



BIODATA — Dr. Kavish Pandey

Personal Details

Name: Dr. Kavish Pandey

Date of Birth: 20th November 1991

Mobile: +91 84476 29356

Email: kavish.pandey@gmail.com

Educational Qualifications

- MD (Homoeopathy) – Psychiatry, 2019
- BHMS – Bakson Homoeopathic Medical College & RI, Greater Noida
- - Affiliated to Dr. Bhim Rao Ambedkar University, Agra
- Higher Secondary (12th) – ISC, New Delhi, 2009
- Secondary (10th) – ICSE, New Delhi, 2007

Current Position

- Designation: Associate Professor
- Department: Human Anatomy
- Institution: Aarihant Homoeopathic Medical College & Research Institute, Gandhinagar
- Tenure: From 11th March 2024 – Present

Previous Role:

- Assistant Professor, Human Anatomy
- Aarihant Homoeopathic Medical College & RI, Gandhinagar
- Tenure: 29th February 2020 – 10th March 2024

Professional Achievements

- CME/Training Workshops (Sponsored by AYUSH/Govt.): 01
- Academic Visits / Camps / Awareness Programs Organized: 08
- Seminars & Webinars Attended: 08
- Events Organized: 01
- Research Publications: 01



होमियोपैथिक मेडिसिन बोर्ड, उत्तर प्रदेश लखनऊ



रजिस्ट्रेशन प्रमाण-पत्र संख्या : H034702

दिनांक : 21/07/2015

एतद्वारा यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी कवीश अजीत पाण्डेय BHMS सुपुत्र/पत्नी/सुपुत्री श्री विजय कुमार पाण्डेय निवासी डी 77 राजाजीपुरम, जिला लखनऊ.226017 ने होमियोपैथिक मेडिसिन बोर्ड, उत्तर प्रदेश लखनऊ को इस बात से संतुष्ट कर दिया है कि वह होमियोपैथिक चिकित्सक की हैसियत से रजिस्ट्रेशन के लिए उपयुक्त हैं और तदनुसार उनका इस हैसियत से रजिस्ट्रेशन कर दिया गया है, जिसके प्रमाण स्वरूप निम्न हस्ताक्षरकर्ता ने अपने हस्ताक्षर किये हैं और इस कार्यालय की मुद्रा अंकित की है।



V. Arish



K
रजिस्ट्रार



Roll No. 118577590015

Enrolment No. A-098572

क्रमांक/8. No. 9100926

डॉ. भीमराव आंबेडकर विश्वविद्यालय, आगरा
DR. BHIMRAO AMBEDKAR UNIVERSITY, AGRA



(पूर्ववर्ती आगरा विश्वविद्यालय, आगरा)

(Formerly-Agra University, Agra)

बैचलर ऑफ होम्योपैथिक मेडिसिन एण्ड सर्जरी

प्रमाणित किया जाता है कि कविश अजित पाण्डेय

बैक्सन होम्योपैथिक मेडिकल कॉलेज एण्ड हॉस्पिटल, ग्रेटर नोयडा, गोतम बुद्ध नगर (यूपी)

ने इस विश्वविद्यालय से २०१३ की परीक्षा उत्तीर्ण की तथा बैचलर ऑफ होम्योपैथिक मेडिसिन एण्ड सर्जरी की उपाधि प्राप्त की।

BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY

This is to certify that **KAVISH AJIT PANDEY**

**BAKSON HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, GREATER NOIDA, GAUTAM
BUDDH NAGAR (U.P.)**

Passed the Degree of **Bachelor of Homoeopathic Medicine and
Surgery in this University in the Examination of 2013**

डॉ० भीमराव आंबेडकर विश्वविद्यालय, आगरा

DR. B.R. AMBEDKAR UNIVERSITY, AGRA

३१ दिसम्बर, २०१५

31 DECEMBER, 2015

Application ID No. 1246774



8200926

ADP

परीक्षा नियंत्रक

COE

Unjay Kumar Patra

कुलपति

Vice-Chancellor



BAKSON HOMOEOPATHIC MEDICAL COLLEGE

Plot no. 36 B, Knowledge Park Phase-1, Greater Noida,
Gautam Budh Nagar – 201306 (U.P.)

Sr. No : BHMC/Admin/2017/ 3199

Session : 2015-2018

Enrolment No. : 0985772

Roll No. : 178577791019



College Code- 857

Notification no. : 100/Conf.

Date : 29/01/2019

PASSING CERTIFICATE

This is to certify that **Dr. KAVISH AJIT PANDEY** son of **Mr. VIJAY KUMAR PANDEY** has passed **M.D. (Homoeopathy) Part-2 Examinations-2018** conducted by **Dr. B. R. Ambedkar University, Agra** in the month of **November' 2018** in following subjects:

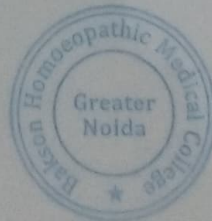
- **Specialty Subject** : **Psychiatry**
- **Subsidiary Subject** : **Materia Medica**
- **Optional Subject** : **Repertory**

Topic of Dissertation :

"USEFULNESS OF HOMOEOPATHIC MANAGEMENT ON PSYCHOSOMATIC DISORDERS OF GASTRO INTESTINAL SYSTEM"

He bears a good moral character.

We wish his success in life.



(Principal)

Greater Noida

Date : 01/02/2019



DR. B.R. AMBEDKAR UNIVERSITY, AGRA

(Formerly : Agra University, Agra)

P.C. No. 35661

Enrolment No. 0985772



APP. ID. No. 8-280792

UPLOAD ID 210925

Date 15 JUN 2022

PROVISIONAL CERTIFICATE

This is to certify that Sri / Km. / Smt. Dr. KAVISH AJAY Pandey
S/o / D/o Vidya Kumar Pandey
(Roll No. 170-77791010) of Berkham James Pur College, Meerut
passed the M.D. (Hony. Pur) Examination of 2019, with Psychiatry
as his/her subjects and that he/she was placed in Passes Division.

His/her also passed in Report as an Additional/Extra Optional Subject.

The candidate has done all that is necessary for the formal presentation for the degree of M.D.

SENATE HOUSE
AGRA



Dated 24/06/22

Dr. B.R. Ambedkar
14/6/2022
O.S. EXAMINATION
DR. B.R.A. UNIVERSITY, AGRA
Asstt. / Dy. Register (Exam.)



AARIHANT HOMOEOPATHIC HOSPITAL

Consent Form for Student Counseling Sessions

Section A: Student Information

Name of Student: patel Sotil

Age: 19

Gender: ☒ Male ☐ Female ☐ Other

Class / Course: Design 3rd sem

Institution Name: Design

Contact Number: _____

Address: Ahmedabad. Gujarat

Section B: Parent/Guardian Details *(Required if student is under 18)*

Name of Parent/Guardian: Dipak Patel

Relationship to Student: Father

Contact Number: _____

Section C: Purpose of Counseling

I understand that the purpose of counseling is to provide emotional, psychological, and lifestyle support related to:

☐ Academic Stress

☐ Exam Anxiety

☐ Emotional Difficulties (e.g., sadness, fear, anger)

☒ Sleep or Concentration Issues

☐ Peer or Social Challenges

☐ Career or Goal Confusion

☐ Other: Childhood bullying



Counseling will be conducted by a qualified MD (Hom.) in Psychiatry, within the scope of homeopathic mental health support.

Section D: Consent Statement

I voluntarily consent to attend counseling sessions conducted at Aarihant Homoeopathic Hospital. I understand that:

1. Confidentiality will be maintained except in cases where:

- There is risk of harm to self or others.
- Required by law or court order.

2. Referrals may be made to a clinical psychologist or psychiatrist if needed.

3. The sessions are non-pharmacological, and no psychotherapy or psychiatric medicine will be prescribed.

4. I have the right to withdraw from counseling at any time.

Section E: Signatures

Signature of Student: [Signature] Date: 17/5/25

Signature of Parent/Guardian: [Signature] Date: 17/5/25

(Required if student is under 18 years of age)

Counselor's Name & Designation: Dr. Kavish Pandey

Signature of Counselor: [Signature] Date: 17/5/25



STUDENT COUNSELING CASE TAKING FORMAT

A. GENERAL INFORMATION

1. Full Name of Student: Patel Sohil
2. Age/Date of Birth: 17/2/2004
3. Gender: Male
4. Class/Grade: 3rd SEM
5. School/Institution Name: Design
6. Date of Session: 17/05/2025
7. Counselor's Name: Dr. Kevish Pundey
8. Referral Source: (Self / Teacher / Parent / Peer / Administration) Self

9. Presenting Problem (As Reported by Student/Referrer):

Anxiety Neurosis

B. BACKGROUND INFORMATION

1. Family Details:

- Father's Name / Occupation: Dipak Patel
- Mother's Name / Occupation: Faiguni Patel
- Siblings (Name, Age, Class): Dakshat, 22 year old
- Family Type: Joint / Nuclear / Separated / Single Parent Nuclear
- Relationship with family members: Son

2. Academic History:

- Previous Academic Performance: Good
- Current Academic Concerns (if any): Absent minded
- Favorite / Difficult Subjects: History
- Attendance and Participation in Class: Average

3. Behavior at School:

- Interaction with Peers: Average
- Relationship with Teachers: Good
- Disciplinary History (if any): -
- Extracurricular Involvement: Good

4. Personal-Social History:

- Hobbies/Interests: Dancing, sleeping
- Sleep & Appetite Pattern: in summer / junk food
- Recent changes in behavior/mood: irritability
- History of trauma, loss, bullying, abuse, etc.: childhood bullying



5. Medical History:

- Current physical/mental health concerns: obesity
- Ongoing medication/treatment (if any): -
- Past psychiatric/psychological treatment (if any):

C. ASSESSMENT (As Observed by Counselor)

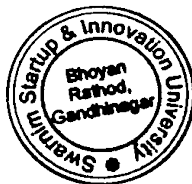
1. Mood/Affect: Stressful
2. Cognitive Functioning: Average
3. Self-Esteem/Confidence: High / Low
4. Motivation/Goal Orientation: Confused
5. Communication Skills: Average
6. Any Maladaptive Behavior Noted: Involuntary tics.
7. Risk Assessment (if any):
 - Suicidal Ideation / Self-Harm / Aggression / Substance Use
Aggression

D. COUNSELING GOALS AND PLAN

1. Short-term Goals: Avoid screen time
2. Long-term Goals: Meditation
3. Plan of Intervention:
 - Type: Individual / Group / Career / Remedial / Behavioral
 - Frequency: Every week
 - Techniques/Tools Used (CBT, Play therapy, etc.):
Intervention in social function.

E. SUMMARY AND REMARKS

1. Session Summary: _____
2. Parental Involvement Needed? yes
3. Follow-up Date: _____
4. Counselor's Signature & Date: [Signature]
17/5/24



AARIHANT HOMOEOPATHIC HOSPITAL

Consent Form for Student Counseling Sessions

Section A: Student Information

Name of Student: Kalsariya Pradeep

Age: 22 yrs

Gender: ☒ Male ☐ Female ☐ Other

Class / Course: BAMS

Institution Name: AAMC

Contact Number: 2110401010

Address: Ahmedabad, Gujarat

Section B: Parent/Guardian Details *(Required if student is under 18)*

Name of Parent/Guardian: Bhushanbhai

Relationship to Student: Father

Contact Number: —

Section C: Purpose of Counseling

I understand that the purpose of counseling is to provide emotional, psychological, and lifestyle support related to:

☒ Academic Stress

☒ Exam Anxiety

☐ Emotional Difficulties (e.g., sadness, fear, anger)

☒ Sleep or Concentration Issues

☐ Peer or Social Challenges

☐ Career or Goal Confusion

☐ Other: —



Counseling will be conducted by a qualified MD (Hom.) in Psychiatry, within the scope of homeopathic mental health support.

Section D: Consent Statement

I voluntarily consent to attend counseling sessions conducted at Aarihant Homoeopathic Hospital. I understand that:

1. Confidentiality will be maintained except in cases where:
 - There is risk of harm to self or others.
 - Required by law or court order.
2. Referrals may be made to a clinical psychologist or psychiatrist if needed.
3. The sessions are non-pharmacological, and no psychotherapy or psychiatric medicine will be prescribed.
4. I have the right to withdraw from counseling at any time.

Section E: Signatures

Signature of Student: Randeep Date: 12/Feb/2024

Signature of Parent/Guardian: _____ Date: _____

(Required if student is under 18 years of age)

Counselor's Name & Designation: Dr. Kavish Pandey

Signature of Counselor: Randeep Date: 12/2/2024



STUDENT COUNSELING CASE TAKING FORMAT

A. GENERAL INFORMATION

1. Full Name of Student: Kalsariya Pradeep
2. Age/Date of Birth:
3. Gender: Male
4. Class/Grade: BAMS
5. School/Institution Name: AAMC
6. Date of Session: 12/Feb/2024
7. Counselor's Name: Dr. Ravish Pandey
8. Referral Source: (Self / Teacher / Parent / Peer / Administration)

9. Presenting Problem (As Reported by Student/Referrer):

Insomnia / Lack of interest in Studies

B. BACKGROUND INFORMATION

1. Family Details:

- Father's Name / Occupation: Bhukhanbhai / Farmer
- Mother's Name / Occupation:
- Siblings (Name, Age, Class):
- Family Type: Joint / Nuclear / Separated / Single Parent
- Relationship with family members: Son

2. Academic History:

- Previous Academic Performance: Average
- Current Academic Concerns (if any): Lack of interest in Studies
- Favorite / Difficult Subjects:
- Attendance and Participation in Class: Average

3. Behavior at School:

- Interaction with Peers: Average
- Relationship with Teachers: Good
- Disciplinary History (if any):
- Extracurricular Involvement: Average

4. Personal-Social History:

- Hobbies/Interests: Painting
- Sleep & Appetite Pattern: Bad
- Recent changes in behavior/mood: Dull, Not Interested in doing anything
- History of trauma, loss, bullying, abuse, etc.:



5. Medical History:

- Current physical/mental health concerns: Stress
- Ongoing medication/treatment (if any): —
- Past psychiatric/psychological treatment (if any):

C. ASSESSMENT (As Observed by Counselor)

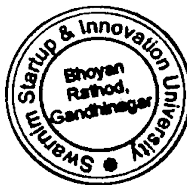
1. Mood/Affect: Anxious
2. Cognitive Functioning: Average
3. Self-Esteem/Confidence: Low
4. Motivation/Goal Orientation: Confused
5. Communication Skills: Good
6. Any Maladaptive Behavior Noted: Passive Behavior
7. Risk Assessment (if any):
- Suicidal Ideation / Self-Harm / Aggression / Substance Use

D. COUNSELING GOALS AND PLAN

- D. COUNSELING GOALS AND PLAN
1. Short-term Goals: Try to be more in social circle
2. Long-term Goals: Meditation
3. Plan of Intervention:
- Type: ☒ Individual / ☐ Group / ☐ Career / ☐ Remedial / ☐ Behavioral
 - Frequency: Every week
 - Techniques/Tools Used (CBT, Play therapy, etc.):
GAD-T, CBT

E. SUMMARY AND REMARKS

- E. SUMMARY AND REMARKS
1. Session Summary: Trying to improve
2. Parental Involvement Needed? No
3. Follow-up Date: 19/02/24
4. Counselor's Signature & Date: Gavin



AARIHANT HOMOEOPATHIC HOSPITAL

Consent Form for Student Counseling Sessions

Section A: Student Information

Name of Student: Moradiya Neelkumar Rameshbhai

Age: 22

Gender: ☒ Male ☐ Female ☐ Other

Class / Course: SMCLA

Institution Name: SMCLA

~~Contact~~ ^{Enroll} Number: 2301402012

Address: Ahmedabad, Gujarat

Section B: Parent/Guardian Details *(Required if student is under 18)*

Name of Parent/Guardian: Rameshbhai

Relationship to Student: Father

Contact Number:

Section C: Purpose of Counseling

I understand that the purpose of counseling is to provide emotional, psychological, and lifestyle support related to:

- ☐ Academic Stress
- ☐ Exam Anxiety
- ☒ Emotional Difficulties (e.g., sadness, fear, anger)
- ☒ Sleep or Concentration Issues
- ☐ Peer or Social Challenges
- ☐ Career or Goal Confusion
- ☐ Other: Childhood Trauma



Counseling will be conducted by a qualified MD (Hom.) in Psychiatry, within the scope of homeopathic mental health support.

Section D: Consent Statement

I voluntarily consent to attend counseling sessions conducted at Aarihant Homoeopathic Hospital. I understand that:

1. Confidentiality will be maintained except in cases where:
 - There is risk of harm to self or others.
 - Required by law or court order.
2. Referrals may be made to a clinical psychologist or psychiatrist if needed.
3. The sessions are non-pharmacological, and no psychotherapy or psychiatric medicine will be prescribed.
4. I have the right to withdraw from counseling at any time.

Section E: Signatures

Signature of Student: Neel Date: 11/12/23

Signature of Parent/Guardian: _____ Date: _____

(Required if student is under 18 years of age)

Counselor's Name & Designation: Dr. Kavish Pandey

Signature of Counselor: Kavish Date: 11/12/23



STUDENT COUNSELING CASE TAKING FORMAT

A. GENERAL INFORMATION

1. Full Name of Student: Moradiya Nodkumar
2. Age/Date of Birth:
3. Gender: Male
4. Class/Grade: SMCLA
5. School/Institution Name: SMCLA
6. Date of Session: 11/12/23
7. Counselor's Name: Dr. Kavish Pandey
8. Referral Source: (Self / Teacher / Parent / Peer / Administration) ✓

9. Presenting Problem (As Reported by Student/Referrer):

Mild Depression and Emotional Distress

B. BACKGROUND INFORMATION

1. Family Details:

- Father's Name / Occupation: Rameshbhai
- Mother's Name / Occupation:
- Siblings (Name, Age, Class):
- Family Type: Joint / Nuclear / Separated / Single Parent ✓
- Relationship with family members: Son

2. Academic History:

- Previous Academic Performance: Average
- Current Academic Concerns (if any): Emotional distress & Absentminded
- Favorite / Difficult Subjects:
- Attendance and Participation in Class: Average

3. Behavior at School:

- Interaction with Peers: Average
- Relationship with Teachers: Average
- Disciplinary History (if any):
- Extracurricular Involvement: Average

4. Personal-Social History:

- Hobbies/Interests: Reading books
- Sleep & Appetite Pattern: Poor
- Recent changes in behavior/mood: Melancholic
- History of trauma, loss, bullying, abuse, etc.: Childhood Trauma



5. Medical History:

- Current physical/mental health concerns: Obesity & stress
- Ongoing medication/treatment (if any): _____
- Past psychiatric/psychological treatment (if any): _____

C. ASSESSMENT (As Observed by Counselor)

1. Mood/Affect: Depressive
2. Cognitive Functioning: Average
3. Self-Esteem/Confidence: Low
4. Motivation/Goal Orientation: Confused
5. Communication Skills: Average
6. Any Maladaptive Behavior Noted: Avoidance Behaviour
7. Risk Assessment (if any):
 - Suicidal Ideation / Self-Harm / Aggression / Substance Use

D. COUNSELING GOALS AND PLAN

1. Short-term Goals: Avoid screen time, Do more work & keep busy journal
2. Long-term Goals: Meditation
3. Plan of Intervention:
 - Type: Individual / Group / Career / Remedial / Behavioral
 - Frequency: Every week
 - Techniques/Tools Used (CBT, Play therapy, etc.):
CBT.

E. SUMMARY AND REMARKS

1. Session Summary: Cooperative during sessions
2. Parental Involvement Needed? No
3. Follow-up Date: 18/12/23
4. Counselor's Signature & Date: Ram





AARIHANT HOMOEOPATHIC HOSPITAL

Consent Form for Student Counseling Sessions

Section A: Student Information

Name of Student: Gopal Vishwas Gupta

Age: 20yrs

Gender: ☒ Male ☐ Female ☐ Other

Class / Course: BBA

Institution Name: Sem 3

Contact Number:

Address: Ahmedabad, Gujarat

Section B: Parent/Guardian Details *(Required if student is under 18)*

Name of Parent/Guardian:

Relationship to Student:

Contact Number:

Section C: Purpose of Counseling

I understand that the purpose of counseling is to provide emotional, psychological, and lifestyle support related to:

☐ Academic Stress

☒ Exam Anxiety

☐ Emotional Difficulties (e.g., sadness, fear, anger)

☐ Sleep or Concentration Issues

☐ Peer or Social Challenges

☒ Career or Goal Confusion

☐ Other: Childhood bullying



Counseling will be conducted by a qualified MD (Hom.) in Psychiatry, within the scope of homeopathic mental health support.

Section D: Consent Statement

I voluntarily consent to attend counseling sessions conducted at Aarihant Homoeopathic Hospital. I understand that:

1. Confidentiality will be maintained except in cases where:

- There is risk of harm to self or others.
- Required by law or court order.

2. Referrals may be made to a clinical psychologist or psychiatrist if needed.

3. The sessions are non-pharmacological, and no psychotherapy or psychiatric medicine will be prescribed.

4. I have the right to withdraw from counseling at any time.

Section E: Signatures

Signature of Student: [Signature] Date: 9/Oct/2023

Signature of Parent/Guardian: _____ Date: _____

(Required if student is under 18 years of age)

Counselor's Name & Designation: Dr. Kavish Pandey

Signature of Counselor: [Signature] Date: 9/Oct/2023



STUDENT COUNSELING CASE TAKING FORMAT

A. GENERAL INFORMATION

1. Full Name of Student: Gopal Vishwas Gupta
2. Age/Date of Birth: _____
3. Gender: Male
4. Class/Grade: Sem 3
5. School/Institution Name: BBA
6. Date of Session: 9/10/2023
7. Counselor's Name: Dr. Ravish Pandey
8. Referral Source: (Self / Teacher / Parent / Peer / Administration)

9. Presenting Problem (As Reported by Student/Referrer):

Depression & confusion

B. BACKGROUND INFORMATION

1. Family Details:

- Father's Name / Occupation: Vishwas Gupta / service
- Mother's Name / Occupation: _____
- Siblings (Name, Age, Class): _____
- Family Type: Joint / Nuclear / Separated / Single Parent
- Relationship with family members:

Son

2. Academic History:

- Previous Academic Performance: Poor
- Current Academic Concerns (if any): constant overthinking, brooding
- Favorite / Difficult Subjects: _____
- Attendance and Participation in Class:

Below Average

3. Behavior at School:

- Interaction with Peers: Dull
- Relationship with Teachers: Average
- Disciplinary History (if any): _____
- Extracurricular Involvement: Average

4. Personal-Social History:

- Hobbies/Interests: Travelling
- Sleep & Appetite Pattern: Awake at late nights
- Recent changes in behavior/mood: Not taking interest in anything
- History of trauma, loss, bullying, abuse, etc.:

Irritation / Childhood bullying



5. Medical History:

- Current physical/mental health concerns: Anxiety, Examination fear.
- Ongoing medication/treatment (if any):
- Past psychiatric/psychological treatment (if any):

C. ASSESSMENT (As Observed by Counselor)

1. Mood/Affect: Stressful, Anxious
2. Cognitive Functioning: Slightly declining
3. Self-Esteem/Confidence: low
4. Motivation/Goal Orientation: Confused
5. Communication Skills: Average
6. Any Maladaptive Behavior Noted: Nail biting
7. Risk Assessment (if any):
 - Suicidal Ideation / Self-Harm / Aggression / Substance Use

D. COUNSELING GOALS AND PLAN

1. Short-term Goals: Avoid Screen Time
2. Long-term Goals: Meditation
3. Plan of Intervention:
 - Type: Individual / Group / Career / Remedial / Behavioral
 - Frequency: Every week
 - Techniques/Tools Used (CBT, Play therapy, etc.):
Counselling (CBT)

E. SUMMARY AND REMARKS

1. Session Summary: Co-operative during session
2. Parental Involvement Needed? ✓
3. Follow-up Date: 16/10/23
4. Counselor's Signature & Date: Danil

