



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



Shri Guru Ganesh Nagar, Behind Bi-Bi-Ka Maqbara, Aurangabad (MS) – 431 004  
Ph.No. (0240) – 2401051, 2400512 (Hospital) 2400095  
E-mail : dkmmhmc1989@gmail.com Web: <http://www.dkmmhomoeocollege.com>

FORM –DKMM 108

N.Tarachand Dugar  
President  
9383009900

R.J.Anandmul Challani  
Secretary  
9841030035

Omprakash Pokarna  
Chairman College Committee  
9422172000

Dr.Shalini R.Ankushe  
I/C Principal  
9421671050

RECOGNIZED & DECLARED MINORITY EDUCATIONAL INSTITUTION BY STATE GOVT.

Appendix - IV

Outward No.DKMM/Est/2023 / 603

Date: 14/ 09/2023

**APPOINTMENT ORDER**

To,  
Dr.Shalini Rajendra Ankushe  
31, Tratradnya nagar, Satara Parisar,  
Aurangabad-431001

Subject. Appointment on the post of Principal  
in the Department / Subject of

Sir / Madam,

With reference to your application dated 06/09/2023 in response to our Advt. dated 05/09/2023 and subsequent interview held on 14/09/2023 for the above post, on the Recommendation of the Staff Selection committee, the Management is pleased to inform you that you are here by appointed on the post of Principal in the subject of .....

**The Terms and Conditions of your appointment are as follows:**

1) Your appointment is on probation for period of two years from the date of your joining. During the period of probation, your services are likely to be discontinued by the Management if your services are not found satisfactory by giving one months notice on either side or one month's pay, in lieu of the notice period.

Or

Your Appointment is temporary for six months / one year / two years from the date of your Joining. During the period of your temporary service, you are likely to be discontinued

2) You are appointed in the pay scale of Rs. Consolidated with starting pay of Rs.65000/- Per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.

Principal/Estt./01/07/2020



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FORM –DKMM 103

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Omprakash Pokarna  
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- 3) Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication / order / order of extension of probation.
- 4) Your appointment is on Full time basis and your normal daily duty Hours shall be as decided or prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
- 5) Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and / or a Degree or any other certificate or document submitted by you are forged or tampered with.
- 6) Your services shall be governed by the (a) provisions of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it, from time to time. (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective Central Councils, from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the college and amended or altered, from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. ....01/2017.
- 7) Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you shall work in one College only, at a time.
- 8) Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the college without prior written permission of the Management.
- 9) Besides taking Lectures, Tutorials and Clinics/Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
- 10) You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the College in relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintained dignity and standard of the college and Institute.
- 11) You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned district as per rules.
- 12) The Management can also seek the Antecedent Character Report from the police authority.



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FORM –DKMM 10.

N.Tarachand Dugar  
President  
9383009900

R.J.Anandmul Challani  
Secretary  
9841030035

Omprakash Pokarna  
Chairman College Committee  
9422172000

Dr.Shalini R.Ankush  
I/C Principal  
9421671050

RECOGNIZED & DECLARED MINORITY EDUCATIONAL INSTITUTION BY STATE GOVT.

13) Prior to this appointment, if you have been serving in any College or Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.

14) Your appointment is subject to the approval from the Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the University your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and condition of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, Deed of Contract in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

*Shalini R. Ankush*  
President

Shri Guru Ganesh Sthanakwasi Jain Shikshan Samiti  
Guru Ganeshnagar, Aurangabad

*Shalini R. Ankush*  
PRINCIPAL  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 004



SHRI GURU GANESH STHANAKWASI JAIN SHIKSHAN SAMITI'S  
DAKSHIN KESARI MUNI MISHRILALJI (DKMM)  
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

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FORM -DKMM 104

N.Tarachand Dugar  
President  
9383009900

R.J.Anandmul Challani  
Secretary  
9841030035

Omprakash Pokarna  
Chairman College Committee  
9422172000

Dr.Shalini R.Ankushe  
I/C Principal  
9421671050

RECOGNIZED & DECLARED MINORITY EDUCATIONAL INSTITUTION BY STATE GOVT.

JOINING REPORT

From

Dr.Shalini Rajendra Ankushe  
31,Tantradnya Nagar, Satara Parisar  
Aurangabad. 431 001  
Date.- 14/09/2023


To,  
The President /Secretary/ Principal  
Shri.Guru Ganesh St. Jain Shikshan Samiti's  
D.K.M.M. Homoeopathic Medical College & Hospital  
AURANGABAD- 431004

Subject : Joining Report  
Reference : Your appointment order No. DKMM/Est/2023/ 603  
Dated 14/09/2023.

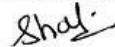
Sir/ Madam,


I have received the above cited appointment order on 14/09/2023 and I am accepting the same and joining the post of Principal w.e.f. 14/09 /2023 (before noon / after noon).

Allowed to Join

  
President  
Shri Guru Ganesh Sthanakwasi Jain Shikshan Samiti  
Guru Ganeshnagar, Aurangabad

Yours faithfully

  
(Dr.Shalini Rajendra Ankushe)

  
PRINCIPAL  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 004

Principal/Estt./01/07/2020



## महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES  
दिंडोरी रोड, म्हसराळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
Tel : (0253) 2539199, 2539247 Student Helpline : 0253-2539111/6659111  
Website : www.muhs.ac.in, E-mail : academichomoeopathy@muhs.ac.in



**डॉ. राजेंद्र शिवाजी बंगाल**

एम.बी.बी.एस, एम.डी. (न्यायवैद्यकाचार्य), डी.एन.बी., एल.एल.बी.

**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**

M.B.B.S, M.D. (Forensic Medicine), D.N.B, L.L.B.

**Registrar**

No. MUHS/(UG)/E4/4401/ 2269 /2023

Date: 20/10/2023

**[Temporary approval for the post(s) of Open Category]**

To,

The Principal,

D.K.M.M. Homoeopathy Medical College,  
Guru Ganesh Nagar, Behind Bibi-Ka-Makbara,  
Aurangabad - 431 004

**Sub. : Temporary Approval to the Appointment of Teacher(s).**

**Ref. : 1) University Direction No. 01/2017 dated 13/04/2017**

**2) Your letter No. DKMM/Estt/2023/23/617 dtd. 14/09/2023**

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teachers have been considered by the University and it has been decided to grant the approval, as indicated below & subject to following conditions:

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	--	Dr. Ankushe Shalini Rajendra	Principal	w.e.f. 14/09/2023 for two years only.
2	Repertory	Dr. Sneha M. Wagh (Ganachari)	Professor	w.e.f. 14/09/2023 for two years only.
3	Psychiatry	Dr. Sandeep Gopal Shelke	Professor	w.e.f. 14/09/2023 for two years only & as per Circular No. 09/2021 dated 29/01/2021
4	Psychiatry	Dr. Jaiswal Yogesh Bharatlal	Associate Professor	w.e.f. 14/09/2023 for two years only & as per Circular No. 09/2021 dated 29/01/2021

- 1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.
- 2) The approval granted by the University is valid till the above said teacher is in the services (teaching) of your College or attains the age of superannuation, whichever happens earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.
- 3) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.
- 4) A copy of this letter may be handed over to concerned Teacher.

*Shalini*  
20-10-23  
Registrar

G/27-201/4401/Teachers approval/annual Letter

*Shalini*  
**PRINCIPAL**  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 004

**CERTIFICATE OF REGISTRATION**  
**MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI**  
**Similia Similibus Curentur**

Certificate No. **22770**

Date of Registration **26-9-1995**



**THIS IS TO CERTIFY THAT**

*Dr. Smt/ Smt./ Kuntari* **Arjuna Saha**  
**Rajada**

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 **25<sup>th</sup>** day of **September** of **2019** or till it is duly cancelled.



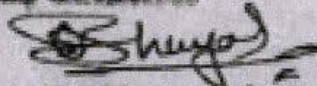
*V. K. Saw*  
**Signature of the Registrar**

**PRINCIPAL**  
**D.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**MUMBAI**

Dear Doctor,

You are informed to fill up the "J" form every **five (5)** years from the date of registration for the continuation of name on MCH Register.

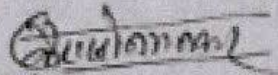
This certificate is valid upto  
25th day of September of 2020  
or till it is duly cancelled.



Registrar, 6.8-15

Madhya Pradesh Council of Homoeopathy,  
Bhopal.

This Certificate Reg. No. 22779 is valid  
upto 25th Sept. of 2020 or it is  
duly cancelled.



Registrar.

Madhya Pradesh Council of Homoeopathy  
Bhopal.

*Handwritten note:*  
12/10/20

*Handwritten note:*  
14/10/20

*Handwritten signature:* Shal.

**PRINCIPAL**  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 604

# MAHARASHTRA COUNCIL OF HOMIOPATHY

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



04/08/2014

Certificate No. **859** ..... Date .....

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

NAME	ADDITIONAL QUALIFICATION
Dr. ANKUSHE SHALINI RAJENDRA <i>Ankush Shalini Rajendra</i> Registration No : 22779	MD(Hon)Mat Med.. Passing Date : 01/06/2002 DR. B.A MARATHWADA Seat No. : 629



*Shalini*  
PRINCIPAL  
D.K.M.M. HOMIOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 604

*[Signature]*  
REGISTRAR





We,  
 the Chancellor, Vice-Chancellor  
 and Members of the Management Council of  
**Dr. Babasaheb Ambedkar Marathwada University**  
 Certify

*Shalini* that the withinsigned  
*Shalini Vilhalas Dhawale*

having been examined and found duly qualified for the Degree  
 of Doctor of Medicine (Homoeopathic Materia Medica Branch)  
 in *June/July* 2002. The Degree of

# Doctor of Medicine

in *Materia Medica*  
 has been conferred on *her* at Aurangabad, on the  
*thirtieth* day of the month of *January* in the year  
*two thousand-three*

In Testimony whereof are set the Seal of the said University  
 and the signature of the said Vice-Chancellor.

*Shalini*  
 PRINCIPAL  
 C.M.M. HOMOEOPATHIC  
 MEDICAL COLLEGE  
 IRANGABAD - 431 604  
 Head of the Department  
 R.C. Res. Lecty. *Attested*  
 Dr. P. Y. Ankusha  
 M.B.B.S.M.D. (Cont. Med.)  
 Regd. No. 65934  
 Date of issue of the  
 Degree Certificate: 20 SEP 2002

*R. Khensur*  
 PHYSIOLOGY  
 PRINCIPAL  
 C.M.M. HOMOEOPATHIC MEDICAL



We,  
the Chancellor, Vice-Chancellor  
and Members of the Management Council of  
**Dr. Babasaheb Ambedkar Marathwada University**  
Certify

Shri. \_\_\_\_\_ that the withinsigned

*Shalini Vithabao Shawale*  
having been examined and found duly qualified for the  
Degree of Bachelor of Homoeopathic Medicine and Surgery  
in April/May 1994. The Degree of

## Bachelor of Homoeopathic Medicine & Surgery

has been conferred on \_\_\_\_\_ her \_\_\_\_\_ at Aurangabad, on the  
\_\_\_\_\_ day of the month of February \_\_\_\_\_ in the year  
one thousand nine hundred and ninety six \_\_\_\_\_  
In Testimony whereof are set the Seal of the said University  
and the signature of the said Vice-Chancellor.

Head of the Department  
(R.C.P.C. & I.C.C.)  
DKMM Homoeopathic Medical College  
Aurangabad  
Attested  
*[Signature]*  
Dr R T Ankusho  
M.B.B.S.M.D. (Comm. Med)  
Regd. No. 65934

Seat No. 2613  
Place: Aurangabad  
Date of issue of the  
Degree Certificate: 27 NOV 1997

*Shal*  
**PRINCIPAL**  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 104

Asso prof in PSM  
Govt. Med. College, Dhule  
*[Signature]*  
**PRINCIPAL**  
DKMM HOMOEOPATHIC MEDICAL  
AURANGABAD.

*[Signature]*  
PHYSIOLOGY

*[Signature]*  
Vice-Chancellor



## महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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Website : www.muhs.ac.in, E-mail : academichomoeopathy@muhs.ac.in



**डॉ. राजेंद्र शिवाजी बंगळ**

एम.बी.बी.एस, एम.डी. (न्यायवैद्यकशास्त्र), डी.एम.बी, एल.एल.बी.

**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**

M.B.B.S, M.D.( Forensic Medicine), D.N.B, L.L.B.

**Registrar**

No. MUHS/(UG)/E4/4401/ 2269 /2023

Date: 20/10/2023

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- 4) A copy of this letter may be handed over to concerned Teacher.

*Shal.*  
20-10-23  
Registrar

(127-201/4401/Teacher approval/annual Letter

*Shal.*  
**PRINCIPAL**  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 004



भारत सरकार  
Unique Identification Authority of India  
Government of India

नॉल्वी क्रमांक/Enrolment No.: 1469/01092/01775

To  
शालिनी राजेन्द्र अंकुशे  
Shalini Rajendra Ankushe  
W/O: Rajendra Ankushe  
high cort coloni  
satara parisar  
Satara  
Aurangabad Maharashtra - 431002  
9421671050

Download Date: 05/10/2017

Generation Date: 05/10/2017

Signature valid



आपला आधार क्रमांक / Your Aadhaar No. :  
**7761 9532 9268**  
माझे आधार, माझी ओळख



भारत सरकार  
Government of India



शालिनी राजेन्द्र अंकुशे  
Shalini Rajendra Ankushe  
जन्म तारीख/ DOB: 05/09/1972  
महिला / FEMALE



7761 9532 9268

माझे आधार, माझी ओळख



- सूचना
- आधार ओळखीचे प्रमाण आहे, नागरीकत्वेचे नाही.
  - ओळखीचे प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारे प्राप्त करा.
  - हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधारला देशभरत मान्यता आहे.
- आधार मरिफ्यात सरकारी व खाजगी सेवांचे कायदे मिळविण्यास उपयुक्त आहे.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारत सरकार  
Unique Identification Authority of India

पत्ता:  
W/O: राजेन्द्र अंकुशे, हाई कोर्ट कॉलनी,  
सातारा-पारिसर, सातारा, औरंगाबाद,  
महाराष्ट्र 431002

Address:  
W/O: Rajendra Ankushe, high  
cort coloni, satara parisar,  
Satara, Aurangabad,  
Maharashtra - 431002

7761 9532 9268

1947 help@uidai.gov.in www.uidai.gov.in

*Shal.*  
PRINCIPAL  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 004

**MAHARASHTRA COUNCIL OF  
HOMOEOPATHY, MUMBAI**

**REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL  
QUALIFICATION**

Certificate No. 0027

Date: 28/11/2019

Registration No. 22779

Date of Registration 26/09/1995



This is to certify that, Dr. (Mr./Mrs./Miss)

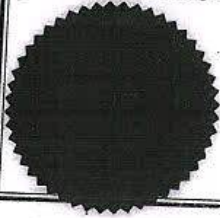
**Dr. ANKUSHE SHALINI RAJENDRA**


has been duly registered under the Maharashtra Homoeopathic Practitioners' Act, 1960 (Mah. Act No. XII of 1960).

He/She shall practice Homoeopathy and the Modern Scientific Medicine (Allopathy) in the State of Maharashtra to the extent of knowledge received by passing the Certificate Course in Modern Pharmacology (CCMP) approved by the State Government. He/She has completed the CCMP course in the ~~Summer~~ Winter Exam session of the year **2018**, conducted by the Maharashtra University of Health Sciences, Nashik.

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.



  
28.11.19  
Signature of the Registrar

*Shal.*  
**PRINCIPAL**  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 604

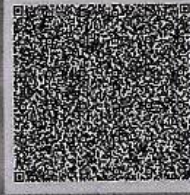
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
AFZPA5825R



नाम / Name  
SHALINI RAJENDRA ANKUSHE

पिता का नाम / Father's Name  
VITHALRAO DEVAJI DHAWALE

जन्म की तारीख  
Date of Birth  
05/09/1972

*Shali*  
हस्ताक्षर / Signature

22112019

*Shali*  
**PRINCIPAL**  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 004