

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

235 PENINSULA HOUSE, 3RD FLOOR, DR. D.N. RD, Fort Mumbai - 400001 Phone Number 022-22704400/8422068658

Application For Renewal / Restoration

Username : DrNikhilKambli

Application Print Date : 06/01/2024



Dr. Nikhil Kambli

Application No : 2407000494
Application Date : 06/01/2024
Amount : Rs. 1900.00/-

Registration No : 36715

Applicant Name	First Name : NIKHIL	Middle Name : NAVINCHANDRA	Last Name : KAMBLI
Gender	: Male	Date Of Birth	: 24/10/1979
Nationality	: Indian	Aadhar No	: 756273723141

• Contact Details :

Permanent Address :

Address : 203, dwarka thanawala lane vile parle (e),
District : MUMBAI **Taluka/City** :
Pin No : 400057 **Telephone No** : 02226142066
Mobile No : 9821851143 **Email Id** : drnikhilclinic@gmail.com

• Qualification Details :

I-Card Change : Yes
Qualification : BHMS **Exam Month-Year** : October-2002
University : MUHS, NASHIK
College : SMT. C.M.P.H.M.C.MUMBAI
Internship Period : 01/01/2003 To 31/12/2003
PRN NO : 0

I make this declaration solemnly, freely and upon my honour and agree to abide by the declaration which is displayed on the website in download form section.

Applicant's signature