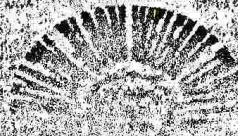


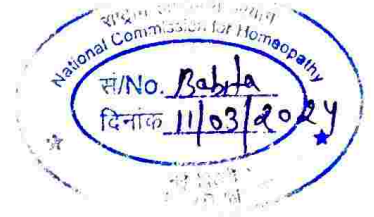
रियाजुल उलम
वेलोअर हॉम्योपैथी



Ref. No. R.U.W.T.M.K.H.M.C/UG-2024/19

Date : 08 / 03 / 2024

To,
The President,
Medical Assessment and Rating Board for Homoeopathy,
National Commission of Homoeopathy,
Ministry of AYUSH,
Government of India,
New Delhi.




Sub: Submission of an application for permission to establish a new medical college for BHMS course with intake capacity of 100 seats.

Respected Sir,


With reference to the subject cited above submitting herewith an application in prescribed format of Form-1 [sub-regulation (1) of regulation 4] for permission to establish a new medical college for BHMS course with intake capacity of 100 seats in respect of **MUHAMMAD WAHED HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH CENTRE**. At Anwapada, Post. Anwa Tq. Bhokardan, Dist-Jalna (MAHARASHTRA), along with the DD of Rs 50,000/- towards the application fees.

Your honor is requested to kindly accept the same and oblige.

Thanking You,


DEAN
M. YOUNIS FARIDI
HOMOEOPATHIC
MEDICAL COLLEGE
& RESEARCH CENTER
AT.P.O. ANWA PADA TA. BHOKARDAN
DIST. JALNA 431112

Enclosures it is inform to you that the proposal is having following enclosures attached as under,

- 1) Form-I and its basic enclosure.
- 2) Appendices for other enclosures as per various parts of form - I applications.
- 3) Annexures list of enclosures as per Annexure 1 - ~~49~~ - 48 

(Customer Copy)



MAHARASHTRA GRAMIN BANK

(A Scheduled Bank established by Govt. of India)
Sponsor Bank: Bank of Maharashtra

HEAD OFFICE : TOWN CENTRE CIDCO, AURANGABAD -431003

BRANCH - Anwa.

Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/ NEFT centre and beneficiary are as under. DATE : 06/08/2024

- 1. Name of the beneficiary: National Commission for Homoeopathy
- 2. Bank-Name : State Bank of India
- 3. Branch Name : CERAS, Jarakpuri, New Delhi
- 4. Account No. :

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| 1 | 0 | 5 | 0 | 2 | 0 | 8 | 2 | 0 | 9 | 3 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
- 5. IFSC Code :

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| S | B | I | N | 0 | 0 | 1 | 0 | 6 | 5 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|
- Contact No. :

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 1 | 2 | 8 | 5 | 2 | 0 | 1 | 8 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|

6. UTR No. MHGN24066076560
(to be filled by the Branch)

Applicant's Name : Ishak Vastanvi Homoeopathic Hospital

Account No. :

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 0 | 7 | 6 | 8 | 4 | 9 | 5 | 1 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|

Account Type : Savings / Current / CC / OD etc.)

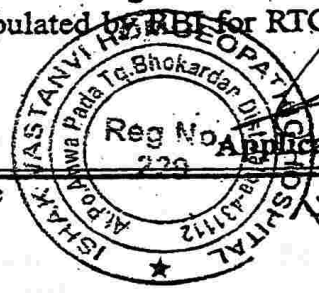
PAN No. :

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | |
|------------------|-------------------|
| RTGS/NEFT Amount | : ₹ <u>50,000</u> |
| Charges | : ₹ <u>5.9</u> |
| Total | : ₹ _____ |

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS/NEFT fund remittance.

Branch seal & Signature



Applicant's Signature

Note : Remittance would be effected as per RBI's Rule

TRANSFER
Date: 06-08-24

MWA
DEAN
M. WAHED HOMOEOPATHIC
MEDICAL COLLEGE
& RESEARCH CENTER
AT. PO. ANWA PADA TA. BHOKARDAN
DIST. JALNA 431112