F.O

Tel. 02485 - 242265, Fax : 242265

पी अन्तरामध्यक्षमात्रभूता

## रियाज़िल उसका वेल्फेडार द्यह

No. MEI - 2019 / GR-67 / Desk-

agin.

Ref. No. RUWIMWHMC/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 BD of Rs 50,000/- towards the application fees.

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

Thanking You,

DBAN
M. VOURSCIPITIFIE PATHIC
MEDICAL COLLEGE
& RESEARCH CENTER
AT.PO. 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 48



ASHTRA GRAMIN BANK led Bank established by Govt. of Indias sor Bank: Bank of Maharashtra

Acknowledgement of RTGS/NEFT Fund Transfer  Details of RTGS/NEFT centre and beneficiary are as under.  1. Name of the beneficiary: National Commits ion for Homosopath  2. Bank Name : State Bank of India  3. Branch Name : CCRPS, Jarrat Full, Mew Dellar  3. Branch Name : CCRPS, Jarrat Full, Mew Dellar  4. Account No. : 10502082093	HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD 431003
Details of RTGS/NEFT centre and beneficiary are as under  1. Name of the beneficiary: National Commission for Homograph  2. Bank Name	
Details of RTGS/NEFT centre and beneficiary are as under  1. Name of the beneficiary: National Commission for Homograph  2. Bank Name	Acknowledgement of RTGS/NEFT Fund Transfer
1. Name of the beneficiary: National Commission for Homocopath  2. Bank Name  3. Branch Name  4. Account No.  5. IFSC Code  Contact No.  6. UTR No.  Applicant's Name  Account Type  PAN No.  RTGS/NEFT Amount  Charges  Total  I authorise to debit my account with your branch alongwith the charges if any & remittine same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RDB for RTGS NEFT fund remittance.  Panch shall & Signature	DATE - 06108120201
2. Bank Name  3. Branch Name  4. Account No.  5. IFSC Code  Contact No.  6. UTR No.  6. UTR No.  Applicant's Name  10502054995  Account No.  10502055  10502093  10502	Details of RIGS NEFT centre and beneficially are as union
2. Branch Name  4. Account No.  5. IFSC Code  Contact No.  6. UTR No.  Applicant's Name  Account No.  Savings / Chrent / CC /OD etc.)  PAN No.  RTGS/NEFT Amount  Charges  Total  I authorise to debit my account with your branch along with the charges if any & remitthe same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated to RBI for RTGS NEFT fund remittance.  Panch seal & Signature  CRPS. Torak Puri, New Della 38  10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
4. Account No. : DSO 2 0 \$2 0 \$3 \$  5. IFSC Code : SB1 NO 0 1 0 6 \$1  6. UTR No. : O 1 2 6 5 2 0 1 9 9 6  6. UTR No. : Shak Vastanu's Homocopathic Hospital Account No. : Savings / Chrent / CC / OD etc.)  PAN No. : Savings / Chrent / CC / OD etc.)  PAN No. : Total : Tauthorise 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 to BB for RTGS NEFT fund remittance.  Panch spal & Signature : Reg No Applicant's Signature.	2. Bank Name : State Bank of India
4. Account No. : DSO 2 0 \$2 0 \$3 \$  5. IFSC Code : SB1 NO 0 1 0 6 \$1  6. UTR No. : O 1 2 6 5 2 0 1 9 9 6  6. UTR No. : Shak Vastanu's Homocopathic Hospital Account No. : Savings / Chrent / CC / OD etc.)  PAN No. : Savings / Chrent / CC / OD etc.)  PAN No. : Total : Tauthorise 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 to BB for RTGS NEFT fund remittance.  Panch spal & Signature : Reg No Applicant's Signature.	3- Branch Name : CCRAS, Jarrak Puri, Men Delott
Contact No.  O 1 1 2 6 5 2 0 1 8 8  6. UTR No.  Applicant's Name    Shak   Vastanu   Homespoother   Hospital	
6. UTR No.  Applicant's Name    Shak   Vastanul   Homocopodia	5. IFSC Code : SBIIN 00, 1 6651
(to be filled by the Branch)  Applicant's Name	
Account No.    Society   S	6. UTR No.
Account Type : Savings / Current / CC / OD etc.)  PAN No.  RTGS/NEFT Amount : \$ 50,000  Charges : \$ 50,000  Total  I authorise to debit my account with your branch along with 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.  Panch seal & Signature  Reg No Applicant's Signature.	
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Charges  Total  I authorise to debit my account with your branch along with 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 MBI for RTGS NEFT fund remittance.  Panch seal & Signature  Reg No Applicant's Signature.	PAN No.
Total  I authorise to debit my account with your branch along with 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.  Panch spal & Signature  Reg No Applicant's Signature.	RTGS/NEFT Amount : ₹ _50,000
I authorise to debit my account with your branch along with 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.  Panch seal & Signature  Reg No Applicant's Signature.	Charges : ₹
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	I authorise to debit my account with your branch along with 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 RBL for RTGS V NEFT fund remittance.  Reg No Applicant's Signature.
Note: Remittance would be effected as per BBI's Rule	203030

M.WAHED HOMOEOPATHIC
MEDICAL COLLEGE
& RESEARCH CENTER
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