

M.VAHED HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL



At.Po.Anwa Pada Tq.Bhokardan Dist.Jalna-431112

Date: 1/8/2023

Sr No.

To, Dr. Faime Yonus Deshmukh

Sub: Appointment letter.

Dear:-

With reference to your application and subsequent interviews with us .It has been decided to
Appoint you as M.D with a mutually agreed upon total consolidated salary with no claims of any other present or future benefits. Service tax or Govt. tax will be deducted as per rule.

Your appointment is subject to the following terms and conditions:-

1. You will join your duties within 15 days from appointment
2. Your appointment is on honorary basis from the date of joining and you will automatically. be deemed to be relieved on completion of Eleven months. +
3. You services may be terminated at any time without notice and without assigning any reason.
4. You will be bound by the discipline and conduct rules. With or regulations and procedure of the institute
5. This appointment does not carry any superannuation or service termination benefits.
6. The Management reserves the rights to amend, alter, modify or vary any of the conditions passed without assigning any reasons.
7. You shall have to produce certified copies of all qualifying examinations passed from SSC onwards and recent passport size two color photographs.
8. You will abide by all present and future rules and regulations that may come in force during your service period.


Yours faithfully

PRINCIPAL
M.VAHED HOMOEOPATHIC
MEDICAL COLLEGE
& RESEARCH CENTER'S
At.Po.Anwa Pada Tq.Bhokardan
Dist.Jalna-431112

JOINING REPORT

TO,
THE PRINCIPLE
M.VAHED HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL
ANWA PADA 431112

SUBJECT= JOINING REPORT.

R/SIR


With reference to appointment order I am submitting herewith MY joining report from today, I shall abide to term and condition ,and will give my best.

I feel that I can make a significant contribution for our hospital

Thus, I am grateful for the opportunity you have presented me with.

Dr. Faime Yonus Deshmukh

Thanking you


PRINCIPAL
M.VAHED HOMEOPATHIC
MEDICAL COLLEGE
& RESEARCH CENTER S
At.Po.Anwa Pada Tu.Bhokardan
Dist.Jalna-431112


 भारत सरकार
GOVERNMENT OF INDIA

 फईम युनूस देशमुख
Faima Younus Deshmukh
जन्म वर्ष / Year of Birth : 1984
पुरुष / Male




7354 6320 6339


आधार — सामान्य माणसाचा अधिकार


 भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पत्ता S/O: युनूस हादीमीया देशमुख,
देशमुख मोहल्ला, देऊळघाट, बुलडाणा,
देऊळघाट, महाराष्ट्र, 443001

Address: S/O: Younus Hadimiya
Deshmukh, Deshmukh Mohalla,
Deulghat, Buldana, Deulghat,
Maharashtra, 443001

 1947
1800 180 1947

 help@uidai.gov.in

 www.uidai.gov.in

 P.O. Box No. 1947,
Bengaluru-560 001

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

FAIME YOUNUS DESHMUKH

YOUNUS HADIMIYA DESHMUKH

31/07/1984

Permanent Account Number

BXXPD1734M


Signature



17/01/2014



MAHARASHTRA COUNCIL OF HOMOEOPATHY

Peninsula House, 235, 3rd floor, Dr. D. N Road, Fort, Mumbai-1
Phone No. 22704400, 22703086 . Fax No. 022/22703086
mail@mchmumbai.org . Web : www.mchmumbai.org

Dr. DESHAMUKHA FAIME YOUNUS




Reg. No. : 80979

Date : 24/05/2023

Qualification : BHMS

Add. Qualification :

Address : At. Post. Deulghat, Deshmukh
Mohalla, Near Post Office Deulghat Tq Dist
Buldhaña AURANGABAD-443001


MUMBAI
15/06/2023



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Statement of Marks

Examination : FINAL B.H.M.S. - SUMMER-2020 EXAMINATIONS

Name of the Candidate : DESHAMUKHA FATME YOUNUS

Statement No. : 21052286

P.R. No. : 1505211504

College Code : 4403

Seat No. : 81355

SUBJECTS	THEORY	PRACTICAL + ORAL	SUBJECT TOTAL	RESULT
PRACTICE OF MEDICINE	MAX: 200	200	500	PASS
	MIN: 150	100		
HOMOEOPATHIC MATERIA MEDICA	150	104	254	TOTAL (1600)
	MAX: 200	200	400	
ORGANON OF MEDICINE	MIN: 100	100		
	EX	EX	EX	
CASE TAKING & REPERTORY	MAX: 200	100	300	N.SS/N.C.C./SPORTS & CULTURAL
	MIN: 100	150		
COMMUNITY MEDICINE	EX	EX	EX	
	MAX: 100	100	200	GRAND TOTAL
	MIN: 50	50		
	*045	054	099	1600
	EX	EX	EX	→ CRD.1-60.2

EX: EXEMPTED, AB: ABSENT, #: DISTINCTION
 MAX.: MAXIMUM, MIN.: MINIMUM, FFF: FAIL IN SUBJECT

DATE: 29 November 2020

4011355

CONTROLLER OF EXAMINATIONS

Handwritten signature



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



MUHS

No. 21009571

P. R. No.: 1505211504

Seat No.: 81355
COLLEGE CODE: 4403

PASSING CERTIFICATE

COPY COPY

This is to certify that Shri/Smt.

DESHAMUKHA FAIME YOUNUS
appeared for and passed the

COPY COPY
FINAL B.H.M.S.
Examination held by the Maharashtra University of Health Sciences, Nashik

in SUMMER-2020

Nashik
Date: 29 November 2020

MHS
Controller of Examinations

Report the discrepancy of Name, Year etc., (if any) in above Certificate to the University within Six months of issue of certificate.



"Bhagwan Shikshan Prasarak Mandal's"

Shri Bhagwan Homoeopathic Medical College & I G M Hospital

DR. Y. S. KHEDKAR MARG, CIDCO, N-6, AURANGABAD - 431 003.

☎: (0240) 2482144 / 2484535, FAX : (0240) 2488045

E-mail : principal.bhmc@gmail.com

Principal :
Dr. Jatin Shah
M. D. (Hom.)
☎: (O) 2482144, 2484535

Secretary :
Dr. R.Y. Khedkar
M.S. (ENT) M.B.
☎: 2241851, 2333724

O.W.No. BHMC/1080/22/ICC86/11

Date : 10/03/2022

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that **Mr. DESHAMUKHA FAIME YOUNUS**, has passed the final year examination of BHMS course conducted by the Maharashtra University of Health Sciences, Nashik held in **Summer-2020**. He is bonafide student of this College, having University Examination Permanent Registration Number **1505211504** and Provisional Registration Number of State Council as **53512**.

That **Mr. DESHAMUKHA FAIME YOUNUS**, has satisfactorily completed Compulsory Rotatory Internship Training Programme of **12 (Twelve) month** duration i.e. for **365 days** from date **12/012/2020** to date **11/12/2021** as per the Central Council and University norms.

During this period her clinical work and conduct was found satisfactory and there is no Legal or Admission Eligibility related matter is pending with the student and thus she found eligible for the award of **B.H.M.S.** degree by the University.

Date : 30/03/2022

Place : Aurangabad.

Name of HOD with sign
Shri Bhagwan Homoeopathic
Medical College, Dr. Y.S. Khedkar Marg,
N-6, CIDCO, Aurangabad.



Name of Dean/Principal with sign
Shri Bhagwan Homoeopathic
Medical College, Dr. Y. S. Khedkar Marg,
N-6, CIDCO, Aurangabad.

College Seal



"Bhagwan Shikshan Prasarak Mandal's"
**Shri Bhagwan Homoeopathic Medical College
& I G M Hospital**

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M.S. (ENT) M.B.
☎: 2241851, 2333724

O.W.No. BHMC/1080/22/ICC 86/11

Date : 10/03/2022

INTERNSHIP COMPLETION CERTIFICATE

Name of the Internee : Mr./Miss :- **DESHAMUKHA FAIME YOUNUS**

BHMS IV Examination Passed : **Summer -2020**, Provisional MCH Reg. No. **53512**

Internship Posting Started on : **12/12/2020**, Completed on **11/12/2021**.

Sr. No.	Name of the Department	Period of posting & date		Remark
		Date	Days	
1.	Pre-Internship Orientation Programme	07/12/2020 To 11/12/2020	05	
2.	Medicine	-----		
	i) Psychiatry	13/07/2021 To 11/08/2021	30	
	ii) Respiratory System	12/05/2021 To 11/06/2021	31	
	iii) Gastro - Intestinal	11/11/2021 To 11/12/2021	31	
	iv) Skin & Cosmetology	12/12/2020 To 11/01/2021	31	
	v) Allergy & Immunological Diseases	12/08/2021 To 11/09/2021	31	
	vi) Cardiology	12/06/2021 To 12/07/2021	31	
	vii) Pathology	27/09/2021 To 11/10/2021	15	
	viii) Pediatrics	12/10/2021 To 10/11/2021	30	
ix) Radiology	12/09/2021 To 26/09/2021	15		
3	Surgery including ENT, Ophthalmology & Orthopedic	13/03/2021 To 11/04/2021	30	
4	Gynecology & Obstetric including family planning	12/01/2021 To 12/03/2021	60	
5	Community Medicine	12/04/2021 To 11/05/2021	30	
		-----	365	

No. of days repeated due to absence : 124 days of absentee

Other reasons if any for repetition of : Not applicable

internship with name of the Department

During the internship period he/she also worked in Pathology, Radiology Departments and assisted in their routine working.

Date :

(Sign. Of Office Clerk)

Principal
Shri Bhagwan Homoeopathic
Medical College, Dr. Y. S. Khedkar Marg
(Sign. & Seal)
N-6, CIDCO, Aurangabad.

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

Similia Similibus Curentur

Certificate No. : 80979

Date of Registration : 24/05/2023

This is to Certify that



Dr. Shri/Smt./Kumari **DESHAMUKHA FAIME YOUNUS**

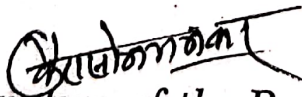
has been duly registered under the Mumbai Homoeopathic Practitioners' Act, 1959 (Mumbai XII of 1960).

In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Mumbai and the signature of the Registrar.

Subject to the provision of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the register.

This Certificate is valid upto 23rd day of May of 2028 or till it is duly cancelled.




Signature of the Registrar



2021208944



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik, India

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु
आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य
बॅचलर ऑफ होमिओपॅथिक मेडिसीन अँड सर्जरी

ही पदवी उन्हाळी-२०२० मधील परीक्षेत उत्तीर्ण झाल्याबद्दल
औरंगाबाद येथील श्री.भगवान होमिओपॅथिक मेडीकल कॉलेज चे/च्या

देशमुख फईम युनुस
यांना

०२ मार्च २०२२ च्या दीक्षांत समारंभात प्रदान करित आहोत

**We, the Chancellor, Pro-Chancellor, Vice-Chancellor
and Members of the Management Council, Academic Council
confer the Degree of
Bachelor of Homoeopathic Medicine & Surgery**

on
Deshamukha Faime Younus

(PRN 1505211504)

of
Shri Bhagwan Homoeopathic Medical College, Aurangabad

for the examination held in Summer-2020
at the Convocation held on 02nd March 2022



20BE0068521



M. Kamitkar

VICE-CHANCELLOR
कुलगुरु