ANNEXURE-"A"

Professional Teaching Experience Certificate for Fellowship/~~Certificate~~ 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	To	Total period Year/Months	
Director	2009	2022	13 YEARS	

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

Designation	From	To	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. Balasaheb V. Khadbade
M.D. (Obst. & Gynaec.)
Reg. No. 2[illegible]6658

Sign & Stamp
Dean/Principal/Head of Institute
Date

YASHODA HOSPITAL
Reg. No. MH/PMC/ H 126
KAMOTHE

ANNEXURE – "B"

(INSTITUTIONAL INFORMATION)

1. **Particulars of Director / Dean / Principal**: *(Who so ever is Head of Training Centre)*
Name: Dr. Balasaheb V. Khadbade_____Age: 41 Year, 4 months_____(*Date of 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	5Y
Professor	-	-	-	-
Any Other	-		Gran d Total	6 Y, 07 M

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

01	**i) Name of the Society/Institution/ Training Centre /University Dept.:**	**YASHODA HOSPITAL**
	ii) Postal Address, with PIN:	Sec -21,kamothe navi Mumbai -410209
	iii) Contact Details:	Mob: 9022335332 Tele:
02	**Society/Institution/ Training Centre Registration Number and date:**	i) Public Trust Act 1950: . . . . ii) Society's Registration Act.1860:..... .. .. iii) Year of establishment:2009 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..... 2009..... – Mark as Appendix'B'
04	**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.hospital21@gmail.com
	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 Capacity...03 ... ... 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 ..... RequiredRequired Intake Capacity 03.....(if necessary Attach separate List)**
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes ✓ (Pending Fees, if any :) FSTK N00019756293 9
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/- iii) F.Y. 2022-23 Rs 600000/-
08	Management Resolution seeking Recognition of Institute for	Resolution NoYH/2021/69 Dated 01.03.2021 Copy of Management Resolution attached?

		. Yes/No – Mark as Appendix 'D'

09	**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'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: . . . . . Dated . . . . . At (Place): . . . . . Copy of Land Registration Certificate attached? *Yes/No.– Mark as Appendix 'F'
	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: 100
- 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: available

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

4. **Recreational facilities:** **Available / ~~Not available~~**

- Play grounds Gymnasium

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of			2	2		
Students			10	10		
Status of Cleanliness						

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

7. **Ethical Committee (Constitution) :** NO

8. **Medical Education Unit (Constitution) :** NO
(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)

YASHODA HOSPITAL KAMOTHE Reg. No. MH/PMC/ H 126

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

ANNEXURE – "C"

HOSPITAL INFORMATION

1. Name of the Hospital: YASHODA HOSPITAL

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

In the entire hospital		In the department 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 clinicalservice on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM	20	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

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

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

	On Inspection day	Average of random 3 days
•	.....	.....
•	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	
(ii)	Blood component facility available	No	
(iii)	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 Laboratory:**
   - Controlling Department:_____
   - No of Staff : 2
   - Equipment Available : Attach separate List
   - Working Hours: 10 am to 11 pm

8. **Central supply of Oxygen / Suction:** **Available**

9. **Central Sterilization Department** **Available**

10. **Ambulance (Functional)** **Available** (outsourced)

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
Date: Date:

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

Training Centre Round Seal

YASHODA HOSPITAL KAMOTHE Reg. No. MH/PMC/ H 126

Sign & Stamp
Dean/ Principal/ Director of Training Centre

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

ANNEXURE – "D"

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. Prashant Kale	Full Time	Mentor	MBBS, DNB	10 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: ✓ Since when: 01.09.2018

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	150 sq ft	✓	
Clinics	500 sq ft	✓	
Laboratory Space	300 sq ft	✓	
Seminar room	300 sq ft	✓	
Department Library	300 sq ft	✓	
PG common room	250 sq ft	✓	
Pre-clinical lab (where ever applicable)	NA		
Patient waiting room	800 sq ft	✓	
Total area	2600 sq ft.		

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

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2021	FELLOWSHIP COURSE IN REPRODUCTIVE MEDICINE	3	Dr. Prashant Kale

(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 superintendent
2.	Ram Pawar	A.V. incharge

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1.	Sonography	CE 3DE CD	Functional	1
2.	Sonography	philips	Functional	1
3.	ICSI machine		Functional	1
4.	Andrology workstation		Functional	1.
5.	HERA CELL incubator		Functional	1.
6.	Benchtop Incubator		Functional	1.
7.	Cryocans		Functional	2

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

10. **Specialty clinics being run by the department and number of patients in each :**

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1.	PCOS clinic	Friday	10 to 2pm	20	Dr. Prashant Kale

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

a) Services

i. IUI

ii. IVF

iii. ICSI

(b) Ancillary Services HSG

(f) Others: Sonography

12. **Space:**

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	500 sq ft	200 sq ft
2	Equipment's	✓	✓
3	Teaching Space	300 sq ft	200 sq ft
4	Waiting area for patients	800 sq ft	400 sq ft

13. **Office space:**

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	✓ Yes/No	HOD	200 sq ft
Staff (Steno /Clerk).	✓ Yes/No	Professors	150 sq ft
Computer/ Typewriter	✓ Yes/No	Associate Professors	100 sq ft
Storage space for files	✓ Yes/No	Assistant Profess or	100 sq ft
		Residents	100 sq ft

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

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

YASHODA HOSPITAL KAMOTHE Reg. No. MH/PMC/H 126

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	:	**15/06/1981**
03.	Address	:	**Flat no. 803, wing-A, plot no.26,Satyam Arcade,Sector 21, Kamothe.**
04.	Tel. No./ Mob. No.	:	**9967294847**
05.	E-mail id	:	**drkhadbade@gmail.com**
06.	Nationality	:	**indian**
07.	Qualification in details : (attach documentary proof)	:	**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)	:	**NIL**
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	7 years.
12.	Any other relevant information	:	**National faculty in OBGY/IVF**

Date: - 8/11/22

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

Training Centre Round Seal

YASHODA HOSPITAL
Reg. No. MH/PMC/ H 126
KAMOTHE

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	:	Indian
07.	Qualification in details : (attach documentary proof)	:	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)	:	Attached seperately
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	7 YEARS, ASSISTANT PROFESSOR AT HOLY ROSJEE WADIA MATERNITY & KEM HOSP. MUMBAI
12.	Any other relevant information	:	-

Date: - 8/11/22

Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date:

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

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

Training Centre Round Seal

YASHODA HOSPITAL
Reg. No. MH/PMC/H 126
KAMOTHE

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. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

YASHODA HOSPITAL KAMOTHE Reg. No. MH/PMC/H 126

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

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

ANNEXURE – "H"

DECLARATION

I, the Dean / Director/ Principal of the Yashoda 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 **2022-2023** 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 8 Day of Nov 2022 At Kamothe

Date: 08/11/2022
Place: Navi Mumbai

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

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

YASHODA HOSPITAL
Reg. No. MH/PMC/ H 126
KAMOTHE

।। मातृवत् दृष्टी ।।

YASHODA HOSPITAL

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

Ref. No. Yashoda Hosp./Fellow/2022/ 130

Date: 23/08/2022

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

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

मा. मोहदय,

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

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

Director
यशोदा हॉस्पिटल, कामोठे
नवी मुंबई

DR. BALASAHEB V. KHADBADE
M. D. (Obst. & Gynaec.)
Reg. No. 2005 / 02 / 0656

सोबत: वरील प्रमाणे

65047

Academic Year : 2022 - 2023

MUHS

Maharashtra University of Health Sciences

Original Copy

Receipt No : 1505043/2023 **Date** : Wednesday, 27 July, 2022

Under Section : [5047] University Department Cell (Fellowship)

Received From : Yashod Hospital, Kamothe, New Mumbai

Narration : ORF-Continuation/Renewal Fee For Fellowship Course (Per Course)

Email Address : yashoda.hospital21@gmail.com **Mobile No.** : 9967294647

On Account Of	Amount (Rs)
1. 4161 ER10601 Fellowship /Certificate Program Continuation Of Affiliation Fees	50,000.00
2. 4162 ER10602 Fellowship/ Certificate Program Application Fees	0.00
3. 4163 ER10603 Fellowship/certificate Program Syllabus Fees	0.00
Subject To Reliasation Receipt Total	**50,000.00**

Rupees (in words) : Fifty Thousand Rupees Only.

Payment Details : 1 Net Bank

1. 27-07-22 50,000.00 By Net Bank 156777356467, ORC for Token FSTKN000197S029386

College : 0101156 Yashoda Hospital, Kamothe, Navi Mumbai

Receipt Type: StudentFees

Receiver : Online Receipt Counter

Registrar MUHS, Nashik

Wednesday, 27 July, 2022 04:47 pm [AD: 1111, ORC, ORC, -1]

Page 1 of 1

65047

Academic Year : 2022 - 2023

MUHS

Maharashtra University of Health Sciences

University Copy

Receipt No : 1505043/2023 **Date** : Wednesday, 27 July, 2022

Under Section : [5047] University Department Cell (Fellowship)

Received From : Yashod Hospital, Kamothe, New Mumbai

Narration : ORF-Continuation/Renewal Fee For Fellowship Course (Per Course)

Email Address : yashoda.hospital21@gmail.com **Mobile No.** : 9967294647

On Account Of	Amount (Rs)
1. 4161 ER10601 Fellowship /Certificate Program Continuation Of Affiliation Fees	50,000.00
2. 4162 ER10602 Fellowship/ Certificate Program Application Fees	0.00
3. 4163 ER10603 Fellowship/certificate Program Syllabus Fees	0.00
Subject To Reliasation Receipt Total	**50,000.00**

Rupees (in words) : Fifty Thousand Rupees Only.

Payment Details : 1 Net Bank

1. 27-07-22 50,000.00 By Net Bank 156777356467, ORC for Token FSTKN000197S029386

College : 0101156 Yashoda Hospital, Kamothe, Navi Mumbai

Receipt Type: StudentFees

Receiver : Online Receipt Counter

Registrar MUHS, Nashik

Wednesday, 27 July, 2022 04:47 pm [AD: 1111, ORC, ORC, -1]

Page 1 of 1

Annexure – A

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,Satyam Arcade,Sector 21, Kamothe.**
04.	Tel. No./ Mob. No.	:	**9967294847**
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 articles in indexed Journals published during the period of promotion and list them here only . No Annexure will be seen.
4. 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.
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.

YASHODA HOSPITAL Reg. No. MH/PMC/H 126 KAMOTHE

Date :- 08/11/2022

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. Balasaheb V. Khadbade
M.D. (Obst. & Gynec.)

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	To	Total period Year / Month	
Director	2009	2022	13 years	

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

Designation	From	To	Total period Year / Month	
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

Date:

Dr. Balasaheb V. Khadbade
M.D. (Obst. & Gynaec.)
Reg. No. 2805/02/0656

Sign & Stamp
Dean/Principal/Head of Institute

Date:

YASHODA HOSPITAL Reg. No. MH/PMC/ H 126 KAMOTHE

Recommended/Not Recommended

Signature with date of LIC Chairman/Member


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
BALASAHEB V KHADBADE
VITTHALRAO GANPATI KHADBADE
15/06/1981
Permanent Account Number
BLEPK6427K
Signature

आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदणी क्रमांक:/ Enrolment No.: 1178/18015/00597

To
बाळासाहेब विठ्ठलराव खडबडे
Balasaheb Vitthalrao Khadbade
S/O: Vitthalrao Khadbade
02 satyam arcade
Plot no 26 Sector no 21
kamothe
Panvel
Jci Kamothe
Raigarh Maharashtra - 410206
9967294847

Downloaded Date: 28/12/2017

Generated Date: 15/12/2017

आपला आधार क्रमांक / Your Aadhaar No. :

2461 8689 6768

माझे आधार, माझी ओळख

भारत सरकार

Government of India

बाळासाहेब विठ्ठलराव खडबडे
Balasaheb Vitthalrao Khadbade
जन्म तारीख/DOB: 15/06/1981
पुरुष/ MALE

2461 8689 6768

माझे आधार, माझी ओळख

Government of India

AADHAAR

सूचना

- आधार ओळखीचे प्रमाण आहे, नागरीकत्वाचे नाही.
- ओळखीचे प्रमाण ऑनलाइन ऑथेन्टीकेशन द्वारा प्राप्त करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधारला देशभरात मान्यता आहे.
- आधार भविष्यात सरकारी व खाजगी सेवांचे फायदे मिळविण्यास उपयुक्त आहे.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India

Address:
S/O: Vitthalrao Khadbade, 02 satyam arcade, Plot no 26 Sector no 21, kamothe, Panvel, Raigarh, Maharashtra - 410206

पत्ता:
वडिलांचे/आईचे नाव: विठ्ठलराव खडबडे, 02 सत्यम आर्केड, प्लॉट नो 26 सेक्टर नो 21, कामोठे, पनवेल, रायगड, महाराष्ट्र - 410206

2461 8689 6768

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

Shri/Smt. **KHADBADE BALASAHEB VITTHALRAO**

of **GOVERNMENT MEDICAL COLLEGE, AURANGABAD**

having been examined and found duly qualified for the

Bachelor of Medicine & Bachelor of Surgery

in October-2003 the said Degree has been

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

PRN 0100126329

12th May 2005

VICE-CHANCELLOR

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

"05012693"

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरू, व्यवस्थापन परिषद व विद्यापरिषद सदस्य प्रमाणित करतो की,

औरंगाबाद येथील शासकीय वैद्यकीय महाविद्यालया चे/च्या

खडबडे बाळासाहेब विट्ठलराव

हे/हया ऑक्टोबर-२००३ मध्ये

वैद्यक आणि शल्यचिकित्सा स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे.

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

मृदुला फडके
कुलगुरू

ललित नारायण मिथिला विश्वविद्यालय

प्रमाणित किया जाता है कि दरभंगा चिकित्सा महाविद्यालय के खडबडे बालासाहेब विट्ठलराव को जिन्होंने शक संवत 1931 के वैशाख मास (तदनुसार मई 2009 ई०) में आयोजित डाक्टर ऑफ मेडिसीन की परीक्षा 2009 में उत्तीर्णता प्राप्त की, आज ऑब्स्टेट्रिक्स एण्ड गायनोकोलोजी की उपाधि के लिये अधिकृत किया गया।

This is to certify that Khadbade Bala Saheb Vittal Rao of Darbhanga Medical College, has passed the Doctor of Medicine Examination 2009 held in the month of May 2009 199__ is admitted this day to the Degree of Doctor of Medicine in Obst. & Gynaecology

COLOUR XEROX

Lalit Narayan Mithila University
Kameshwaranagar, Darbhanga

Date _____

Samarendra
Vice-Chancellor

22

No. 1149

LALIT NARAYAN MITHILA UNIVERSITY

KAMESHWARANAGAR, DARBHANGA.

PROVISIONAL CERTIFICATE

This is to certify that Khadbade Balasaheb Vitthalrao

passed M.D.OBST&Gynaecology Examination of 2009

held in the month of May 2009 ~~and was~~

~~placed in the~~ ..... ~~Division~~/ ~~Class~~.

Date 16.6.2009

Assistant

Sectional Officer

Controller of Exam

Registrar

23

Maharashtra Medical Council, Mumbai

ANAND COMPLEX, SECOND FLOOR, 189-A, SANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKLI MUMBAI - 400011

Certificate of Registration

Registration No. 2005/02/0656.

This is to certify that the withinsigned Doctor Shri / ~~Srimati~~ / ~~Kumari~~ KHADBADE BALASAHEB VITTHALRAO possessing the qualification M.B.,B.S. of (MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK), 2004; has been duly registered under the Maharashtra Medical Council Act, 1965 (Mah XLVI of 1965), in Part I of the register.

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

MEDICAL COUNCIL MUMBAI 400 011

Registrar

Dated the 4TH FEBRUARY 2005.

SVP/

24

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

REGISTRAR

Mahatma Gandhi Mission's
MEDICAL COLLEGE
Sector-1, Kamothe, Navi Mumbai - 410 209, India
Ph: (022) 27433404, 27437900(PBX), 27437992
E-mail: mgmmcnb@gmail.com, Web: www.mgmuhs.com

MGM/MBD-C/2018/ ।৯৭৪

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 Mumbai in the following capacities :-.

Post	From	To	Total Years & months
Senior Resident in ObGy	16/01/2012	15/03/2012	02 Months
Assistant Professor in ObGy	16/03/2012	30/09/2013	01 Yr 06 Months 15 days

This is as per record. This certificate is issued on his request.

MGM MEDICAL COLLEGE NEW MUMBAI 410209 KAMOTHE

Dean

Dean.
M.G.M. Medical College & Hospit
Kamothe, Navi Mumbai - 41021

Annexure – A

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)	:	7 YEARS ASST. PROFESSOR AT HOLDRUSJEE WADIA MATERNITY HOSP & KEM HOSP MUMBAI
12.	Any other relevant information	:	-

Note:

1. ***Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.***
2. ***Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns***
3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only . No Annexure will be seen.
4. 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.
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 :- 08/11/2022

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.

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.

A) General Experience:-

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

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

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

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

Sign & Stamp
Dean/Principal/Head of Institute

Date:

YASHODA HOSPITAL Reg. No. MH/PMC/ H 126 KAMOTHE

Recommended/~~Not Recommended~~

Signature with date of LIC Chairman/Member


भारत सरकार
GOVERNMENT OF INDIA
डॉ प्रशांत भिमराव काळे
Dr Prashant Bhimrao Kale
जन्म वर्ष / Year of Birth : 1961
पुरुष / Male
9610 5730 5854
आधार — सामान्य माणसाचा अधिकार

29

(7)

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

PRASHANT BHIMRAO KALE

BHIMRAO DEVRAO KALE

23/04/1981

Permanent Account Number

BIMPK0157P

Signature

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

Shri/Smt. KALE PRASHANT BHIMRAO

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

having been examined and found duly qualified for the

P.G. Diploma in Obstetrics & Gynaecology

In June-2009 the said Degree has been conferred on him/her. In testimony whereof, is set the seal of the said University.

PRN 2309112968

30th May 2010

VICE-CHANCELLOR

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरू, व्यवस्थापन परिषद व विद्यापरिषद सदस्य प्रमाणित करतो की,

परळ, मुंबई येथील सेठ गो. सु. वैद्यकीय महाविद्यालया चे/च्या

काळे प्रशांत भिमराव

हे/हया जुन-२००९ मध्ये

स्त्रीरोगशास्त्र व प्रसुतिशास्त्र पदव्युत्तर

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे.

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

PRAVEEN R. SINGH,
(SPECIAL)
Parel, Mumbai-400 012

दिलीप मीरसागर
कुलगुरू

No. NBE/CONV/2012/17/ 3920

National Board of Examinations

New Delhi

hereby certifies that

Kale Prashant Bhimrao

has pursued the prescribed course of

postgraduate training

and has demonstrated his proficiency at an examination

held in June 2011 session to the satisfaction of the Board.

Accordingly, on this First Day of February in the year

Two Thousand Twelve

the Board admits him at the Convocation

held at New Delhi as

Diplomate of National Board

for the practice of

Obstetrics and Gynaecol-

Dr. Bipin Batra
Executive Director

President

Dr. P. K. Mittal
Vice President

Dr. S. Jalal
Vice President

Dr. K. K. Sethna
Vice President

Dr. Bhagirathan Nair
Vice President

Maharashtra Medical Council, Mumbai

ANAND COMPLEX, SECOND FLOOR, 189-A, SANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKLI, MUMBAI - 400011.

Certificate of Registration

Registration No. 2005/02/01272.

This is to certify that the withinsigned

Doctor Shri/ ~~Srimati/ Kumari~~ KALE PRASHANT BHIMRAO

possessing the qualificati

M.B.,B.S. of (MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHI 2004)

has been duly registered un

the Maharashtra Medical Council Act, 1965 (Mah XLVI of 196

in Part I of the register.

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

Registrar

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.B. (OBST. & GYNAE.) N.B.E. NEW DELHI, 2011

REGISTRAR

189-A, ANAND COMPLEX, SECOND FLOOR, NANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKLI (W), MUMBAI 400011
Website :- www.maharashtramedicalcouncil.org

34

Application Print

Back

Maharashtra Medical Council, Mumbai

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

No : MMC/RENW/2005021272/202003277

Date : 27/03/2020

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

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

(Sanjay Deshmukh)
Registrar
Maharashtra Medical Council

35

NOWROSJEE 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 Bhimrao Kale was working as an Assistant Professor in Obstetrics & Gynaecology Department at Nowrosjee Wadia Maternity Hospital & Seth G.S. Medical College, Parel, Mumbai since 21 December 2011 to 1st August 2018 for a period of 6 years & 8 months.

During 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 Obstetrics & Gynaecological 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.
5. Experience in managing Infertility cases i.e. female & male infertility efficiently.
6. Expertise in performing diagnostic & operative Hysteroscopy & Laparoscopy procedures.
7. Worked as co-ordinator & Master Trainer for FOGSI 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 & Vasectomy.

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

M J Jaiswalla

Dr. M. J. Jaiswalla
M.D. (Bom) F.C.P.S. FCPS D.G.O.D.F.P.
FICMCH, FMAGO, F.I.C.A. (USA), F.R.S.H. (ENG)
Medical Director
Nowrosjee Wadia Maternity Hospital,
A. D. Marg, Parel, Mumbai-400 012.

ernational Journal of Reproduction, Contraception, Obstetrics 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

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 PIH 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.[1] The most accurate record of the infant's prenatal experience is the placenta.[2] 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 utero-placental 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).

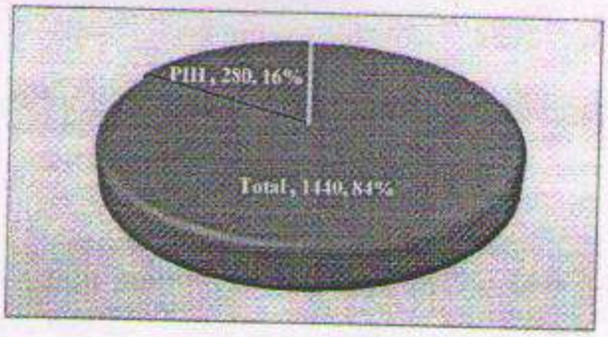

Figure 1: Proportion of PIH.

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).

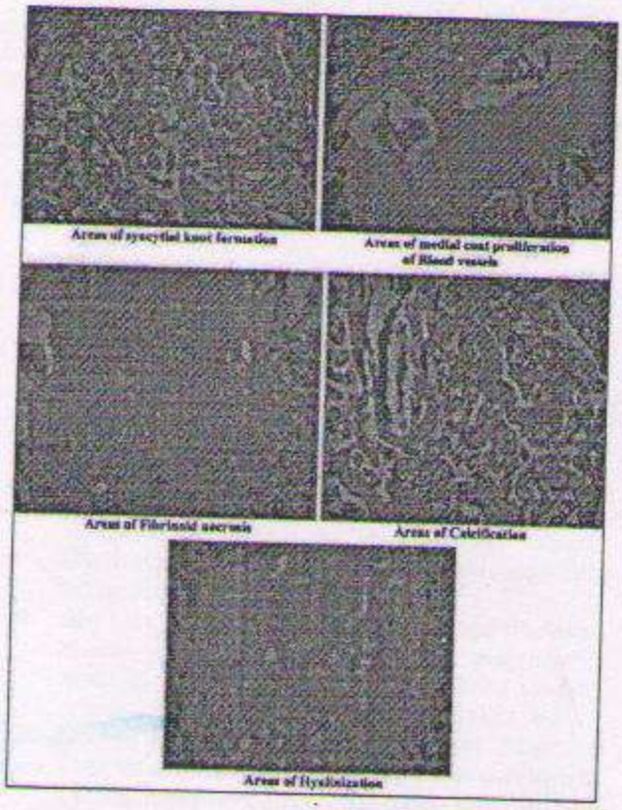

Figure 2: Histopathological changes.

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.[6] 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. A detailed history, clinical examination and investigations of mother and ultrasonography play an essential role in the interpretation of histopathological diagnosis of placental lesions.

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Original Research Article

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

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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.[1] 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 non-governmental 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).[6] Very similar results, were found in several studies conducted in many other countries all over the world.[7-11]

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.

Variable	Number	Percentage
Age		
21-30	4	4
31-40	16	16
41-50	60	60
51-60	20	20
Marital status		
Married	90	90
Unmarried	10	10
Widow	0	0
Socio economic class (Modified Prasad classification)		
Class 1	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 value	P value
Symptoms				
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				
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 measures				
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	-
Total	69	100		

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

Table 3: Knowledge regarding PAP smear.

Knowledge about PAP	PAP Done		Total
	Yes, 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)

Figure in parenthesis include row-wise percentages

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 was77.7 and 92.4% respectively.[7] 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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It shall be verified by the Head of the concerned Training Center,

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09.	Any other relevant information		

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ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 1409/2010 Dated: 19/05/2010

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

NAME	ADDITIONAL QUALIFICATION
DR. (Ms.) KEDARLING SNEHALATA BHARAT	D. A. C.P.S. MUMBAI, 2009

Note:- This qualification has been added in the schedule to Maharashtra Medical Council Act, 1965 vide Maharashtra Government Notification No., PGM 1010/C.R.-18(Part-2)/10/EDU-2 dated 12-03-2010 This qualification should not be treated as conferming recognised medical qualification under the Indian Medical Council Act 1956.

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DR. KEDARLINGE 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
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Examination held by the Maharashtra University of Health Sciences, Nashik

in the month of JUNE-2004

Nashik

Date: 07 AUGUST 2004

Controller of Examinations

।। मातृत्व वृष्टी ।।

YASHODA HOSPITAL

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

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
Dr. Balasaheb Khadbade
M. D. (Obst. & Gynaec.)
Reg. No. : 2005/02/0856

UNIT-1
YASHODA MATERNITY & NURSING HOME

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COLLEGE OF PHYSICIANS & SURGEONS OF MUMBAI

Dr. E. Borges Marg, Parel, Mumbai - 400 012

Statement of Marks

Statement No. 18212

Diploma in Gynaecology and Obstetrics : October 2018

Roll No : 63

Name : KEDARLINGE SNEHALATA BHARAT

Code	Paper Name	Max	Min	Obtained	SubTotal
1	Paper 01	100		52	
2	Paper 02	100		51	
3	Paper 03	100		55	
	Theory	300	150		158 P
4	Gynaecology Long Case	60		30	
5	Gynaecology Short Cases	40		25	
6	Obstetrics Long Case	60		28	
7	Obstetrics Short Cases	40		25	
8	Table 1	50		35	
9	Table 2	50		28	
	Practical	300	150		171 P
	Total	600			329

Result	Pass

Controller of Examinations

Dy. Secretary

Date: 30/11/2018, Mumbai

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BAOPK6494H

नाम / Name
SNEHALATA BALASAHEB KHADBADE

पिता का नाम / Father's Name
BHARAT DATTATRAYA KEDARLINGE

जन्म की तारीख / Date of Birth
06/06/1982

हस्ताक्षर / Signature

01012018

YASHODA HOSPITAL

YASHODA
FERTILITY & IVF CENTRE

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

OBSTETRICS & GYNAECOLOGY

LIST OF INSTRUMENT AND EQUIPMENT LIST

SR.NO	NAME OF THE ITEMS	NO.REQUIRED
A	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	1
10	Stitch removal sets	6
11	Dressing sets	3
12	Ultrasound machine	2
13	Weighing machine	2
14	Height scale	1
15	View box	1
16	Digital/ Electronic Blood Pressure apparatus, measuring tapes, gloves, syringes, needles torch	3
17	Resuscitation tray (Laryngoscope, ET tube, Ambu bag,Suction catheter	1
18	Suction machine.	2
19	Hysterosalphigogram Cannula	3
20	PCT forceps	5
21	Ayer's spatula	40

YASHODA
FERTILITY & IVF CENTRE

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

B	MAIN OPERATION THEATRE	
22	Abdominal Hysterectomy set (Artery forceps, scissors, scalpel, Allis's kelly's clamp, Babcock forceps, thumb forceps, Harington & Richardson retractors)	1
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	1
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	
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	1

42	High suction machine	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
H	**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

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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 Reg no 2005/02/0650

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

2005 in Respect of Yashoda Hospital

situated at Satyam Arcade Gr floor, first floor Plot no 26 Sect 21 Kamothe Panvel City

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

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

1) Certificate is valid upto 31 / 03 / 2025
2) No. of indoor patients Sanctioned 61 1) Maternity Bed 40 2) ICU Bed 04 3) NICU Bed 00 Total Bed 61 bed other -17 bed
3) There should not be any nuisance or health hazards to the neighboring residents
4) Hospital waste should be disposed off as per the Biomedical Waste Act, 1998
5) Hospital waste should not be thrown in community dustbins or anywhere in open space.
6) All necessary NOC required from various department should be renewed regularly.
7) It is necessary to obtain relevant Registration / Licences required under various act applicable to hospital
8) Registration should be renewed every three year in the month of March as per the Bombay Nursing Home Registration (Amendment) Act 2005.
9) 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.

PANVEL MUNICIPAL CORPORATION पनवेल महानगरपालिका पनवेल - रायगड

Local Supervising Authority Cum Medical Officer of Health
Panvel Municipal Corporation

Medical Officer Of Health
Panvel Municipal Corporation

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GOVT OF MAHARASHTRA

सत्यमेव जयते

Public Health Department

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

SCHEDULE III

Certificate Of Registration

1. In exercise of powers conferred under sec. 19(1) of Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, (57 of 1994), the Appropriate Authority PMC 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*
   Yashoda Hospital. Satyam Arcade, Sect-21, Kamothe

   B Name of the Applicant for registration
   Dr. Balasaheb V. Khadbade, MD OBGY, Regno-2005/02/0656.
   ② Dr. Sachin V. Nichite DNB obgy Regno. 2005/02/0764.
   ③ Dr. Pragya Tripathi DNB obgy Regno-2016/08/2939.
   ④ Dr. Vishal Dalvi, DMR Regno-2008/10/3524.
   ⑤ Dr. Keshav Kale, card. RN-88333.

   C Pre-natal diagnostic procedure approved for (Genetic Clinic)
   - i) Ultrasound
   - ii) Amniocentesis
   - iii) Chorionic villi biopsy
   - iv) Foetoscopy
   - v) Foetal skin or organ biospy
   - vi) Cordocentesis
   - vii) Any other (specify) IVF center

   D. Pre-netal diagnostic tests approved (for Genetic Laboratory)
   - I) Chromosomal Studies
   - ii) Biochemical studies
   - iii) Molecular studies

3. Model and make of equipments being used philips CV 350 SN- C31313028. wipro vol P-8 SN. 50103250 5.

4. Registration No. allotted MH/PMC/P-107

5. Period of validity of Registration 5 years From 3/07/2018 To 02/07/2023

Date : 06.03.2019

SEAL

PANVEL MU. RAIGAD

Dr. Ramesh Nikam
MD (Mum)
Medical Officer of Health
Panvel Municipal Corporation

CERTIFICATE

Public Helth Services
CIVIL HOSPITAL ALI BAG - RAIGAD

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
Yashoda Maternity & Gen Hosp, 1st Floor, Satyam Arcade Plot No. 26, Sec. 21 Kamothe - Panvel.

Nationality of the Applicant Registered
Indian

Name & Other Particulars of the Nursing Home in Which the applicant

Place Where the Nursing Home is situated
Yashoda Maternity & Gen Hospital, 1st Floor, Satyam Arcade, Plot No. 26, Sec - 21 Kamothe - Panvel.

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

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

Civil Surgeon
Raigad - Alibag

ANNEXURE - C

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 2019 and the Profit and loss account for the period beginning from 01/04/2018 to ending on 31/03/2019 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 Profit and loss account are in agreement with the books of account maintained at the head office at 01,SATYAM ARCADE,SECTOR 21, PLOT NO. 26,KAMOTHE PANVEL. and 0 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 parti es. | 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. 10,000 have been made otherwise than by crossed cheque or draft as the necessary evidence is not possible for th e assessees to produce. | Fixed assets are not fully supported by vouchers or invoices. | I have relied upon the partners certifica tion in respect of certain expenses or Transaction where otherwise the evidences is not available. | Expenses are not properly s upported 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, 2019 ;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:-

Sl No.	Qualification Type	Observations/Qualifications
1	Others.	I have relied upon the proprietors certification in respect of certain expenses / transaction where otherwise the evidences are not available. Our audit is based on materiality and on a test check basis wherever required.
2	Others.	All the balances from Balance Sheet and Profit and Loss Account are subjec t to confirmation from various parties.
3	Others.	

Place PANVEL
Date 24/10/2019

Name CHETAN KISHOR JOSHI
Membership Number 125904
FRN (Firm Registration Number) 0128063W
Address S-4 SUPER CHS - GAURIDARSHAN SE CTOR 11 PLOT NO. 2, NEW PANVEL., PANVEL, MAHARASHTRA, 410206

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

1	Name of the assessee	YASHODA HOSPITAL
2	Address	01,SATYAM ARCADE,SECTOR 21, PLOT NO. 26,KAMOTHE, PANVEL, , PANVEL-RAIGAD, MAHARASHTRA, 410209
3	Permanent Account Number (PAN)	AABFY6674K
4	Whether the assessee is liable to pay indirect tax like excise duty, service tax, sales tax, goods and services tax,customs duty,etc. if yes, please furnish the registration number or,GST number or any other identification number allotted for the same	No

Sl No	Type	Registration Number

5	Status	Firm
6	Previous year from	01/04/2018 to 31/03/2019
7	Assessment Year	2019-20
8	Indicate the relevant clause of section 44AB under which the audit has been conducted	

Sl No.	Relevant clause of section 44AB under which the audit has been conducted
1	Clause 44AB(a)-Total sales/turnover/gross receipts of business exceeding specified limits

9 a If firm or Association of Persons, indicate names of partners/members and their profit sharing ratios. In case of AOP, whether shares of members are indeterminate or unknown ?

Name	Profit Sharing Ratio (%)
BALASAHEB KHADBADE	50
SNEHLATA KHADBADE KEDARLINGE	50

9 b If there is any change in the partners or members or in their profit sharing ratio since the last date of the preceding year, the particulars of such change. **No**

Date of change	Name of Partner/Member	Type of change	Old profit sharing ratio	New profit Sharing Ratio	Remarks

10 a Nature of business or profession (if more than one business or profession is carried on during the previous year, nature of every business or profession).

Sector	Sub Sector	Code
HEALTH CARE SERVICES	Nursing homes	18003

10 b If there is any change in the nature of business or profession, the particulars of such change **No**

Business	Sector	SubSector	Code
Nil			

11 a Whether books of accounts are prescribed under section 44AA, if yes, list of books so prescribed **Yes**

Books prescribed

CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER

11 b List of books of account maintained and the address at which the books of accounts are kept. (In case books of account are maintained in a computer system, mention the books of account generated by such computer system. If the books of accounts are not kept at one location, please furnish the addresses of locations along with the details of books of accounts maintained at each location.) Same as 11(a) above

Books maintained	Address Line 1	Address Line 2	City or Town or District	State	PinCode
CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER	KAMOTHE		PANVEL	MAHARASHTRA	410209

11 c List of books of account and nature of relevant documents examined. Same as 11(b) above

Books Examined

CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER

12 Whether the profit and loss account includes any profits and gains assessable on presumptive basis, if yes, indicate the amount and the relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Schedule or any other relevant section). **No**

Section	Amount
Nil	

13 a Method of accounting employed in the previous year **Mercantile system**

CHETAN JOSHI & CO. MUMBAI CHARTERED ACCOUNTANTS

11 b	Whether there has ... the immediately preceding previous year ... employed vis-a-vis the method employed in				No
11 c	If answer to (b) above is in the affirmative, give details of such change , and the effect thereof on the profit or loss				
	Particulars		Increase in profit(Rs)	Decrease in profit(Rs)	
11 d	Whether any adjustment is required to be made to the profits or loss for complying with the provisions of income computation and disclosure standards notified under section 145(2)				No
	If answer to (d) above is in the affirmative, give details of such adjustments				
		Increase in profit(Rs)	Decrease in profit(Rs)	Net effect(Rs)	
11 e	ICDS				
	Total				
11 f	Disclosure as per ICDS				
	ICDS	Disclosure			
14 a	Method of valuation of closing stock employed in the previous year				NOT APPLICABLE
14 b	In case of deviation from the method of valuation prescribed under section 145A, and the effect thereof on the profit or loss, please furnish:				No
	Particulars		Increase in profit(Rs)	Decrease in profit(Rs)	
15	Give the following particulars of the capital asset converted into stock-in-trade				

(a) Description of capital asset	(b) Date of acquisition	(c) Cost of acquisition	(d) Amount at which the asset is converted into stock-in trade
Nil			

16 Amounts not credited to the profit and loss account, being:-

16	The items falling within the scope of section 28	
	Description	Amount
	Nil	
16 b	The proforma credits, drawbacks, refund of duty of customs or excise or service tax, or refund of sales tax or value added tax, where such credits, drawbacks or refund are admitted as due by the authorities concerned	
	Description	Amount
16 c	Escalation claims accepted during the previous year	
	Description	Amount
	Nil	
16 d	Any other item of income	
	Description	Amount
	Nil	
16 e	Capital receipt, if any	
	Description	Amount
	Nil	

17 Where any land or building or both is transferred during the previous year for a consideration less than value adopted or assessed or assessable by any authority of a State Government referred to in section 43CA or 50C, please furnish:

Details of property	Address Line 1	Address Line 2	City/Town	State	Pincode	Consideration received or accrued	Value adopted or assessed or assessable

18 Particulars of depreciation allowable as per the Income-tax Act, 1961 in respect of each asset or block of assets, as the case may be, in the:-

Description of Block of Assets/ Class of Assets	Rate of depreciation (In Percentage)	Opening WDV (A)	Additions					Deductions (C)	Depreciation Allowable (D)	Written Down Value at the end of the year (A+B-C-D)
			Purchase Value (1)	MOD-VAT (2)	Change in Rate of Exchange (3)	Subsidy/ Grant (4)	Total Value of Purchases (B) (1+2+3+4)			
Furnitures & Fittings @10%	10%	69255							6926	62330
Plant & Machinery @15%	15%	5963328	1821777				1821777		1162366	6622739

* For Addition and Deduction Details refer Addition and Deduction Detail Tables At the End of the Page

19 Amounts admissible under sections :

S.No	Section	Amount debited to profit and loss account	Amounts admissible as per the provisions of the Income-tax Act, 1961 and also fulfils the conditions, if any specified under the relevant 14provisions of Income-tax Act, 1961 or Income-tax Rules 1962 or any other guidelines, circular, etc., issued in this behalf.
Nil			

o an employee as bonus or commission for services rendered, where such sum was otherwise payable s or dividend. [Section 36(1)(ii)]

	Amount

tributions received from employees for various funds as referred to in section 36(1)(va):

d	Sum received from employees	Due date for payment	The actual amount paid	The actual date of payment to the concerned authorities

nish the details of amounts debited to the profit and loss account, being in the nature of capital, personal, ment expenditure etc

expenditure

ars	Amount in Rs.

al expenditure

ulars	Amount in Rs.

rtise nt expenditure in any souvenir, brochure, tract, pamphlet or the like published by a political party

culars	Amount in Rs.

enditure incurred at clubs being entrance fees and subscriptions

ticulars	Amount in Rs.

penditure incurred at clubs being cost for club services and facilities used.

rticulars	Amount in Rs.

xpenditure by way of penalty or fine for violation of any law for the time being force

Particulars	Amount in Rs.

Expenditure by way of any other penalty or fine not covered above

Particulars	Amount in Rs.

Expenditure incurred for any purpose which is an offence or which is prohibited by law

Particulars	Amount in Rs.

mounts inadmissible under section 40(a):-

) as payment to non-resident referred to in sub-clause (i)

(A) Details of payment on which tax is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

B) Details of payment on which tax has been deducted but has not been paid during the previous year or in the subsequent year before the expiry of time prescribed under section200(1)

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted

(ii) as payment referred to in sub-clause (ia)

(A) Details of payment on which tax is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

(B) Details of payment on which tax has been deducted but has not been paid on or before the due date specified in sub- section (1) of section 139.

Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted	Amount out of (VI) deposited, if any

(iii) as payment referred to in sub-clause (ib)

(A) Details of payment on which levy is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

(B) Details of payment on which levy has been deducted but has not been paid on or before the due date specified in sub- section (1) of section 139.

Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of levy deducted	Amount out of (VI) deposited, if any

(v) fringe benefit tax under sub-clause (ii)

(vi) wealth tax under sub-clause (iia)

(vii) royalty, license fee, service fee etc. under sub-clause (iib).

(viii) salary payable outside India/to a non resident without TDS etc. under sub-clause (iii).

Date of payment	Amount of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City	Pincode

(ix) payment to PF /other fund etc. under sub-clause (iv)

(x) tax paid by employer for perquisites under sub-clause (v)

(xi) Amounts debited to profit and loss account being, interest, salary, bonus, commission or remuneration inadmissible under section 40(b)/40(ba) and computation thereof;

Particulars	Section	Amount debited to P/L A/C	Amount Admissible	Amount Inadmissible	Remarks

(xii) Disallowance/deemed income under section 40A(3):

(A) On the basis of the examination of books of account and other relevant documents/evidence, whether the expenditure covered under section 40A(3) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft. If not, please furnish the details: **Yes**

Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available

(B) On the basis of the examination of books of account and other relevant documents/evidence, whether the payment referred to in section 40A(3A) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft If not, please furnish the details of amount deemed to be the profits and gains of business or profession under section 40A(3A) **Yes**

Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available

(e) Provision for payment of gratuity not allowable under section 40A(7) 0

(f) Any sum paid by the assessee as an employer not allowable under section 40A(9) 0

(g) Particulars of any liability of a contingent nature

Nature Of Liability	Amount in Rs.

(h) Amount of deduction inadmissible in terms of section 14A in respect of the expenditure incurred in relation to income which does not form part of the total income

Nature Of Liability	Amount in Rs.

(i) Amount inadmissible under the proviso to section 36(1)(iii) 0

22 Amount of interest inadmissible under section 23 of the Micro, Small and Medium Enterprises Development Act, 2006 0

23 Particulars of any payment made to persons specified under section 40A(2)(b).

Name of Related Person	PAN of Related Person	Relation	Nature of trasaction	Payment Made(Amount)
BALASAHEB KHADBADE		PARTNER	DRAWINGS	10622090
SNEHLATA KHADBADE		PARTNER	DRAWINGS	1545766

24 Amounts deemed to be profits and gains under section 32AC or 32AD or 33AB or 33AC or 33ABA.

Section	Description	Amount
Nil		

25 Any amount of profit chargeable to tax under section 41 and computation thereof.

Name of Person	Amount of income	Section	Description of Transaction	Computation if any
Nil				

26 (i)* In respect of any sum referred to in clause (a),(c),(d),(e),(f) or (g) of section 43B the liability for which:-

26 (i)A pre-existed on the first day of the previous year but was not allowed in the assessment of any preceding previous year and was :-

26 (i)A)(a) Paid during the previous year

Section	Nature of liability	Amount
Nil		

26 (i)A)(b) Not paid during the previous year

Section	Nature of liability	Amount
Nil		

26 (i)B was incurred in the previous year and was

26 (i)B)(a) Paid on or before the due date for furnishing the return of income of the previous year under section 139(1)

Section	Nature of liability	Amount
Nil		

26 (i)B)(b) Not paid on or before the aforesaid date

Nature of liability | Amount

[illegible]

30 Whether sales tax, goods & service tax, customs duty, excise duty or any other indirect tax, levy, cess, etc. is payable through the profit and loss account | Nil

Amount of Central Value Added Tax Credit/Input Tax Credit(CT) availed in respect of any purchase, sale and its treatment in profit and loss account and treatment in remaining balance of Value Added Tax Credit/Input Tax Credit(CT) in accounts

PARTICULARS	Amount	Treatment in P&L and Balance
Opening Balance		
Credit Availed		
Credit Utilized		
Closing Outstanding Balance		

31 Details of income or expenditure of prior period credited or debited to the profit and loss account

Type	Particulars	Amount	Prior period income or expenditure (Yes or No)
Nil			

32 Whether during the previous year the assessee has received any property, being shares of a company not being a company in which the public are substantially interested, without consideration or for a consideration which is lower than the market value of the shares as referred to in section 56(2)(viii)

Name of the person from which shares received	PAN of the person, if available	Name of the company from which shares received	CIN of the company	No. of shares received	Average consideration per share	Fair market value of the shares
Nil						

33 Whether during the previous year the assessee received any consideration for issue of shares which exceeds the fair market value of the shares as referred to in section 56(2)(viii) (b) If yes, please furnish the details of the issue

Name of the person from whom consideration received for issue of shares	PAN of the person, if available	No. of shares	Amount consideration received	Fair market value of the shares
Nil				

33(a) Whether any amount is to be included as income chargeable under the head "Income from other sources" as referred to in clause (ix) of sub section (2) of section 56? (b) If yes, please furnish the following details

Sl No	Name of income	Amount
Nil		

33(b) Whether any amount is to be included as income chargeable under the head "Income from other sources" as referred to in clause (x) of sub section (2) of section 56? (b) If yes, please furnish the following details

Sl No	Name of income	Amount
Nil		

34 Details of any amount borrowed on hundi or any amount due thereon (including interest on the amount borrowed) repaid otherwise than through an account payee cheque (Section 269T)

Name of the person from whom amount borrowed or repaid on hundi	PAN of the person, if available	Address Line 1	Address Line 2	City or Town or District	State	Pincode	Amount borrowed	Date of borrowing	Amount due including interest	Amount repaid	Date of repayment
Nil											

35(a) Whether primary adjustment to transfer price, as referred to in sub section (1) of section 92CE, has been made during the previous year (b) If yes, please furnish the following details

Sl No	Under which clause of sub section (1) of	Amount (in Rs.) of primary	Whether the excess money available with the associated enterprise is	If yes, whether the excess money has been repatriated within the	If no, the amount in respect of which repatriation of excess money has not been effected

adjustment is made ?		as per the provisions of sub-section (2) of section 92CE.			

(a)	Whether the assessee has incurred expenditure during the previous year by way of interest or of similar nature exceeding one crore rupees as referred to in sub-section (1) of section 94B.	No

(b) If yes, please furnish the following details

Sl No.	Amount (in Rs.) of expenditure by way of interest or of similar nature incurred	Earnings before interest, tax, depreciation and amortization (EBITDA) during the previous year (in Rs.)	Amount (in Rs.) of expenditure by way of interest or of similar nature as per (i) above which exceeds 30% of EBITDA as per (ii) above.	Details of interest expenditure brought forward as per sub-section (4) of section 94B.		Details of interest expenditure carried forward as per sub-section (4) of section 94B:	
				Assessment Year	Amount (in Rs.)	Assessment Year	Amount (in Rs.)
Nil							

(a)	Whether the assessee has entered into an impermissible avoidance arrangement, as referred to in section 96, during the previous year.(This Clause is kept in abeyance till 31st March, 2020).	No

(b) If yes, please furnish the following details

l No.	Nature of the impermissible avoidance arrangement	Amount (in Rs.) of tax benefit in the previous year arising, in aggregate, to all the parties to the arrangement
Nil		

31 a Particulars of each loan or deposit in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year :-

S.No	Name of the lender or depositor	Address of the lender or depositor	Permanent Account Number(if available with the assessee) of the lender or the depositor	Amount of loan or deposit taken or accepted	Whether the loan or deposit was squared up during the previous year	Maximum amount outstanding in the account at any time during the previous year	Whether the loan or deposit was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account.	In case the loan or deposit was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
Nil								

31 b Particulars of each specified sum in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year:-

S.No.	Name of the person from whom specified sum is received	Address of the person from whom specified sum is received	Permanent Account Number (if available with the assessee) of the person from whom specified sum is received	Amount of specified sum taken or accepted	Whether the specified sum was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account	In case the specified sum was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
Nil						

(Particulars at (a) and (b) need not be given in the case of a Government company, a banking company or a corporation established by a Central, State or Provincial Act.)

31 b(a) Particulars of each receipt in an amount exceeding the limit specified in section 269ST, in aggregate from a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion from a person, during the previous year, where such receipt is otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Nature of transaction	Amount of receipt	Date Of receipt
Nil						

CHETAN JOSHI & CO. M. No. 125304 CHARTERED ACCOUNTANTS

31 b(b) Particulars of each receipt in an amount exceeding the limit specified in section 269ST, in aggregate from a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion from a person, received by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year :-

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Amount of receipt

Nil

31 b(c) Particulars of each payment made in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Nature of transaction	Amount of Payment	Date Of Payment

Nil

31 b(d) Particulars of each payment in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, made by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year

S.No.	Name of the Payee	Address of the Payee	Permanent Account Number (if available with the assessee) of the Payee	Amount of Payment

Nil

(Particulars at (ba), (bb), (bc) and (bd) need not be given in the case of receipt by or payment to a Government company, a banking Company, a post office savings bank, a cooperative bank or in the case of transactions referred to in section 269SS or in the case of persons referred to in Notification No. S.O. 2065(E) dated 3rd July, 2017)"

31 c Particulars of each repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T made during the previous year :-

S.No.	Name of the payee	Address of the payee	Permanent Account Number(if available with the assessee)of the payee	Amount of the repayment	Maximum amount outstanding in the account at any time during the previous year	Whether the repayment was made by cheque or bank draft or use of electronic clearing system through a bank account.	In case the repayment was made by cheque or bank draft, whether the same was repaid by an account payee cheque or an account payee bank draft.

Nil

31 d Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year:—

S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of repayment of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year

Nil

31 e Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in sectior 269T received by a cheque or bank draft which is not an account payee cheque or account payee bank draft during th previous year:—

S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of repaymer of loan or deposit any specified advan received otherwise th by a cheque or ba

				draft or use of electronic clearing system through a bank account during the previous year
	Nil			

(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 ken or accepted from Government, Government company, banking company or a corporation established by a Central, State Provincial Act)

a	Details of brought forward loss or depreciation allowance, in the following manner, to extent available							
	S.No	Assessment Year	Nature of loss/allowance	Amount as returned	Amount as assessed	Order U/S and Date	Remarks	
	Nil							
b	Whether a change in shareholding of the company has taken place in the previous year due to which the losses incurred prior to the previous year cannot be allowed to be carried forward in terms of section 79.							Not Applicable
c	Whether the assessee has incurred any speculation loss referred to in section 73 during the previous year.							No
	If yes, please furnish the details below							
d	Whether the assessee has incurred any loss referred to in section 73A in respect of any specified business during the previous year							No
	If yes, please furnish details of the same							
e	In case of a company, please state that whether the company is deemed to be carrying on a speculation business as referred in explanation to section 73							
	If yes, please furnish the details of speculation loss if any incurred during the previous year							No

33 Section-wise details of deductions, if any admissible under Chapter VIA or Chapter III (Section 10A, Section 10AA)

S.No	Section	Amount
Nil		

34 a Whether the assessee is required to deduct or collect tax as per the provisions of Chapter XVII-B or Chapter XVII-BB, if yes please furnish — Yes

S.No	Tax deduction and collection Account Number (TAN)	Section	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)	Amount of tax deducted or collected on (8)	Amount of tax deducted or collected not deposited to the credit of the Central Government out of (6) and (8)
1	AAACA8049G	194C	Payments to contractor and sub-contractors	36000	36000	36000	720	0	0	0
2	AAACS2809J	194C	Payments to contractor and sub-contractors	698880	698880	698880	69890	0	0	0
3	AADCS8734K	194C	Payments to contractor and sub-contractors	553500	553500	553500	55350	0	0	0
4	AAFCT9131P	194C	Payments to contractor and sub-contractors	26550	26550	26550	2655	0	0	0
5	ACNPV8958R	194C	Payments to contra	175000	175000	175000	17500	0	0	0

		car and sub-contractors								
[illegible]	[illegible]	Freelancer [illegible] or technical services	[illegible]	[illegible]	[illegible]	[illegible]	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	17000	17000	17000	1700	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	1500	1500	1500	150	0	0	0
[illegible]	[illegible]	Payment to contractor and sub-contractors	1000	1000	1000	100	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	1500	1500	1500	150	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	4160	4160	4160	416	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	4500	4500	4500	450	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	5560	5560	5560	556	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	4665	4665	4665	467	0	0	0
[illegible]	[illegible]	Payment to contractor and sub-contractors	600	600	600	60	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	4760	4760	4760	476	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	3000	3000	3000	300	0	0	0
[illegible]	[illegible]	Rent	40000	40000	40000	4000	0	0	0
[illegible]	[illegible]	Payment to contractor and sub-contractors	265	265	265	26	0	0	0
[illegible]	[illegible]	Rent	40000	40000	40000	4000	0	0	0
[illegible]	[illegible]	Freelancer [illegible] or technical services	5000	5000	5000	500	0	0	0
[illegible]	[illegible]	Salary	500	500	500	500	0	0	0
[illegible]	[illegible]	Salary	[illegible]	[illegible]	[illegible]	500	0	0	0

Amount received (in Rs.)			Date of receipt	
[illegible]				
[illegible]				No
[illegible] details, if any, in consultation or disagreement, if any				Sign
[illegible] quantity as may be required identified by the auditor				
[illegible] and was conducted under the Income Tax Act, 1961				
[illegible]				No
[illegible] details, if any, in consultation or disagreement, if any				Sign
[illegible] quantity as may be required identified by the auditor				
[illegible] and was conducted under section 35[illegible] of the Income Tax, 1961 in relation to valuation of assets				No
[illegible] quantity as may be required identified by the auditor				Sign
[illegible] details, if any, in consultation or disagreement, if any				
[illegible] quantity as may be required identified by the auditor				
[illegible] turnover, gross profit, etc., in the previous year and preceding previous year				
Particulars	Previous Year		Preceding previous Year	
Total turnover of the assessee		3[illegible]		4[illegible]
Gross profit: turnover	2,5[illegible]	3[illegible] 2.5%	5[illegible]	4[illegible] 7.2%
Net profit: Turnover	5[illegible]	3[illegible] 11.5%	5[illegible]	4[illegible] 16.3%
Stock-in-Trade: Turnover		%		%
Material consumed: Finished goods produced		5[illegible] %		1,2[illegible] %
[illegible] details required to be furnished in respect of goods traded in, manufactured or services rendered				
[illegible] details of demand raised in orders received during the previous year under any tax laws other than Income-tax, Act, 1961, and Wealth-tax, Act, 1957 alongwith details of relevant proceedings				
Financial year to which demand relates	Nature of demand (Tax, Interest, Penalty, Fine, Other demand)	Date of demand/ order	Amount	Remarks
[illegible]				
[illegible]				
Whether the assessee is required to furnish statement in Form No.3[illegible], or Form No. 3[illegible], or Form No. 3[illegible]? If Yes, please furnish				
S. No.	Nature of Form	Date of filing	Date of furnishing	Whether the Form furnished contains information about all transactions which are required to be reported	If No, please furnish list of the details of transactions which are not reported
[illegible]					
(a) Whether the assessee or its parent entity or alternate reporting entity is liable to furnish the report as referred in sub-section (2) of section 3[illegible]					
S. No.	Whether report has been furnished by the assessee or its parent entity or an alternate reporting entity	Name of parent entity	Name of alternate reporting entity	Date of furnishing (If the report applicable)	
[illegible]					
If No, the reason under section [illegible] for furnishing the report					
Break-up of total expenditure of entities registered or not registered under the GST: (Tax Clause is applicable till 31st March, 2020)					
S. No.	Total amount of expenditure	Expenditure in cases of entities registered under GST			Expenditure
	Expenditure incurred during the year	Relating to goods or services entitled under	Relating to exempt goods or services	Relating to other entities registered under GST	Total expenditure relating to entities not registered under GST

	exempt from GST	composition scheme	

PANVEL
24/10/2019

Name CHETAN KISHOR JOSHI
Membership Number 125904
FRN (Firm Registration Number) 0128063W
Address S-4 SUPER CHS - GAURIDARSHAN SECTOR 11 PLOT NO. 2, NEW PANVEL, , PANVEL, MAHARASHTRA, 410206,

CHETAN JOSHI & CO. M No 125904 FRN 128063W CHARTERED ACCOUNTANTS

Filing Details

Revision/Original	Original

Addition Details(From Point No. 18)

Description of Block of Assets	Sl.No.	Date of Purchase	Date put to use	Amount	Adjustment on account of			Total Amount
					MODVAT	Exchange Rate Change	Subsidy Grant	
Furnitures & Fittings @ 10%								
Total of Furnitures & Fittings @ 10%								
Plant & Machinery @ 15%	1	12/03/2019	12/03/2019	72000	0	0	0	72000
	2	01/04/2018	01/04/2018	1749777	0	0	0	1749777
Total of Plant & Machinery @ 15%								1821777

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 Profit and loss account are in agreement with the books of account maintained at the head office at 01,SATYAM ARCADE,SECTOR 21, PLOT NO. 26,KAMOTHE PANVEL, and 0 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 parties. 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 properly 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 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, 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:-

Sl No.	Qualification Type	Observations/Qualifications
1	Others.	I have relied upon the proprietors certification in respect of certain expenses / transaction where otherwise the evidences are not available.
2	Others.	Our audit is based on materiality and on a test check basis wherever required.
3	Others.	All the balances from Balance Sheet and Profit and Loss Account are subject to confirmation from various parties

Place PANVEL
Date 02/10/2018

Name CHETAN KISHOR JOSHI
Membership Number 125904
FRN (Firm Registration Number) 128063W
Address S-4 SUPER CHS - GAURIDARSHAN SECTOR 11 PLOT NO. 2, NEW PANVEL, , PANVEL, MAHARASHTRA, 410206

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

1	Name of the assessee	YASHODA HOSPITAL
2	Address	01,SATYAM ARCADE,SECTOR 21, PLOT NO. 26,KAMOTHE PANVEL, , PANVEL-RAIGAD, MAHARASHTRA, 410209
3	Permanent Account Number (PAN)	AABFY6674K
4	Whether the assessee is liable to pay indirect tax like excise duty, service tax, sales tax, goods and services tax,customs duty,etc. if yes, please furnish the registration number or,GST number or any other identification number allotted for the same	No

Sl No.	Type	Registration Number

5	Status	Firm
6	Previous year from	01/04/2017 to 31/03/2018
7	Assessment Year	2018-19
8	Indicate the relevant clause of section 44AB under which the audit has been conducted	

Sl No.	Relevant clause of section 44AB under which the audit has been conducted
1	Clause 44AB(b)-Gross receipts of profession exceeding specified limits

9	a	If firm or Association of Persons, indicate names of partners/members and their profit sharing ratios. In case of AOP, whether shares of members are indeterminate or unknown ?	

Name	Profit Sharing Ratio (%)
BALASAHEB KHADBADE	50
SNEHLATA KHADBADE KEDARLINGE	50

9	b	If there is any change in the partners or members or in their profit sharing ratio since the last date of the preceding year, the particulars of such change.	No

Date of change	Name of Partner/Member	Type of change	Old profit sharing ratio	New profit Sharing Ratio	Remarks

10	a	Nature of business or profession (if more than one business or profession is carried on during the previous year, nature of every business or profession).	

Sector	Sub Sector	Code
HEALTH CARE SERVICES	Nursing homes	18003

10	b	If there is any change in the nature of business or profession, the particulars of such change	No

Business	Sector	SubSector	Code
Nil			

11	a	Whether books of accounts are prescribed under section 44AA, if yes, list of books so prescribed	Yes

Books prescribed
CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER

11	b	List of books of account maintained and the address at which the books of accounts are kept. (In case books of account are maintained in a computer system, mention the books of account generated by such computer system. If the books of accounts are not kept at one location, please furnish the addresses of locations along with the details of books of accounts maintained at each location.) Same as 11(a) above

Books maintained	Address Line 1	Address Line 2	City or Town or District	State	PinCode
CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER	KAMOTHE		PANVEL	MAHARASHTRA	410209

11	c	List of books of account and nature of relevant documents examined. Same as 11(b) above

Books Examined
CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER

12	Whether the profit and loss account includes any profits and gains assessable on presumptive basis, if yes, indicate the amount and the relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Schedule or any other relevant section).	No

Section	Amount
Nil	

13	a	Method of accounting employed in the previous year	Mercantile system

CHETAN JOSHI & CO. CHARTERED ACCOUNTANTS M. No. 25904 KN 127003W

13	b	Whether there has been any change in the method of accounting employed vis-a-vis the method employed in the immediately preceding previous year.	No
13	c	If answer to (b) above is in the affirmative, give details of such change , and the effect thereof on the profit or loss.	

Particulars	Increase in profit(Rs.)	Decrease in profit(Rs.)

13	d	Whether any adjustment is required to be made to the profits or loss for complying with the provisions of income computation and disclosure standards notified under section 145(2).	No
13	e	If answer to (d) above is in the affirmative, give details of such adjustments.	

ICDS	Increase in profit(Rs.)	Decrease in profit(Rs.)	Net effect(Rs.)
Total			

13	f	Disclosure as per ICDS.	

ICDS	Disclosure

14	a	Method of valuation of closing stock employed in the previous year.	NOT APPLICABLE
14	b	In case of deviation from the method of valuation prescribed under section 145A, and the effect thereof on the profit or loss, please furnish:	No

Particulars	Increase in profit(Rs.)	Decrease in profit(Rs.)

15 Give the following particulars of the capital asset converted into stock-in-trade

(a) Description of capital asset	(b) Date of acquisition	(c) Cost of acquisition	(d) Amount at which the asset is converted into stock-in trade
Nil			

16 Amounts not credited to the profit and loss account, being:-

16 a The items falling within the scope of section 28

Description	Amount
Nil	

16 b The proforma credits, drawbacks, refund of duty of customs or excise or service tax, or refund of sales tax or value added tax, where such credits, drawbacks or refund are admitted as due by the authorities concerned

Description	Amount

16 c Escalation claims accepted during the previous year

Description	Amount
Nil	

16 d Any other item of income

Description	Amount
Nil	

16 e Capital receipt, if any

Description	Amount
Nil	

17 Where any land or building or both is transferred during the previous year for a consideration less than value adopted or assessed or assessable by any authority of a State Government referred to in section 43CA or 50C, please furnish:

Details of property	Address Line 1	Address Line 2	City/Town	State	Pincode	Consideration received or accrued	Value adopted or assessed or assessable

18 Particulars of depreciation allowable as per the Income-tax Act, 1961 in respect of each asset or block of assets, as the case may be, in the:-

Description of Block of Assets/ Class of Assets	Rate of depreciation (In Percentage)	Opening WDV (A)	Additions					Deductions (C)	Depreciation Allowable (D)	Written Down Value at the end of the year (A+B-C-D)
			Purchase Value (1)	MOD-VAT (2)	Change in Rate of Exchange (3)	Subsidy/ Grant (4)	Total Value of Purchases (B) (1+2+3+4)			
Furnitures & Fittings @ 10%	**10%**	**48450**	**28500**				**28500**		**7695**	**69255**
Plant & Machinery @ 15%	**15%**	**5043900**	**1863190**				**1863190**		**943762**	**5963328**

*** For Addition and Deduction Details refer Addition and Deduction Detail Tables At the End of the Page**

19 Amounts admissible under sections :

S.No	Section	Amount debited to profit and loss account	Amounts admissible as per the provisions of the Income-tax Act, 1961 and also fulfils the conditions, if any specified under the relevant 14provisions of Income-tax Act, 1961 or Income-tax Rules,1962 or any other guidelines, circular, etc., issued in this behalf.
Nil			

CHETAN JOSHI & CO. M. N. 125904 FRN 125083W CHARTERED ACCOUNTANTS

.0	a	Any sum paid to an employee as bonus or commission for services rendered, where such sum was otherwise payable to him as profits or dividend. [Section 36(1)(ii)]
		Description
20	b	Details of contributions received from employees for various funds as referred to in section 36(1)(va): Amount

Nature of fund	Sum received from employees	Due date for payment	The actual amount paid	The actual date of payment to the concerned authorities
Nil				

21	a	Please furnish the details of amounts debited to the profit and loss account, being in the nature of capital, personal, advertisement expenditure etc
		Capital expenditure
		Particulars
		Personal expenditure — Amount in Rs.
		Particulars
		Advertisement expenditure in any souvenir, brochure, tract, pamphlet or the like published by a political party — Amount in Rs.
		Particulars
		Expenditure incurred at clubs being entrance fees and subscriptions — Amount in Rs.
		Particulars
		Expenditure incurred at clubs being cost for club services and facilities used. — Amount in Rs.
		Particulars
		Expenditure by way of penalty or fine for violation of any law for the time being force — Amount in Rs.
		Particulars
		Expenditure by way of any other penalty or fine not covered above — Amount in Rs.
		Particulars
		Expenditure incurred for any purpose which is an offence or which is prohibited by law — Amount in Rs.
		Particulars
(b)		Amounts inadmissible under section 40(a):-
		(i) as payment to non-resident referred to in sub-clause (i)
		(A) Details of payment on which tax is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

(B) Details of payment on which tax has been deducted but has not been paid during the previous year or in the subsequent year before the expiry of time prescribed under section200(1)

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted

(ii) as payment referred to in sub-clause (ia)

(A) Details of payment on which tax is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

(B) Details of payment on which tax has been deducted but has not been paid on or before the due date specified in sub- section (1) of section 139.

Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted	Amount out of (VI) deposited, if any

(iii) as payment referred to in sub-clause (ib)

(A) Details of payment on which levy is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

(B) Details of payment on which levy has been deducted but has not been paid on or before the due date specified in sub- section (1) of section 139.

Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of levy deducted	Amount out of (VI) deposited, if any

(iv) fringe benefit tax under sub-clause (ic)	
(v) wealth tax under sub-clause (iia)	0
(vi) royalty, license fee, service fee etc. under sub-clause (iib).	0
(vii) salary payable outside India/to a non resident without TDS etc. under sub-clause (iii).	0

	Date of payment	Amount of payment	Name of the payee	PAN of the payee,If available	Address Line 1	Address Line 2	City	Pincode

(viii) payment to PF /other fund etc. under sub-clause (iv)	
(ix) tax paid by employer for perquisites under sub-clause (v)	0
(c) Amounts debited to profit and loss account being, interest, salary, bonus, commission or remuneration inadmissible under section 40(b)/40(ba) and computation thereof;	0

	Particulars	Section	Amount debited to P/L A/C	Amount Admissible	Amount Inadmissible	Remarks

(d) Disallowance/deemed income under section 40A(3):

(A) On the basis of the examination of books of account and other relevant documents/evidence, whether the expenditure covered under section 40A(3) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft. If not, please furnish the details:	Yes

	Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available

(B) On the basis of the examination of books of account and other relevant documents/evidence, whether the payment referred to in section 40A(3A) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft If not, please furnish the details of amount deemed to be the profits and gains of business or profession under section 40A(3A)	Yes

	Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available

(e) Provision for payment of gratuity not allowable under section 40A(7)	0
(f) Any sum paid by the assessee as an employer not allowable under section 40A(9)	0

(g) Particulars of any liability of a contingent nature

	Nature Of Liability	Amount in Rs.

(h) Amount of deduction inadmissible in terms of section 14A in respect of the expenditure incurred in relation to income which does not form part of the total income

	Nature Of Liability	Amount in Rs.

(i) Amount inadmissible under the proviso to section 36(1)(iii)		0
22	Amount of interest inadmissible under section 23 of the Micro, Small and Medium Enterprises Development Act, 2006	0

23 Particulars of any payment made to persons specified under section 40A(2)(b).

Name of Related Person	PAN of Related Person	Relation	Nature of trasaction	Payment Made(Amount)
BALASAHEB KHADBADE		PARTNER	REMUNERATION AND INTEREST ON CAPITAL	3417398
SNEHLATA KHADBADE		PARTNER	REMUNERATION AND INTEREST ON CAPITAL	2861236

24 Amounts deemed to be profits and gains under section 32AC or 32AD or 33AB or 33AC or 33ABA.

Section	Description	Amount
Nil		

25 Any amount of profit chargeable to tax under section 41 and computation thereof.

Name of Person	Amount of income	Section	Description of Transaction	Computation if any
Nil				

26 (i)* In respect of any sum referred to in clause (a),(c),(d),(e),(f) or (g) of section 43B the liability for which:-

26 (i)A pre-existed on the first day of the previous year but was not allowed in the assessment of any preceding previous year and was :-

26 (i)(A)(a) Paid during the previous year

Section	Nature of liability	Amount
Nil		

26 (i)(A)(b) Not paid during the previous year

Section	Nature of liability	Amount
Nil		

26 (i)B was incurred in the previous year and was

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26	(i)(B)(a)	Paid on or before the due date for furnishing the return of income of the previous year under section 139(1)		
	Section			
	Nil		Nature of liability	Amount

26	(i)(B)(b)	not paid on or before the aforesaid date		
	Section			
	Nil		Nature of liability	Amount

(State whether sales tax, goods & service Tax, customs duty, excise duty or any other indirect tax, levy, cess, impost, etc., is passed through the profit and loss account.)	No	

27	a	Amount of Central Value Added Tax Credits/ Input Tax Credit(ITC) availed of or utilised during the previous year and its treatment in profit and loss account and treatment of outstanding Central Value Added Tax Credits/ Input Tax Credit(ITC) in accounts	No

CENVAT/ITC	Amount	Treatment in Profit and Loss/Accounts
Opening Balance		
Credit Availed		
Credit Utilized		
Closing/Outstanding Balance		

27	b	Particulars of income or expenditure of prior period credited or debited to the profit and loss account :-			
		Type	Particulars	Amount	Prior period to which itrelates(Year in yyyy-yyformat)
		Nil			

28	Whether during the previous year the assessee has received any property, being share of a company not being a company in which the public are substantially interested, without consideration or for inadequate consideration as referred to in section 56(2)(viia)	

Name of the person from which shares received	PAN of the person, if available	Name of the company from which shares received	CIN of the company	No. of Shares Received	Amount of consideration paid	Fair Market value of the shares
Nil						

29	Whether during the previous year the assessee received any consideration for issue of shares which exceeds the fair market value of the shares as referred to in section 56(2)(viib). If yes, please furnish the details of the same	

Name of the person from whom consideration received for issue of shares	PAN of the person, if available	No. of Shares	Amount of consideration received	Fair Market value of the shares
Nil				

A(a)	Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (ix) of sub-section (2) of section 56? (b) If yes, please furnish the following details:	No

Sl No.	Nature of Income	Amount
Nil		

B(a)	Whether any amount is to be included as income chargeable under the head Income from other sources as referred to in clause (x) of sub-section (2) of section 56?(Yes/No) (b) If yes, please furnish the following details:	No

Sl No.	Nature of Income	Amount
Nil		

30	Details of any amount borrowed on hundi or any amount due thereon (including interest on the amount borrowed) repaid,otherwise than through an account payee cheque,(Section 69D)	No

Name of the person from whom amount borrowed or repaid on hundi	PAN of the person, if available	Address Line 1	Address Line 2	City or Town or District	State	Pincode	Amount borrowed	Date of Borrowing	Amount due including interest	Amount repaid	Date of Repayment
Nil											

A(a)	Whether primary adjustment to transfer price, as referred to in sub-section (1) of section 92CE, has been made during the previous year.	No
	(b) If yes, please furnish the following details	

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Sl. No.	Under which clause of sub-section (1) of section 80-I primary adjustment is made?	Amount (in Rs.) of primary adjustment	Whether the assessee has maintained an account as required to be maintained by him as per the provisions of sub-section (2) of section 80-I.	If yes, whether the assessee has received money within the prescribed time.	If no, the amount (in Rs.) of unpaid amount or such amount which has not been received within the prescribed time	Expected date of realisation of money

(5(a) Whether the assessee has incurred expenditure during the previous year by way of interest or of similar nature exceeding one crore rupees, as referred to in sub-section (1) of section 94B. No

(b) If yes, please furnish the following details

Sl. No.	Amount (in Rs.) of expenditure by way of interest or of similar nature incurred	Earnings before interest, tax, depreciation and amortization (EBITDA) during the previous year (in Rs.)	Amount (in Rs.) of expenditure by way of interest or of similar nature as per (i) above which exceeds 30% of EBITDA as per (ii) above.	Details of interest expenditure brought forward as per sub-section (4) of section 94B.		Details of interest expenditure carried forward as per sub-section (4) of section 94B.	
				Assessment Year	Amount (in Rs.)	Assessment Year	Amount (in Rs.)

(6(a) Whether the assessee has entered into an impermissible avoidance arrangement, as referred to in section 96, during the previous year? (This Clause is applicable from 1st April 2018). No

(b) If yes, please furnish the following details

Sl. No.	Nature of the impermissible avoidance arrangement	Amount (in Rs.) of tax benefit in the previous year arising, in aggregate, to all the parties to the arrangement

(7) a Particulars of each loan or deposit in an account exceeding the limit specified in section 269SS taken or accepted during the previous year :-

Sl. No.	Name of the lender or depositor	Address of the lender or depositor	Permanent Account Number (if available with the assessee) of the lender or the depositor	Amount of loan or deposit taken or accepted	Whether the loan or deposit was repaid during the previous year	Maximum amount outstanding in the account at any time during the previous year	Whether the loan or deposit was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account	In case the loan or deposit was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.

(7) b Particulars of each specified sum in an account exceeding the limit specified in section 269SS taken or accepted during the previous year :-

Sl. No.	Name of the person from whom specified sum is received	Address of the person from whom specified sum is received	Permanent Account Number (if available with the assessee) of the person from whom specified sum is received	Amount of specified sum taken or accepted	Whether the specified sum was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account	In case the specified sum was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.

(Particulars at (a) and (b) need not be given in the case of a Government company, a banking company or a corporation established by a Central, State or Provincial Act.)

(7) (c) Particulars of each receipt in an account exceeding the limit specified in section 269ST, in aggregate from a person in a day or in respect of a single transaction or in respect of transaction relating to one event or occasion from a person, during the previous year, where he is required to otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Nature of transaction	Amount of receipt	Date Of receipt

Nil

31 b(b) Particulars of each receipt in an amount exceeding the limit specified in section 269ST, in aggregate from a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion from a person, received by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year :-

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Amount of receipt

Nil

31 b(c) Particulars of each payment made in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year

S.No.	Name of the Payer	Address of the Payer	Permanent Account Number (if available with the assessee) of the Payer	Nature of transaction	Amount of Payment	Date Of Payment

Nil

31 b(d) Particulars of each payment in an amount exceeding the limit specified in section 269ST, in aggregate to a person in a day or in respect of a single transaction or in respect of transactions relating to one event or occasion to a person, made by a cheque or bank draft, not being an account payee cheque or an account payee bank draft, during the previous year

S.No.	Name of the Payee	Address of the Payee	Permanent Account Number (if available with the assessee) of the Payee	Amount of Payment

Nil

(Particulars at (ba), (bb), (bc) and (bd) need not be given in the case of receipt by or payment to a Government company, a banking Company, a post office savings bank, a cooperative bank or in the case of transactions referred to in section 269SS or in the case of persons referred to in Notification No. S.O. 2065(E) dated 3rd July, 2017)"

31 c Particulars of each repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T made during the previous year :-

S.No.	Name of the payee	Address of the payee	Permanent Account Number(if available with the assessee)of the payee	Amount of the repayment	Maximum amount outstanding in the account at any time during the previous year	Whether the repayment was made by cheque or bank draft or use of electronic clearing system through a bank account.	In case the repayment was made by cheque or bank draft, whether the same was repaid by an account payee cheque or an account payee bank draft.

Nil

31 d Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year:—

S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of repayment of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year

Nil

CHETAN JOSHI & CO. M No 125994

31	e	Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received by a cheque or bank draft which is not an account payee cheque or account payee bank draft during the previous year:—

S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of repayment of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year
Nil				

Note: (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 taken or accepted from Government, Government company, banking company or a corporation established by a Central, State or Provincial Act)

32	a	Details of brought forward loss or depreciation allowance, in the following manner, to extent available

S.No	Assessment Year	Nature of loss/allowance	Amount as returned	Amount as assessed	Order U/S and Date	Remarks
Nil						

32	b	Whether a change in shareholding of the company has taken place in the previous year due to which the losses incurred prior to the previous year cannot be allowed to be carried forward in terms of section 79.	Not Applicable
32	c	Whether the assessee has incurred any speculation loss referred to in section 73 during the previous year.	No
		If yes, please furnish the details below	
32	d	Whether the assessee has incurred any loss referred to in section 73A in respect of any specified business during the previous year	No
		If yes, please furnish details of the same	
32	e	In case of a company, please state that whether the company is deemed to be carrying on a speculation business as referred in explanation to section 73	
		If yes, please furnish the details of speculation loss if any incurred during the previous year	
33		Section wise details of deductions, if any admissible under Chapter VIA or Chapter III (Section 10A, Section 10AA)	No

S.No	Section	Amount
Nil		

34	a	Whether the assessee is required to deduct or collect tax as per the provisions of Chapter XVII-B or Chapter XVII-BB, if yes please furnish	No

S.No	Tax deduction and collection Account Number (TAN)	Section	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)	Amount of tax deducted or collected on (8)	Amount of tax deducted or collected not deposited to the credit of the Central Government out of (6) and (8)
Nil										

34	b	Whether the assessee is required to furnish the statement of tax deducted or tax collected. If yes ,please furnish the details:	No

S.No	Tax deduction and collection Account Number (TAN)	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the statement of tax deducted or collected contains information about all details/transactions which are required to be reported.	If not, please furnish list of details/ transactions which are not reported.
Nil						

34	c	Whether the assessee is liable to pay interest under section 201(1A) or section 206C(7).If yes, please furnish	Not Applicable

S.No	Tax deduction and collection Account Number (TAN)	Amount of Interest under section 201(1A)/206C(7) is payable	Amount	Dates of payment
Nil				

35 a In the case of a trading concern, give quantitative details of prinicipal items of goods traded

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil							

35 b In the case of a manufacturing concern, give quantitative details of the principal items of raw materials, finished products and by-products :-

35 bA Raw materials :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Consumption during the previous year	Sales during the previous year	Closing stock	*Yield of finished products	*Percentage of yield	Shortage/ excess, if any
Nil										

35 bB Finished products :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil								

35 bC By products :

S.No	Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil								

36 In the case of a domestic company, details of tax on distributed profits under section 115-O in the following forms :-

S.No	(a) Total amount of distributed profits	(b) Amount of reduction as referred to in section 115-O(1A)(i)	(c) Amount of reduction as referred to in section 115-O(1A)(ii)	(d) Total tax paid thereon	(e) Total tax paid thereon	
					Amount	Dates of payment
Nil						

A(a) Whether the assessee has received any amount in the nature of dividend as referred to in sub-clause (e) of clause (22) of section 2.If yes, please furnish the following details:- **No**

Sl No.	Amount received (in Rs.)	Date of receipt
Nil		

37	Whether any cost audit was carried out	**Not Applicable**
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the cost auditor	
38	Whether any audit was conducted under the Central Excise Act, 1944	**Not Applicable**
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor	
39	Whether any audit was conducted under section 72A of the Finance Act,1994 in relation to valuation of taxable services as may be reported/identified by the auditor	**Not Applicable**
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor	

40 Details regarding turnover, gross profit, etc., for the previous year and preceding previous year:

Sl No	Particulars	Previous Year	Preceding previous Year

M/S. JOSHI & CO. CHARTERED ACCOUNTANTS

a	Total turnover of the assessee			44345862			18801533
b	Gross profit / Turnover	33135783	44345862	74.72%	16032669	18801533	85.27%
c	Net profit / Turnover	8106865	44345862	18.28%	3735714	18801533	19.87%
d	Stock-in-Trade / Turnover			%			%
e	Material consumed/ Finished goods produced		11210079	%		2768864	%

(The details required to be furnished for principal items of goods traded or manufactured or services rendered)

41 Please furnish the details of demand raised or refund issued during the previous year under any tax laws other than Income-tax Act, 1961 and Wealth tax Act, 1957 alongwith details of relevant proceedings

Financial year to which demand/ refund relates to	Name of other Tax law	Type (Demand raised/Refund received)	Date of demand raised/refund received	Amount	Remarks
Nil					

42 Whether the assessee is required to furnish statement in Form No.61 or Form No. 61A or Form No. 61B? If yes, please furnish **Yes**

Sl No.	Income-tax Department Reporting Entity Identification Number	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the Form contains information about all details/ transactions which are required to be reported.	If not, please furnish list of the details/ transactions which are not reported.
Nil						

43 (a)Whether the assessee or its parent entity or alternate reporting entity is liable to furnish the report as referred to in sub-section (2) of section 286 **No**

Sl No.	Whether report has been furnished by the assessee or its parent entity or an alternate reporting entity	Name of parent entity	Name of alternate reporting entity (if applicable)	Date of furnishing of report
Nil				

A(c) If Not due , please enter expected date of furnishing the report

44 Break-up of total expenditure of entities registered or not registered under the GST:(This Clause is applicable from 1st April,2019)

Sl No.	Total amount of Expenditure incurred during the year	Expenditure in respect of entities registered under GST				Expenditure relating to entities not registered under GST
		Relating to goods or services exempt from GST	Relating to entities falling under composition scheme	Relating to other registered entities	Total payment to registered entities	
Nil						

CHETAN KISHOR JOSHI & CO. CHARTERED ACCOUNTANTS M.No. 125904 FRN 128063W

Place	PANVEL	Name	CHETAN KISHOR JOSHI
Date	02/10/2018	Membership Number	125904
		FRN (Firm Registration Number)	128063W
		Address	S-4 SUPER CHS - GAURIDARSHAN SECTOR 11 PLOT NO. 2, NEW PANVEL., PANVEL, MAHARASHTRA, 410206,

Form Filing Details

Revision/Original	Original

Addition Details(From Point No. 18)

Description of Block of Assets	Sl.No.	Date of Purchase	Date put to use	Amount	Adjustment on account of			Total Amount
					MODVAT	Exchange Rate Change	Subsidy Grant	
Furnitures & Fittings @ 10%	1	16/04/2017	16/04/2017	28500	0	0	0	28500
Total of Furnitures & Fittings @ 10%								28500
Plant & Machinery @ 15%	1	31/03/2018	31/03/2018	238950	0	0	0	238950
	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
Total of Plant & Machinery @ 15%								1863190

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%			

CHETAN JOSHI & CO. CHARTERED ACCOUNTANTS M. No. 124004 FRN 130053W

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
		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
TOTAL	17,178,775.00	TOTAL	17,178,775.00

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

SD/-
CHETAN KISHOR JOSHI
(Proprietor)
Membership No : 125904

CHETAN JOSHI & CO. M. No. 125904 FRN 128063W CHARTERED ACCOUNTANTS

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 16-04-01 to ending on 2017-03-31 attached herewith, of YASHODA HOSPITAL 26,SATYAM ARCADE,SEC 21 FIRST FL OOR,KAMOTHE NAVI MUMBAI, , NAVI MUMBAI, 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 MUMBAI, 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 ue 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 o r 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:-

Sl No.	Qualification Type	Observations/Qualifications
1	TDS returns could not be verified with the books of account.	TDS RETURN NOT YET FILED
2	Proper books of account, to enable reporting in form 3CD, have not been maintained by the assessee.	FIXED ASSET REGISTER NOT MAINTAINED AND BILLS FOR FIXED ASSETS PURCHASED NOT PROVIDED FOR AUDIT
3	Records necessary to verify personal nature of expenses not maintained by the assessee.	DIFFICULT TO ASCERTAIN EXPENSES OF PERSONAL NATURE

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Place PANVEL

Date 21/11/2017

Name CHETAN KISHOR JOSHI

Membership Number 125904

FRN (Firm Registration Number) 128063W

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

CHETAN JOSHI & CO. M. No. 125904 FRN 128063W CHARTERED ACCOUNTANTS

20/3/2018

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

1	Name of the assessee	YASHODA HOSPITAL
2	Address	26,SATYAM ARCADE,SEC 21 FIRST FLOOR,KAMOTHE NAVI MUMBAI, , NAVI MUMBAI, MAHARASHTRA, 410209
3	Permanent Account Number (PAN)	AABFY6674K
4	Whether the assessee is liable to pay indirect tax like excise duty, service tax, sales tax, customs duty,etc. if yes, please furnish the registration number or any other identification number allotted for the same	No

Sl No.	Type	Registration Number

5	Status	Firm
6	Previous year from	2016-04-01 to 2017-03-31
7	Assessment Year	2017-18
8	Indicate the relevant clause of section 44AB under which the audit has been conducted	

Sl No.	Relevant clause of section 44AB under which the audit has been conducted
1	Clause 44AB(b)-Gross receipts in profession exceeding Rs. 50 lakhs

9	a	If firm or Association of Persons, indicate names of partners/members and their profit sharing ratios. In case of AOP, whether shares of members are indeterminate or unknown ?	

Name	Profit Sharing Ratio (%)
BALASAHEB KHADBADE	50
SNEHLATA KHADBADE KEDARLINGE	50

9	b	If there is any change in the partners or members or in their profit sharing ratio since the last date of the preceding year, the particulars of such change.	No

Date of change	Name of Partner/Member	Type of change	Old profit sharing ratio	New profit Sharing Ratio	Remarks

10	a	Nature of business or profession (if more than one business or profession is carried on during the previous year, nature of every business or profession).		

Sector	Sub Sector	Code
Professionals	Medical professionals	0604

10	b	If there is any change in the nature of business or profession, the particulars of such change		No

Business	Sector	SubSector	Code
Nil			

11	a	Whether books of accounts are prescribed under section 44AA, if yes, list of books so prescribed	Yes

Books prescribed
CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER

11	b	List of books of account maintained and the address at which the books of accounts are kept. (In case books of account are maintained in a computer system, mention the books of account generated by such computer system. If the books of accounts are not kept at one location, please furnish the addresses of locations along with the details of books of accounts maintained at each location.) Same as 11(a) above

Books maintained	Address Line 1	Address Line 2	City or Town or District	State	PinCode
CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER	KAMOTHE		PANVEL	MAHARASHTRA	410209

11	c	List of books of account and nature of relevant documents examined. Same as 11(b) above

Books Examined
CASH BOOK, BANK BOOK, GENERAL LADGER MAINTAINED ON COMPUTER

12	Whether the profit and loss account includes any profits and gains assessable on presumptive basis, if yes, indicate the amount and the relevant section (44AD, 44AE, 44AF, 44B, 44BB, 44BBA, 44BBB, Chapter XII-G, First Schedule or any other relevant section).	No

Section	Amount
Nil	

13	a	Method of accounting employed in the previous year	Mercantile system
13	b	Whether there has been any change in the method of accounting employed vis-a-vis the method employed in the immediately preceding previous year.	No

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CHARTERED ACCOUNTANTS

13	c	If answer to (b) above is in the affirmative, give details of such change , and the effect thereof on the profit or loss.		
	Particulars		Increase in profit(Rs.)	Decrease in profit(Rs.)
13	d	Whether any adjustment is required to be made to the profits or loss for complying with the provisions of income computation and disclosure standards notified under section 145(2).		No
13	e	If answer to (d) above is in the affirmative, give details of such adjustments.		

ICDS	Increase in profit(Rs.)	Decrease in profit(Rs.)	Net effect(Rs.)
Total			

13	f	Disclosure as per ICDS.	
	ICDS		Disclosure
14	a	Method of valuation of closing stock employed in the previous year.	NOT APPLICABLE
14	b	In case of deviation from the method of valuation prescribed under section 145A, and the effect thereof on the profit or loss, please furnish:	No
	Particulars	Increase in profit(Rs.)	Decrease in profit(Rs.)

15 Give the following particulars of the capital asset converted into stock-in-trade

(a) Description of capital asset	(b) Date of acquisition	(c) Cost of acquisition	(d) Amount at which the asset is converted into stock-in trade
Nil			

16 Amounts not credited to the profit and loss account, being:-

16	a	The items falling within the scope of section 28	
		Description	Amount
		Nil	
16	b	The proforma credits, drawbacks, refund of duty of customs or excise or service tax, or refund of sales tax or value added tax, where such credits, drawbacks or refund are admitted as due by the authorities concerned	
		Description	Amount
16	c	Escalation claims accepted during the previous year	
		Description	Amount
		Nil	
16	d	Any other item of income	
		Description	Amount
		Nil	
16	e	Capital receipt, if any	
		Description	Amount
		Nil	

17 Where any land or building or both is transferred during the previous year for a consideration less than value adopted or assessed or assessable by any authority of a State Government referred to in section 43CA or 50C, please furnish:

Details of property	Address Line 1	Address Line 2	City/Town	State	Pincode	Consideration received or accrued	Value adopted or assessed or assessable

18 Particulars of depreciation allowable as per the Income-tax Act, 1961 in respect of each asset or block of assets, as the case may be, in the:-

Description of Block of Assets/ Class of Assets	Rate of depreciation (In Percentage)	Opening WDV (A)	Additions					Deductions (C)	Depreciation Allowable (D)	Written Down Value at the end of the year (A+B-C-D)
			Purchase Value (1)	MOD-VAT (2)	Change in Rate of Exchange (3)	Subsidy/ Grant (4)	Total Value of Purchases (B) (1+2+3+4)			
Furnitures & Fittings @ 10%	10%	0	51000				51000		2550	48450
Plant & Machinery @ 15%	15%	0	5934000				5934000		890100	5043900

* For Addition and Deduction Details refer Addition and Deduction Detail Tables At the End of the Page

19 Amounts admissible under sections :

S.No	Section	Amount debited to profit and loss account	Amounts admissible as per the provisions of the Income-tax Act, 1961 and also fulfils the conditions, if any specified under the relevant 14provisions of Income-tax Act, 1961 or Income-tax Rules,1962 or any other guidelines, circular, etc., issued in this behalf.
Nil			

20	a	Any sum paid to an employee as bonus or commission for services rendered, where such sum was otherwise payable to him as profits or dividend. [Section 36(1)(ii)]	
		Description	Amount

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CHETAN JOSHI & CO. CHARTERED ACCOUNTANTS M. No. 126104 FRN 128063W

20	b	Details of contributions received from employees for various funds as referred to in section 36(1)(va):				
		Nature of fund	Sum received from employees	Due date for payment	The actual amount paid	The actual date of payment to the concerned authorities
		Nil				

21	a	Please furnish the details of amounts debited to the profit and loss account, being in the nature of capital, personal, advertisement expenditure etc	
		Capital expenditure	
		Particulars	Amount in Rs.
		DEPRECIATION	892650
		Personal expenditure	
		Particulars	Amount in Rs.
		DONATION	4500
		Advertisement expenditure in any souvenir, brochure, tract, pamphlet or the like published by a political party	
		Particulars	Amount in Rs.
		Expenditure incurred at clubs being entrance fees and subscriptions	
		Particulars	Amount in Rs.
		Expenditure incurred at clubs being cost for club services and facilities used.	
		Particulars	Amount in Rs.
		Expenditure by way of penalty or fine for violation of any law for the time being force	
		Particulars	Amount in Rs.
		Expenditure by way of any other penalty or fine not covered above	
		Particulars	Amount in Rs.
		Expenditure incurred for any purpose which is an offence or which is prohibited by law	
		Particulars	Amount in Rs.

(b) Amounts inadmissible under section 40(a):-

(i) as payment to non-resident referred to in sub-clause (i)

(A) Details of payment on which tax is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

(B) Details of payment on which tax has been deducted but has not been paid during the previous year or in the subsequent year before the expiry of time prescribed under section200(1)

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted

(ii) as payment referred to in sub-clause (ia)

(A) Details of payment on which tax is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

(B) Details of payment on which tax has been deducted but has not been paid on or before the due date specified in sub- section (1) of section 139.

Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of tax deducted	Amount out of (VI) deposited, if any

(iii) as payment referred to in sub-clause (ib)

(A) Details of payment on which levy is not deducted:

Date of payment	Amount of payment	Nature of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode

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(B) Details of payment on which levy has been deducted but has not been paid on or before the due date specified in sub- section (1) of section 139.

Date of payment	Amount of payment	Nature of payment	Name of the payer	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City or Town or District	Pincode	Amount of levy deducted	Amount out of (VI) deposited, if any

(iv) fringe benefit tax under sub-clause (ic) 0

(v) wealth tax under sub-clause (iia)	0
(vi) royalty, license fee, service fee etc. under sub-clause (iib).	0
(vii) salary payable outside India/to a non resident without TDS etc. under sub-clause (iii).	

	Date of payment	Amount of payment	Name of the payee	PAN of the payee,if avaliable	Address Line 1	Address Line 2	City	Pincode

(viii) payment to PF /other fund etc. under sub-clause (iv)	0
(ix) tax paid by employer for perquisites under sub-clause (v)	0

(c) Amounts debited to profit and loss account being, interest, salary, bonus, commission or remuneration inadmissible under section 40(b)/40(ba) and computation thereof;

	Particulars	Section	Amount debited to P/L A/C	Amount Admissible	Amount Inadmissible	Remarks

(d) Disallowance/deemed income under section 40A(3):

	(A) On the basis of the examination of books of account and other relevant documents/evidence, whether the expenditure covered under section 40A(3) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft. If not, please furnish the details:	Yes

	Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available

	(B) On the basis of the examination of books of account and other relevant documents/evidence, whether the payment referred to in section 40A(3A) read with rule 6DD were made by account payee cheque drawn on a bank or account payee bank draft If not, please furnish the details of amount deemed to be the profits and gains of business or profession under section 40A(3A)	Yes

	Date Of Payment	Nature Of Payment	Amount in Rs	Name of the payee	Permanent Account Number of the payee, if available

(e) Provision for payment of gratuity not allowable under section 40A(7)	0
(f) Any sum paid by the assessee as an employer not allowable under section 40A(9)	0

(g) Particulars of any liability of a contingent nature

	Nature Of Liability	Amount in Rs.

(h) Amount of deduction inadmissible in terms of section 14A in respect of the expenditure incurred in relation to income which does not form part of the total income

	Nature Of Liability	Amount in Rs.

(i) Amount inadmissible under the proviso to section 36(1)(iii)		0
22	Amount of interest inadmissible under section 23 of the Micro, Small and Medium Enterprises Development Act, 2006	0

23 Particulars of any payment made to persons specified under section 40A(2)(b).

Name of Related Person	PAN of Related Person	Relation	Nature of trasaction	Payment Made(Amount)
BALASAHEB KHADBADE		PARTNER	DRAWINGS	1414500
SNEHLATA KHADBADE		PARTNER	DRAWINGS	195000

24 Amounts deemed to be profits and gains under section 32AC or 33AB or 33ABA or 33AC.

Section	Description	Amount
Nil		

25 Any amount of profit chargeable to tax under section 41 and computation thereof.

Name of Person	Amount of income	Section	Description of Transaction	Computation if any
Nil				

26 (i)* In respect of any sum referred to in clause (a), (b), (c), (d), (e), (f)or (g) of section 43B, the liability for which:-

26 (i)A pre-existed on the first day of the previous year but was not allowed in the assessment of any preceding previous year and was :-

26 (i)(A)(a) Paid during the previous year

Section	Nature of liability	Amount
Nil		

26 (i)(A)(b) Not paid during the previous year

Section	Nature of liability	Amount
Nil		

26 (i)B was incurred in the previous year and was

26 (i)(B)(a) Paid on or before the due date for furnishing the return of income of the previous year under section 139(1)

Section	Nature of liability	Amount
Nil		

26 (i)(B)(b) not paid on or before the aforesaid date

Section	Nature of liability	Amount

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	Nil		
(State whether sales tax, customs duty, excise duty or any other indirect tax, levy, cess, impost, etc., is passed through the profit and loss account.)	No		

27	a	Amount of Central Value Added Tax Credits availed of or utilised during the previous year and its treatment in profit and loss account and treatment of outstanding Central Value Added Tax Credits in accounts			No
		CENVAT	Amount		Treatment in Profit and Loss/Accounts
		Opening Balance			
		CENVAT Availed			
		CENVAT Utilized			
		Closing/Outstanding Balance			
27	b	Particulars of income or expenditure of prior period credited or debited to the profit and loss account :-			
		Type	Particulars	Amount	Prior period to which itrelates(Year in yyyy-yyformat)
		Nil			

28	Whether during the previous year the assessee has received any property, being share of a company not being a company in which the public are substantially interested, without consideration or for inadequate consideration as referred to in section 56(2)(viia)							
		Name of the person from which shares received	PAN of the person, if available	Name of the company from which shares received	CIN of the company	No. of Shares Received	Amount of consideration paid	Fair Market value of the shares
		Nil						

29	Whether during the previous year the assessee received any consideration for issue of shares which exceeds the fair market value of the shares as referred to in section 56(2)(viib). If yes, please furnish the details of the same					
		Name of the person from whom consideration received for issue of shares	PAN of the person, if available	No. of Shares	Amount of consideration received	Fair Market value of the shares
		Nil				

30	Details of any amount borrowed on hundi or any amount due thereon (including interest on the amount borrowed) repaid,otherwise than through an account payee cheque,(Section 69D)												No
		Name of the person from whom amount borrowed or repaid on hundi	PAN of the person, if available	Address Line 1	Address Line 2	City or Town or District	State	Pincode	Amount borrowed	Date of Borrowing	Amount due including interest	Amount repaid	Date of Repayment
		Nil											

31	a	Particulars of each loan or deposit in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year :-								
		S.No	Name of the lender or depositor	Address of the lender or depositor	Permanent Account Number(if available with the assessee) of the lender or the depositor	Amount of loan or deposit taken or accepted	Whether the loan or deposit was squared up during the previous year	Maximum amount outstanding in the account at any time during the previous year	Whether the loan or deposit was taken or accepted by cheque or bank draft or use of electronic clearing system through a bank account.	In case the loan or deposit was taken or accepted by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
		Nil								

31	b	Particulars of each specified sum in an amount exceeding the limit specified in section 269SS taken or accepted during the previous year:-					
		S.No.	Name of the person from	Address of the person from whom specified sum is received	Permanent Account Number (if specified)	Amount	Whether the specified sum was taken or	In case the specified sum was taken or accepted

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		whom specified sum is received		available with the assessee) of the person from whom specified sum is received	sum taken or accepted	accepted by cheque or bank draft or use of electronic clearing system through a bank account	by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
		Nil					

(Particulars at (a) and (b) need not be given in the case of a Government company, a banking company or a corporation established by a Central, State or Provincial Act.)

31	c	Particulars of each repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T made during the previous year :-						
		S.No.	Name of the payee	Address of the payee	Permanent Account Number(if available with the assessee)of the payee	Amount of the repayment	Maximum amount outstanding in the account at any time during the previous year	Whether the repayment was made by cheque or bank draft or use of electronic clearing system through a bank account.	In case the repayment was made by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
		Nil							

31	d	Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year:—				
		S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year
		Nil				

31	e	Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received by a cheque or bank draft which is not an account payee cheque or account payee bank draft during the previous year:—				
		S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of loan or deposit or any specified advance received by a cheque or a bank draft which is not an account payee cheque or account payee bank draft during the previous year
		Nil				

Note: (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 taken or accepted from Government, Government company, banking company or a corporation established by a Central, State or Provincial Act)

32	a	Details of brought forward loss or depreciation allowance, in the following manner, to extent available					
		Assessment Year	Nature of loss/allowance	Amount as returned	Amount as assessed	Order U/S and Date	Remarks
		Nil					

32	b	Whether a change in shareholding of the company has taken place in the previous year due to which the losses incurred prior to the previous year cannot be allowed to be carried forward in terms of section 79.	**Not Applicable**
32	c	Whether the assessee has incurred any speculation loss referred to in section 73 during the previous year.	**No**
		If yes, please furnish the details below	
32	d	Whether the assessee has incurred any loss referred to in section 73A in respect of any specified business during the previous year	**No**

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		whom specified sum is received		available with the assessee) of the person from whom specified sum is received	sum taken or accepted	accepted by cheque or bank draft or use of electronic clearing system through a bank account	by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
	Nil						

(Particulars at (a) and (b) need not be given in the case of a Government company, a banking company or a corporation established by a Central, State or Provincial Act.)

31	c	Particulars of each repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T made during the previous year :-						
		S.No.	Name of the payee	Address of the payee	Permanent Account Number(if available with the assessee)of the payee	Amount of the repayment	Maximum amount outstanding in the account at any time during the previous year	Whether the repayment was made by cheque or bank draft or use of electronic clearing system through a bank account.	In case the repayment was made by cheque or bank draft, whether the same was taken or accepted by an account payee cheque or an account payee bank draft.
		Nil							

31	d	Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year:—				
		S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of loan or deposit or any specified advance received otherwise than by a cheque or bank draft or use of electronic clearing system through a bank account during the previous year
		Nil				

31	e	Particulars of repayment of loan or deposit or any specified advance in an amount exceeding the limit specified in section 269T received by a cheque or bank draft which is not an account payee cheque or account payee bank draft during the previous year:—				
		S.No	Name of the lender, or depositor or person from whom specified advance is received	Address of the lender, or depositor or person from whom specified advance is received	Permanent Account Number (if available with the assessee)of the lender, or depositor or person from whom specified advance is received	Amount of loan or deposit or any specified advance received by a cheque or a bank draft which is not an account payee cheque or account payee bank draft during the previous year
		Nil				

Note: (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 taken or accepted from Government, Government company, banking company or a corporation established by a Central, State or Provincial Act)

32	a	Details of brought forward loss or depreciation allowance, in the following manner, to extent available					
		Assessment Year	Nature of loss/allowance	Amount as returned	Amount as assessed	Order U/S and Date	Remarks
		Nil					

32	b	Whether a change in shareholding of the company has taken place in the previous year due to which the losses incurred prior to the previous year cannot be allowed to be carried forward in terms of section 79.	Not Applicable
32	c	Whether the assessee has incurred any speculation loss referred to in section 73 during the previous year.	No
		If yes, please furnish the details below	
32	d	Whether the assessee has incurred any loss referred to in section 73A in respect of any specified business during the previous year	No

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	If yes, please furnish details of the same	
32 e	In case of a company, please state that whether the company is deemed to be carrying on a speculation business as referred in explanation to section 73	
	If yes, please furnish the details of speculation loss if any incurred during the previous year	

33 Section-wise details of deductions, if any admissible under Chapter VIA or Chapter III (Section 10A, Section 10AA) — No

S.No	Section	Amount
Nil		

34 a Whether the assessee is required to deduct or collect tax as per the provisions of Chapter XVII-B or Chapter XVII-BB, if yes please furnish — No

Tax deduction and collection Account Number (TAN)	Section	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)	Amount of tax deducted or collected on (8)	Amount of tax deducted or collected not deposited to the credit of the Central Government out of (6) and (8)
Nil									

34 b Whether the assessee has furnished the statement of tax deducted or tax collected within the prescribed time If not, please furnish the details: — Not Applicable

Tax deduction and collection Account Number (TAN)	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the statement of tax deducted or collected contains information about all transactions which are required to be reported
Nil				

34 c Whether the assessee is liable to pay interest under section 201(1A) or section 206C(7).If yes, please furnish — Not Applicable

Tax deduction and collection Account Number (TAN)	Amount of interest under section 201(1A)/206C(7) is payable	Amount	Dates of payment
Nil			

35 a In the case of a trading concern, give quantitative details of principal items of goods traded.

Item Name	Unit	Opening stock	Purchases during the previous year	Sales during the previous year	Closing stock	Shortage excess, if any
Nil						

35 b In the case of a manufacturing concern, give quantitative details of the principal items of raw materials, finished products and by-products :-

35 bA Raw materials :

Item Name	Unit	Opening stock	Purchases during the previous year	Consumption during the previous year	Sales during the previous year	Closing stock	*Yield of finished products	*Percentage of yield	Shortage excess, if any
Nil									

35 bB Finished products :

Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage excess, if any
Nil							

35 bC By products :

		If yes, please furnish details of the same	
32	e	In case of a company, please state that whether the company is deemed to be carrying on a speculation business as referred in explanation to section 73	
		If yes, please furnish the details of speculation loss if any incurred during the previous year	

33 Section-wise details of deductions, if any admissible under Chapter VIA or Chapter III (Section 10A, Section 10AA) **No**

S.No	Section	Amount
Nil		

34 a Whether the assessee is required to deduct or collect tax as per the provisions of Chapter XVII-B or Chapter XVII-BB, if yes please furnish **No**

Tax deduction and collection Account Number (TAN)	Section	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)	Amount of tax deducted or collected on (8)	Amount of tax deducted or collected not deposited to the credit of the Central Government out of (6) and (8)
Nil									

34 b Whether the assessee has furnished the statement of tax deducted or tax collected within the prescribed time If not, please furnish the details: **Not Applicable**

Tax deduction and collection Account Number (TAN)	Type of Form	Due date for furnishing	Date of furnishing, if furnished	Whether the statement of tax deducted or collected contains information about all transactions which are required to be reported
Nil				

34 c Whether the assessee is liable to pay interest under section 201(1A) or section 206C(7).If yes, please furnish **Not Applicable**

Tax deduction and collection Account Number (TAN)	Amount of interest under section 201(1A)/206C(7) is payable	Amount	Dates of payment
Nil			

35 a In the case of a trading concern, give quantitative details of prinicipal items of goods traded

Item Name	Unit	Opening stock	Purchases during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil						

35 b In the case of a manufacturing concern, give quantitative details of the principal items of raw materials, finished products and by-products :-

35 bA Raw materials :

Item Name	Unit	Opening stock	Purchases during the previous year	Consumption during the previous year	Sales during the previous year	Closing stock	*Yield of finished products	*Percentage of yield	Shortage/ excess, if any
Nil									

35 bB Finished products :

Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil							

35 bC By products :

Item Name	Unit	Opening stock	Purchases during the previous year	Quantity manufactured during the previous year	Sales during the previous year	Closing stock	Shortage/ excess, if any
Nil							

36 In the case of a domestic company, details of tax on distributed profits under section 115-O in the following forms :-

(a) Total amount of distributed profits	(b) Amount of reduction as referred to in section 115-O(1A)(i)	(c) Amount of reduction as referred to in section 115-O(1A)(ii)	(d) Total tax paid thereon	Amount	Dates of payment
Nil					

37	Whether any cost audit was carried out	Not Applicable
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the cost auditor	
38	Whether any audit was conducted under the Central Excise Act, 1944	Not Applicable
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor	
39	Whether any audit was conducted under section 72A of the Finance Act,1994 in relation to valuation of taxable services as may be reported/identified by the auditor	Not Applicable
	If yes, give the details, if any, of disqualification or disagreement on any matter/item/value/quantity as may be reported/identified by the auditor	

40 Details regarding turnover, gross profit, etc., for the previous year and preceding previous year:

No	Particulars	Previous Year			Preceding previous Year		
a	Total turnover of the assessee			18801533			0
b	Gross profit / Turnover	16032669	18801533	85.27%			%
c	Net profit / Turnover	3735714	18801533	19.87%			%
d	Stock-in-Trade / Turnover			%			%
e	Material consumed/ Finished goods produced			%			%

(The details required to be furnished for principal items of goods traded or manufactured or services rendered)

41 Please furnish the details of demand raised or refund issued during the previous year under any tax laws other than Income-tax Act, 1961 and Wealth tax Act, 1957 alongwith details of relevant proceedings

Financial year to which demand/ refund relates to	Name of other Tax law	Type (Demand raised/Refund received)	Date of demand raised/refund received	Amount	Remarks
Nil					

CERTIFIED TRUE COPY

CHETAN JOSHI & CO. M. No. 125904 FRN 128063W CHARTERED ACCOUNTANTS

Place	PANVEL	Name	CHETAN KISHOR JOSHI
Date	21/11/2017	Membership Number	125904
		FRN (Firm Registration Number)	128063W
		Address	S-4 SUPER CHS - GAURIDARSHAN SECTOR 11 PLOT NO. 2, NEW PANVEL., PANVEL, MAHARASHTRA, 410206,

2013/2017

CHETAN JOSHI & CO. M. No. 125904 FRN 128063W CHARTERED ACCOUNTANTS

Form Filing Details	
Revision/Original	Original

Addition Details(From Point No. 18)								
Description of Block of Assets	Sl.No.	Date of Purchase	Date put to use	Amount	Adjustment on account of			Total Amount
					MODVAT	Exchange Rate Change	Subsidy Grant	
Furnitures & Fittings @ 10%	1	03/03/2017	03/03/2017	51000	0	0	0	51000
Total of Furnitures & Fittings @ 10%								51000
Plant & Machinery @ 15%	1	31/05/2016	31/05/2016	5934000	0	0	0	5934000
Total of Plant & Machinery @ 15%								5934000

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%			

CHETAN JOSHI & CO. M. No. 125904 FRN 128063W CHARTERED ACCOUNTANTS

CERTIFIED TRUE COPY

CHETAN JOSHI & CO. M. No. 125904 FRN 128063W CHARTERED ACCOUNTANTS

ANNEXURE - D

।। मातृत्व दृष्टी ।।

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

YASHODA HOSPITAL * KAMOTHE * Reg. No. MH/PMC/ H-126

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

UNIT -1
YASHODA MATERNITY & NURSING HOME
Shop No. 22 & 23, Shital Dhara Complex, Plot No.28, Opp. State Bank of Hyderabad,
Sector-7, Kamothe, Navi Mumbai - 410 209. Call : 022-6572 1882
yashoda.hospital21@gmail.com

ANNEXURE - E

Shop no. 4 new

Satayam Arcade

529/13454

Sunday,December 16 ,2018

5:12 PM

पावती

Original/Duplicate

नोंदणी क्रं. :39म

Regn.:39M

पावती क्रं.: 14073 दिनांक: 16/12/2018

गावाचे नाव: कामोठे

दस्तऐवजाचा अनुक्रमांक: पवल5-13454-2018

दस्तऐवजाचा प्रकार : सेल डीड

सादर करणाऱ्याचे नाव: बाळासाहेब विठ्ठलराव खडबडे . .

नोंदणी फी	
दस्त हाताळणी फी	रु. 100.00
पृष्ठांची संख्या: 40	रु. 800.00
एकूण:	रु. 900.00

आपणास मूळ दस्त ,थंबनेल प्रिंट,सूची-२ अंदाजे 4:00 PM ह्या वेळेस मिळेल.

Sub Registrar Panvel 5

बाजार मुल्य: 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/-

डीडी/धनादेश/पे ऑर्डर क्रमांक: 1112201810949 दिनांक: 11/12/2018

बँकेचे नाव व पत्ता:

पक्षकाराची स्वाक्षरी

मुद्रांक शुल्क परत मिळाला.

नोंदणी फी माफी असल्यास तपशिल :-

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

सह दुय्यम निबंधक, पनवेल-५ (वर्ग-२)

16/12/2018

सूची क्र.2

दुय्यम निबंधक : सह दु.नि.पनवेल 5
दस्त क्रमांक : 13454/2018
नोंदणी :
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.शु. व नों फी. वसूल केले असे आणि त्याबाबतचे अभिहस्तांतरणपत्र.((Plot Number : 26 ; SECTOR NUMBER : 21 ;))
(5) क्षेत्रफळ	1) 62.99 चौ.मीटर
(6)आकारणी किंवा जुडी देण्यात असेल तेव्हा.	
(7) दस्तऐवज करुन देणा-या/लिहून ठेवणा-या पक्षकाराचे नाव किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश असल्यास,प्रतिवादिचे नाव व पत्ता.	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 ब 42, सेक्टर नं. 20, खारघर नवी मुंबई, महाराष्ट्र, राईगाड:(००:). पिन कोड:-410210 पॅन नं:-AJIPP8753E
(8)दस्तऐवज करुन घेणा-या पक्षकाराचे व किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश असल्यास,प्रतिवादिचे नाव व पत्ता	1): नाव:-बाळासाहेब विठ्ठलराव खडबडे . . वय:-35; पत्ता:-प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: ., रोड नं: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे,, महाराष्ट्र, राईगाड:(००:). पिन कोड:-410206 पॅन नं:-BLEPK6427K 2): नाव:-स्नेहलता बाळासाहेब खडबडे . . वय:-35; पत्ता:-प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: ., रोड नं: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे., महाराष्ट्र, राईगाड:(००:). 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	13454/2018
(12)बाजारभावाप्रमाणे मुद्रांक शुल्क	100
(13)बाजारभावाप्रमाणे नोंदणी शुल्क	100
(14)शेरा	

THE SEAL OF THE JOINT SUB-REGISTRAR सह. दुय्यम निबंधक, पनवेल-५ यांचा शिक्का PANVEL-5

16/12/18

सह दुय्यम निबंधक, पनवेल-५ (वर्ग-२)

मुल्यांकनासाठी विचारात घेतलेला मुल्यांकनाची आवश्यकता नाही कारण करारनामा अलाहिदा नोंदविला आहे कारणाचा तपशील

CHALLAN
MTR Form Number-6

GRN MH009275677201819E	BARCODE	Date 11/12/2018-19:20:25	Form ID 25.1

Department	Inspector Ganeral Of Registration	Payer Details	
Type of Payment	Stamp Duty Registration Fee	TAX ID (If Any)	
		PAN No.(If Applicable)	
Office Name	PNL2_PANVEL 2 JOINT SUB REGISTRAR	Full Name	BALASAHEB VITTHALRAO KHADBADE
Location	RAIGAD		
Year	2018-2019 One Time	Flat/Block No. Premises/Building	SHOP NO. 04, GROUND FLOOR, SATYAM ARCADE CHS LTD
		Road/Street	PLOT NO. 26, SECTOR 21, KAMOTHE, NAVI MUMBAI
		Area/Locality Town/City/District	TAL PANVEL DIST RAIGAD
		PIN	4 1 0 2 0 6
		Remarks (If Any)	SecondPartyName=PANKAJ MANIBHAI PATEL~
		Amount In Words	One Hundred Rupees Only

Account Head Details	Amount In Rs.
0030046401 Stamp Duty	100.00
Total	100.00

पवल - ५
१३ डिसें २०१८
९ / ८०

Payment Details	IDBI BANK	FOR USE IN RECEIVING BANK	
Cheque-DD Details		Bank CIN	Ref. No. 69103332018121116391
Cheque/DD No.		Bank Date	RBI Date 11/12/2018-19:20:50 Not Verified with RBI
Name of Bank		Bank-Branch	IDBI BANK
Name of Branch		Scroll No. , Date	Not Verified with Scroll

Department ID :

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

सदर चलन केवळ दुय्यम निबंधक कार्यालयात नोंदणी करावयाच्या दस्तासाठी लागू आहे. नोंदणी न करावयाच्या दस्तांसाठी सदर चलन लागू नाही.

Mobile No.(O) 8422950934

THE SEAL OF THE JOINT SUB REGISTRAR PANVEL-5

Print Date 11-12-2018 07:20:57

Document **H**andling **C**ha₹ges
Inspector General of Registration & Stamps

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

DEFACED
₹ 800
DEFACED

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.

सह दुय्यम निबंधक, पनवेल-५ (वर्ग-२)

पवल - ५
13454 | २०१८
3 / 80

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांचे शिक्का
PANVEL - 5

CHALLAN
MTR Form Number-6

GRN MH009275677201819E	BARCODE	Date 11/12/2018-19:20:25	Form ID 25.1

Department	Inspector General Of Registration	Payer Details	
Type of Payment	Stamp Duty Registration Fee	TAX ID (If Any)	
		PAN No.(If Applicable)	
Office Name	PNL2_PANVEL 2 JOINT SUB REGISTRAR	Full Name	BALASAHEB VITTHALRAO KHADBADE
Location	RAIGAD		
Year	2018-2019 One Time	Flat/Block No. Premises/Building	SHOP NO. 04, GROUND FLOOR, SATYAM ARCADE CHS LTD

Account Head Details	Amount In Rs.
0030046401 Stamp Duty	100.00
Total	100.00

Road/Street	PLOT NO. 26, SECTOR 21, KAMOTHE, NAVI MUMBAI
Area/Locality Town/City/District	TAL PANVEL DIST RAIGAD
PIN	4 1 0 2 0 6
Remarks (If Any)	SecondPartyName=PANKAJ MANIBHAI PATEL~
Amount In Words	One Hundred Rupees Only

DEFACED ₹100.00 DEFACED

Payment Details	IDBI BANK	FOR USE IN RECEIVING BANK			
Cheque-DD Details		Bank CIN	Ref. No.	69103332018121116391	193932578
Cheque/DD No.		Bank Date	RBI Date	11/12/2018-19:20:50	12/12/2018
Name of Bank		Bank-Branch		IDBI BANK	
Name of Branch		Scroll No. , Date		100, 10/12/2018	

Department ID : Mobile No. : 8422955964

NOTE:- This challan is valid only for document to be registered in Sub Registrar office only. Not valid for any other documents.
सदर चलन केवल दुय्यम निबंधक कार्यालयात नोंदणी करावयाच्या दस्तासाठी लागु आहे. नोंदणी न करावयाच्या दस्तासाठी सदर चलन लागु नाही.

Signature Not Verified
Digitally signed by DS VIRTUAL TREASURY MUMBAI 02
Date: 2018.12.16 15:58:07 IST
Reason: SelfAttested Document
Location: India

पनवेल - ५
१०९८
५ / ८०

Challan Defaced Details

Sr. No.	Remarks	Defacement No.	Defacement Date	User id	Defacement Amount
1	(iS)-529-13454	0005187351201819	16/12/2018-15:55:32	IGR548	100.00

सह दुय्यम निबंधक, पनवेल-५ (वर्ग-२)

THE SEAL OF THE JOINT SUB REGISTRAR PANVEL-5

Print Date 16-12-2018 15:58:07

पवल - ५
१३४५ २०१८
७ / ८०

SALE DEED

SHOP NO.	:	04, GROUND FLOOR.
		12.5% GAOTHAN EXPANSION SCHEME
BUILDING KNOWN AS	:	"SATYAM ARCADE CHS LTD"
ON PLOT NO.	:	26
SECTOR NO.	:	21
NODE	:	KAMOTHE
CARPET AREA IN SQ. MTR.	:	62.99

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

==========

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,** therein referred to as "THE SUBSEQUENT NEW LICENSEES" the Builders herein of the Third Part the Corporation has agreed to grant to the said Subsequent New Licensees, the lease of the said plot bearing No.26, in sector-21, Kamothe, Phase-2, Tal. Panvel, Dist. Raigad 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 assigned in favour of the Subsequent New Licensees the Builders herein .

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THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

AND WHEREAS :

Pursuant to the above the Builders are absolutely seized and possessed of and are 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.**

Housing Society Act, 1961, bearing **Registration No.** _____.

AND WHEREAS

The TRANSFEROR is the Registered Member of the **"SATYAM ARCADE Co - Op. Housing Society Ltd."**, a society duly registered under the Maharashtra State Co – Operative Societies Act. 1960 bearing Registered No. _____, (hereinafter referred to as "The Said Society")

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१३४५ २०१८
३१/५०

AND WHEREAS :

The Part payment Agreement was registered between the TRANSFEROR and PURCHASERS dated **04/09/2017** by Registered Document No. **PVL-2-10220-2017** registered before the Sub Registrar Office, Panvel and total consideration is of **RS. 70,00,000/-** & Market Value of **Rs. 74,99,000/-** and on the said amount consideration / market value the stamp duty of **Rs. 4,50,000/-** and Registration Fee **Rs. 30,000/-** was paid in respect 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.** So the said Sale Deed (full and final payment Agreement) is typed on Rs. **100/-** Stamp.

THE JOINT SUB-REGISTRAR PANVEL

AND WHEREAS :

"SATYAM ARCADE Co - Op. Housing Society Ltd."" a Society duly registered under the provisions of the Maharashtra Co. operative Societies Act 1961 bearing Registered No. **Registration No.** _____ by all PURCHASERS of ~~FLAT~~/SHOP owners under the provisions of Maharashtra Ownership ~~FLAT~~/SHOP (Regulations of the Promotion of Construction, Sale, Management and Transfer) Act, 1963.

1) It is further declared by the TRANSFEROR / SELLER that :

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:

1) THE TRANSFEROR/SELLER have agreed to sell and transfer said Share Certificate / Membership Right along with Occupancy **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 jurisdiction of Registration Sub District of Panvel, District Raigad, and the TRANSFEREES / PURCHASERS have agreed to get transfer said Share Certificate / Membership Right along with Occupancy right of said SHOP for total agreed price of **RS. 70,00,000/- (RUPEES SEVENTY LAKHS ONLY)** the TRANSFEREES / PURCHASERS agrees to pay to the TRANSFEROR / SELLER said price of of **RS. 70,00,000/- (RUPEES SEVENTY LAKHS ONLY)** which paid by the TRANSFEREES / PURCHASERS in the following manner:

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THE JOINT SUB-REGISTRAR OF PANVEL

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.

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.

10) **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.

11) **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 and in the name of TRANSFEREES.

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९५ / ८०

12) **BOTH** the parties agree that this **Sale Deed** shall be treated as Conveyance Deed on completion of transfer in all respect.

13) **THE TRANSFEROR / SELLER** hereby agrees and declare that the said premise is free from all encumbrances and / or liabilities and that he is entitled to sell, transfer & assign said premises to the **TRANSFEREES/PURCHASERS** and he has not done any act whereby he is prevented from transferring or selling the said premises. The TRANSFEROR / SELLER further agree that he has not created any liability against the same.

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

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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IN WITNESS WHEREOF the TRANSFEROR and the TRANSFEREES have signed and executed this Agreement at PANVEL on the day and date first herein above written.

THE SEAL OF THE JOINT SUB REGISTRAR PANVEL - 5

SIGNED, SEALED & DELIVERED

By the withinnamed TRANSFEROR

MR. PANKAJ MANIBHAI PATEL

PAN NO: AJIPP8753E

In the presence of .....

1. Nilesh V. Pandit
2.

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. Pandit
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.**

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HANDING OVER PEACEFUL POSSESSION

Signature

MR. PANKAJ MANIBHAI PATEL

THE SEAL OF THE JOINT SUB-REGISTRAR सह. दुय्यम निबंधक, पनवेल-५ PANVEL-5

TAKING OVER PEACEFUL POSSESSION

1. MR. BALASAHEB VITTHALRAO KHADBADE

2. MRS. SNEHALATA BALASAHEB KHADBADE

SATYAM
DEVELOPERS
Excellence at reality

SATYAM DEVELOPERS

Date: 05/07/2016

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१३२५/२०१६
२५ /८०

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** floor in the building called **"Satyam Arcade"** located at Plot no-26, Sector-21 Kamothe, Panvel to MR. PANKAJ MANILAL PATEL under an agreement dated **16/12/2011.**

THE JOINT SUB-REGISTRAR PANVEL - 5

We have no-objection to sell the above said flat. We have already received all the above said amount from the owner. And he has cleared all his dues with us 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 DEVELOPERS

PARTNER

Head Office : Office No. 807-808, The Landmark, 8th Floor, Plot No. 28/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
ıe, Tal. Panvel, Dist.
ıl Admeasuring area
l as MR.BALASAHEB
ıHEB KHADBADE as

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AJ MANILAL PATEL
AN NO.AJIPP8753E)

पवल-५
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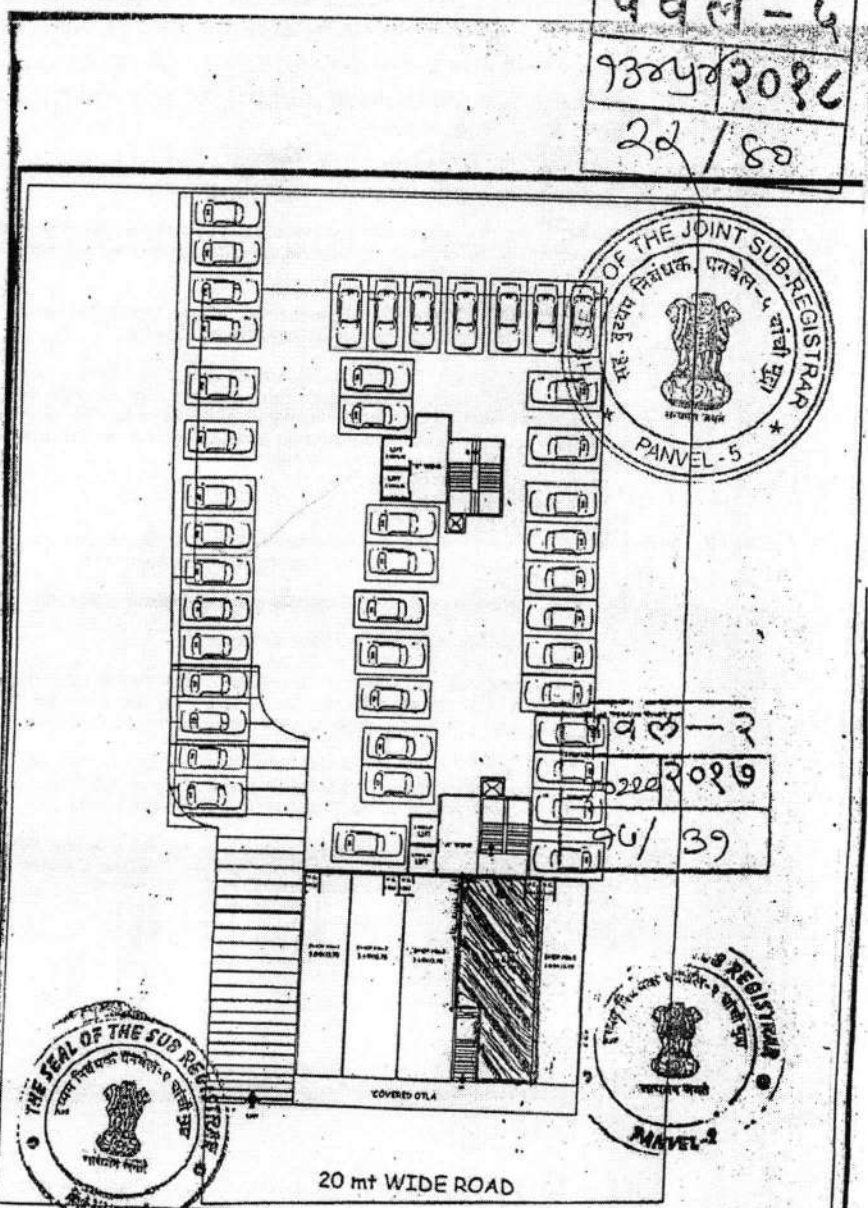

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२२०/२०१७
५७/३९

SATYAM ARCADE RESIDENTIAL & COMM. COMPLEX, ON PLOT NO -26, SECTOR -21 NODE - KAMOTHE , NAVI MUMBAI .	SHOP PLAT NO :- 4	SIGNATURE OF DEVELOPER
	FLOOR NO :- GROUND	
	Carpet Area:- 62.998 Mtr.	NAME & SIGNATURE OF FLAT PURCHASER

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०७/०५/२०१९

पवल - ५
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THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ वांची मुंबई
PANVEL-5

2 0 JAN 2009

MAHARASHTRA LTD.

Regional and Town

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5. The conditions of this certificate shall be binding not only on the applicant but also on its successors and/or every person deriving title through or under him.

6. A certified copy of the approved plan shall be exhibited on site.

7. The amount of Rs. 4,500/- deposited with CIDCO as security deposit shall be forfeited either in whole or in part at the absolute discretion of the Corporation for breach of any of the conditions attached to the permission covered by the Commencement 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 fighting 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, location of transformer, if any, etc.

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७६२/२००४
२६/३९

10. As per Govt. of Maharashtra memorandum vide No.TBP/4393/1[illegible]/UD-11/RDP, Dated 19th July,1994 for all buildings following additional conditions shall apply.

i) As soon as the development permission for new construction or re-development 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 Number of Land under reference alongwith description of its boundaries.

c) Order Number and date of grant of development permission or re-development permission issued by the Planning Authority or any other authority.

d) Number of Residential flats/Commercial Units with area.

e) Address where copies of detailed approved plans shall be available for inspection.

ii) A display in the form of an advertisement, giving all the detailed mentioned in (i) above shall be published in two widely circulated newspapers one of which should be in regional language.

THE SEAL OF THE SUB-REGISTRAR
PANVEL-2

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२३/३३

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THE SEAL OF THE JOINT SUB REGISTRAR PANVEL-5

nt on 27th August 2003,
India and as per Circular
Maharashtra, vide No.
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TPB 432001/2133/CR-
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d.)

Harvesting Structures of
to the minimum capacity

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

100% per annum for every
of any building mentioned
Harvesting structures as

PLANNING OFFICER
thal & Khopta

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.

1. 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 one meter width may be excavated upto a depth of at least 3.00 mt. and refilled with stone aggregate and sand. The filtered rain water may be channeled to the refilled pit for recharging the borewell.

   (iii) An impervious surface /underground storage tank of required capacity may be constructed in the setback or other open space and the rain water may be channeled to the storage tank. The storage tank shall always be provided with ventilating covers and shall have draw-off taps suitably placed so that the rain water may be drawn off for domestic, washing gardening and such other purposes. The storage tanks shall be provided with an overflow.

   (iv) The surplus rain water after storage may be recharged into ground through percolation pits or trenches or combination of pits and trenches. Depending on the geomorphological and hydrological condition, the pits may be of the size of 1.25 mt. width X 1.25 mt. length X 2.00 mt. to 2.50 mt. depth. The trenches may be of 0.50 mt. width X 2.00 to 6.00 mt. length X 1.50 to 2.00 mt. depth. Terrace water shall be channeled to pits or trenches. Such pits or trenches shall be back filled with filter media comprising the following materials.

   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;
   d) Coarse sand of fine sand as top layer;

THE SEAL OF THE JOINT SUB REGISTRAR PANVEL-2

ROTA/II-984 (B) (Adm.)-03-2003-3

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पवल - ५
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such use, proper
have been made.

THE SEAL OF THE JOINT SUB-REGISTRAR सह दुय्यम निबंधक, पनवेल-५ PANVEL-5

CIDCO WE MAKE CITIES

CITY AND INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LIMITED

REGD. OFFICE:
"NIRMAL", 2nd Floor, Nariman Point,
Mumbai - 400 021.
PHONE : (Reception) +91-22-6650 0900 / 6650 0928
FAX : +91-22-2202 2509 / 6650 0933

HEAD OFFICE:
CIDCO Bhavan, CBD Belapur,
Navi Mumbai - 400 614.
PHONE : +91-22-6791 8100
FAX : +91-22-6791 8166

Ref. No. CIDCO/ATPO(BP)/2011 2 9 1 = - 2

Date : 13 MAY 2011

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

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

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

Ref :- 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 letter dtd.25/12/2010
7) 100% IDC paid of Rs.22,50,000/- vide
i) Challan No.102646, dtd.16/04/2008, Amount of Rs.11,25,000/-
ii) Challan No.118123, dtd.10/12/2010, Amount of Rs.11,25,000/-

Dear Sir,

Please find enclosed herewith the necessary Occupancy Certificate for Residential Building on above mentioned plot alongwith as built drawings duly approved.

You shall carry out Structural Audit of this development from Structural Engineer after every 5 years from the date of occupancy certificate granted and submit the copy of structural audit to Estate Section, CIDCO for their record. However, if the said premises is to be transferred to the register society, the above terms & conditions shall be incorporated in the conveyance deed and the society members shall abide by the of the said terms & conditions at the time of execution of conveyance deed.

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

Thanking you,

Yours faithfully,

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

CIDCO
WE MAKE CITIES

HARASHTRA LIMITED

HEAD OFFICE:
CIDCO Bhavan, CBD Belapur,
Navi Mumbai - 400 614.
PHONE : +91-22-6791 8100
FAX : +91-22-6791 8166

Date : 13 MAY 2011

29502

[Res. BUA= 2946.496
Sq.mtrs. (No. of Units,
q.mtr. (Free of FSI) on
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for which it has been

. Patil)
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पनवेल - ५
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THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा
PANVEL-5

Friday, December 16, 2011
10:10:17 AM

Original
नोंदणी 39 म.
Regn. 39 M

पावती

पावती क्र. : 11204

गावाचे नाव कामोठे

दिनांक 16/12/2011

दस्तऐवजाचा अनुक्रमांक उरण - 1057 - 2011

दस्ताऐवजाचा प्रकार करारनामा

पनवेल - २
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२५ / ३९

सादर करणाराचे नाव:पंकज मणिलाल पटेल

नोंदणी फी :- 30000.00

नक्कल (अ. 11(1)), पृष्टांकनाची नक्कल (अ. 11(2)), रुजवात (अ. 12) व छायाचित्रण (अ. 13) -> एकत्रित फी (39) :- 780.00

एकूण रु. 30780.00

आपणास हा दस्त अंदाजे 10:25AM ह्या वेळेस मिळेल

दुय्यम निबंधक
सह दु.नि.पनवेल २

बाजार मुल्य: 4082000 रु. मोबदला: 4850000रु.
भरलेले मुद्रांक शुल्क: 291000 रु.

देयकाचा प्रकार :डीडी/धनादेशद्वारे;
बँकेचे नाव व पत्ता: -;
डीडी/धनादेश क्रमांक: -; रक्कम: 30000 रु.; दिनांक: 08/12/2011

मुळ दस्तऐवज परत मिळाला.

दिनांक
दुय्यम निबंधक, उरण
मुळ दस्तऐवज परत मिळाला

पक्षकाराची सही

पवल - ५
१३ मे २०१८
32 / 80

353/10220

Tuesday,05 September 2017 7:46 PM

इतर पावती

Original/Duplicate

नोंदणी क्र. :39M

Regn.:39M

पावती क्र.: 12291

दिनांक: 05/09/2017

गावाचे नाव: कामोठे

दस्तऐवजाचा अनुक्रमांक: पवन2-10220-2017

दस्तऐवजाचा प्रकार : करारनामा

सादर करणाऱ्याचे नाव: बाळासाहेब विठ्ठलराव खडके - -

वर्णन

दस्त हाताळणी फी	रु. 20.00
पृष्ठांची संख्या: 1	
एकूण:	रु. 20.00

Joint Sr Panvel 2

1); धनकाचा प्रकार: By Cash रक्कम: रु 20/-

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

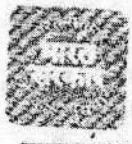
PANKAJ MANILAL PATEL

MANILAL LADDHABHAI PATEL

06/01/1975

Permanent Account Number

AJIPP8753E



Signature

पनवेल - ५
१३/५/२०१८
३४/८०

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा
PANVEL-5

आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदणी क्रमांक:/ Enrolment No.: 1178/18015/00597

To

बळासाहेब विठ्ठलराव खडबडे

Balasaheb Vitthalrao Khadbade

S/O: Vitthalrao Khadbade

02 satyam arcade

Plot no 26 Sector no 21

Kamothe

Panvel

Kamothe

Raigarh Maharashtra - 410206

9967294847

आपला आधार क्रमांक / Your Aadhaar No. :

2461 8689 6768

माझे आधार, माझी ओळख

Government of India

AADHAAR

सूचना

- आधार ओळखीचे प्रमाण आहे, नागरीकत्वाचे नाही.
- ओळखीचे प्रमाण ऑनलाइन ऑथेन्टीकेशन द्वारा प्राप्त करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधारला देशभरात मान्यता आहे.
- आधार भविष्यात सरकारी व खाजगी सेवांचे फायदे मिळविण्यास उपयुक्त आहे.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

भारत सरकार

Government of India

बळासाहेब विठ्ठलराव खडबडे

Balasaheb Vitthalrao Khadbade

जन्म तारीख/DOB: 15/06/1981

पुरुष/ MALE

2461 8689 6768

माझे आधार, माझी ओळख

भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India

Address:

S/O: Vitthalrao Khadbade, 02 satyam arcade, Plot no 26 Sector no 21, kamothe, Panvel, Raigarh, Maharashtra - 410206

पत्ता:

वडिलांचे/आईचे नाव: विठ्ठलराव खडबडे, 02 सत्यम आर्केड, प्लॉट नं 26 सेक्टर नं 21, कामोठे, पनवेल, रायगड, महाराष्ट्र - 410206

2461 8689 6768

माझे आधार, माझी ओळख

पावती - ५

१३५५ | २०१८

३६ / ८०

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

BALASAHEB V KHADBADE

VITTHALRAO GANPATI KHADBADE

15/06/1981

Permanent Account Number

BLEPK6427K

THE SEAL OF THE JOINT SUB-REGISTRAR

सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा

PANVEL-5

भारत सरकार
GOVERNMENT OF INDIA

निलेश विनोद पंडित
Nilesh Vinod Pandit
जन्म तारीख / DOB: 14/10/1988
पुरुष / MALE
Mobile No.: 9987078402

2679 9588 9809

माझे आधार, माझी ओळख

पवल - ५
१३ मे २०१८
३८/८०

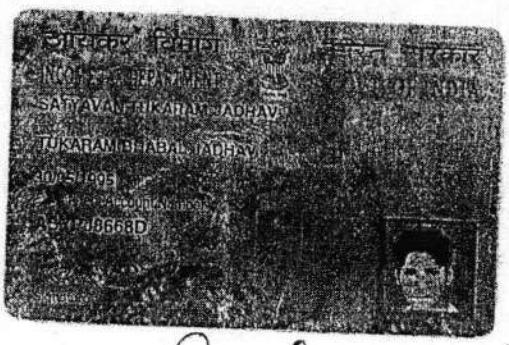
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
QR Code with Photograph

पता:
A-202, प्लॉट न 42, स्वप्नशील्प को ही सो, सेक्टर-9, खारघर कॉलनी, न्यू पनवेल, पनवेल, रायगढ़ (महाराष्ट्र), रायगढ़ - 410206

Address:
A-202, Plot No-42, Swapnashilp CHS, Sector -9, Khanda Colony, New Panvel, Panvel, Raigarh(MH), Maharashtra - 410206

1947
www.uidai.gov.in
P.O. Box No. 1947, Bengaluru 560 001

THE SEAL OF THE JOINT SUB-REGISTRAR
मुख्य निबंधक, पनवेल-५ यांची मुद्रा
PANVEL - 5



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

दस्त गोषवारा भाग-1

पवल5 3e/80
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/-

नोंदणी 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
रोजी 3:38 म.नं. वा. हजर केला.

पावती:14073 पावती दिनांक: 16/12/2018

सादरकरणाराचे नाव: बाळासाहेब विठ्ठलराव खडबडे . .

नोंदणी फी	रु. 100.00
दस्त हाताळणी फी	रु. 800.00
पृष्टांची संख्या: 40	
एकुण:	900.00

दस्त हजर करणाऱ्याची सही:

Sub Registrar Panvel 5

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

शिक्का क्रं. 2 16 / 12 / 2018 03 : 40 : 08 PM ची वेळ: (फी)

THE SEAL OF THE JOINT SUB-REGISTRAR सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा PANVEL-5

दस्तऐवजासोबत जोडलेले कागदपत्रे, कुलमुखत्यार पत्र व्यक्ती इत्यादि बनावट आढळून आल्यास याची संपूर्ण जबाबदारी निष्पादकांची राहील.

लिहुन देणार

लिहुन घेणार

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	पक्षकाराचा प्रकार	छायाचित्र	अंगठ्याचा ठसा
1	नाव:बाळासाहेब विठ्ठलराव खडबडे . . पत्ता:प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: ., रोड नं: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे,, महाराष्ट्र, राईगाड:(ôo:). पॅन नंबर:BLEPK6427K	लिहून घेणार वय :-35 स्वाक्षरी:-		
2	नाव:स्नेहलता बाळासाहेब खडबडे . . पत्ता:प्लॉट नं: ., माळा नं: ., इमारतीचे नाव: ., ब्लॉक नं: ., रोड नं: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे., महाराष्ट्र, राईगाड:(ôo:). पॅन नंबर:BAOPK6494H	लिहून घेणार वय :-35 स्वाक्षरी:-		
3	नाव:पंकज मणिलाल पटेल . . 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, राईगाड:(ôo:). पॅन नंबर:AJIPP8753E	लिहून देणार वय :-43 स्वाक्षरी:-		

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-यांना व्यक्तीश: ओळखतात, व त्यांची ओळख पटवितात

अनु क्र.	पक्षकाराचे नाव व पत्ता		छायाचित्र	अंगठ्याचा ठसा
1	नाव:निलेश विनोद पंडित . . वय:30 पत्ता:6072, बिमा काम्प्लेक्स, कलम्बोली पिन कोड:410206	स्वाक्षरी		
2	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 क्र.5 ची वेळ:16 / 12 / 2018 03 : 42 : 02 PM नोंदणी पुस्तक 1 मध्ये

Sub Registrar Panvel 5

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

सादरीत करणेत येते की सदर दस्तास एकूण 80 पाने आहेत, पुस्तक क्र. 9
क्रमांक 9384/2018 वर नोंदला

सह दुय्यम निबंधक, वर्ग २, पनवेल
दिनांक 16/12/2018 रोज

EPayment Details

sr.	Epayment Number	Defacement Number
1	MH009275677201819E	0005187351201819
2	1112201810949	1112201810949D

13454 /2018

ANNEXURE - F

तपशील:-:

मुद्रांक शुल्क आकारताना निवडलेला अनुच्छेद :- :

करारनामा अलाहिदा नोंदविला आहे

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

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 Name	IBKL	Date	11/12/2018
Bank CIN	10004152018121109155	REF No.	193931863
This is computer generated receipt, hence no signature is required.				

पवल - ५
०३४५४ २०१८
२ /८०

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ रायगड
PANVEL-5

पवल - ५
१३ मे/२०१८
४ /१८०

कोरा कागद
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THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल - ५ यांचा शिक्का
PANVEL - 5

GRN : MH009275677201819E Amount : 100.00 Bank : IDBI BANK Date : 11/12/2018-19:20:25

Total Defacement Amount	100.00

पवल - ५
१३४५४/२०१८
६ /८०

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा
सत्यमेव जयते

Signature Not Verified

Digitally signed by DS VIRTUAL TREASURY MUMBAI 02
Date: 2018.12.16 15:58:08 IST
Reason: Secure Document
Location: India

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.Panvel, Dist. Raigad admeasuring 2249.96 Sq. Mtrs. or thereabouts and more particularly 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.

AND WHEREAS :

Original Licensees thereafter sold and transferred all their rights, title and interest in respect of the said plot to 1) SHRI DATTATRAYA HASHA MHATRE, AND OTHERS THREE by obtaining 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.

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 MR. PANKAJ MANIBHAI PATEL.**

AND WHEREAS :

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 / TRANSFEROR.

AND WHEREAS :

THE SELLER / TRANSFEROR 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 Co-operative Housing Society of all the allotters SHOP namely **"SATYAM ARCADE CO-OP. HOUSING SOCIETY LTD."**, duly registered under the Maharashtra Co-Operative

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.

F. The TRANSFEROR / SELLER are in exclusive use, occupation and possession of the said SHOP and every part thereof and except the TRANSFEROR / SELLER no other person or persons are in use, occupation and enjoyment of the said SHOP or any part thereof.

G. The TRANSFEROR / SELLER have good and clear title free from encumbrances 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, inheritance, 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

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."**

पवेल - ८
९३४५२ १०९८
९४/८०

6) **THE TRANSFEREES/PURCHASERS** shall be liable to pay CIDCO Property Taxes, Society Charges, Water & Electricity Charges & all other outgoings and their share according to the percentage in common expenses payable in respect of the said SHOP from the date of possession.

7) **THE TRANSFEREES/PURCHASERS** shall from the date of possession maintains 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 be against the rules regulations and / or bye-laws of the CIDCO Corporation or **"SATYAM ARCADE Co - Op. Housing Society Ltd."**, or to the said premises or to the buildings or any part thereof.

THE SEAL OF THE JOINT SUB REGISTRAR PANVEL

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.

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	:	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.

पनवेल – ५
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१६ / ८०

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा
PANVEL - 5

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
१३ मे २०१८
९८ / ८०

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल - ५ यांची मुद्रा
सत्यमेव जयते
PANVEL - 5

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THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा
PANVEL - 5

REF.NO.CIDCO/ATPO/3614--

2 0 JAN 2009

CITY & INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LTD.

COMMENCEMENT CERTIFICATE

Permission is hereby granted under section-45 of the Maharashtra Regional and Town Planning Act, 1966 (Maharashtra XXVII) of 1966 to M/s. Satyam Developers

Unit/Plot No. 26 Road No. — Sector 21 Node Kamothe of Navi Mumbai. As per the approved plans and subject to the following conditions for the development work of the proposed Residential Bldg. (Cluster) sty. Residential BUA = 2946.526 m² ; Comm. BUA = 426.95 m² Total BUA = 3373.476 m²

(No. of Residential Units 78 Nos. of Commercial units 08)

1. This Certificate is liable to be revoked by the Corporation if :-

1(a) The development work in respect of which permission is granted under this certificate is not carried out or the use thereof is not in accordance with the Sanctioned plans.

1(b) Any of the conditions subject to which the same is granted or any of the restrictions imposed upon by the Corporation is contravened.

1(c) The Managing Director is satisfied that the same is obtained by the applicant through fraud or Misrepresentation and the applicant and/or any person deriving benefit from such act in such an event shall be deemed to have carried out the development work in contravention of section-13 or 45 of the Maharashtra Regional and Town Planning Act-1966.

2. The applicant shall :

2(a) Give a notice to the Corporation for completion of development work upto plinth level atleast 7 days before the commencement of the further work.

2(b) Give written notice to the Corporation regarding completion of the work.

2(c) Obtain Occupancy Certificate from the Corporation.

2(d) 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.

3. The specifications, building materials, installations, electrical installations etc. Shall be in accordance with the provision (except for provision in respect of floor area ratio) as specified in the National Building Code or and / or CIDCO - 1975 in force.

4. This Certificate shall be valid for period of 1 year from the date of its issue, thereafter it shall be deemed to be cancelled unless the work shall be carried out in accordance with provision of Section-48 of MRTP Act 1966 and as per regulation no. 41.1 of CIDCO 1975.

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

11. As per the notification dtd. 14th September 1999 and amendment on 27th August 2003, issued by Ministry of Environment & Forest (MOEF), Govt. of India and as per Circular issued by Urban Development Deptt., Govt. of Maharashtra, vide No. FAR/102004/160/P.No.27/UD-20, dtd. 27/02/2004, for all Buildings following additional condition shall apply :

The Owners /Developer shall use Fly Ash bricks or blocks or tiles or clay fly ash bricks or cement fly ash bricks or blocks or similar products or a combination of aggregate of them to the extent of 100% (by volume) of the total bricks, blocks & tiles as the case may be, in their construction activity.

12. As directed by the Urban Development Deptt. Government of Maharashtra, under Section-154 of MR&TP Act-1966 and vide Provision No. TPB 432001/2133/CR-230/01/UD-11, dated 10/03/2003, for all buildings greater than 300.00 Sq.m. following additional condition of Rain Water Harvesting shall apply.

a) All Re layout open spaces / amenities spaces of Housing Society and new construction / reconstruction / additions on plots having area not less than 300.00 Sq.m. shall have one or more Rain Water Harvesting structures having minimum total capacity as detailed in schedule (enclosed.)

Provided that the authority may approve the Rain Water Harvesting Structures of specifications different from those in Schedule, subject to the minimum capacity of Rain Water Harvesting being ensured in each case.

b) The owner / society of every building mentioned in the (a) above shall ensure that the Rain Water Harvesting structure is maintained in good repair for storage of water for non-potable purposes or recharge of groundwater at all times.

(c) The Authority may impose a levy of not exceeding Rs. 100/- per annum for every 100 Sq. m. of built up area for the failure of the owner of any building mentioned in the above to provide or to maintain Rain Water Harvesting structures as required under these byelaws.

ADDL.TOWN PLANNING OFFICER
Navi Mumbai & Khopta

C.C.TO: ARCHITECT.

C.C. TO: Separately to :

1. M(TS).
2.
3. (SLM/DRON)

पवल-२
९०२२० | २०१९
२०/ ३

पवल-६
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THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

THE SEAL OF THE SUB REGISTRAR PANVEL-2

Rain Wate
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e) Top 10% of the pits/trenches will be empty and a splash is to be provided in this portion in such a way that roof top water falls on the splash pad.

f) Brick masonry wall is to be constructed on the exposed surface of pits/trenches and the cement mortar plastered.

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.

g) Perforated concrete slabs shall be provided on the pits/trenches.

(v) If the open space surrounding the building is not paved, the top layer upto a sufficient depth shall be removed and refilled with course sand to allow percolation of rain water into ground.

2. The terrace shall be connected to the open well/borewell/storage tank/recharge pit/trench by means of HDPE/PVC pipes through filter media. A valve system shall be provided to enable the first washings from roof/or terrace catchment, as they would contain undesirable dirt. The mouths of all pipes and opening shall be covered with mosquito (insect) proof net. For the efficient discharge of rain water, there shall be at least two rain water pipes of 100 mm dia mtr. for a roof area of 100 sq.mt.

3. Rain water harvesting structures shall be sited as not to endanger the stability of building or earthwork. The structures shall be designed such that no dampness is caused in any part of the walls or foundation of the building or those of an adjacent building.

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

Provided that where the rain water in exceptional circumstances will be used for drinking and/or cooking purpose, it shall be ensured that proper filter arrangement and the separate outlet for by passing the first rain-water have been provided.

Provided further that it will be ensured that for such use, proper disinfectants and the water purification arrangements have been made.

****

पनवेल - २
२५/१०/२०१८
२८०/ ६०

THE SEAL OF THE SUB REGISTRAR PANVEL-2

पनवेल-२
२०/१०/२०११
३२/३३

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

CITY AND IND
REGD. OFFICE:
"NIRMAL", 2nd Floo
Mumbai - 400 021.
PHONE : (Recepti
FAX : +91-22-22
CIDCO/ATPO
Ref. No.
Unique (
To,
M/s. Satyam (
C-203, Ambik
Manpada Roa
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Engineer (Env.
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CIDCO
WE MAKE CITIES

CITY AND INDUSTRIAL DEVELOPMENT CORPORATION OF MAHARASHTRA LIMITED

REGD. OFFICE:
"NIRMAL", 2nd Floor, Nariman Point,
Mumbai - 400 021.
PHONE : (Reception) +91-22-6650 0900 / 6650 0928
FAX : +91-22-6650 2809 / 6650 0923

HEAD OFFICE:
CIDCO Bhavan, CBD Belapur
Navi Mumbai - 400 614.
PHONE : +91-22-6791 8100
FAX : +91-22-6791 8166

Ref. No. CIDCO/ATPO(BP)/2011/291

Date : 13 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 Kamothe (12.5% scheme) of Navi Mumbai completed under the supervision of M/s. Fascinate has been inspected on 30/11/2010 and I declare that the development has been carried out in accordance with the General Development Control Regulations and the 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 out.

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

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-2

पवल - ५
१३ मे २०१८
२९/८०

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

Plot No 20, Sec-...
Kamothe

दस्तावेज क्रमांक व वर्ष: 11057/2011

Friday, December 16, 2011
10:10:53 AM

दुय्यम निबंधक: सह दु.नि.पनवेल 2

सूची क्र. दोन INDEX NO. II

नोंदणी 63 म.
Regn. 63 m.e.

गावाचे नाव : कामोठे

(1) विलेखाचा प्रकार, मोबदल्याचे स्वरूप व बाजारभाव (भाडेपटट्याच्या बाबतीत पटटाकार आकारणी देतो की पटटेदार ते नमूद करावे) मोबदला रु. 4,850,000.00
बा.भा. रु. 4,082,000.00

करारनामा

(2) भू-मापन, पोटहिस्सा व घरक्रमांक (असल्यास) (1) वर्णन: उपविभाग 1530/21 ''शॉप न 04,तळ मजला ''सत्यम आर्केड''प्लॉट न 20,सेक्टर 21,कामोठे,ता पनवेल,जि रायगड,क्षेत्र 62.99 चौ.मी.कारपेट

(3)क्षेत्रफळ (1)

(4) आकारणी किंवा जुडी देण्यात असेल तेव्हा (1)

(5) दस्तऐवज करून देणा-या पक्षकाराचे संपूर्ण पत्ता व नाव किंवा दिवाणी न्यायालयाचा हुकूमनामा किंवा आदेश असल्यास, प्रतिवादीचे नाव व संपूर्ण पत्ता

(1) नाव: [illegible] दिलीप वेलाणी - ; पत्र/प्लॉट नं: -; गल्ली/रस्ता: -; इमारतीचे नाव: -; इमारत नं: -; पेठ/वसाहत: अंबिका टॉवर डोंबिवली : शहर/गाव: -; तालुका: -; पिन: -; पॅन नम्बर: AAXFS3242F

(6) दस्तऐवज करून घेणा-या पक्षकाराचे नाव व संपूर्ण पत्ता किंवा दिवाणी न्यायालयाचा हुकूमनामा किंवा आदेश असल्यास, वादीचे नाव व संपूर्ण पत्ता

(1) पत्र/प्लॉट नं: [illegible] ; गल्ली/रस्ता: -; इमारतीचे नाव: -; इमारत -; पेठ/वसाहत: ए- [illegible],दि एम्पायर सी 20,खारघर; शहर/गाव: -; तालुका: -;पिन: -; पॅन नम्बर: AJIPP8753E

(7) दिनांक करून दिल्याचा 15/12/2011

(8) नोंदणीचा 16/12/2011

(9) अनुक्रमांक, खंड व पृष्ठ 11057 /2011

(10) बाजारभावाप्रमाणे मुद्रांक शुल्क [illegible]000.00

(11) मोबदल्याप्रमाणे मु[illegible]00.00

(12) शेरा

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-2

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पवल
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३१/८०

सहदुय्यम निबंधक, वर्ग २
(पनवेल-२)

Prepared & designed by C-DAC, Pune.

Page 1 of 1.

SARITA REPORTS VERSION 5.2.6

THE SEAL OF THE JOINT SUB-REGISTRAR PANVEL-5

Summary-2(दस्त गोषवारा भाग - २)

04/09/2017

सूची क्र.2

दुय्यम निबंधक : सह दु.नि.पनवेल 2

दस्त क्रमांक : 10220/2017

नोंदणी :

Regn:63m

गावाचे नाव : 1) कामोठे

(1)विलेखाचा प्रकार	करारनामा
(2)मोबदला	7000000
(3) बाजारभाव(भाडेपटट्याच्या बाबतितपटटाकार आकारणी देतो की पटटेदार 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..((Plot Number : 26 ; SECTOR NUMBER : 21 ;))
(5) क्षेत्रफळ	1) 62.99 चौ.मीटर
(6)आकारणी किंवा जुडी देण्यात असेल तेव्हा.	
(7) दस्तऐवज करून देणा-या/लिहून ठेवणा-या पक्षकाराचे नाव किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश असल्यास,प्रतिवादिचे नाव व पत्ता.	1): नाव:-पंकज अनिलाश पटेल - - वय:-42; पत्ता:-प्लॉट नं: -, माळा नं: -, इमारतीचे नाव: सदनिका क्र. ए-1702, दि एम्पायर, प्लॉट नं. 41 व 42, सेक्टर नं. 20, खारघर नवी मुंबई, ब्लॉक नं: -, रोड नं: -, महाराष्ट्र, RAIGARH(OOI). पिन कोड:-410210 पॅन नं:-AJIPP8753E
(8)दस्तऐवज करून घेणा-या पक्षकाराचे व किंवा दिवाणी न्यायालयाचा हुकुमनामा किंवा आदेश असल्यास,प्रतिवादिचे नाव व पत्ता	1): नाव:-बाळासाहेब विठ्ठलराव खडबडे - - वय:-35; पत्ता:-प्लॉट नं: -, माळा नं: -, इमारतीचे नाव: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे, ब्लॉक नं: -, रोड नं: -, महाराष्ट्र, RAIGARH(MH). पिन कोड:-410206 पॅन नं:-BLEPK6427K 2): नाव:-स्नेहलता बाळासाहेब खडबडे - - वय:-34; पत्ता:-प्लॉट नं: -, माळा नं: -, इमारतीचे नाव: पहिला मजला, सत्यम आर्केड सीएचएस लि., प्लॉट नं. 26, सेक्टर नं. 21, कामोठे, ब्लॉक नं: -, रोड नं: -, महाराष्ट्र, RAIGARH(MH). पिन कोड:-410206 पॅन नं:-BAOPK6494H
(9) दस्तऐवज 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)बाजारभावाप्रमाणे नोंदणी शुल्क	30000
(14)शेरा	

पवल - ५
१३४५४/२०१८
33 / 80

THE SEAL OF THE JOINT SUB-REGISTRAR सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा PANVEL-5

THE SEAL OF THE SUB REGISTRAR सह दुय्यम निबंधक पनवेल-२ यांची मुद्रा PANVEL-2

सह दुय्यम निबंधक वर्ग-२ (पनवेल २)

मुल्यांकनासाठी विचारात घेतलेला तपशील:-:

मुद्रांक शुल्क आकारताना निवडलेला अनुच्छेद :- :

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

भारत सरकार
GOVERNMENT OF INDIA

पंकज मनिलाल पटेल
Pankaj Manilal Patel

जन्म वर्ष / Year of Birth : 1975
पुरुष / Male

9388 0774 3175

आधार – सामान्य माणसाचा अधिकार

Patel

पवल - ५
१३/५/२०१८
३५ / ८०

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता S/O: मनिलाल पटेल, फ्लॅट नंबर 1702, एंपायर एस्टेट, सेक्टर नंबर 20, प्लॉट नंबर 41,42, डेली बाझार जवळ, खारघर, नवी मुंबई, खारघर, खारघर, रायगड, पनवेल, 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

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा
PANVEL-5

1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in
P.O. Box No. 1947, Bengaluru-560 001

भारत सरकार
GOVT. OF INDIA

Account Number/Card
OPK6494H

Signature

भारत सरकार
Unique Identification Authority of India
Government of India

नोंदणी क्रमांक:/ Enrolment No.: 1178/10015/00595

To
स्नेहलता बळसाहेब खडबडे
Snehalata Balasaheb Khadbade
W/O: Balasaheb Khadbade
office no 02 satyam arcade
Plot no 26 Sector no 21
kamothe
Panvel
Jci Kamothe
Raigarh Maharashtra - 410206
9320660170

Download Date: 24/1/2017
Generation Date: 15/1/2017

आपला आधार क्रमांक / Your Aadhaar No. :
3314 5748 2684
माझे आधार, माझी ओळख

भारत सरकार
Government of India

स्नेहलता बळसाहेब खडबडे
Snehalata Balasaheb Khadbade
जन्म तारीख/DOB: 05/06/1982
महिला/ FEMALE

3314 5748 2684
माझे आधार, माझी ओळख

पवल - ५
१३५४ | २०१८
३८ / ८०

THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल-५ यांची मुद्रा
PANVEL-5

पवन - ५

१३ मे २०१८

/

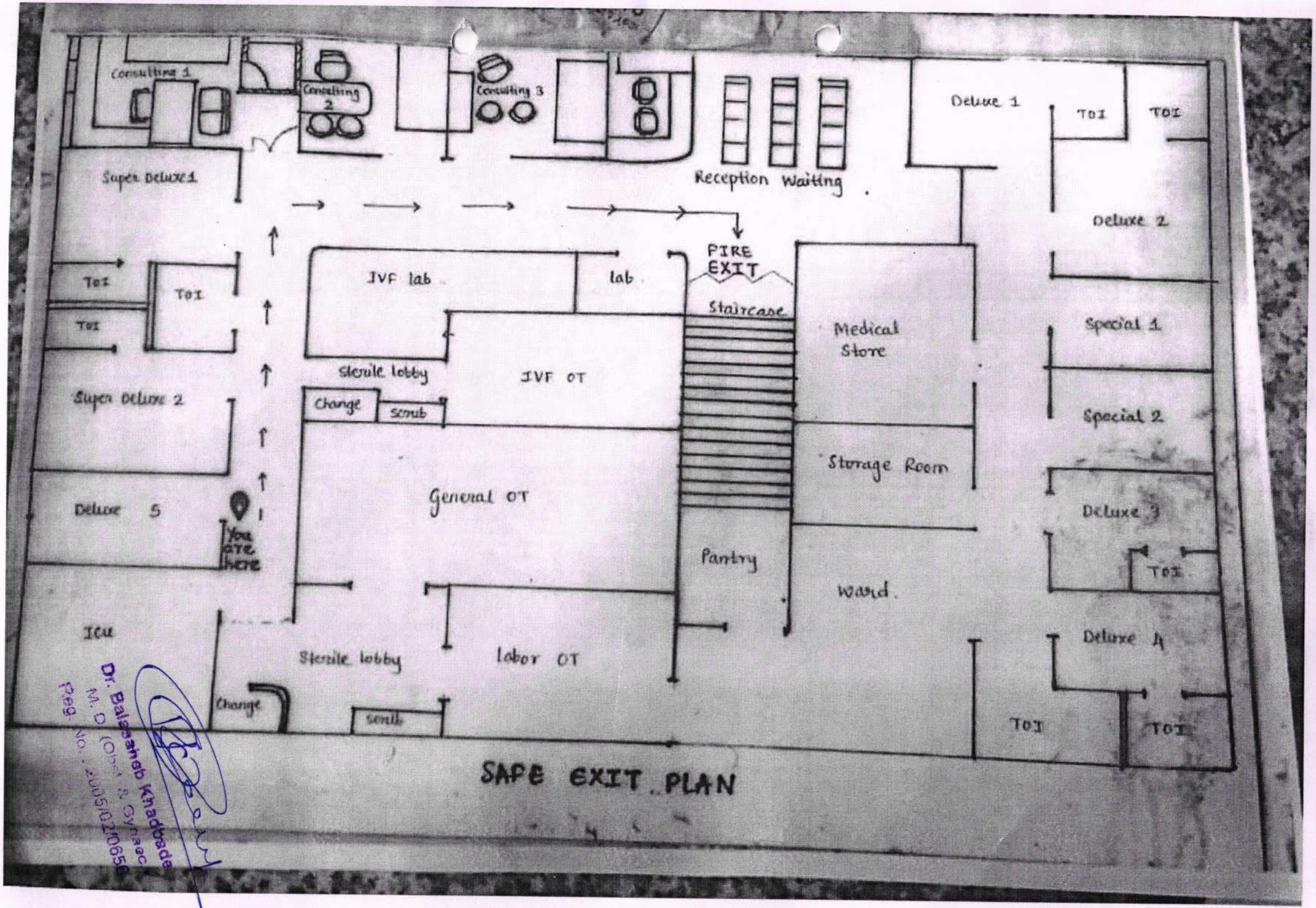
THE SEAL OF THE JOINT SUB-REGISTRAR
सह. दुय्यम निबंधक, पनवेल - ५ यांची मुद्रा
PANVEL - 5

Scanned Doc. No. : 13454
Time 4-00
Date 18/12/18

ANNEXURE - G

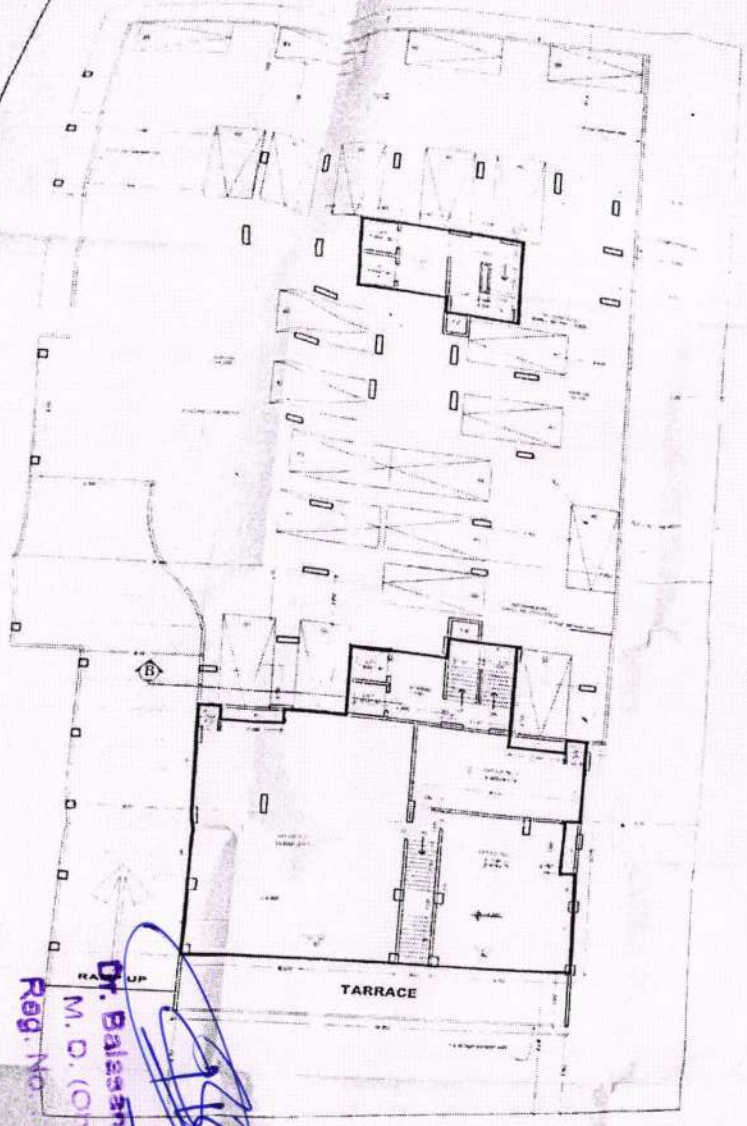
NIL

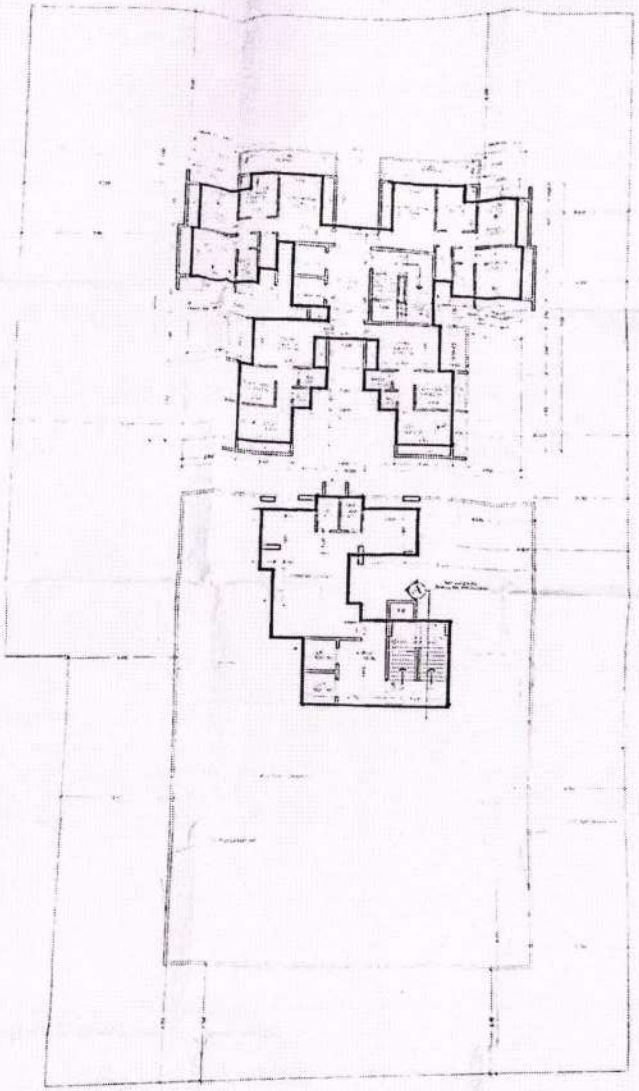
ANNEXURE - H

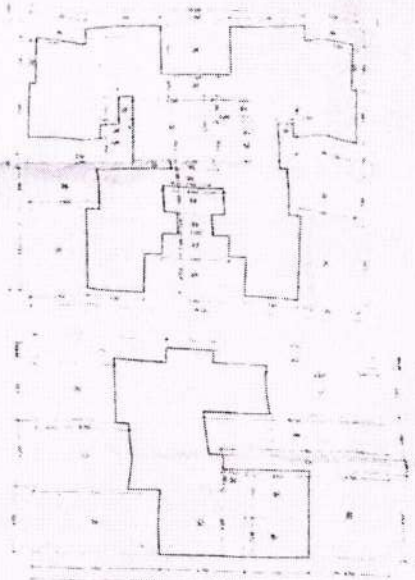


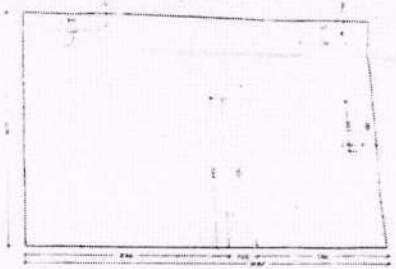
SAFE EXIT PLAN

Dr. Balasaheb Khadbade
M. D (Obst & Gynaec)
Reg. No. 2005021065





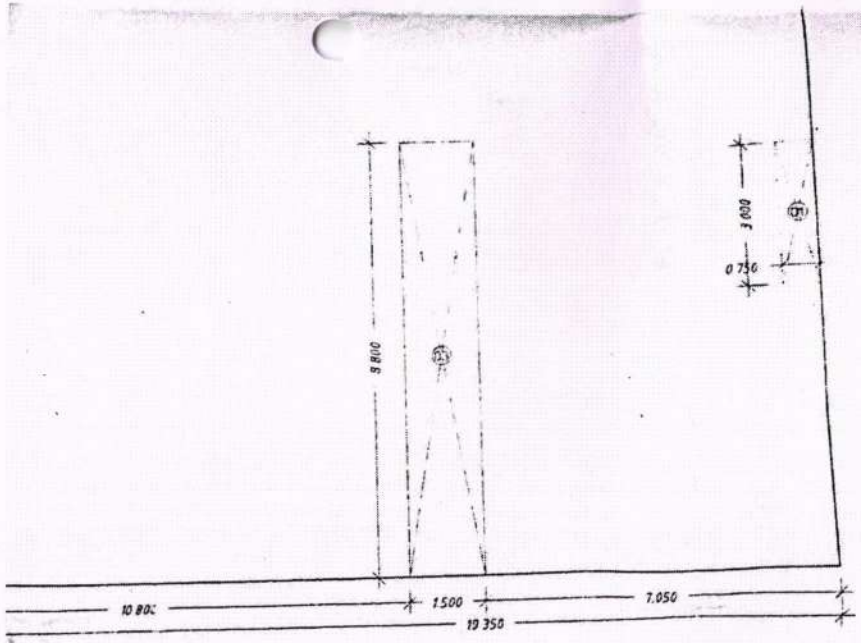




FIRST FLOOR PLAN.

SECOND FLOOR PLAN.

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

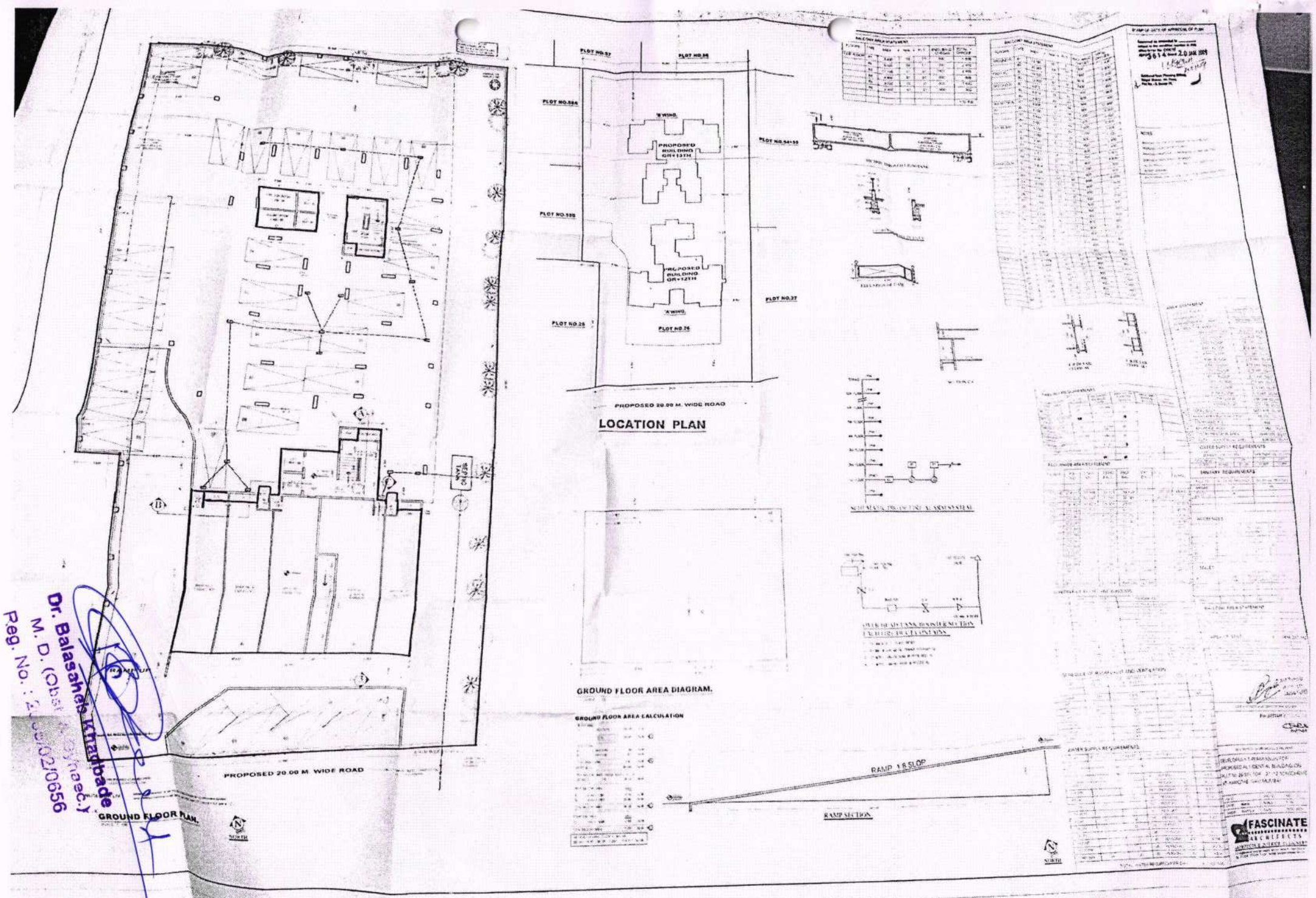


FLOOR AREA DIAGRAM.

FIRST FLOOR AREA CALCULATION

BLOCK AREA					
A)	19.350 X 13.775	=	266.546	Sq.Mt.	
TOTAL		=	266.546	Sq.Mt.	(A)
DEDUCTIONS					
01)	3.000 X 0.750 X 2	=	4.500	Sq.Mt.	
02) -	2.700 X 0.750	=	2.025	Sq.Mt.	
03)	1.500 X 8.800	=	13.200	Sq.Mt.	
TOTAL DEDUCTIONS		=	19.725	Sq.Mt.	(B)
GROSS B.U.A.			246.821	Sq.Mt.	
PER. BALCONY AREA (GROSS B.U.A x 15 / 115)					
246.821 X 15 / 115		=	32.194	Sq.Mt.	
PROP. BALCONY AREA			AREA		
B1)	10.650 X 1.834	=	19.532	Sq.Mt.	
B2)	6.900 X 1.834	=	12.656	Sq.Mt.	
TOTAL BALCONY AREA		=	34.188	Sq.Mt.	(C)
NET BUILT-UP AREA / FLOOR A - (B+C)					
266.546 -	(19.725 + 34.188)		212.633	Sq.Mt.	

Dr. Balasaheb Khardbade
M. D. (Ome. & Gynaec.)
Reg. No. 2005/02/0656



Dr. Balasaheb Khadbade
M. D. (Obst. & Gynaec.)
Reg. No. : 2[illegible]02/0656

PLOT NO.94/95

PLOT NO.27

SCHEMATIC DIG OF FIRE ALARM SYSTEM

OVER HEAD TANK/BOOSTER SECTION
EACH FIRE DUCT CONTAINS

RAMP 1:8 SLOP

RAMP SECTION

NORTH

Approved as amended in
subject to the condition specified in the
letter to the Council
Dated 26, 1 & dated 2 0 JUL 2009

Additional Planning Permission
Regd. Permit No. for Front
Plot No. & Street No.

Dr. Balasahib Khadbade
M. D. (O)
Reg. No. 2005/02/0556

FASCINATE

ELER PARKINK 10%			
	51.00	51	60

RWISE AREA STATEMENT

	F.S.I (M2)	STAIR (M2)	PERM. BALC	PROP. BALC	EXC BALC	STILT (M2)	TOTAL
UND	214 317	84 946	34 126	34 126	-	1136 282	1469 673
T	212 633	84 946	32 194	32 188	-	282 055	611 82[illegible]
D	131 151	35 523	25 001	25 001	-		191 675
RD	273 345	71 755	51 765	51 762	.		396 862
TH	273 345	71 755	51 765	51 762	.		396 862
TH	273 345	71 755	51 765	51 762	.		396 862
TH	273 345	71 755	51 765	51 762	.		396 862
TH	273 345	71 755	51 765	51 762	.		396 862
TH	273 345	71 755	51 765	51 762	.		396 862
TH	273 345	71 755	51 765	51 762	.		396 862
10TH	273 345	71 755	51 765	51 762	.		396 862
11TH	273 345	71 755	51 765	51 762			396 862
12TH	248 094	71 755	47 881	47 881	-		367 730
13TH	107 176	35 665	20 841	43 540	22 699		186 381
TOTAL	3373 476	958 630	625 930	648 596	22 699	1418 337	6399 039

SCHEDULE OF DOORS AND WINDOWS

TYPE	SIZE	AREA	DESCRIPTION
D1	1.00 x 2.10	2.100	T.W. PANELLED DOORS
D2	0.90 x 2.10	1.890	T.W. FLUSH DOORS
D3	0.75 x [illegible]	[illegible]	SYNTEX DOORS
W1	2.00 x 1.40	[illegible]	ALUMINIUM SLIDING GLAZED WINDOWS
W2	2.2[illegible] x [illegible]	[illegible]	ALUMINIUM SLIDING GLAZED WINDOWS
W3	1.50 x [illegible]	[illegible]	ALUMINIUM SLIDING GLAZED WINDOWS
W4	1.20 x 1.50	[illegible]	ALUMINIUM SLIDING GLAZED WINDOWS
FD	1.0[illegible] x 2.00	[illegible]	ALUMINIUM SLIDING DOOR & WINDOWS
V	0.60 x 0.60	0.360	LOUVERS OPERABLE WINDOWS
V1	0.60 x 0.90	0.540	LOUVERS OPERABLE WINDOWS

SCHEDULE OF ROOM LIGHT AND VENTILATIONS

USER	CARPET AREA M2	APERTURE AREA 1/6 OF CARPET AREA M2	APERTURE AREA PROVIDED M2	APERTURE PROVIDED
LIVING	11.025	1.378	4.050	W1
BED 1	9.750	1.625	3.126	W2
BED 2	7.800	1.300	2.52	W3
STUDY	6.187	1.031	2.520	W2
KITCHEN	6.937	1.156	1.620	W4
TOILET	2.400	0.400	0.54	V1
BATH	2.700	0.450	0.54	V1

WATER SUPPLY REQUIREMENTS

FLOOR	FLATS NOS	WING NOS	NOS PERSONS x LTRS	LTRS
GROUND		01		2.000
FIRST		01		600
SECOND	03	01	18 PERSONS x 200	3.600
THIRD	07	02	46 PERSONS x 200	9.200
FOURTH	07	02	46 PERSONS x 200	9.200
FIFTH	07	02	46 PERSONS x 200	9.200
SIXTH	07	02	46 PERSONS x 200	9.200
SEVENTH	07	02	46 PERSONS x 200	9.200
EIGHT	07	02	46 PERSONS x 200	9.200
NINETH	07	02	46 PERSONS x 200	9.200
TENTH	07	02	46 PERSONS x 200	9.200
ELEVNTH	07	02	46 PERSONS x 200	9.200
TWELFTH	07	02	46 PERSONS x 200	9.200
THIRTEEN	04	01	20 PERSONS x 200	4.000
TOTAL WATER REQUIRED PER DAY				= 1.02.400

DOMESTIC USE (IN LTRS)			FIRE FIGHTING (IN LTRS)	
TOTAL REQD	U.G	O/H	U/G	O/H
1.42.800	85.680	57.120	20.000	10.000

SANITARY REQUIREMENTS

FLOOR	No OF WC REQUIRED	No OF WC PROVIDED
GROUND	05	05
TYPICAL 2ND TO 13TH	06	12

ROOM SIZES

ROOM	REQUIRED MINIMUM DIM	PROVIDED DIMENSION	REQUIRED AREA IN SQ.M
LIVING	[illegible]	2.40	10.50
KITCHEN	1.70	1.70	4.50
BED	2.40	2.90	7.50
STUD STORE	1.70	2.25	4.50

TOILET

ROOM	REQUIRED CARPET AREA	PROPOSED CARPET AREA	REQUIRED MINIMUM DIA
BATH	1.44	NIL	1.20
W.C	1.08	NIL	0.90
TOILET	2.52	2.62	1.20

BALCONY AREA STATEMENT

1	PERMISSIBLE BALCONY AREA	[illegible]
2	PROPOSED BALCONY AREA	15[illegible]
3	EXCESS BALCONY	12.35

AREA OF STILT = 1418.337 M2

	TOTAL HEIGHT OF THE BUILDING	43.15 M
	FIRE FIGHTING REQUIREMENTS	
	NO. OF LIFTS PROVIDED	

NAME ADDRESS AND SIGN OF THE ARCHITECTS

Arif Punjabi
Architect
CA/94/16782

NAME ADDRESS AND SIGN OF THE OWNER

For SATYAM DEVELOPERS

PARTNER

DESCRIPTION OF PROPOSAL & PROPERTY

DEVELOPMENT PERMISSION FOR -
PROPOSED RESIDENTIAL BUILDING ON
PLOT No 26 SECTOR - 21 (12.50%SCHEME)
AT- KAMOTHE, NAVI MUMBAI.

JOB NO		DRG NO	MD 01
CAD BY	deepak	SCALE	1:100
CHKD BY	SHAFIQUE	DATE	08/02/2006

FASCINATE
ARCHITECTS
ARCHITECTS & INTERIOR DESIGNERS

Dr. Bala[illegible]
M. D. (Obst. [illegible])
Reg. No. : 2005/02/0658

ANNEXURE - I

F. No. 404

बैंक ऑफ़ बड़ौदा
Bank of Baroda

Branch: Kamothe

Date:

Base Branch:	Kamothe.
Account No.:	0490
Name of the Account Holder:	Yashoda Hospital

RTGS/NEFT favouring:

Bank:	HDFC Bank
Branch:	Sandor Bru
IFS Code:	HDFC0000240
Beneficiary's A/c. No.	MVHSNK/05/05
Beneficiary's A/c. Type:	
Beneficiary's Name:	Register maharashtra University of Health Sciences

बैंक ऑफ बड़ौदा / BANK OF BARODA
Kamothe Nagar Branch

	Amount (₹)
Amount of Remittance	2,50,000/-
Exchange	
Total	2,50,000/-

03 JUN 2021

Amount (in words) Rupees

SIGNATURE TRANSFER

UTR No. BARB202106031154867447

Dr. Balasaheb Kradbade
M. D. (C... naec.)
Reg. No. : 2005/02/0656