

## Index -2

SroName : S.R. Vasai 1

Doc No. : 17147/2024

Regn:63m

## Village Name : Virar

- (1) Article Leave and Licenses(36 A)
- (2) Deposit Rs.50000/-
- (3) Licence Fee a) Rs. 25000/- per month for the first 11 months,  
b) Rs. 27500/- per month for the next 11 months,  
c) Rs. 30250/- per month for the next 11 months.
- (4) Property Description Corporation: Palghar, Other details: Apartment/Flat No:3rd Floor, Floor No:3rd, Building Name: Akanksha Building, Block Sector: Virar East-401305, Road: Veer Savarkar Marg, Vitthal Wadi, City: Virar, District: Palghar, Survey Number : -, Leave and License Months: 33
- (5) Area 1300 Square Feet
- (6) Assessment or Judi -
- (7) Licensor Name and Address Name: Chavan Aniruddha Umakant Age: 54 Address: Flat No:1st Floor, Floor No:1st, Building Name: Akanksha Building, Block Sector: Vitthal Wadi, Road: Veer Savarkar Marg, City: Virar East, District: Palghar, State: Maharashtra, Pin: 401305 PAN: ADYPC2113R
- (8) Licensee Name and Address Trust: Konkan education and Medical Trust's Virar Homeopathic Medical College And Hospital Address: Building Name: Virar Homeopathic Medical College, Block Sector: Near Sharvi Hotel, Road: Naringi Bypass Road, City: Virar East, District: Palghar, State: Maharashtra, Pin: 401305 PAN: AAATK6776H through their P.O.A Patil Bhavesh Damodar Age: 58; Address: Flat No: B-1306, Floor No: 13th, Building Name: Ekta Bhoomi Garden, Block Sector: Borivali, Road: Duttapada Road, City: Borivali East, District: Mumbai, State: Maharashtra, Pin: 400066 PAN:
- (9) Date of Execution 11/12/2024
- (10) Date of Registration 11/12/2024
- (11) Registration Number/Year 17147/2024
- (12) Stamp Duty Rs.2310.00/-
- (13) Registration Fee Rs.1000.00/-
- (14) Remark -

Thumb Impression of S.R. Vasai 1 :



Particulars	Amount Paid	GRN/Transaction Id	Date
Stamp Duty	Rs. 2310.00/-	MH012417882202425P	11/12/2024
DHC	Rs. 300/-	1224117515211	11/12/2024
Registration Fee	Rs. 1000.00/-	MH012417882202425P	11/12/2024

## LEAVE AND LICENSE AGREEMENT

This agreement is made and executed on 11/12/2024 at Virar

Between,

1) **Name:** Mr. Chavan Aniruddha Umakant, Age : About 54 Years, PAN : ADYPC2113R Residing at: Flat No:1st Floor, Floor No:1st, Building Name: Akanksha Building, Block Sector: Vitthal Wadi, Road: Veer Savarkar Marg, Virar East, Palghar, Maharashtra, 401305

HEREINAFTER called 'the Licensor (which expression shall mean and include the Licensor above named and also his/her/their respective heirs, successors, assigns, executors and administrators)

AND

1) **Konkan education and Medical Trust's Virar Homeopathic Medical College And Hospital** (Trust) Residing at: Building Name: Virar Homeopathic Medical College, Block Sector: Near Sharvi Hotel, Road: Naringi Bypass Road, Virar East, Palghar, Maharashtra, 401305 through Authorized Signatory Mr. Patil Bhavesh Damodar, Age : About 58 Years Residing at: Flat No: B-1306, Floor No: 13th, Building Name: Ekta Bhoomi Garden, Block Sector: Borivali, Road: Duttapada Road, Borivali East, Mumbai, Maharashtra, 400066

HEREINAFTER called 'the Licensee' (which expression shall mean and include only Licensee above named).









WHEREAS the Licensor is absolutely seized and possessed of and or otherwise well and sufficiently entitled to all that constructed portion being unit described in Schedule I hereunder written and are hereafter for the sake of brevity called or referred to as Licensed Premises and is/are desirous of giving the said premises on Leave and License basis under Section-24 of the Maharashtra Rent Control Act, 1999.

AND WHEREAS the Licensee herein is in need of temporary premises for Residential use has/have approached the Licensor with a request to allow the Licensee herein to use and occupy the said premises on Leave and License basis for a period of 33 Months commencing from 15/11/2024 and ending on 14/08/2027, on terms and subject to conditions hereafter appearing.

AND WHEREAS the Licensor have agreed to allow the Licensee herein to use and occupy the said Licensed premises for his/her/their aforesaid Residential purposes only, on Leave and License basis for above mentioned period, on terms and subject to conditions hereafter appearing;

NOW THEREFORE IT IS HEREBY AGREED TO, DECLARED AND RECORDED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:-



Name & Address	Photo	Thumb Verified	Digitally signed
<p><b><u>Licensor</u></b>  <u>Mr.Chavan Aniruddha Umakant</u>  <b>Address:</b>Flat No:1st Floor, Floor No:1st, Building Name:Akanksha Building, Block Sector:Vitthal Wadi, Road:Veer Savarkar Marg, Virar East, Palghar, Maharashtra, 401305</p>			Not Available
<p><b><u>Licensee</u></b>  <u>Konkan education and Medical Trust's Virar Homeopathic Medical College And Hospital (Trust)</u>  through his Authorized Signatory Mr. <u>Patil Bhavesh Damodar</u>  <b>Address:</b>Flat No:B-1306, Floor No:13th, Building Name:Ekta Bhoomi Garden, Block Sector:Borivali, Road:Duttapada Road, Borivali East, Mumbai, Maharashtra, 400066</p>			Not Available
<p><b><u>Witness of execution of all executants</u></b>  <u>Raut Anjali Ashish</u>  <b>Address:</b> Flat No:B-102, Floor No:1st, Building Name:Arati Apartment, Block Sector:Near Joshi Hospital, Road:Vartak Road, Virar West, Palghar, Maharashtra, 401303</p>			Not Required
<p><b><u>Witness of execution of all executants</u></b>  <u>Patil Vinuta Nitesh</u>  <b>Address:</b> Flat No:Ghar No 14, Block Sector:Vadval Ali, Road:At Mande Po Virathan, Mande Saphale West, Palghar, Maharashtra, 401102</p>			Not Required

### Admission Of Execution / Identification

The following parties have admitted that they have executed the Agreement of Leave and Licenses & the identifiers have stated that they are well acquainted to the said parties. They have given their consent to, Department of Stamp and Registration, Maharashtra State to obtain their Aadhaar number, Name and fingerprint for authentication with UIDAI and their identity has been verified with the UIDAI.



Type of Party, Name & UID	Date & Time of Admission	Date ,Time of Verification with UIDAI	Information received from UIDAI(Name,Gender,Aadhaar/Ref No,Photo)	
<b>Licensor</b> Chavan Aniruddha Umakant	22/11/2024 02:12:33 PM	22/11/2024 02:13:05 PM	Aniruddha Umakant Chavan, Male, 1180070408533598208	
<b>licensee</b> Konkan education and Medical Trust's Virar Homeopathic Medical College And Hospital through Authorized Signatory Patil Bhavesh Damodar	22/11/2024 02:14:14 PM	22/11/2024 02:14:25 PM	Bhavesh Damodar Patil, Male, 1180070032455524352	
<b>Identifier for all executants</b> Raut Anjali Ashish	22/11/2024 02:15:30 PM	22/11/2024 02:15:50 PM	Anjali Ashish Raut, Female, 1167700625062387712	
<b>Identifier for all executants</b> Patil Vinuta Nitesh	22/11/2024 02:17:05 PM	22/11/2024 02:17:23 PM	Vinuta Nitesh Patil, Female, 1309440082089369600	



15/12/2023

## Index -2

SroName : Joint S.R. Vasai 4

Doc No. : 19591/2023

Regn:63m

### Village Name : Virar

- (1) Article Leave and Licenses(36 A)
- (2) Deposit Rs.50000/-
- (3) Licence Fee a) Rs. 20000/- per month for the first 11 months,  
b) Rs. 22000/- per month for the next 11 months,  
c) Rs. 24200/- per month for the next 11 months.
- (4) Property Description Corporation: Palghar, Other details: Apartment/Flat No:2nd Floor, Floor No:2nd Floor, Building Name: Akanksha Building, Block Sector: Nr Saibaba Mandir, Virar East-401305, Road: Veer Savarkar Marg, Vitthal Wadi, City: Virar, District: Palghar, Survey Number : -, Leave and License Months: 33
- (5) Area 930 Square Feet
- (6) Assessment or Judi -
- (7) Licensor Name and Address Name: Chavan Aniruddha Umakant Age: 53 Address: Flat No: 1st Floor, Floor No: 1st Floor, Building Name: Akanksha Building, Block Sector: Vitthal Wadi, Road: Veer Savarkar Marg, City: Virar East, District: Palghar, State: Maharashtra, Pin: 401305 PAN: ADYPC2113R
- (8) Licensee Name and Address Trust: Konkan education and Medical Trust's Virar Homeopathic Medical College And Hospital Address: Building Name: Virar Homeopathic Medical College, Block Sector: Near Sharvi Hotel, Road: Naringi Bypass Road, City: Virar East, District: Palghar, State: Maharashtra, Pin: 401305 PAN: AAATK6776H through their P.O.A Patil Bhavesh Damodar Age: 57; Address: Flat No: B-1306, Floor No: 13th, Building Name: Ekta Bheemi Garden, Block Sector: Borivali, Road: Duttapada Road, City: Borivali East, District: Mumbai, State: Maharashtra, Pin: 400066 PAN:
- (9) Date of Execution 01/12/2023
- (10) Date of Registration 15/12/2023
- (11) Registration Number/Year 19591/2023
- (12) Stamp Duty Rs.1854.90/-
- (13) Registration Fee Rs.1000/-
- (14) Remark -

Thumb impression of Joint S.R. Vasai 4 :





Particulars	Amount Paid	GRN/Transaction Id	Date
Stamp Duty	Rs. 1854.90/-	MH012423966202324E	01/12/2023
DHC	Rs. 300/-	1223072414148	01/12/2023
Registration Fee	Rs. 1000/-	MH012423966202324E	01/12/2023

## LEAVE AND LICENSE AGREEMENT

This agreement is made and executed on 01/12/2023 at Virar

Between,

1) **Name:** Mr. Chavan Aniruddha Umakant, Age : About 53 Years, PAN : ADYPC2113R Residing at: Flat No:1st Floor, Floor No:1st Floor, Building Name: Akanksha Building; Block Sector: Vitthal Wadi, Road: Veer Savarkar Marg, Virar East, Palghar, Maharashtra, 401305

HEREINAFTER called 'the Licensor (which expression shall mean and include the Licensor above named and also his/her/their respective heirs, successors, assigns, executors and administrators)

AND

1) **Konkan education and Medical Trust's Virar Homoeopathic Medical College And Hospital(Trust)** Residing at: Building Name: Virar Homeopathic Medical College, Block Sector: Near Sharvi Hotel, Road: Naringi Bypass Road, Virar East, Palghar, Maharashtra, 401305 through Authorized Signatory Mr. Patil Bhavesh Damodar, Age : About 57 Years Residing at: Flat No: B-1306, Floor No: 13th, Building Name: Ekta Bhoomi Garden, Block Sector: Borivali, Road: Duttapada Road, Borivali East, Mumbai, Maharashtra, 400066

HEREINAFTER called 'the Licensee' (which expression shall mean and include only Licensee above named).









WHEREAS the Licensor is absolutely seized and possessed of and or otherwise well and sufficiently entitled to all that constructed portion being unit described in Schedule I hereunder written and are hereafter for the sake of brevity called or referred to as Licensed Premises and is/are desirous of giving the said premises on Leave and License basis under Section.24 of the Maharashtra Rent Control Act, 1999.

AND WHEREAS the Licensee herein is in need of temporary premises for Residential use has/have approached the Licensor with a request to allow the Licensee herein to use and occupy the said premises on Leave and License basis for a period of 33 Months commencing from 01/12/2023 and ending on 31/08/2026, on terms and subject to conditions hereafter appearing.

AND WHEREAS the Licensor have agreed to allow the Licensee herein to use and occupy the said Licensed premises for his/her/their aforesaid Residential purposes only, on Leave and License basis for above mentioned period, on terms and subject to conditions hereafter appearing;

NOW THEREFORE IT IS HEREBY AGREED TO, DECLARED AND RECORDED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:-




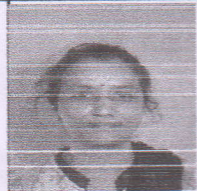


Name & Address	Photo	Thumb Verified	Digitally signed
<b>Licensor</b> <u>Mr. Chavan Aniruddha Umakant</u> Address: Flat No: 1st Floor, Floor No: 1st Floor, Building Name: Akanksha Building, Block Sector: Vitthal Wadi, Road: Veer Savarkar Marg, Virar East, Palghar, Maharashtra, 401305			Not Available
<b>Licensee</b> <u>Konkan education and Medical Trust's Virar Homoeopathic Medical College And Hospital (Trust)</u> through his Authorized Signatory Mr. <u>Patil Bhavesh Damodar</u> Address: Flat No: B-1306, Floor No: 13th, Building Name: Ekta Bhoomi Garden, Block Sector: Borivali, Road: Duttapada Road, Borivali East, Mumbai, Maharashtra, 400066			Not Available
<b>Witness of execution of all executants</b> <u>Rumao Rovina Robert</u> Address: Building Name: Holy Mary Bungalow, Block Sector: Rumao Ali, Road: Nandakhal, Vatar, Virar West, Palghar, Maharashtra, 401301			Not Required
<b>Witness of execution of all executants</b> <u>Thakur Kirti Bhupesh</u> Address: Block Sector: Agarwadi, Road: Makunsar, Saphale, Palghar, Maharashtra, 401102			Not Required

### Admission Of Execution / Identification

The following parties have admitted that they have executed the Agreement of Leave and Licenses & the identifies have stated that they are well acquainting to the said parties. They have given their consent to, Department of Stamp and Registration, Maharashtra State to obtain their Aadhaar number, Name and fingerprint for authentication with UIDAI and their identity has been verified with the UIDAI.



Type of Party, Name & UID	Date & Time of Admission	Date ,Time of Verification with UIDAI	Information received from UIDAI(Name,Gender,Aadhaar/Ref No,Photo)
<u>Licensor</u> Chavan Aniruddha Umakant	01/12/2023 02:27:56 PM	01/12/2023 02:28:31 PM	Aniruddha Umakant Chavan, Male, 1180070408533598208 
<u>Licencee</u> Konkan education and Medical Trust's Virar Homoeopathic Medical College And Hospital through Authorized Signatory Patil Bhavesh Damodar	01/12/2023 02:26:47 PM	01/12/2023 02:27:01 PM	Bhavesh Damodar Patil, Male, 1180070032455524352 
<u>Identifier for all executants</u> Thakur Kirti Bhupesh	01/12/2023 02:31:18 PM	01/12/2023 02:31:58 PM	Kirti Bhupesh Thakur, Female, 1180070807118368768 
<u>Identifier for all executants</u> Rumao Rovina Robert	01/12/2023 02:33:33 PM	01/12/2023 02:33:48 PM	Rovina Robert Rumao, Female, 1175387525717975040 





रतीय गैर न्यायिक

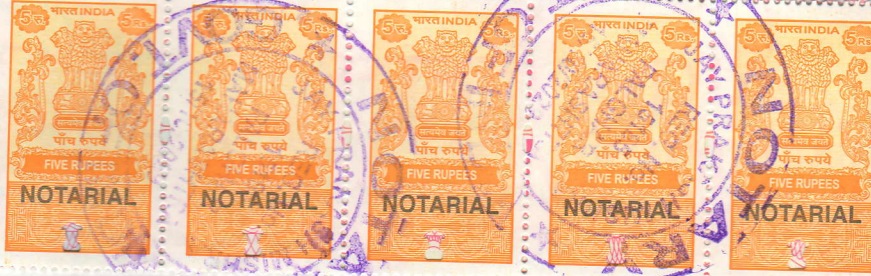
पये

Rs. 100

100



ONE HUNDRED RUPEES



महाराष्ट्र MAHARASHTRA

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85AA 881048



Sub-Treasury Office Vasai

27 MAY 2024

Sub-Treasury Officer

27/05/24



ARTICLES OF AGREEMENT made and

entered into at Visar this 1st day of August /20 24 BETWEEN

Shri/Smt./M/s. Dr. Jagannath M. Mangela

residing at 80/5, Pritam villa, vee savarkar Marg, Near Daya smuti Hall, Visar (East), Dist - Palghar - 401305

(hereinafter called and referred to as "the LICENSOR/S") of the ONE PART AND

Shri/Smt./M/s. KEMT's Visar Homoeopathic Medical college & Hospital

residing at Naringi Bypass Road, Visar (East), Dist. - Palghar - 401305

Indian Inhabitant, (hereinafter called and referred to as "the LICENSEE/S" of the OTHER PART.

WHEREAS the licensor/s are/is the lawful owner/s of the Flat/Shop/Room/Ind. Gala premises bearing No. 01202 on the Ground Floor, in the Building / Estate known as Pritam villa having an area of 675 Sq.ft. or thereabouts (hereinafter referred to as "THE SAID PREMISES").

AND WHEREAS the licensee/s approached the Licensor/s and made a request to allow/him them to use and occupy the said premises on "LEAVE AND LICENCE" basis from the 1st day of August /20 24, till the 30th day of June /20 25 (both days inclusive)

AND WHEREAS the licensor/s allowed the licensee/s the use and occupation of the said premises for a period of 11 months commencing from the 1st day of August /20 24 till the 30th day of June /20 25 (both days inclusive), on the the terms and conditions hereinafter mentioned.



SIGNED AND DELIVERED by the  
withinnamed \_\_\_\_\_ Licensor/s

**Shri./Smt./M/s.**

*Dr. Jagannath M. Mangela*

in the Presence of :

- 1. Mr. Prathamesh Thakare*
- 2. Mrs. Bharati Fernandes.*

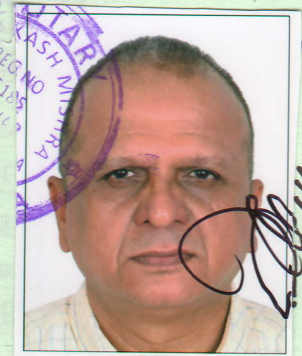


*Thakare*  
*B Fernandes*

SIGNED AND DELIVERED by the  
withinnamed \_\_\_\_\_ Licensee/s

**Shri./Smt./M/s. Secretary**  
*KEMT's Virar Homoeopathic  
Medical College & Hospital.*  
in the Presence of :

- 1. Mrs. Mamta Meher*
- 2. Mr. Prakash Shetye.*



*Meher*  
*Prakash P. Shetye*

**Secretary**  
**Kokan Education & Medical Trust's**  
**Virar Dist: Palghar.**

### RECEIPT

Received of and from withinnamed Licensor the sum of

**Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_**

**\_\_\_\_\_ only) being the refund of Security Deposit after  
adjustment of all dues payable by me / us to the Licensor  
as agreed in the Agreement of Leave and License dated**

**\_\_\_\_\_ 20 \_\_\_\_\_ entered in to between us. in rerput of**

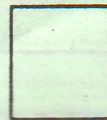
**Shop / Flat No. \_\_\_\_\_ as \_\_\_\_\_ C.O.H.S. Ltd.,**

**Having address at \_\_\_\_\_**

I/We further state that I/We don't have any claim against the  
said Shop/Flat of the owner. Licensor and have handed over the  
peaceful possession of the said Flat / Shop to the Licensor on  
\_\_\_\_\_ 20 \_\_\_\_\_ after complete him of period of eleven months.

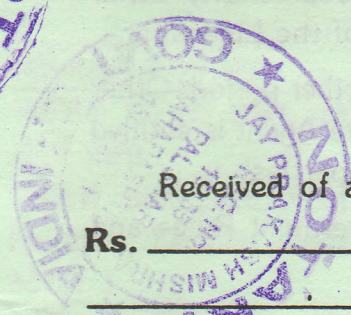
I/We Say Received

**Rs. \_\_\_\_\_**



**(Licensee)**

*NOTARY*



**ATTESTED BY ME**  
*[Signature]*  
**ADVOCATE & NOTARY**  
**GOVT. OF INDIA**

*[Handwritten signature]*  
*[Handwritten signature]*





भारतीय गैर न्यायिक

रुपये

Rs. 100

₹. 100

ONE HUNDRED RUPEES



महाराष्ट्र MAHARASHTRA

2024

12AB 249879

Sub-Treasury Office  
Vasai



NOV 2024

Adl. Treasury Officer

04/11/24

**LEAVE AND LICENCE AGREEMENT**

**ARTICLES OF AGREEMENT** made and

entered into at VIRAR this 1<sup>st</sup> day of November/20 24 BETWEEN

Shri/Smt./M/s. Kunal Mohan Tandel

residing at House No. 443, Holi Maidan, Naringi, Mangela Ali  
Visar (East), Dist-Palghar-401305 Indian inhabitant/s,

(hereinafter called and referred to as "the LICENSOR/S") of the **ONE PART AND**

Shri/Smt./M/s. KEMT's Virar Homoeopathic Medical College & Hospital  
residing at Naringi Bypass Road, Virar (East), Dist.- Palghar - 401305

Indian Inhabitant, (hereinafter called and referred to as "the LICENSEE/S" of the **OTHER PART.**

**WHEREAS** the licensor/s are/is the lawful owner/s of the Flat/Shop/Room/Ind. Gala premises bearing No. 1, 2, 11 & 12 on the Grs. & 1<sup>st</sup> Floor, in the Building / Estate known as Samaeth Krupa, Near Adash vidyalay, Naringi, Virar (W) having an area of 940 Sq.ft. or thereabouts (hereinafter referred to as "THE SAID PREMISES").

**AND WHEREAS** the licensee/s approached the Licensor/s and made a request to allow/him them to use and occupy the said premises on "LEAVE AND LICENCE" basis from the 1<sup>st</sup> day of November,/20 24, till the 30<sup>th</sup> day of September /20 25 (both days inclusive)

**AND WHEREAS** the licensor/s allowed the licensee/s the use and occupation of the said premises for a period of 11 months commencing from the 1<sup>st</sup> day of November, /20 24 till the 30<sup>th</sup> day of September,/20 25 (both days inclusive), on the the terms and conditions hereinafter mentioned.

*Kunal*  
*[Signature]*



SIGNED AND DELIVERED by the  
withinnamed \_\_\_\_\_ Licensor/s

Shri./Smt./M/s.

Kunal Mohan Tandel

in the Presence of :

1. Sanjay R. Bhalekar
2. Amit J Mangela

SPB  
[Signature]

KT  
[Signature]



SIGNED AND DELIVERED by the  
withinnamed \_\_\_\_\_ Licensee/s

Shri./Smt./M/s.

KEMT's Virar Homoeopathic  
Medical College & Hospital  
in the Presence of :

1. Mrs. Pranjali Kelvekar
2. Mr. Vishal Bhalekar.

Kelvekar  
[Signature]



Secretary

Virar Education & Medical Trust's  
Virar (E), Dist: Palghar.

## RECEIPT

Received of and from withinnamed Licensor the sum of

Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_

\_\_\_\_\_ only) being the refund of Security Deposit after  
adjustment of all dues payable by me / us to the Licensor  
as agreed in the Agreement of Leave and License dated  
\_\_\_\_\_ 20 \_\_\_\_\_ entered in to between us. in rerput of

Shop / Flat No. \_\_\_\_\_ as \_\_\_\_\_ C.O.H.S. Ltd.,  
Having address at \_\_\_\_\_

I/We further state that I/We don't have any claim against the  
said Shop/Flat of the owner. Licensor and have handed over the  
peaceful possession of the said Flat / Shop to the Licensor on  
\_\_\_\_\_ 20 \_\_\_\_\_ after complete him of period of eleven months.

I/We Say Received

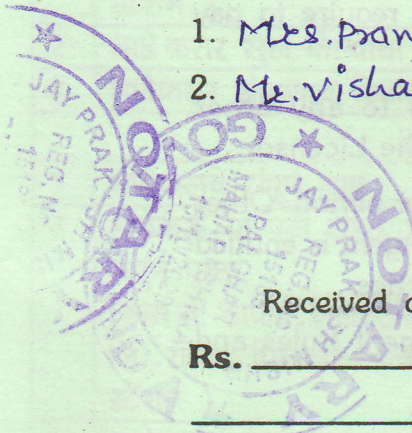
Rs. \_\_\_\_\_



(Licensee)

ATTESTED BY ME

JAY PRAKASH MISHRA  
ADVOCATE & NOTARY  
GOVT. OF INDIA



[Handwritten signature]