificate. e) ii) building materials, installations, electrical installations etc. Shall to provision (except for provision in respect of floor area ratio) as Building Code or and for ODCR- 1975 in force. which valid for period of t year from the date of its issue, thereafter 2 GIS



CITY AND IND REGD. OFFICE: "NIRMAL", 2nd Floo c) Tog 10% of the pits/trenches will be empty and a splach is to be provided in this portion in such a way that roof top water Mumbai - 400 021. PHONE : (Reception FAX : +91-22-22 falls on the splash pad. CIDCCIATPO f) Brick masonry wall is to be constructed on the exposed surface Ref. No. of pits/trenches and the cement mortar plastered. Unique (The depth of wall below ground shall be such that the wall prevents lose soil entering into pits/trenches. The projection of the wall above ground shall atleast be 15 cms. To. M/s. Satyam (C-203, Ambik: Manpa'da Roa g) Perforated concrete slabs shall be provided on the pits/trenches. Sub :- Occupa at Kan (v) If the open space surrounding the building is not paved, the top layer upto a sufficient depth shall be removed and refilled with Ref :- 1)Your : 2) No d course sand to allow percolation of rain water into ground. 3) No d The terrace shall be connected to the open well/borewell/storage tank/recharge pit/trench by means of HDPE/PVC pipes through filter made. A valid to the provided to enable the first washings from potition the fatchment, as they would contain undesirable dirt. The doubts of all pipes and opening shall be covered with mosquito (insect) proof to hall for the efficient discharge of rein water, there shall be at 1833; two thin water pipes of 100 mm dia mir. for a roof area of 100 sections and the pipes of 100 mm dia mir. 4) Fire 5) Mave 6) Exter 7) 1009 ii) Dear Sir, warm hervering structures shall be sited as not to endanger the ability of bulleting or carthwork. The structures shall be designed such at no dampnessus caused in any part of the walls or foundation of the Please Residential Bi approved. building or those of an adjacent building.

The water so collected/recharged shall as far as possible be used for non-drinking or non-cooking purpose.

The water so collected/recharged shall as far as possible be used for non-drinking or non-cooking purpose.

The water so collected/recharged shall as far as possible be used for non-drinking or non-cooking purpose.

The water so the rain water in exceptional circumstances will be a far as possible that water in exceptional circumstances will be a far as possible that water in exceptional circumstances will be a far as possible that water in exceptional circumstances will be a far as possible that water in exceptional circumstances will be a far as possible that water in exceptional circumstances will be a far as possible the used for non-drinking or non-cooking purpose. after every 5 y of structural a premises is to be incorporate of the said tem Since, been provided. No.102546, d further that it will be ensured that for such use, proper dtd.10/12/2010 and the water purification arrangements have been made. Engineer (Env. Thankin 2.65.



CITY AND INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LIMITED

"NIRMAL", 2nd Floor, Nariman Point, Mumbai - 400 021.

PHONE: (Reception) +91-22-6650 0900 / 6650 0928 FAX CIDOURTPE (BP)/2019/192 9.1 ==== HEAD OFFICE: CIDCO Bhavan, CBD Belapus Navi Mumbal - 400 614. PHONE: +91-22-6791 8100 FAX : +91-22-6791 8166

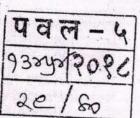
Date : 1 3 MAY 2011.

Unique Code No. 2 0 1 1 0 2 0 2 1 0 2 0 2 9 5 0 2

OCCUPANCY CERTIFICATE

I hereby certify that, the development of Residential Building [Res. BUA= 2946.496 Sq.mtrs. Comm. BUA=426.95 Sq.mtrs. Total BUA=3373.446 Sq.mtrs. (No. of Units, Res.78 Nos. & Comm. 08 Nos.) Fitness Centre BUA=56.23 Sq.mtr. (Free of FSI) on Plot No. 26, Sector 21 at Kampthe (12.5% scheme) of Navi Mumbai completed under the super light of the Fasionate has been inspected on 30/11/2010 and I declare that comment has been garried out in accordance with the General Development conditions stipulated in the commencement certificate dated 20/01/2009/and that the development is fit for the use for which it has been carried dut

(R. B. Patil) Add. Town Planning Officer(BP) (Navi Mumbai & Khopta)



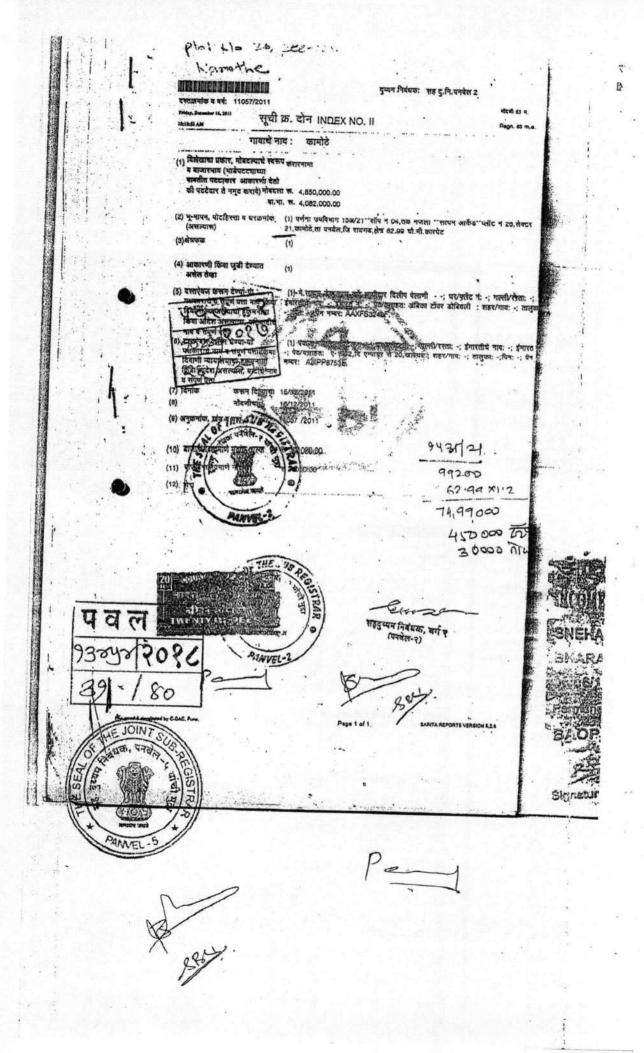


बाजार मुख्यः 4082 भरलेले मुद्रांक शुल्ट देंगकामा प्रदार :बीडी/ध बेंकेचे मार्ग र पत्ता: -: बीडी/धनाकर: जनांक: -:

नॉदणी की

नक्कल (अ. 11(1)) रुजवात (अ. 12) य

आपणार्थे हा दस्त



Summary-2(दस्त गोववारा भाग - २)

स्थी क.2

दुप्यम निर्वधक : सह दुनि पनवेल 2

दस्त क्रमांक : 10220/2017

मादंजी : Regn:83m

गावाचे माव: 1) कामीठे

JOINT

(1)विलेखाचा प्रकार

(3) बाजारभाव(भाडेपटटवाच्या बाबतितपटटाकार आकारणी देतो को पटटेदार ते नमुद करावे)

(4) भू-मापन,पोटहिस्सा व घरक्रमांक (असल्यास)

करारनामा

7000000 7499000

1) 62.99 चौ.मीटर

1) पालिकेचे नाव:रायगड इतर वर्णन :, इतर माहिती: शॉप नं. 04,तळमजला,"सत्यम आर्केड सीएचएस लि.",प्लॉट नं. 26,सेक्टर नं. 21,कामीठे,नवी मुंबई,ता.पनवेत,जि.रायगड,क्षेत्र. 62.99 घाँ.मी. कारपेट या मिळकतीपे..((Plot Number : 26 ; SECTOR NUMBER : 21 ;))



(6)आकारणी किंवा जुडी देण्यात असेल

(7) दस्तवेवज करून देणा-गा/सिह्न ठेवणा-या पक्षकाराचे नाव किंवा दिवाणी न्यायासयाचा हुकुमनामा किंवा आदेश असल्यास,प्रतिवादिचे नाव व पत्ता.

व किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश सम्यास,प्रतिवादिचे नाव व पत्ता

1): मान:-पंकाज मणिसास प्रदेश - - वय:-42; पत्सी-प्रसीट मे: -, माळा मे: -, इमारतीय माठ: सदिनका झ. ए-1702, दि एम्पायर, प्लॉट में. 41 व 42, संस्टर में. 20, खारघर नवी मुंबई, क्लोंक ते: -, रोड ते: -, महाराष्ट्र, डाईगार (CO)), अपने क्लोड 410210 पॅन श्री-AJIPP8753E

(8)दस्तरेवज करून घेणा-या पक्षकाराचे 1): नाव:-बाळासाहेब-विद्वसराव खडबडे - वय:35; पत्ता:-प्लॉट नं: -, माळा नं: -, इमारतीचे नावः पहिला मजला, सत्यम आर्वेड सीएपएस लि., प्लॉट मं. 26, संकटर नं. 21, कामोठं, क्लॉक तं: -, रोड तं: -, महाराष्ट्र, RAIGARH(MH). पिन कोड:-410206 पेंत शं:-BLEPK6427K

2): नाव:-म्नेहसता बाळासाहेब खडबडे - - वय:-34; पत्ता:-प्लॉट मं: -, माळा सं: -, इमारतीचे नाव: पहिला मजला, सत्यम आकंड सीएचएस लि., प्लीट में. 26, संकटर नं. 21, कामीठे, क्लॉक में: -, रोड में: -, महाराष्ट्र, RAIGARH(MH). पिम कोड:-410205 पैंस मे:-**BAOPK6494H**

्(9) दस्सऐवज करून दिल्याचा दिनांक

04/09/2017

(10)दस्त नोंदणी केल्याचा दिनांक

04/09/2017

(11)अनुक्रमांक,खंड व पृष्ठ

10220/2017

(12)बाजारभावाप्रमाणे मुद्रांक शुल्क

450000

(13)बांकारमावाप्रमाणे मींदणी शुल्क

30000

(14)शेरा

मुरूयोकनासाठी विचारात घेतलेला तपशील:-:

मुद्रोक धुल्क आकारतामा निव्डलेला

(I) within the limits of any Municipal Corporation of any Cantonn eree annexed to it.



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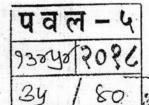
पंचन मनियाल पटेल Pankaj Manilal Patel जन्म वर्ष / Year of Birth : 1975 पुरुष / Male



9388 0774 3175

आधार — सामान्य माणसाचा अधिकार

Part



पारतीय विशिष्ट ओळख प्राधिकरण имсигистинатими отновых



पत्ता S/O: मनिसाल पटेल, पस्ट नंबर 1702, एंपायर एस्टेट, गेनटर नंदर 20. प्राट नंबर 41,42, इनी बाझार बबळ, प्राट मंबर 41,42, इनी बाझार बबळ, प्राट्या, नवी मुंबई, सारघर, सारघर, प्राट्या, पनवस, महाराष्ट्र, 410210

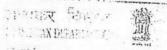
Address: S/O: Manilal Patel, Flat No 1702, Empire Estate, Sector No 20, Plot No 41,42, Near Daily Bazar, Kharghar, Navi Mumbai, Kharghar, Kharghar, Raigarh, Panvel, Maharashtra, 410210

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halp@uldal.gov.in

Cutting ...

P.O. Box No. 1947 Bengaluru-560 00



भारत सरकार GOVT. OF INDIA

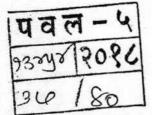
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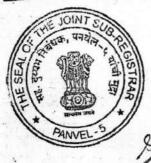
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नोंदणी क्रमांकः/ Enrolment No.: 1178/18015/00505

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आपना आधार क्रमांक / Your Aadhaar No. :

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माझे आधार, माझी ओळख

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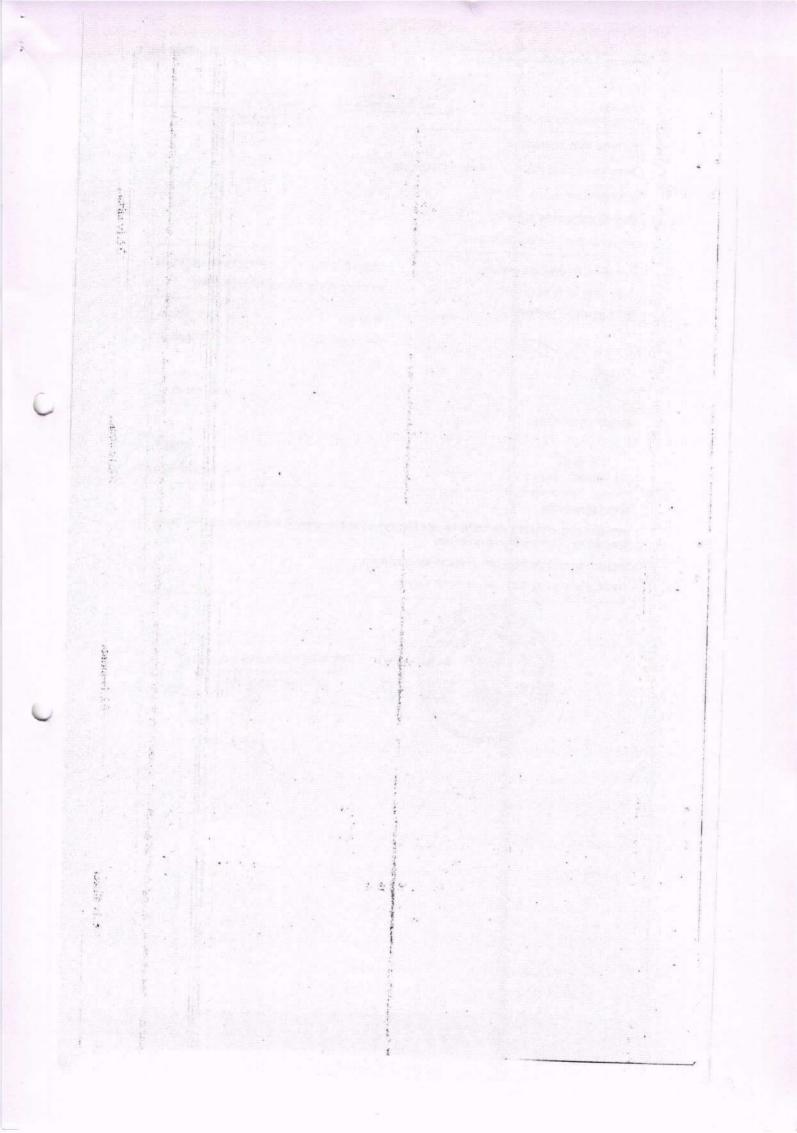
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आको आधार, गाइनी ओकस्व





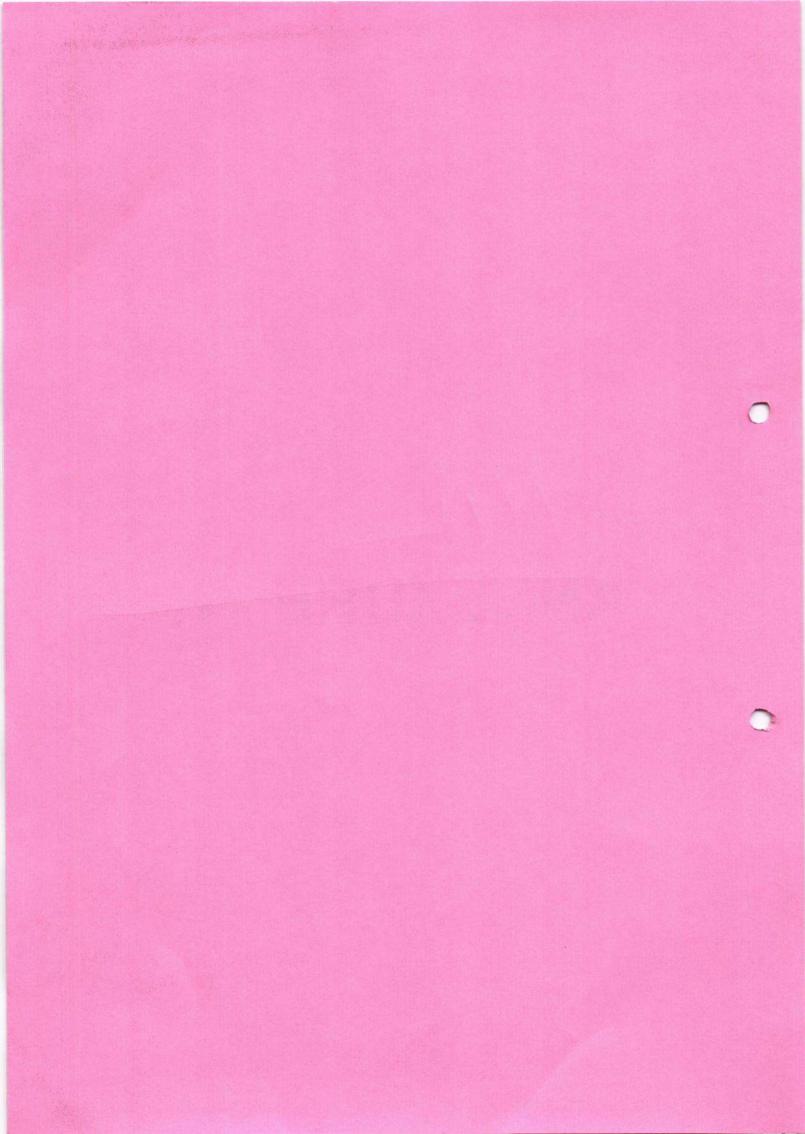
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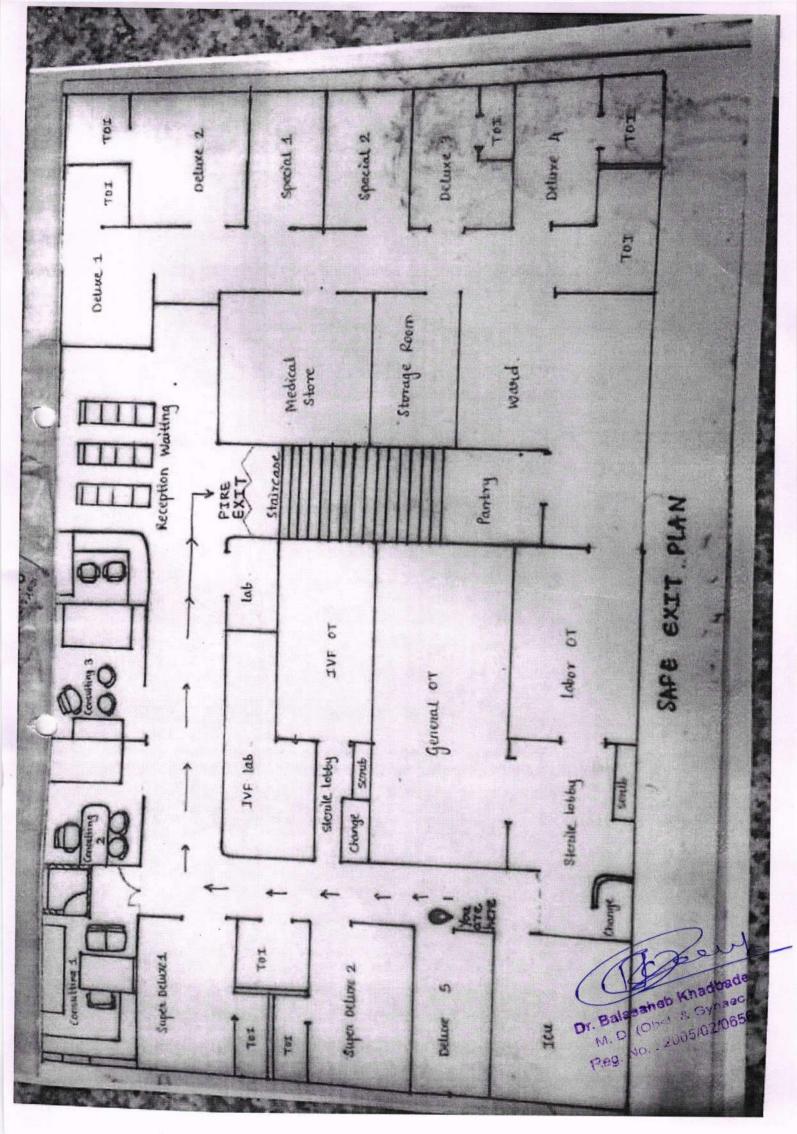
ANNEXURE - G

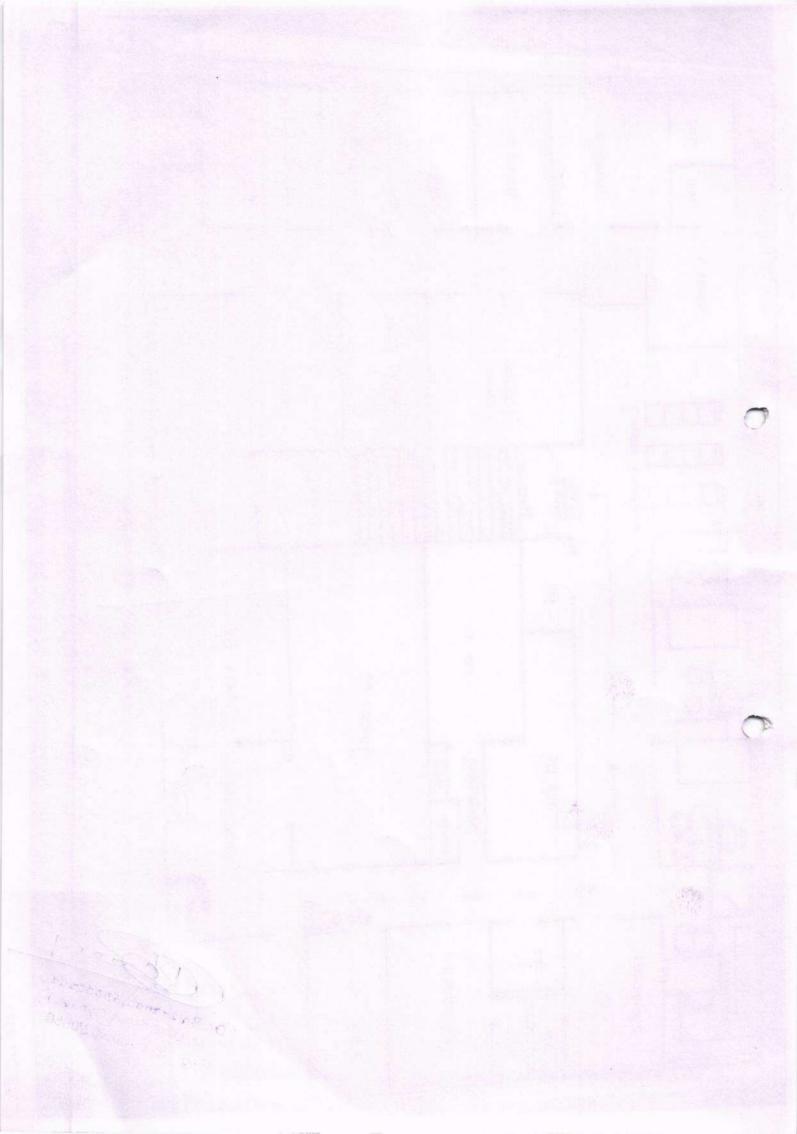


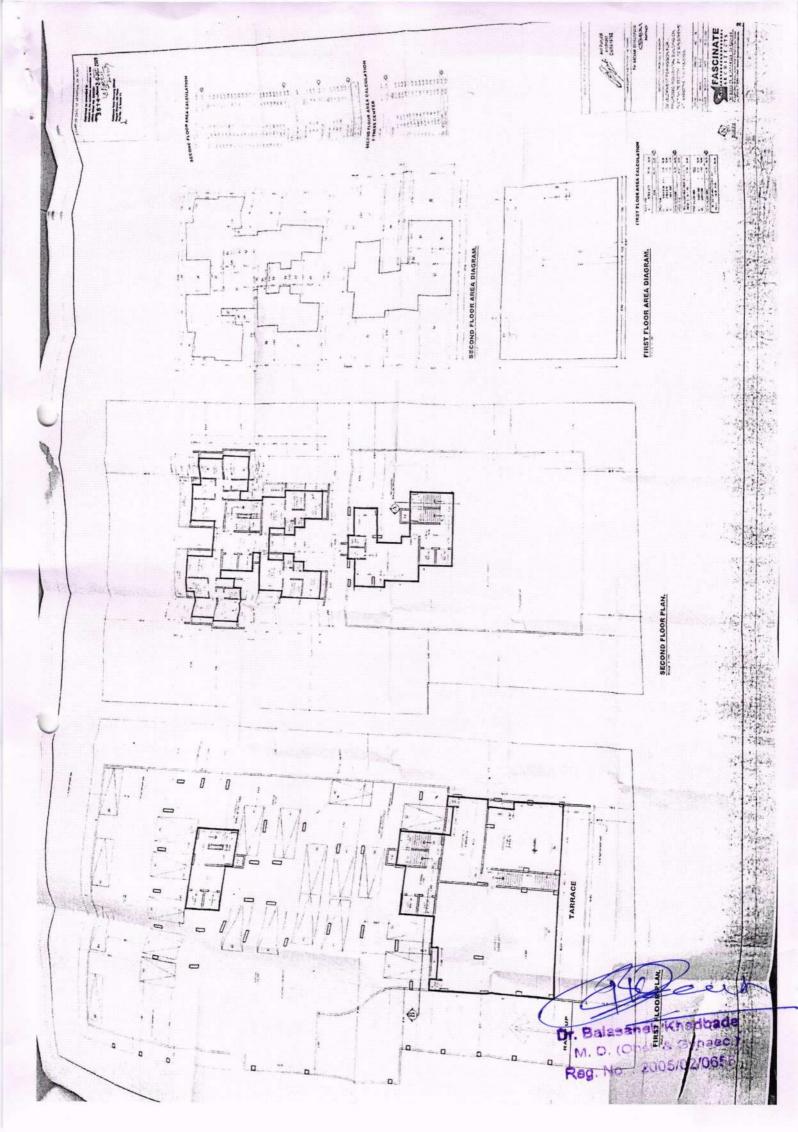
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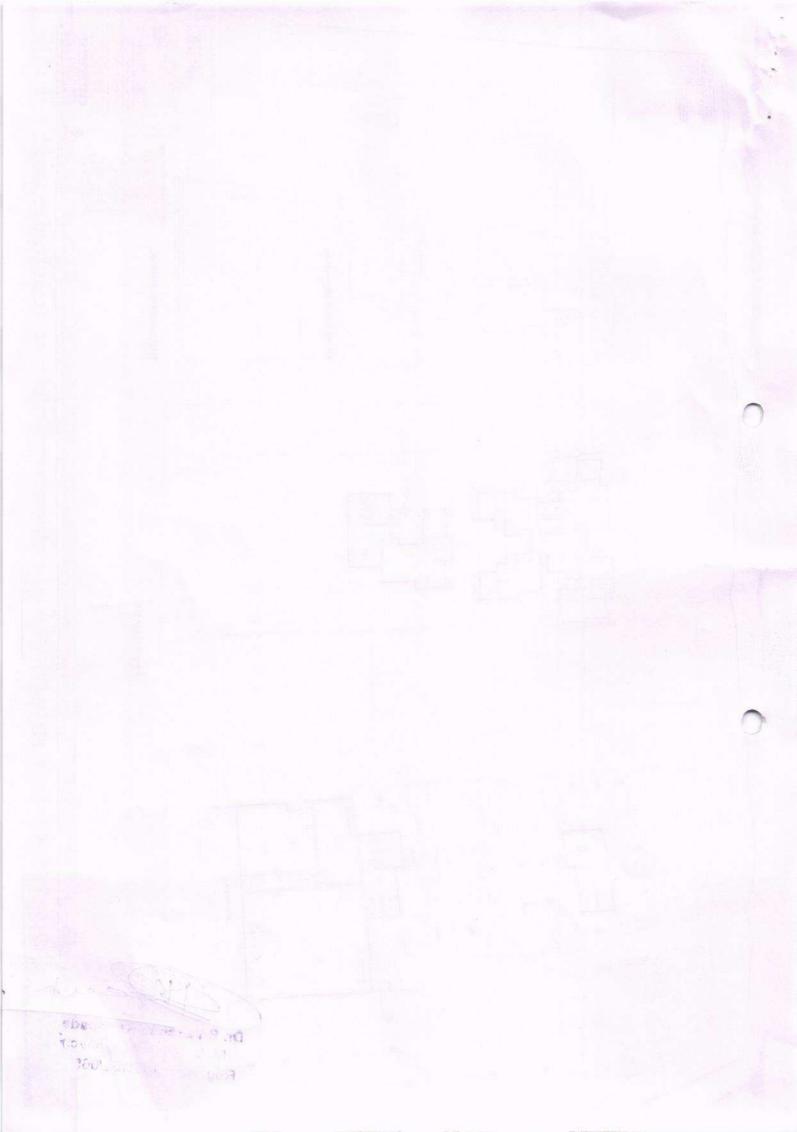
ANNEXURE - H

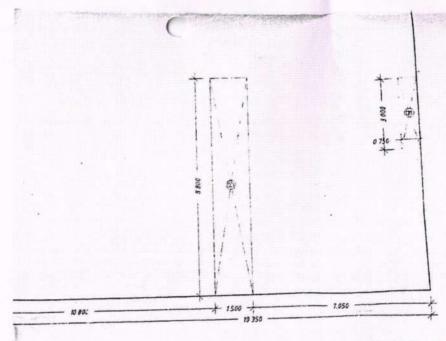












FIRST FLOOR AREA CALCULATION

FLOOR AREA DIAGRAM.

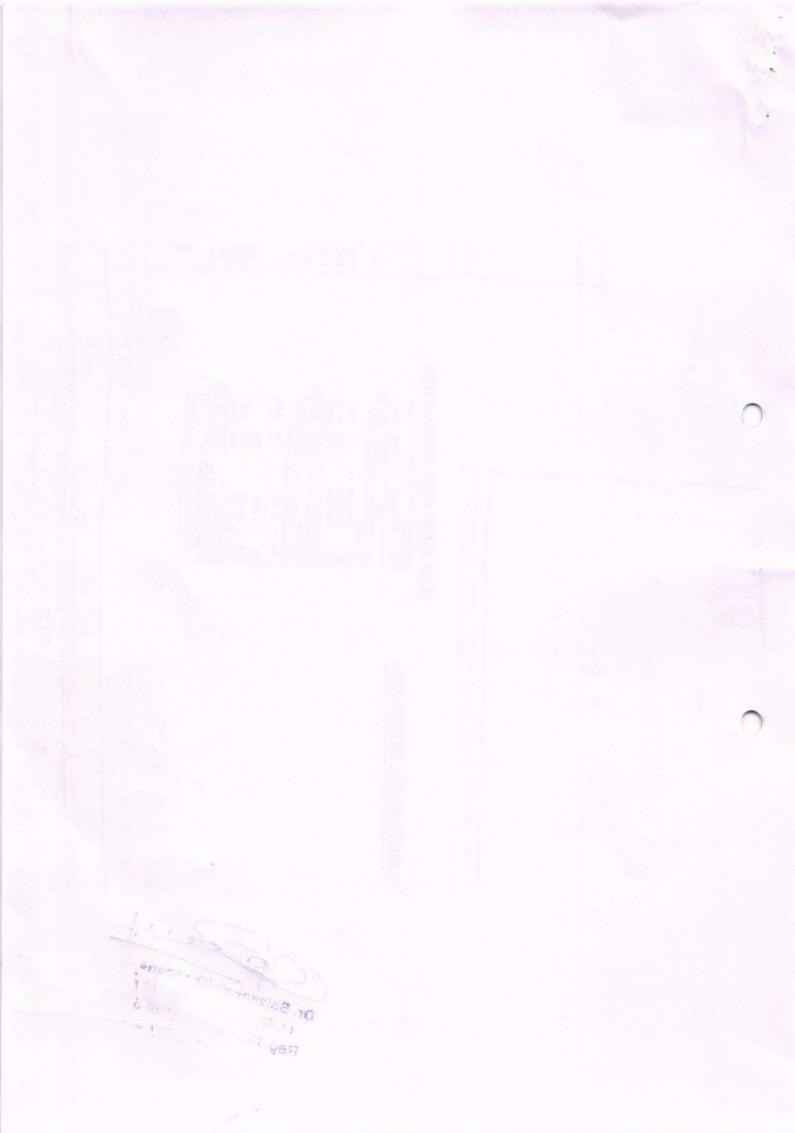
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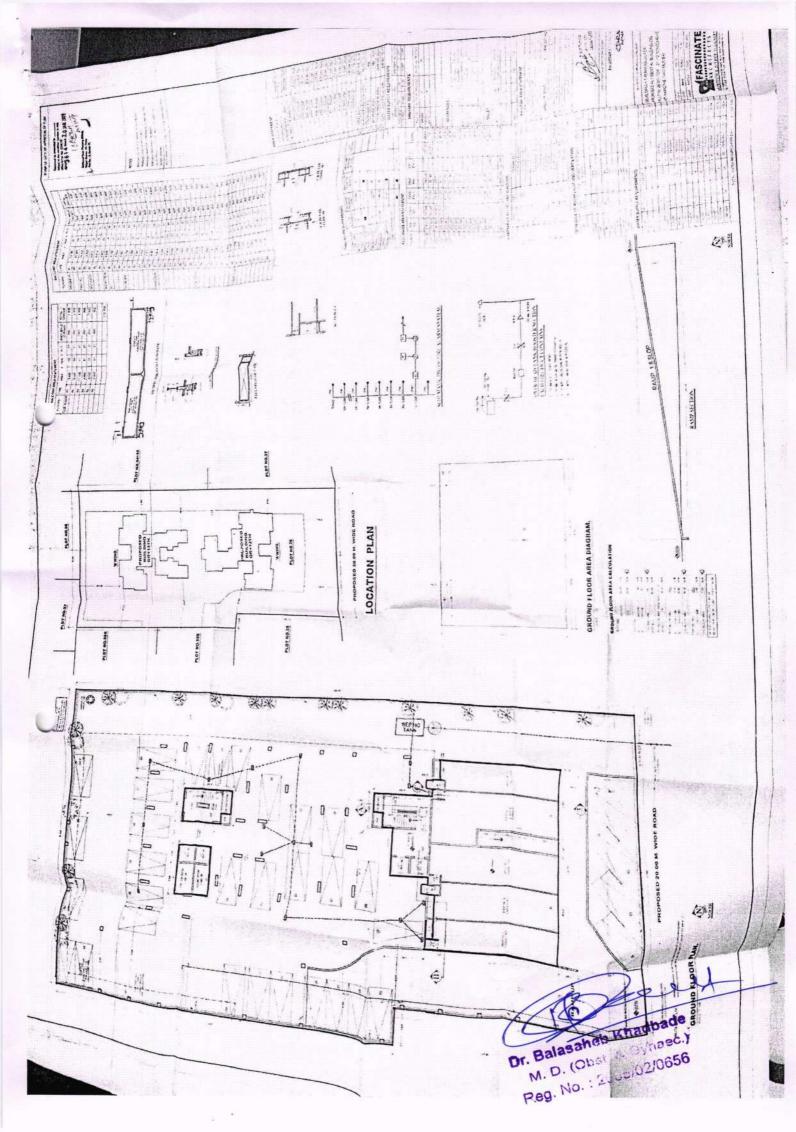


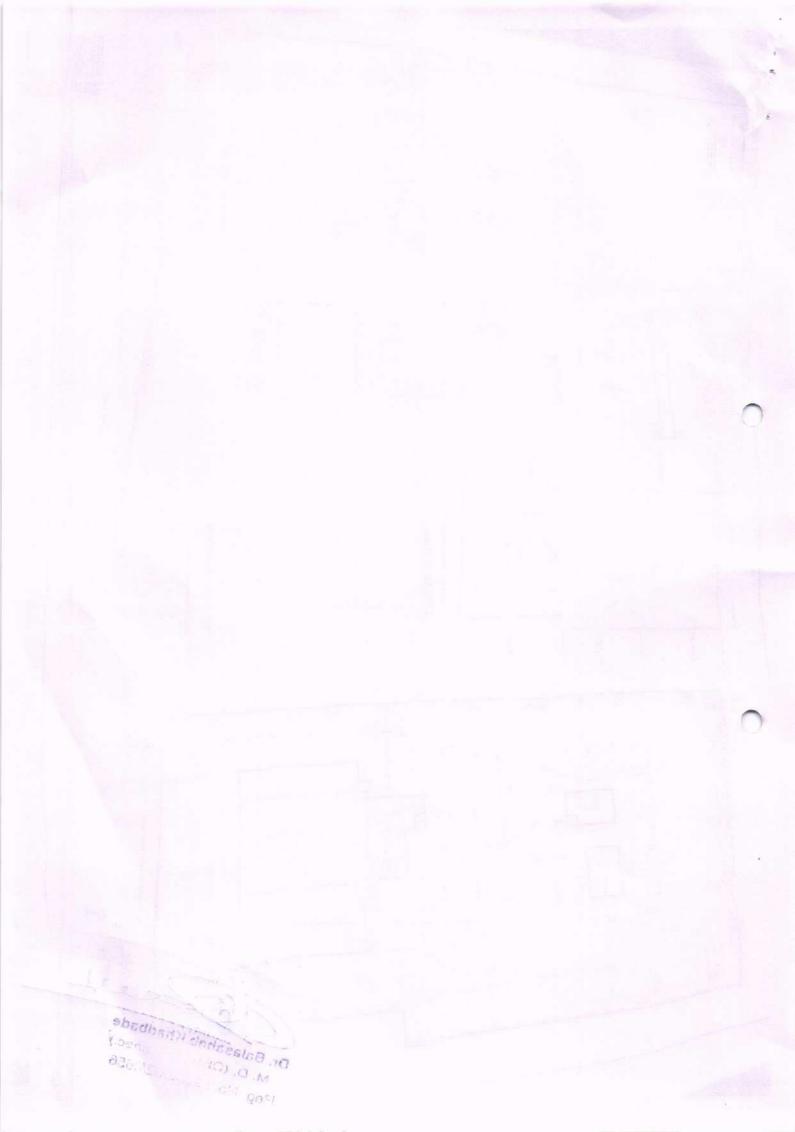
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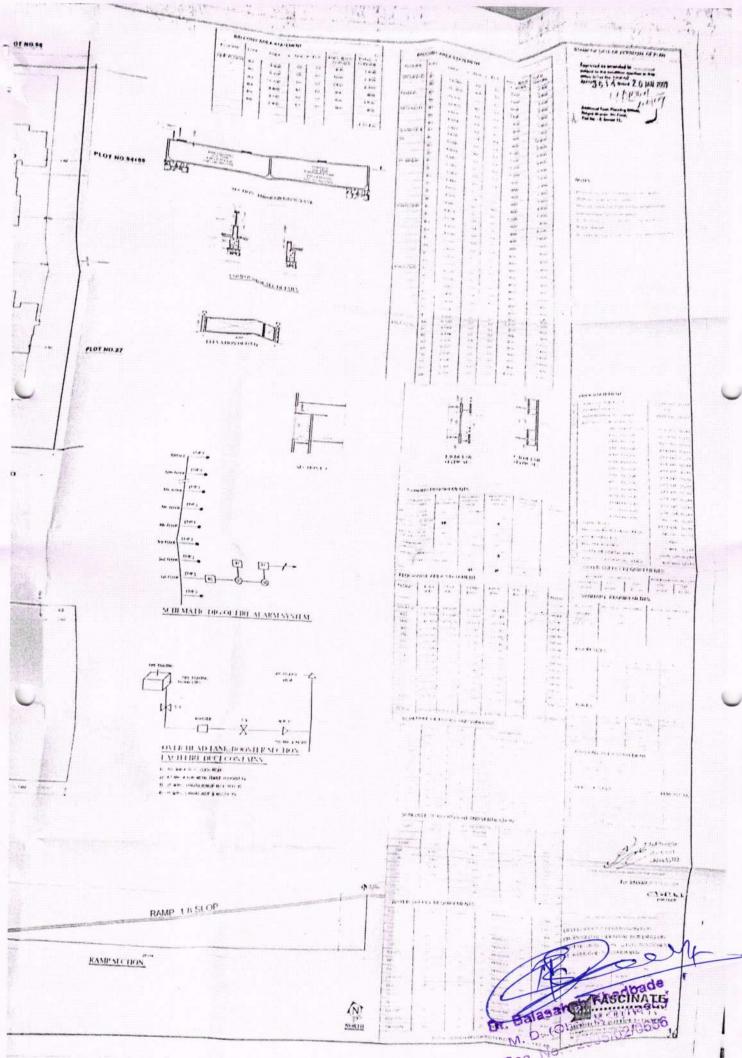
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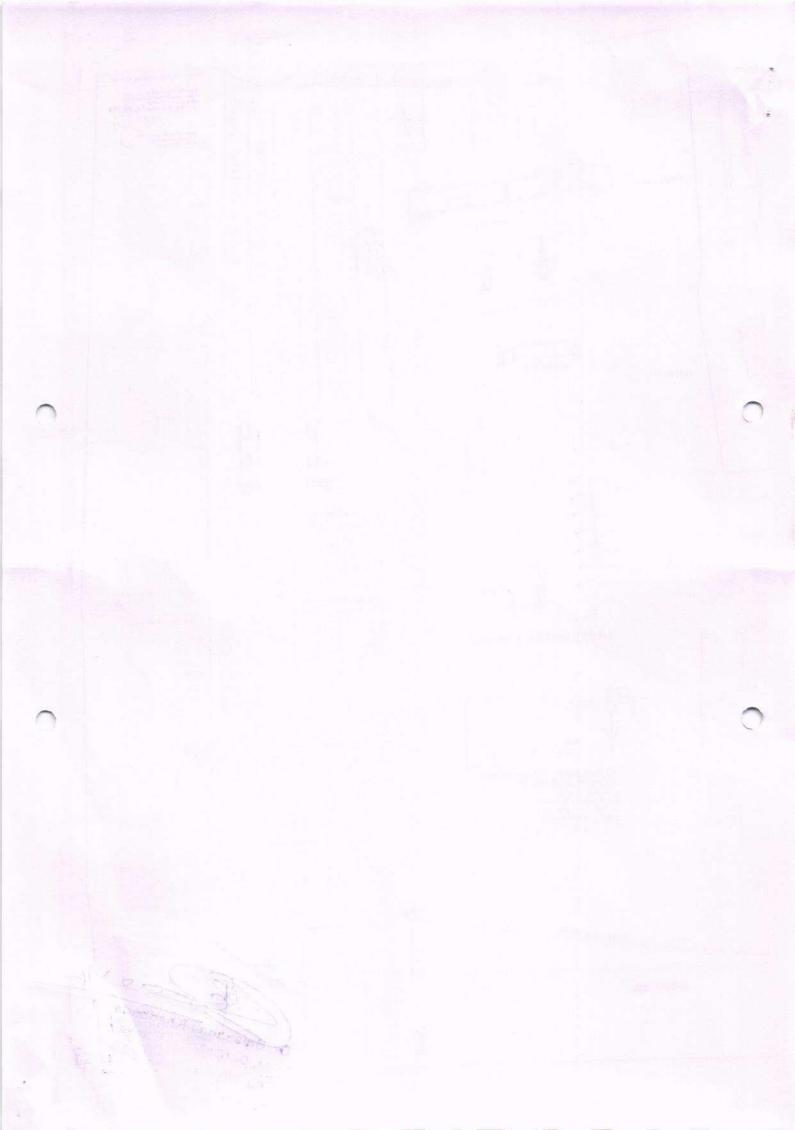




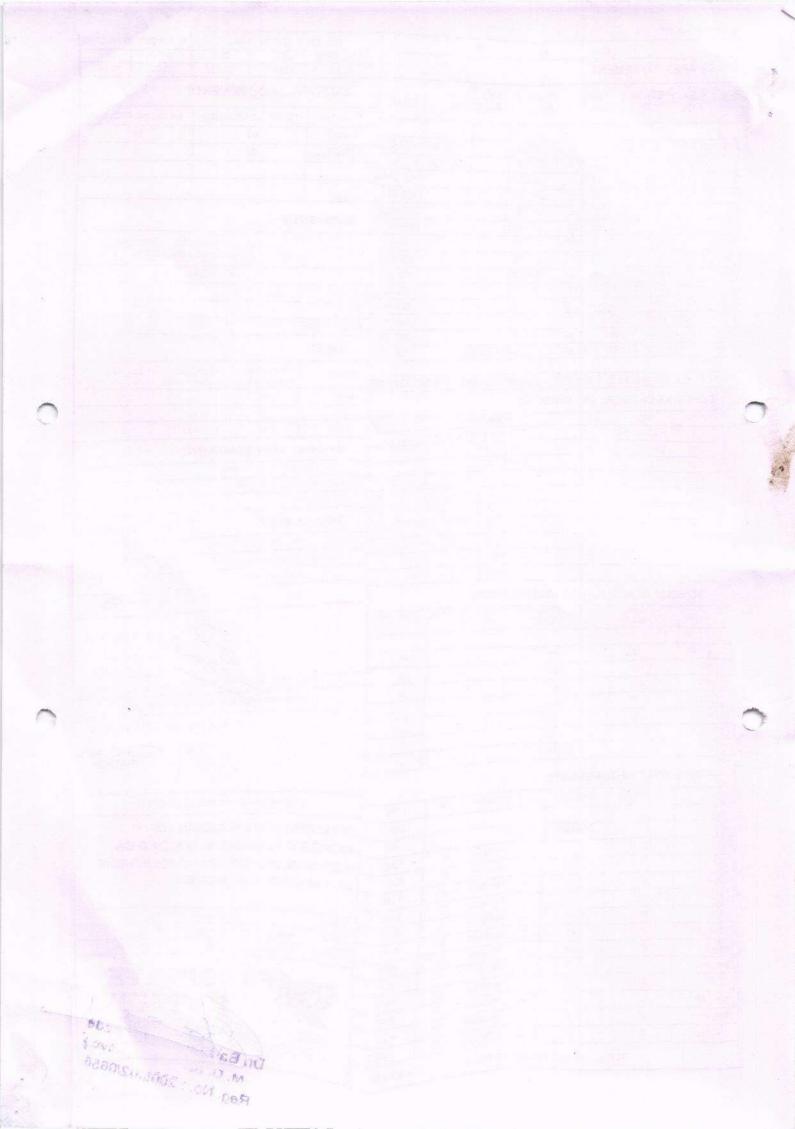




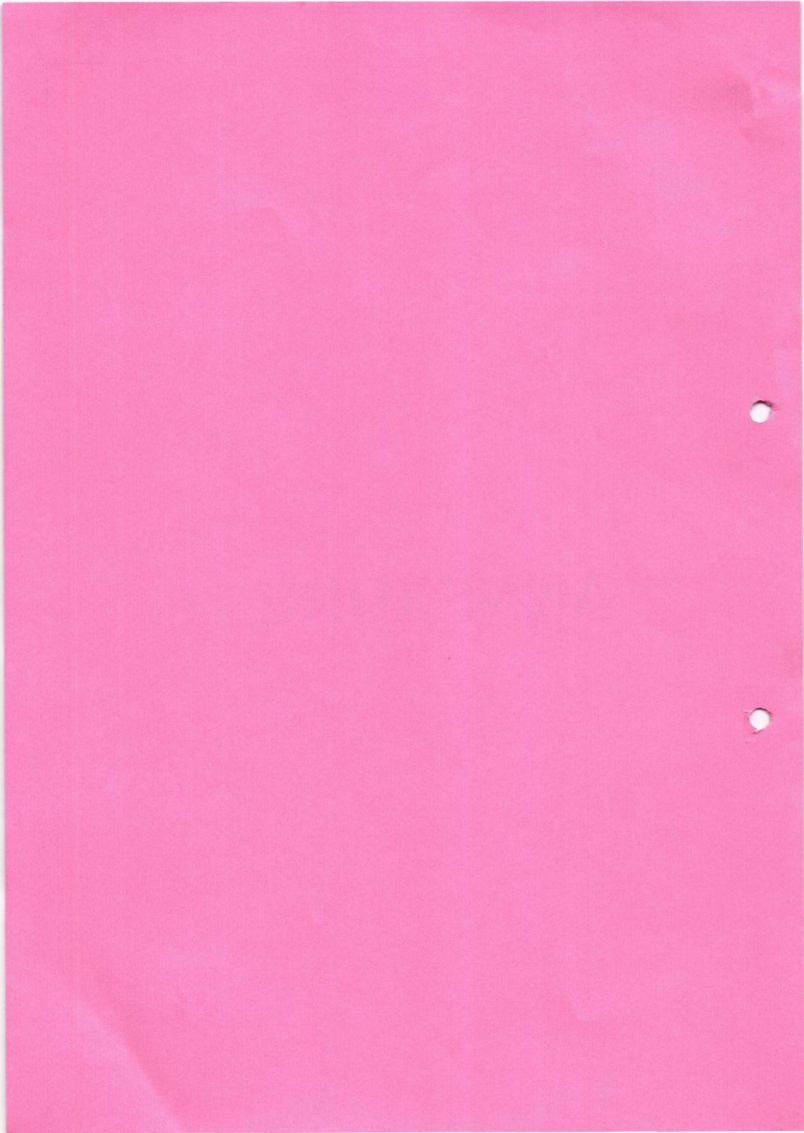
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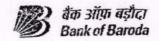
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FD V			lou.	SAS OPE	9.8 : 0 9.8 : 0	XX VS	F 32 F 34	MBHT OF THE BU TING REDU REN FTS ARCUINSE	ENTS		+	
v v	0.60 0.60	6 360 6 540	LOU.	ERS OPE	9.E y r.c	XX VS	1 190 GF J	TIMO RELLIBENT FTE PRO L DEC	EVTS	OF THE		42 *55, 11
v v	160+ 040 DULE OF RO	C 360 C 540 OM LIGHT A	LOGA LEGA ND VENTIL E AREA 16 OF	ERS OPER	9.8 % S	XVVS VVS	1 190 GF J	TIMO ASIL REM	EVTS	OF THE		42 *55, 11
SCHED	060 060 1 160+ 060 DULE OF RO	C 360 C 540 OM LIGHT A	LOU- LOU- ND VENTIL	ERS OPER	-9.6 : : : - 8.6 / r.c	XXVS XXVS	1 190 GF J	TIMO RELLIBENT FTE PRO L DEC	EVTS		-=0-1	43 °5% 10
SCHED	160+ 040 DULE OF RO	OM LIGHT A	LOUV LOUV ND VENTIL E AREA 16 OF AREA MI	ATIONS	SEVERE SEVERE	APERTURE EAUTURE	1 190 GF J	TIMO RELLIBENT FTE PRO L DEC	EVTS	1A	rif Pu	43 ·s. 10
SCHED	DEC 000 156.000 DULE OF RO	O 360 S 540 OM LIGHT A	LOGA LOGA AND VENTIL E AREA 16 OF AREA M2	ATIONS APER PRO 4	RF AREA (SD A)	XVVS VVS	1 190 GF J	TIMO RELLIBENT FTE PRO L DEC	EVTS	Q.A.	rif Pu	43 ·s. ·
SCHED USES	Dec 060 160+090 DULE OF RO DARPET 110	O 36C O 54C OM LIGHT A	LOGO LEGO AND VENTIL E AREA 16 OF AREA M2 375 606	ATIONS APERIONS APERIONS	SF AREA (ED M) ORC	WI WZ	1 190 GF J	TIMO RELLIBENT FTE PRO L DEC	EVTS	Q.A.	rif Pu	43 ·s. 10
SCHED VSER LANG SEC:	0.60 0.00 1.60 - 0.40 DULE OF RO (AADet AAEA 1.0) 	O SAC O SAC OM LIGHT A APPE SA APPE SAC	LOGALINO VENTIL E AREA 16 OF AREA MI 375 626	ATIONS APERINA	SEVYAL AF AREA SDAL ORC V26	Wi	K 30 = 34 NO QF 2	TING REGIO REM	410 agr.	DA.	rif Pur Kirch	sors njabi lect 16782
SCHED USER LANG SEC 1	0 ec 0 00 160 + 0 90 DULE OF RO DUARREY 110 110 005 9 750 1 800	O 363	LOGO LEGO AND VENTIL E AREA 16 OF AREA M2 375 606	ATIONS APERINA	RE 1 10 RE 1 MARE 1 RE 1 ARE 1 RE 1 ARE 1 RE 1 RE 1 RE	WI WZ	K 30 = 34 NO QF 2	TIMO RELLIBENT FTE PRO L DEC	AND SIGN	Q.A.	rif Pu Kich Caiga	rects njebi tect it6782
SCHED USES UNING SEC 1 ST C-	160 - 0 00 160 - 0 00 DULE OF RO 1 AREA 111 1 005 9 750 1 800 8 87	O 363	LOGAL LPU A	ATIONS APERINA	RF 4RE4 RF 4RE4 SD ML 080 136 192 1920	WI WZ W3	K 30 = 34 NO QF 2	TING REGIO REM	AND SIGN	Q.A.	rif Pu Kich Caiga	sors njabi lect 16782
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SCHED VSES LANGE SEC 1 SEC	160 - 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O 36C	100 av 100 VENTIL E AREA 16 OF AREA MD 375 % 526 300 031 1159 C 450 C 450	ATIONS APERINA	RF 4RE4 RF 4RE4 SD ML 080 136 192 1920	WI WZ W3 W4	K 30 = 34 NO QF 2	TING REGIO REM	AND SIGN	Q.A.	-ROHIT PUT CATCH CAISA ONNE	rects njebi tect it6782
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SCHED LOSE LOSE LOSE BEC 1 BEC 1 TO LET BATH WATER SC LOSE LOSE BATH FOURTH FOURTH	000 000 000 000 000 000 000 000 000 00	O 36C O 54C OM LIGHT A OPENING OPEN	10 av 150	PERSONS PERSONS	9.8 : 0 9.8 : 7.8 / 7.5 96 - 486 - 1 100 - 1	V7 V5 V7 V7 V7 V7 V7 V7 V7 V7 V7 V7 V	DEVELO PROPOS PLOT NO	TING REGIO REM FIRE CRO. 1980 AND - DDHESS. AME ADDHESS. DESCRIPTION OF PMENT PER SED RESIDE	FOR SALE RANGE RAN	OF THE TYAM I	CAIGA OWNE DELEL PA	recres rigebi riget riget riget riget riget riget riget riget
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ANNEXURE - I



F. No. 404



Branch: ______

Base Branch: Kamotu.

Account No.: 0490

Name of the Account Holder:

RTGS/NEFT favouring:

Bank: Hofe Bank
Branch: Sandar BruIFS Code: Hofe Cooocy o
Beneficiary's Ac. No. MVHJNK/ODO
Beneficiary's Ac. Type:
Beneficiary's Name: Raffication
Thanks Unitarity
Of Health Supration

Amount of Remittance	Amount (
Exchange	usu 2021
Total 0 3	256,000 -

UTR No. BARB202106031154867447

AMTON AX

Dr. Balasahab Kradbade

M. D. (C. A. C. naec.)

Reg. No.: 2005/02/0656



M. (C. 3200 Laco 186) R.eg. (No. 1200 La 10656

