

My educational qualifications are as follows:-

Sr.No	Qualification	Name of University	Year of Passing	Subject
①	B.H.M.S	MUHS Nashik	2006	
②	M.D (Hom)	MUHS Nashik	2015	Repetition

I will faithfully serve the institute in this capacity to the best of my ability.



Signature. *[Signature]*

Name in Full. Dr. Rupali Rajendra Rindhe

Address. H-6 CIDCO, Telecom Housing Society
Aurangabad (M.H) Pin - 431001

BEFORE ME

[Signature]

B.B. Wagh

Advocate & Notary

GOVT OF INDIA Reg No. 16248

Aurangabad Dist. Jalgaon (M.B)

1-2700348

[Signature]
identified by
such executant has been identified by
Shri S. Shinde S. + Agreed
to me The execution is to my satisfaction



**SHRI GURU GANESH STHANAKWADI JAIN SHIKSHAN SAMITHI'S
DAKSHIN KESARI MUNI MISHRILALJI (DKMM)
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**



Shri Guru Ganesh Naagar, Behind B. B. Ka Marghara, Aurangabad (MS) - 431 004

Ph No. (0240) - 2401051, 2400512 (Hospital) 2400095

E-mail : dkmm@dkmm.org Web: <http://www.dkmmhomoeopathiccollege.com>

Dr. Tarachand Dugale President 9823009900	Dr. J. Anandamul Chavhan Secretary 9841090055	Dr. Prakash Pokarna Chairman College Committee 9423172000	Dr. Prakash Zambhar Medical Director 9822044597	Dr. V. S. Parashar Chief Advisor (Hospitals) 9822211671	Dr. Mohd. Farooq Principal 9423162775
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RECOGNIZED & DECLARED MINORITY EDUCATIONAL INSTITUTION BY STATE GOVT.

DKMM/Estt/2022/ 578

Date:-21/11/2022

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Rupali Tejrao Rindhe** is working in this college since **26-11-2018** on the post of **Lecturer** in the Department/ subject of **Repertory**.

Sr. No	College Name	Post/subject	From	To	Total Teaching Exp.
1.	D.K.M.M.HMC, Aurangabad	Lecturer Repertory	15-08-2016	28-02-2017	06 Months 14 Days
2.	D.K.M.M.HMC, Aurangabad	Lecturer OB/GY	01-03-2017	01-05-2017	02 Months
3.	D.K.M.M.HMC, Aurangabad	Sr. Medical Officer	02-05-2017	22-08-2017	03 Months 20 Days
4.	D.K.M.M.HMC, Aurangabad	Lecturer OB/GY	23-08-2017	24-11-2018	01 Yrs 03 Months
5.	D.K.M.M.HMC, Aurangabad	Lecturer Repertory	26-11-2018	07-11-2022	03 Yrs 11 Months 12 days
PG Teacher/PG Guide Experience					
1.	D.K.M.M.HMC, Aurangabad	Lecturer Repertory	27-02-2019	07-11-2022	03 Yrs 03 Months 19 days

Her total teaching experience is of **06 Yrs, 02 Months, 16 days & 03 Yrs, 03 Months, 19 days** of PG Guide.
Hence Certified.

(Signature)
Dr. Mohd. Farooq
Principal

D.K.M.M. Homoeopathic Medical College & Hospital, Aurangabad

**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. **RINDHE RUPALI TEJRAO**

of **SHRI BHAGWAN HOMOEOPATHIC
MEDICAL COLLEGE, AURANGABAD**

having been examined and found
duly qualified for the

*Bachelor of Homoeopathic
Medicine & Surgery*

In Oct-2004
the said Degree has been

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

PRN 1501281261

25th April 2006

m. r. shinde
VICE-CHANCELLOR



महाराष्ट्र आरोग्य

विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरू,
व्यवस्थापन परिषद व विद्यार्थीवृंद सदस्य
प्रमाणित करता की,

औरंगाबाद येथील श्री. भगवान
होमिओपॅथीक मेडीकल कॉलेज चे/च्या

रिंधे रुपाली तेजराव

हे/ह्या ऑक्टोबर-२००४ मध्ये

समचिकित्सा-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.

मुद्राला फडके
कुलगुरू

MAHARASHTRA COUNCIL OF HOMOEOPATHY

235, Peninsula House, 3rd Floor, D.N. Road, Fort, Mumbai - 400 001.

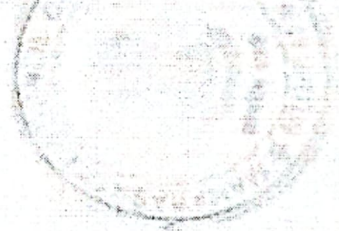
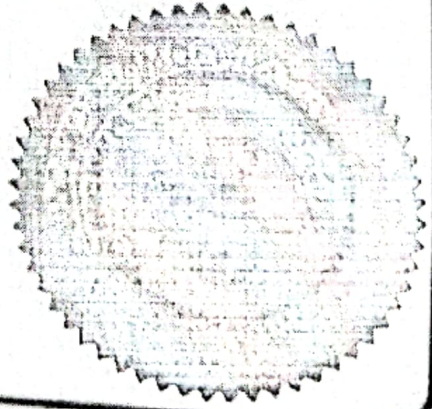


Certificate No.....1797

Date05/12/2017

I, hereby certify that the following qualification has been duly registered in the State Register of the Council

NAME	ADDITIONAL QUALIFICATION
Dr. RINDHERUPALI TEJRAO	MD Homoeopathy (Repertory)
Reg No : 41509	Examination held by MUHS, NASHIK in Summer-2015. Seat No. 87565



[Signature]
REGISTRAR



DAKSHIN KESARI MUNI MISHRILALJI

DAKSHIN KESARI MUNI MISHRILALJI

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

Steph. Venu Chaitany Nagar, Behind B. B. K. Marg, Aurangabad (MS) - 431 004

Ph No. (0240) - 2401051, 2401052, 2401508 Fax: (0240) - 2401700 (Hospital) 2400095

E-mail: dkmmhmc1000@gmail.com /principal@dkmm.edu.in Web: www.dkmmhmccollege.com

DR. PRAKASH ZAMBAD
MEDICAL DIRECTOR

DR. RAJESH M. PATNI
PRINCIPAL

STATE GOVT. RECOGNIZED & DECLARED MINORITY EDUCATIONAL INSTITUTION

DKMM/ESTU/2019/504

Date: 18/03/2019

EXPERIENCE CERTIFICATE

This is to certify that Dr. Rupali Tejrav Rindhe is working in this college since 26-11-2018 on the post of Lecturer in the Department/ subject of Repertory.

During the period of her service she has worked in different colleges in different capacities as shown below.

Sr. No	College Name	Post/ subject	From	To	Total Teaching Exp.
1.	P.D.Jain HMC, Parbhani	Lecturer OB/GY	12-11-2012	11-08-2016	03 Yrs 09 Months
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3.	D.K.M.M.HMC, Aurangabad	Lecturer OB/GY	01-03-2017	01-05-2017	02 Months
4.	D.K.M.M.HMC, Aurangabad	Senior Medical Officer	02-05-2017	22-08-2017	03 Months 21 Days
5.	D.K.M.M.HMC, Aurangabad	Lecturer OB/GY	23-08-2017	24-11-2018	01 Yrs 03 Months
6.	D.K.M.M.HMC, Aurangabad	Lecturer Repertory	26-11-2018	Till Date	03 Months

Her total approved teaching experience is of 03 Months in the subject of Repertory.

Hence Certified.

PRINCIPAL
DKMM HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD



DAKSHIN KESARI MUNI MISHRILALJI
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

Dr. D. K. M. M. HMC, Aurangabad
Ph. No. (0240) - 2401051, 2400512, 2401053 Fax: (0240) - 2401705, 2401706
E-mail: dkmmhmc1999@gmail.com, dkmmhmc1999@yahoo.co.in, Web: www.dkmmhmc1999.com

DR. PRAKASH ZAMBAD
MEDICAL DIRECTOR

DR. RAJESH M. PATHI
PRINCIPAL

STATE GOVT. RECOGNIZED & DECLARED MINORITY EDUCATIONAL INSTITUTION

DKMM/ESTU/2019/546

Date: 18/03/2019

EXPERIENCE CERTIFICATE

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6.	D.K.M.M.HMC, Aurangabad	Lecturer Repertory	26-11-2018	Till Date	03 Months

Her total approved teaching experience is of 03 Months in the subject of Repertory.

Hence Certified.

PRINCIPAL
DKMM HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Statement of Marks

UNIVERSITY OF HEALTH SCIENCES

Examination

B.D. 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th / 9th / 10th / 11th / 12th / 13th / 14th / 15th / 16th / 17th / 18th / 19th / 20th / 21st / 22nd / 23rd / 24th / 25th / 26th / 27th / 28th / 29th / 30th / 31st / 32nd / 33rd / 34th / 35th / 36th / 37th / 38th / 39th / 40th / 41st / 42nd / 43rd / 44th / 45th / 46th / 47th / 48th / 49th / 50th / 51st / 52nd / 53rd / 54th / 55th / 56th / 57th / 58th / 59th / 60th / 61st / 62nd / 63rd / 64th / 65th / 66th / 67th / 68th / 69th / 70th / 71st / 72nd / 73rd / 74th / 75th / 76th / 77th / 78th / 79th / 80th / 81st / 82nd / 83rd / 84th / 85th / 86th / 87th / 88th / 89th / 90th / 91st / 92nd / 93rd / 94th / 95th / 96th / 97th / 98th / 99th / 100th

Statement No. 1469806

Name of the Candidate

Pratibha Ramkrishna B. Bhoirao

College Code: 4434702

P. R. No.

31132110340

Seat No.

11408

SUBJECT	THEORY	PRACTICAL + VIVA VOCE	SUBJECT RESULT	RESULT
REPERTORY	PASS/FAIL	PASS / FAIL	PASS / FAIL	PASS / FAIL
PRACTICE OF MEDICINE	PASS	PASS	PASS	
DIAGNOSIS OF MEDICINE	PASS	PASS	PASS	PASS
RESEARCH METHODOLOGY MED-STATISTICS	PASS		PASS	
A HISTORY OF MEDICINE	PASS		PASS	

Note: 1. The Student shall be declared pass if he gets 50% marks separately in theory & in practical including viva voce examination along with 50% marks in aggregate in each subject.

2. Student Failing in any of the above subjects shall have to appear in the failed Subjects in the next Examination.

Signature of Controller

for M. H. S.

04/04/2015

DATE :

15/04/15

CONTROLLER OF EXAMINATIONS

Report the discrepancy of Name, Marks etc, (if any) in above Marksheet to the University within six months of issue of this Marksheet

Page No.

710



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भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India

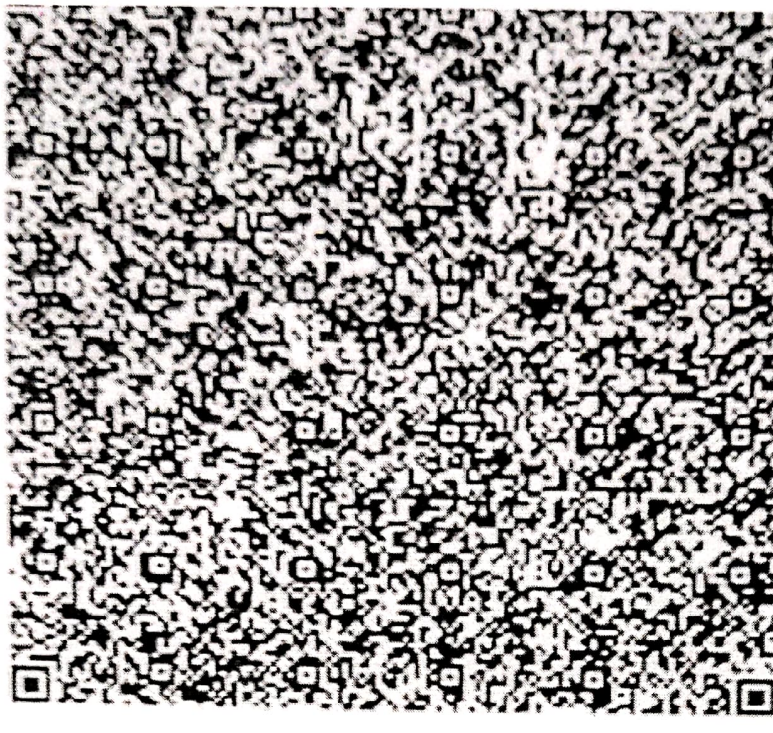


पत्ता:

वडिलाचे/आईचे नांव: तेजराव लक्ष्मणराव रिंधे, एन-6-एम-
56-डी-7, टेलीकॉम हौसिंग सोसायटी, बजरंग चौक,
सिडको, औरंगाबाद, औरंगाबाद,
महाराष्ट्र - 431003

Address:

D/O: Tejrao Laxmanrao Rindhe, N-6-M-56-D-
7, Telecom Housing Society, Bajrang Chowk,
Cidco, Aurangabad, Aurangabad,
Maharashtra - 431003



9605 7625 1054

VID : 9130 5680 8335 8359



1947



help@uidai.gov.in



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भारत सरकार

Government of India

Download Date: 22/12/2019



रूपाली तेजराव रिंधे
Rupali Tejrao Rindhe
जन्म तारीख/DOB: 07/07/1983
महिला/ FEMALE

9605 7625 1054

VID : 9130 5680 8335 8359

माझी आधार, माझी ओळख



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Statement of Marks

SUMMER-2015 EXAMINATIONS

EXAMINATION

M.D. HOMOEOPATHY FINAL (2012)

SUBJECT (Speciality) REPERTORY

Name of the Candidate RINDHE RUPALI TEJRAO

P R No

311321924R

Statement No. 1548523

College Code : 4406702

Seat No : 67565

SUBJECTS	THEORY	PRACTICAL + VIVA VOCE	SUBJECT RESULT	RESULT
REPERTORY PAPER-I	PASS/FAIL	PASS / FAIL	PASS / FAIL	PASS / FAIL
REPERTORY PAPER-II	PASS	PASS	PASS	
PRACTICE OF MEDICINE	PASS	PASS	PASS	PASS
ORGANON OF MEDICINE	PASS	PASS	PASS	

Note: 1.The Student shall be declared pass if he gets 40% marks separately in theory & in practical including viva voce examination along with 50% marks in aggregate in each subject.

2.Student Failing in any of the above subjects shall have to appear in the failed Subjects in the next Examination.

Passing Criteria:-50%

AB: ABSENT

EX: EXEMPTED

DATE: 16 August 2015

15187545

CONTROLLER OF EXAMINATIONS

Report the discrepancy of Name, Marks etc, (if any) in above Marksheet to the University within six months of issue of this Marksheet.



CERTIFICATE OF REGISTRATION
MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 41509

Date of Registration 01-07-2006



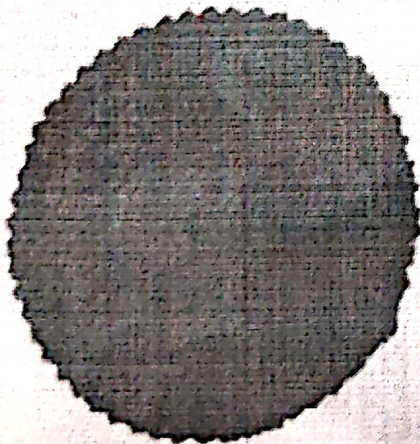
THIS IS TO CERTIFY THAT

Dr. (Shri/Smt./Kumari) Rindhe Rupali
Tejrao

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 provisions of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the Register.



[Signature]
Signature of the Registrar

