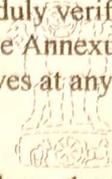


The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted that the teacher's information attached in respective Annexure Dare not working in/at any other Training Centre/Institute or presented themselves at any inspection for the Academic Year 2026.



As per my knowledge and information provided by the concerned teachers, the teachers in the Annexure D 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 valid proof of residence of the said city/town/village.

The teachers in the Annexure D are not practicing in Training Centre working hours or outside the city where the Training Centre/Institute is situated.

I am Dr. Kunal Kamthe 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, I, 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the case may be, shall be liable for disciplinary action or penal action or affiliation of the Training Centre shall be withdrawn, as the case may be.

This declaration is voluntarily signed by me on Friday Day of 27 March 2026 at Pune.

Date: 27/03/2026

Place: Pune

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



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Local Inquiry Committee format for Continuation of Affiliation/Recognition
for Affiliated Training Center conducting Fellowship and Certificate Course(s)
for the Academic Year 2025 - 2026

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rules/Guidelines)

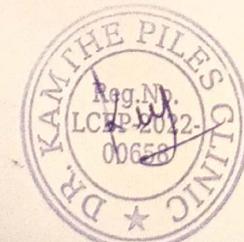
Date of LIC: 27 / 03 / 2026

	Name & Designation of Inspectors	Role	Signature
1	DR. ABHAY PATKAR	Chairman	
2	DR.MRS.GITANJALI KARLE	Member	
3	DR. MOHMMAD HUSSAIN	Member	
4		Member	

1. Training Centre Information

A	Name of the affiliated training centre	:	DR. KAMTHE'S PILES CLINIC, SURGICAL HOSPITAL & RESEARCH CENTRE
i	Name of Society/Trust	:	
ii	Address	:	101, INDRAPRASTH LANDMARK, SR NO 65A, GANGADHAM SHATRUNJAY MANDIR ROAD, NEAR SHANTINAGAR SOCIETY KONDHWA BK, PUNE 411048
iii	Email Address	:	drkamthepilesclinic@gmail.com
Iv	Telephone No.(s)	:	8888862978
V	Website	:	www.doctorpile.com
Vi	Year of Establishment	:	(DD/MM/YYYY) 06/11/2022
B	Name of the Director/Dean/Principal	:	DR. KUNAL KAMTHE
I	Mobile No.	:	9890616365
li	Office Landline	:	8888862978
lii	Name of Co-ordinator	:	DR. DEEPALI MOHANE
C	Mobile No.	:	8975996673
	Email ID	:	drkamthepilesclinic@gmail.com

2. Name(s) of the Fellowship/Certificate Course(s)



Sr. No.	Name of the Fellowship/Certificate Course	Course started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship Course in Ksharsutra Chikitsa	25-26	10	DR AMIT PALIWAL
02				
03				
04				
05				
06				
07				

3. Year – wise number of students admitted to Fellowship/Certificate course during last 5 years

Sr. No.	Name of Fellowship/Certificate Course	Academic Year	Intake Capacity	No. of students Admitted (in figure only)
1		A.Y. 2020-2021		
		A.Y. 2021-2022		
		A.Y. 2022-2023		
		A.Y. 2023-2024		
		A.Y. 2024-2025		

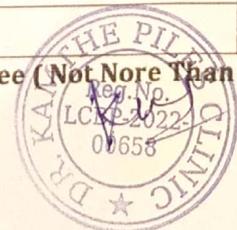
4. Details of the Training Centre are available on the Training Centre website, in the prescribed format **Yes/No = yes (www.doctorpile.com)**

5. Whether the information is complete in all respect. **Yes/No = yes**

6. If incomplete information, please write the points from prescribed format regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-

Sr. No	Point No. in Prescribed format	Particulars of point	Observation of the LIC

7. Any Other Observations & Overall Remarks of the Local Inquiry Committee (Not More Than 3 Lines): (To be filled by the Local Inquiry Committee).



Sr. No.	Particular	- Remarks
01	Recommendation for Recognition of the institute (if applicable)	:
02	Recommendation for Existing Fellowship/Certificate Courses For Continuation of Recognition/Affiliation (if applicable)	:

Annexure A to H are to be certified by LIC members & Dean/ Principal of Respective Training Centre

This is to Certify that the Annexure A to H are verified & found correct which is uploaded on the college website. Any discrepancies occurring regarding permission for continuation of affiliation/Extension of affiliation as per Minimum Standard Requirement (MSR) undersigned will be responsible for the above said matter.

.....
Member

.....
Chaiman



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Information to be provided and uploaded by the Training Centre (as applicable on their website for verification of Local Inquiry Committee)

List of Annexures

No. of Annexures	Particulars	Verified by Committee
ANNEXURE "A"	Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor The information must be made available on the Training Centre website	Yes/No
ANNEXURE "B"	INSTITUTIONAL INFORMATION The information must be made available on the Training Centre website	Yes/No
ANNEXURE "C"	HOSPITAL INFORMATION The information must be made available on the Training Centre website	Yes/No
ANNEXURE "D"	DEPARTMENTAL INFORMATION The information must be made available on the Training Centre website	Yes/No
ANNEXURE "E"	Information of director of Training Centre The Information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University	Yes/No
ANNEXURE "F"	Information of Mentor of Training Centre The Information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University	Yes/No
ANNEXURE "G"	Information of Co-ordinator of Training Centre The Information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University	Yes/No
ANNEXURE "H"	DECLARATION The Information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University	Yes/No

Important Instructions & Declaration :

1. Our Training Centre is fully aware that our Training Centre is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the Training Centre and if it is found by the University at any stage, then our Training Centre is fully aware that affiliation will be withdrawn by the University with immediate effect with penalty.

2. It is certified that our Training Centre has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our Training Centre is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on Training Centre website.

3. Our Training Centre hereby undertake that all Annexures information will be made available on Training Centre website for a period of next 05 years. Year-wise information of all Annexures will be made available on Training Centre website for a period of 05 years from time to time. In case if any information (Annexure wise) is called for by the University in intermittent period, our Training Centre will furnish required information to the University immediately.

Date : 27/03/2026

Place : Pune



Signature of Dean/Principal

Name of the Signatory (with Seal of the Training Centre)

Dr. KUNAL KAMTHE
MD (Ayu.)

Consulting Ayurveda Proctologist
Reg. No. I-55448 A-1



DECLARATION BY LIC

We hereby certify that, the Training Centre has uploaded Annexures as prescribed by University on Training Centre Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on Training Centre Website is mentioned in LIC Report.

Name of Inspector		Sign. Of Inspector with date
1) Dr. Abhay Patkar	Chairman	
2) Dr. Mrs. Gitanjali Karle	Member	
3) Dr. Mohmmad Hussain	Member	

Note: All Annexures must be certified by LIC Team & Dean/Director/Coordinator of Respective Training Centre



ANNEXURE-"A"

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

Title of the Course applied for :-

This is to Certify that Dr. Kunal Kamthe has work in the Department of Dr. Kamthe's Piles Clinic, Surgical Hospital & Research Centre Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
BAMS MD	2010	2026	16 YRS

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

Designation	From	To	Total period Year/Months
BAMS MD	2010	2026	16 YRS

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

Amit
Dr. Amit Paliwal
B.A.M.S , M.S
Reg. No. 147155- A1

Sign & stamp
Head of Department
Date : 27/3/2026



Kunal Kamthe
Dr. KUNAL KAMTHE
MD (Ayu.)
Consulting Ayurveda Proctologist
Reg. No. I-55448 A-1

Sign & stamp
Dean/Principal/Head of Institute
Date : 27/3/2026

ANNEXURE "B"

(INSTITUTIONAL INFORMATION)

1. Particulars of Director/Dean/Principal : (Whosoever is Head of Training Centre)

Name : Dr. Kunal Kamthe Age : 43 (date of Birth) : 01/02/1983

PG Degree	Subject	Year	Institution	University
Recognized/Not Recognized	Dravya	2010		Bharti Ayurved College

Teaching Experience

Designation	Institution	From	To	Total/Exp.
Asst. Professor				
Asst. Professor/Reader				
Professor	Dr.KPC			16 years
Any Other				

2. Management/Society/ Inst. Information

01	i) Name of the Society/Institution/Training Centre/University Dept.:	Dr. Kamthe's Piles Clinic, Surgical Hospital & Research Centre
	ii) Postal Address, with PIN :	101, Indraprasth Landmark Sr.no 65 A, Gangadham Shatrunjay Mandir road Near Shantinagar Society Kondhwa Bk Pune 411048
	iii) Contact Details :	Mob: 9890616365
02	Society/Institution/Training Centre Registration Number And date :	i) Public Trust Act 1950 : ii) Society's Registration Act. 1860 : iii) Year of Establishment : 2021 pvt ltd
		iv) Copy of Registration, Constitution and Memorandum of Association attached ? Yes/No = yes
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	Dr. Kamthe's Piles Clinic, Surgical Hospital & Research Centre marks as appendix 'B' Regis. No : LCBP-2022-00658 2022
	i) Name of the Training Centre/ Institute where course is to be conducted	Dr. Kamthe's Piles Clinic, Surgical Hospital & research Centre (Self)
	ii) Postal Address with PIN: iii) Contact Details : iv) E-mail ID :	101, Indraprasth Landmark Sr.no 65 A, Gangadham Shatrunjay Mandir road Near Shantinagar Society Kondhwa Bk Pune 411048 8888862978 drkamthepilesclinic@gmail.com
04	v) List of University approved Fellowship/Certificate Course(s) conducted/already running at Training centre with Intake Capacity	Name of the Course(s) : Fellowship in Ksharsutra Chikitsa
	vi) Training Centre / Institute willing/desirous to start/ Open Fellowship/Certificate Courses(s) (For New Opening Purpose only)	
05	Affiliation Fee Details: (Bank/DD no./date/amount/NEFT/RTGS)	Paid Fees details Attached : Yes /No (Pending fees if any) = paid
06	Financial position of the Society /	Audited Statements of Accounts For



	Institute in the preceding 03 years :	*Yes/No = yes MarksAppendix'C'
07	Budgetary Provision for the FC/CC/DC for the next 03 years	i) 20...Rs..... attached
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik	Copy of Management Resolution attached ? *Yes/No = yes Markas Appendix 'D'
09	Others Information :	
	a) Land :	*Yes/No. If yes, Then Area : 3800s.q. ft.
	i) Whether the Land is owned by the Applicant Institute/Training Centre/ Trust :	Copy of and documents i.e. 7/12 extract, Property Card etc. attached ? * Yes/No = Yes - Marks as Appendix'E'
	ii) Whether the land is registered	*Yes/No if yes , registration Number : LCBP-2022-00658 Dated 09/11/2022 at Pune Copy of land Registration Certificate attached ? *yes/No = yes INDEX 2 ATTACHED
	iii) Any Loans, Moetgage, etc. shown against the title of the land	*Yes/No = No. if yes amount of loans Rs . /mortagaged for Rs..... Copyof Loan Mortgage Deed Attached? * Yes/No.
	b) Building :	3800 sq.ft.
	i) Total Built-up area	Certified copy of building paln attached • Yes/No : Yes

3. Central Library

- Total number of Books in library : **34**
- Books as per training to concerned Fellowship subject : **34**
- Purchase of F;ates editions of Cobcerned books in last 3 years : **10**
- Journals :

1	Journals	Total	Concerned Fellowship Subject
2	Indian	5	Yes
3	Foreign	1	yes

- Year/Month up to which latest Indian Journals available : **june 2023**
- Year/Month up to which latest Foreign Journals available : **may 2022**

- Internat/Medpub/Photocopy facility : **Yes**
Available/not available
- Library opening times :**Full Time**
- Reading facility out of routine library hours : **Full Time**
Available/ not available
(obtain list of books & journal duly signed by Dean)

4. RecreationalFacilities :

PlaygroundsGymnasium

Availbe/Not Available



5. Hostel Accommodation :

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No	yes			Yes		
Of students	8			2		
Status of Cleanliness	Good			Good		

6. Residential accommodation for Staff/ Paramedical Staff : Available / Not Available = Available

7. Ethical Committee (Constitution) : YES/NO

8. Medical Educational Unit (Constitution) : YES/NO

9. Any other faculty specific information required :

(such as Herbal garden/ Panchkarma Unit / Pharmacy

/Dental Chairs and Units/ As per the requirement of concerned Course) Attachdetails)



HOSPITAL INFORMATION

1. Name of the Hospital : Dr. Kamthe's Piles Clinic, Surgical Hospital & Research Centre.

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

In the entire hospital		In the department of concerned Fellowship subject	
OPD	4000	OPD	
IPD (Total No. of Patients admitted)	400	IPD (Total No. of Patients admitted)	

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

In the entire hospital	
No of Beds	15
No of Beds in ICU	0
No of Beds in RCU	0
No of Beds in SICU	0
No of Major O.T.	1
No of Minor O.T.	1

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

• No. of available for clinic service on inspection day :

	On inspection day	Average of random 3 days
• Daily OPD - 2 pm	2-4	10-15
• Daily admissions in Dept.	15-20 OPD	50-60
• Throughcasualty at 10am		
• Bedoccupancy in the Dept.		
• Number of Patients inward (IPD) at 10 AM	2	10
• Percentage bed occupancy at 10 am		

• Clinical Procedure (s) & Operative Details related to Fellowship subject / Speciality :
(Forfurtherdetailsinthisconcern,kindlypersuetheguilelinesinformationsheetssupplied herewit)

On Inspection day

Average of random 3 days



5. Casualty :/ Emergency Department

Space	200 sq ft
Number of Beds	1
No. of cases (Average daily OPD and Admission) :	2
Emergency Labin Casualty (roundtheclock) :	Not available
Emergency OT and Dressing Room	Yes
Staff (Medical / Paramedical)	Yes
Equipment available	Yes

6. Blood Bank :

(i)	Valid FDALicense (copy of certificate be annexed)	NO
(ii)	Blood component facility available	Yes
(iii)	All blood Unit tested for Hepatitis C, B, HIV	YES
(iv)	Nature of Blood Storage facilities (as per specifications)	NO
(v)	Number of Blood Units available on inspection day	NO 0
(vi)	Average blood units consumed daily and on inspection day intheentire Hospital (givedistributioninvariousspecialities)	

7. Central Laboratory :

- Controlling Department : MOU
- No of Staff : 0
- Equipment Available : Attach Separate list
- Working Hours : 0

8. Central supply of Oxygen/ Suction : Available

9. Central Sterilization Department : Available

10. Ambulance : Available

11. Laundry : Outsourced

12. Kitchen : Available

13. Incinerator : Functional/ Non functional : Outsourced

14. Bil- Medical Waste disposal : Outsourced

15. Generator facility : Available

16. Medical Record Section : Computerized

- ICDX classification : Not used

Amit
Sign & Stamp
Head of Department
Central Lab
Dr. Amit Patel
B.A.M.S, M.S
Reg. No. 147155- A1



Kunal
Dr. KUNAL KAMTHE
MD (Ayu.)
Consulting Ayurveda Proctologist
Reg. No. I-55448 A-1
Sign & stamp
Dean/Principal/ Director of training

ANNEXURE - 'D'

DEPARTMENTAL INFORMATION

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

1. Fellowship Speciality Department to be inspected :

2. Date on which independent department of : functioning concern speciality 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 (afteracquiring PG Qualification in Concedrned Subject
1.	Dr. Amit Paliwal	Part	MS(shalya) HOD	MS	16 yrs

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

Yes/No :

Since when : New 1st year

5. Speciality Department Infrastructure Details :

Facility	Area (sft).	Available	Not Available
Faculty rooms	200	Y	
Clinic	400	Y	
Laboratory Space	150	Y	
Seminar room	200	Y	
Department Library	50	Y	
PG common room	IPD	Y	
Pre-cliniclab (wherever applicable)			
Patient waiting room	250	Y	
Total area	3800	Y	

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

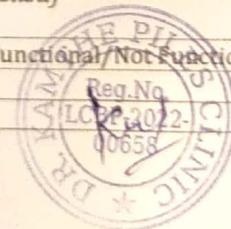
Year	Name of the Course	No. of student admitted	No. of Valid Mentors available in the dept.(givenames)
2025-26	Fellowship in Ksarsutra Chikitsa	8 till now	

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

Sr. No.	Name	Designation
1.	Dr. Amit Paliwal MS	HOD
2.	Dr. Gaurav Sharma MS	Professor

8. List of Equipment(s) in the department of concerned Fellowship subject : Equipment's List of important equipment's available and their functional status (Listhereonly- Noannexureto be attached)

Sr. No	Name of the Equipment Available (List Attached)	Specification	Functional/ Not Functional	Qty:



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

10. Specialty Clinic 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 Case attended	Name of Clinical in-charge

11. Service provide by the Department :

a) Services

i) Proctology care

ii) -

iii) -

b) Ancillary Services

(f) Others

12. Space

Sr.No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arangement	Yes	Yes
2	Equipment's	Yes	Yes
3	Teaching Space	Yes	Yes
4	Waiting area for patients	Yes	Yes

13. Officespace :

Department Office		Office Space for ateaching Faculty	
Space (Adequate)	YES	HOD	Dr. Amit Paliwal
Staff(Steno/Clerk)	YES	Professors	Dr. Kunal Kamthe
Computer/Typewriter	YES	Associate Professors	Dr. Gaurav Sharma
Storagespace for files	YES	Assistant Professors	Dr. Yunus Solanki
		Resident	Dr. Sharmila Kamthe

14. Clinical load of Dept.: No of Surgeries/Procedures 2-3 per day

15. Submission of data to National Authorities if any :



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. Kunal Kamthe
02	Date of Birth	: 01/02/1983
03	Address	: Near Anjani niwas, Bholenath chowk, kondhwa BK, Pune. 411048
04	Tel.No./Mob.No.	: 9890616365
05	E-mailid	: drkamthepilesclinic@gmail.com
06	Nationality	: Indian
07	Qualification details : (attach documentary proof)	: BAMS., MD
08	Teaching Experience/ Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. AlsI it is mandatory to attach self- attested Photocopy of the experience Certificate of each mentor in the Subject of concerned Fellowshio/Certificate Course)	16 Years
09	Present Appointment	09/11/2022
10	Publications(List& Proof)	1)EVALUATION OF ANALGESIC EFFECT OF TAB TRAILOKYA VIJAYA VATI IN POST-OPERATIVE PAIN IN KSHARKARMA PATIENTS : AN OBSERVATIONAL STUDY 2) EVALUATING EFFECT OF CAP PMA ON PLATELET COUNT IN ENDEMIC FEVERS – A CASE SERIES STUDY IN PUNE 9 MAHARASHTRA INDIA) 3)EVALUATION OD SAFETY AND EFFICANCY OF TAB HF-PI IN THE PATIENTS OF HEMORRHOIDS AN OBSERVATIONAL STUDY
11	Post Graduate Teaching Experience(Atach documentary evidence)	16 years
12	Any other relevant information	-

Date :- 27/3/2026

Name & Sign.of Director

For the use of affiliated Training Center :

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

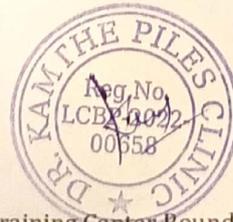
Dr. Amit Paliwal

B.A.M.S., M.S
Reg. No. 147155- A1

Sig & Stamp

Head of Department

Date : 27/3/2026



Training Center Round Seal

Dr. KUNAL KAMTHE
MD (Ayu.)
Consulting Ayurveda Proctologist
Reg. No. I-55448 A-1

Sign & stamp

Dean/Principal /Director of Training Center

INFORMATION OF MENTOR TRAINING CENTRE

It shall be verified by the head of the concerned training centre :

Sr.No.	Particulars	Information to be filled
01	Name of mentor	DR. AMIT PALIWAL
02	Date of birth	26/6/1982
03	Address	S/O ASHOK PALIWAL, S NO 3 1 AMRAI FLAT NO 602 DATTA NAGAR , AMBEGAON RAOD , DHANKAWDI, PUNE , MAHARASHTRA-400143
04	Mob. Number	8087975264
05	Email.ID	drkamthepilesclinic@gmailcom
06	Nationality	INDIAN
07	Qualification (Attached Proof)	BAMS, MS
08	Teaching experience /health sciences:professional experience(Attached documents proof with sign of HOD Also it is mandatory to attach selfattested photocopy of experience certificates of each mentor in the subject of coconcernfellowship/ certificate course .)	2010 TILL 2026
09	Present appointment	9/11/22 TILL DATE
10	Publications list and proof	LIST ATTACHED
11	Post graduate teaching experience (attach documentary evidence)	DOCUMENT ATTACHED
12	Any other relevant information	NIL

Amit
Dr. Amit Paliwal
 B.A.M.S , M.S
 Reg. No. 147155- A1
 Name & Sign of Mentor

Date : 27/3/2026

For the use of affiliated training centre :

I have varified the eligilibility of the above mentor as per the criteria of eligibility prescribed by the Univesity vide clause no 7 of the university direction no. 05/2017 (Amended) and University circular no. MUHS/UDC/FCCC/736/2019DATED 30/09/2019.

Amit
 Sign & Stamp

Head of department

Dr. Amit Paliwal
 B.A.M.S , M.S
 Reg. No. 147155- A1



Training Centre Round Seal

Dr. KUNAL KAMTHE
 MD (Ayu.)
 Consulting Ayurveda Proctologist
 Sign & Stamp 55448 A-1

Dean/Principal / Director /Traning centre

ANNEXURE - "G"

INFORMATION OF COORDINATOR OF TRAINING CENTRE

It shall be verified by the head of the concerned training centre :

Sr.No.	Particulars	Information to be filled
01	Name of Coordinator	DR. GAURAV SHARMA
02	Date of birth	6/6/1994
03	Address	P.O BHUNNE , TEHSIL TIRWA DIST - KANNANJ . U.P
04	Mob. Number	9309133423
05	Email.ID	drguravsharma@gmail.com
06	Nationality	Indian
07	Qualification (Attached Proof)	BAMS, MS
08	Present appointment	4 YEARS 03 MONTHS
09	Any other relevant information	NIL

Date : 27/3/26

Amit
Dr. Amit Paliwal
B.A.M.S , M.S
Reg. No. 147155- A1
Sign & Stamp

Head of department



Training Centre Round Seal

G Sharma

Name & Sign of Mentor

Kunal
Dr. KUNAL KANTHE
(Ayu.)
Consulting Ayurvedic Proctologist
Reg. No. I-33448 A-1
Dean/Principal / Director / Training centre

