

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Infectious Diseases

This to Certify that Dr. Ameya Medhekar has worked in the Department of. Infectious Diseases of Lilavati Hospital & Research Centre Training Centre as per following details

### A) General Experience

Designation	From	To	Total period Year/Months	
Senior Consultant Physician	1997	2002	05 yrs	

### B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Senior Consultant Physician	2002	Till date	20 years	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp  
Head of the Department  
Date 25/5/22



Sign & Stamp  
Dean/Principal/Head of Institute  
Date 27/5/22

**Dr. Ameya Medhekar**  
Consultant & Thesis Guide / Co-Guide  
General Medicine  
Lilavati Hospital & Research Centre  
A-791, Bandra Reclamation,  
Bandra (W), Mumbai - 400050.

**Dr. Niraj Uttamani**  
Medical Superintendent  
Lilavati Hospital and  
Research Centre  
Bandra (W), Mumbai - 400 050.



## (INSTITUTIONAL INFORMATION)

## I. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)

Name: Dr. Niraj Uttamani Age: 53 (Date of Birth) 27.02.1969

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MBBS	1992	Pandit JNM Medical College	Raipur
Recognized / Not Recognized	DNB	2001	NBE	Delhi
Recognized / Not Recognized	Cert. Critical Care	1997	Breach Candy Hospital	Mumbai

## Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other			Grand Total	

## 2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Lilavati Hospital & Research Centre	
	ii) Postal Address, with PIN:	A-791, Bandra Reclamation, Bandra West, Mumbai	
	iii) Contact Details:	Mob: <b>9869436379</b>	Tele: <b>022029318000</b>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <b>E-6892</b> . ii) Society's Registration Act.1860: <b>E-6892</b> iii) Year of establishment: <b>1996</b> iv) Copies of Registration, Constitution and Memorandum of Association attached? <b>*Yes/No- Marked as Appendix 'A'</b>	
03	<b>Hospital Information :</b> <i>(It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms )</i> i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	<b>Lilavati Hospital &amp; Research Centre</b> <b>761405739 Dated:29.03.1996</b> <b>1996 – Mark as Appendix 'B'</b>	
	i) Name of the Training Centre /Institute where course is to be conducted:	Lilavati Hospital & Research Centre	
	ii) Postal Address, with PIN: <b>400 050</b>		
	iii) Contact Details: <b>022 69318000</b>	Mob: <b>9869436379</b> Tele: <b>022 69318000</b>	
	iv) E-mail ID: <b>academics.lilavati@gmail.com</b>		
04	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	<b>Name of the Course(s) 06 - Six</b> <b>Approved Intake Capacity 07 - seven ... Affiliated Since: 2016</b> <b>(if necessary Attach separate List)</b>	
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	<b>Name of the Course(s) 1. Minimal Access Surgery</b> <b>2. Minimal Access Surgery – OBGY</b> <b>3. Assisted Reproduction Techniques</b> <b>Required Required Intake Capacity 1 in each course (if Necessary Attach separate List)</b>	
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: <b>*Yes/No.(Pending Fees, if any ;)</b>	
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for <b>*Yes/No- Mark as Appendix 'C'</b>	
07	Budgetary provision for the FC/CC/DC for the next 03 years	1) F.Y. 2020-21 :- 2) F.Y. 2021-22 :- 3) F.Y. 2022-23 :- <b>Mark as Appendix C.1</b>	
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No: Chronic Pain Medicine Dated 08 <sup>th</sup> Nov 2014 Clinical Haematology Dated 08 <sup>th</sup> Nov 2014 Critical Care Medicine Dated 09 <sup>th</sup> Feb 2018 GI & HPB Pathology Dated 04 <sup>th</sup> Oct 2018 Infectious Diseases Dated 17 <sup>th</sup> Aug 2018 Microsurgery Dated 09 <sup>th</sup> Feb 2018 Copy of Management Resolution attached? <b>*Yes/No – Mark as Appendix 'D'</b>	



09	<b>Other Information:</b>	
	a) Land:	*Yes/No. If yes, then Area: <b>310300</b>
	i) Whether the land is owned by the Applicant Institute/Training Centre/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No— Mark as Appendix 'E'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: <b>E-6892</b> Dated . . . . . At (Place): <b>Mumbai</b> Copy of Land Registration Certificate attached? *Yes/No.— Mark as Appendix 'F'
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs . . . . . Copy of Loan/Mortgage Deed attached? *Yes/No. — Mark as Appendix 'G'
	b) Building: i) Total built-up area:	<b>310300</b> sq. ft. Certified copy of Building Plan attached? *Yes/No  — Mark as Appendix 'H'

### 3. Central Library

Total Number of Books in Library:- **1500**

Books pertaining concerned fellowship subject: **Available**

Purchase of latest editions of concerned books in last 3 years: will be subscribed

#### • Journals:

1	Journals	Total	concerned Fellowship subject (Books)	
2	Indian	11	Chronic Pain Medicine	Indian - 7
3	Foreign	14		Foreign - 7
			Clinical Haematology	Indian - 5
				Foreign - 5
			Critical Care Medicine	Indian - 8
				Foreign - 8
			GI & HPB Pathology	Indian - List attached
				Foreign - List attached
			Infectious Diseases	Indian - 12
				Foreign - 12
			Microsurgery	Indian - 14
				Foreign - 14

- Year / Month up to which latest Indian Journals available : **In process of purchasing**

- Year / Month up to which latest Foreign Journals available **In process of purchasing**

- Internet / Med pub / Photocopy facility: available / not available

- Library opening times: **7am**

- Reading facility out of routine library hours: available / not available

(Obtain list of books & journals duly signed by Dean)

### 4. Recreational facilities:

**Available / Not available**

- Play grounds Gymnasium



5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	-	-	08	08		
No. of Students	-	-	70	89		
Status of Cleanliness	-	-				

6. **Residential accommodation for Staff / Paramedical staff : Available / Not Available**

7. **Ethical Committee (Constitution) :** YES / NO

8. **Medical Education Unit (Constitution) : YES / NO Constituted on 01.07.2017**  
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :**

(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

**NOT APPLICABLE**

## HOSPITAL INFORMATION

1. Name of the Hospital: Lilavati Hospital and Research Centre

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	(New) + (FU) = Total 138874	OPD	(New) + (FU) = Total 583
IPD (Total No. of Patients admitted)	10536	IPD (Total No. of Patients admitted)	246

3. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	330
No of Beds in ICU	48
No of Beds in ICCU/SICU	19
No of Beds in SICU	13
No of Major O.T.	10
No of Minor O.T.	2

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM	.....6.....	10
• Daily admissions	.....	
• Daily admissions in Dept.	01	2 - 4
• Through casualty at 10am	.....	0 - 2
• Bed occupancy in the Dept.	01 30	15 - 20
• Number of patients in ward (IPD) at 10AM	..... 30	15 - 20
• Percentage bed occupancy at 10Am	..... 9.1%	5.41%

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

On Inspection day

Average of random 3 days

	Not Applicable	
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### 5. Casualty:/ Emergency Department :

Space	100.00m2 approx
Number of Beds	8 beds
No. of cases (Average daily OPD and Admissions):	23(Average daily OPD) and 3-4 (Admissions)
Emergency Lab in Casualty (round the clock):	available / not-available
Emergency OT and Dressing Room	available
Staff (Medical/Paramedical)	List attached (Annexure 6)
Equipment available	List attached (Annexure 7)

### 6. Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No (Annexure 8)
(ii)	Blood component facility available	Yes / No
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No
(v)	Number of Blood Units available on inspection day	
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital ( give distribution in various specialties)	Average Daily 25 On Inspection day

### 7. Central Laboratory:

- Controlling Department: Pathology
- No of Staff : 93
- Equipment Available : Attach separate List (Annexure 9)
- Working Hours: \_\_\_\_\_

8. Central supply of Oxygen / Suction: Available / ~~Not available~~
9. Central Sterilization Department Available / ~~Not available~~
10. Ambulance (Functional) Available / ~~Not available~~
11. Laundry: ~~Manual~~/Mechanical/~~Outsourced~~:
12. Kitchen Available / ~~Outsourced~~/ ~~Not Available~~
13. Incinerator: ~~Functional~~/ Non functional Capacity ...../Outsourced
14. Bio-Medical waste disposal Outsourced / ~~any other method~~
15. Generator facility Available / ~~Not available~~
16. Medical Record Section: Computerized / ~~Non-computerized~~  
 • ICD X classification Used / Not used
- Sign & Stamp  
 Head of the Department  
 Date: Date: 25-05-2022
- Sign & Stamp  
 Dean/ Principal/ Director of Training Centre

**Dr. Ameya Medhekar** Training Centre Round Seal  
 Consultant & Thesis Guide / Co-Guide  
 General Medicine  
 Lilavati Hospital & Research Centre  
 A-791, Bandra Reclamation,  
 Bandra (W), Mumbai - 400050.



**Dr. Niraj Uttamani**  
 Medical Superintendent  
 Lilavati Hospital and  
 Research Centre  
 Bandra (W), Mumbai - 400 050.



## DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: Infectious Diseases
2. Date on which independent department of: functioning concerned specialty was created and started  
1<sup>st</sup> January 1997

3. Mentor's details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr. Tushar Medhekar	Full Time	Consultant	MD, MNAMS, FRCP (Glasgow)	40 years (Superannuated)
2	Dr. Vasant Nagvekar	Full Time	Consultant	MD, Fellow in ID	23 years (Absent on the day of inspection)
3	Dr. Ameya Medhekar	Full Time	Consultant	MD (Medicine), D.T.M.H.(Liverpool), CTrop Med.	20 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :

Yes/No: .....

Since when: 1<sup>st</sup> January 1997

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	94.22	√	
Clinics	94.22	√	
Laboratory Space	6638.39 sq.ft	√	
Seminar room	2651.4 sq.ft	√	
Department Library	3rd Flr 1683.59 sq.ft	√	
PG common room			NA
Pre-clinical lab (where ever applicable)			NA
Patient waiting room	6654.01 Sq.ft	√	
Total area	17721.61	√	

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3 years:

Year	Name of the Course	No. of students admitted	No. of Mentors available in the dept. (give names)
2019-20	Infectious Diseases	01	Dr. Tushar Medhekar Dr. Vasant Nagvekar
2020-21	Infectious Diseases	01	Dr. Ameya Medhekar
2021-22	Infectious Diseases	01	

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department: (Annexure 12)

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr.No.	Name of Equipment	Specification	Functional /Not Functional	Qty.
1	Bact Alert 3D (Blood culture)		Functional	2
2	VIDAS			1
3	VITEK 2			2
4	PRIVI Colour Grams			1
5	Geneprobe Reader 50i			1
6	Twin Incubator			1
7	2720 Thermal cycler			1
8	Biofire Film Array			1
9	Binocular Microscope (Olympus)			1
10	Fluorescence Microscope(Olympus)			1



9. Intensive care Service provided by the Department: (Emergency)

10. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

11. Services provided by the Department:

a) Services

i. OPD, IPD b& Intensive Care

ii. Negative and Positive pressure rooms in ICU's

iii. Array of Microbiology tests

(b) Ancillary Services

(f) Others: Patients and Family Counselling

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	94.22	Wards
2	Equipment's	94.22	Wards
3	Teaching Space	94.22	Wards
4	Waiting area for patients	2205.09 + 680 Gr. lobby + OPD area	Lobbies of all wards

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Profess or	
		Residents	

14. Clinical Load of Dept.: No of Surgeries / Procedures 0 – 1 Per day

15. Submission of data to National Authorities if any : Not Applicable

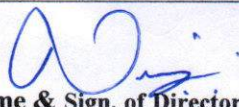


**Information of Director of Training Centre**


It shall be verified by the Head of the concerned Training Center,


Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Dr. Niraj Uttamani
02.	Date of Birth	:	27.02.1969
03.	Address	:	503, Bld No. 3, Plot H – 61, Aroma CHSL, New Link Road, Oshiwara, Andheri (W), Mumbai – 400 053
04.	Tel. No./ Mob. No.	:	022 6931 8333, 9820019934
05.	E-mail id	:	<a href="mailto:drniraj@lilavatihospital.com">drniraj@lilavatihospital.com</a> <a href="mailto:drniraj1@hotmail.com">drniraj1@hotmail.com</a>
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, DNB(Health Administration including Hospital Administration)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	Attached
09.	Present Appointment	:	Medical Superintendent
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached
12.	Any other relevant information	:	-

Date: - 27/5/22

  
 Name & Sign. of Director
**For the use of affiliated Training Center:**

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

  
 Sign & Stamp  
 Head of the Department  
 Date: 27/5/22

  
 Sign & Stamp  
 Dean/ Principal/ Director of Training Centre  
 Date:

Training Centre Round Seal



**Dr. Niraj Uttamani**  
 Medical Superintendent  
 Lilavati Hospital and  
 Research Centre  
 Bandra (W), Mumbai - 400 050.



**Information of Mentor of Training Centre**

shall be verified by the Head of the concerned Training Center.

Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Ameya Medhekar																
02.	Date of Birth	:	21 – 02 – 1979																
03.	Address	:	61, Oceana, Keluskar Road, Dadar, Mumbai																
04.	Tel. No./ Mob. No.	:	9820504822																
05.	e-mail id	:	dr.medhekar@gmail.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	M.B.B.S., MD (Medicine), D.T.M.H.(Liverpool), C Trop Med.																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	<b>A) General Experience</b> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. &amp; Months)</th> </tr> </thead> <tbody> <tr> <td>Senior Consultant Physician</td> <td>1997</td> <td>2002</td> <td>05 yrs</td> </tr> </tbody> </table> <b>B) Experience in the Subject of concerned Fellowship /Certificate Course:</b> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. &amp; Months)</th> </tr> </thead> <tbody> <tr> <td>Senior Consultant Physician</td> <td>2002</td> <td>Till date</td> <td>20 yrs</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Senior Consultant Physician	1997	2002	05 yrs	Designation	From	To	Total Period (Yrs. & Months)	Senior Consultant Physician	2002	Till date	20 yrs
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Senior Consultant Physician	2002	Till date	20 yrs																
09.	Present Appointment	:	Senior Consultant – Physician																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

Date: - 25-05-2022

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

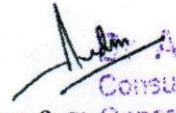


Sign & Stamp  
Head of the Department

Date: 25-05-2022

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Training Centre Round Seal

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Name &amp; Sign of Mentor

Sign & Stamp  
Dean/ Principal/ Director of Training Centre

Date: 27/5/22

 **Dr. Niraj Uttamani**  
Medical Superintendent  
Lilavati Hospital and  
Research Centre  
Bandra (W), Mumbai - 400 050.



**ANNEXURE – “G”****Information of Co-ordinator of Training  
Centre**

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: Dr. Madhumita Bhattacharjee
02.	Date of Birth	: 07 <sup>th</sup> January 1966
03.	Address	: 506, Grace Pinnacle, Dadabhai Cross Road 1, Near Bhavan's College, Andheri (W), Mumbai 400058
04.	Mob. No..	: 9869436379
05.	E-mail id	: drmbhattacharjee@lilavatihospital.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, DGO
08.	Present Appointment	: Director Clinical Research at Lilavati Hospital & Research Centre
09.	Any other relevant information	NIL

Date: 26.05.2022

*M Bhattacharjee*  
Sign. of Co-ordinator

*M Bhattacharjee*  
Sign & Stamp  
Head of the Department  
Date: 26.05.2022

*Niraj*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 27/5/22

**Dr. Madhumita Bhattacharjee** Training Centre Round Seal  
Director- Clinical Research  
Lilavati Hospital And Research Centre  
A-791, Bandra Reclamation,  
Bandra (West), Mumbai - 400 050.



**Dr. Niraj Uttamani**  
Medical Superintendent  
Lilavati Hospital and  
Research Centre  
Bandra (W), Mumbai - 400 050.



**DECLARATION**

I, the Dean / Director/ Principal **Dr. Niraj Uttamani** (**Medical Superintendent**) of the Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective **Annexure-A, E & F** are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year **2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure A, E & F** are staying in the same city / ~~town~~ / ~~village~~ where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre / ~~Institute~~ is situated and having the valid proof of residence of the said city / ~~town~~ / ~~village~~. The teachers in the **Annexure A, E & F** are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 27 Day of MAY 2022 At 2:00 pm

Date: 27/5/22

Place: Mumbai



Signature of Dean/Principal/Director

Name of the Signatory

(With Seal of the Training Centre)

**Dr. NIRAJ UTTAMANI**  
**MEDICAL SUPERINTENDENT**

**Dr. Niraj Uttamani**  
Medical Superintendent  
Lilavati Hospital and  
Research Centre  
Bandra (W), Mumbai - 400 050.