

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

235 PENINSULA HOUSE, 3RD FLOOR, DR. D.N. RD, Fort Mumbai - 400001

Phone Number [022-22704400](tel:022-22704400)/22703086*Permanent Registration (Maharashtra State University)*

Username : Drbgangwal10

Application Print Date : 05/01/2023

Application No : [2302000209](#)

Application Date : 03/01/2023

Amount : Rs. 3600.00/-

Provisional No : 55281

Applicant Name	First Name : BHUSHAN	Middle Name : PRASHANT	Last Name : GANGWAL
Gender	: Male	Date Of Birth	: 30/09/1998
Nationality	: Indian	Aadhar No	: 594678718581

• Contact Details :

Permanent Address :

Address : Pratap residency shivaji road shrirampur

District : AHMEDNAGAR

Taluka/City : Shirampur

Pin No : 413709

Telephone No : [02422222390](tel:02422222390)Mobile No : [8446664833](tel:8446664833)Email Id : bhushangangwal10@gmail.com

• Qualification Details :

Qualification : BHMS

Exam Month-Year : May-2021

University : MUHS, NASHIK

College : D.S.H.M.C.PUNE

Internship Period : 13/12/2021 To 12/12/2022

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[\[Close Window\]](#)