

#### **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



# क्रिमियोपेथिक मेडिसिन बोर्ड, उत्तर प्रदेश लखन्तु

रजिस्ट्रेशन प्रमाण-पत्र संख्या : H034702

दिनांक : 21/07/2015

एतद्द्वारा 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 रिजस्ट्रेशन के लिए उपयुक्त हैं और तद्नुसार उनका इस हैसियत से रिजस्ट्रेशन कर दिया गया है, जिसके प्रमाण स्वरूप निम्न हस्ताक्षरकर्ता ने अपने हस्ताक्षर किये हैं और इस कार्यालय की मुद्रा अंकित की है।









(पूर्ववर्ती आगरा विश्वविद्यालय, आगरा) (Formerly-Agra University, Agra) बैचलर ऑफ होम्योपैथिक मेडिसिन एण्ड सर्जरी

प्रमाणित किया जाता है कि कविश अजित पाण्डेय बैक्सन होम्योपैयिक मेडिकल कॉलेज एण्ड हॉस्पिटल, ग्रेटर नोयडा, गोतम बुद्ध नगर (यू.पी)

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 HOMOBOPATHIC MEDICAL COLLEGE AND HOSPITAL, GREATER NOIDA, GAUTAM BUDH 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



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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



REGISTERED (Admin/334)

# DR. B.R. AMBEDKAR UNIVERSITY, AGRA

(Formerly: Agra University, Agra)

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Enrolment No.		0	C	B	5772



APP.ID.No. 8-25-192

UPLOAD ID 210925 Date. 15 JUN 2/122

#### PROVISIONAL CERTIFICATE

This is to certify that Sri / Km. / Smt. Dn: KAVISH AJL7 Paneley
S/0/D/0 VDay Kumon Pandy
(Roll No. 170-777 41010) of Berks on homes Par College Marida
S/o/D/o ND ay Kumon Panely  (Roll No. 170-777 4100) of Berkson francisca College Maide  passed the M.D. (House Examination of 2019, with Ps. ychiaty
as his/her subjects and that he/she was placed in
His/her also passed inRepertugas an Additional/Extra Optional Subject.
The candidate has done all that is necessary for the formal presentation for the degree of
$m_i n_i$
A-(1) es que 19/6/2022
SENATE HOUSE O.S. EXAMINATION

**AGRA** 

Dated ..... 14 ... ... 6 12



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:
Age: 19
Gender: ☐ Male ☐ Female ☐ Other
Class/Course: Desigh 38d sem
Institution Name: Design
Contact Number:
Address: Ahmedabad. Outret.
Section B: Parent/Guardian Details *(Required if student is under 18)*  Name of Parent/Guardian:
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 Chailalboad bullying







#### **Section D: Consent Statement**

- 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.

Signature of Student: Date: 17/5/25
Signature of Parent/Guardian: Date: 1715125
*(Required if student is under 18 years of age)*
Counselor's Name & Designation: Dr. Kavish punder
Signature of Counselor: Date: 17/5(2)



A. GENERAL INFORMATION
1. Full Name of Student:
2. Age/Date of Birth: 17 2 2004
3. Gender: NWE
4. Class/Grade: 3°5 SEM
5. School/Institution Name: Design.
6. Date of Session:    7  05  2025
7. Counselor's Name: Dr. Rundey.
8. Referral Source: (Self/) Teacher / Parent / Peer / Administration)
9. Presenting Problem (As Reported by Student/Referrer):
Anockty Newrosis
D. DAGKOROLIND INFORMATION
B. BACKGROUND INFORMATION
1. Family Details: - Father's Name / Occupation: Dipak Satel
- Father's Name / Occupation: Pottel
- Mother's Name / Occupation: Forgus Portel.
- Siblings (Name, Age, Class): Delput, 22 year old,
- Family Type: Joint / Nuclear / Separated / Single Parent
- Relationship with family members:
Son
2. Academic History:
- Previous Academic Performance:
- Current Academic Concerns (if any): Absent Winded,
- Favorite / Difficult Subjects: HIStory
- Attendance and Participation in Class:
Averuge
3. Behavior at School:
- Interaction with Peers: AVE TO CIPE
- Relationship with Teachers:
- Disciplinary History (if any):
- Extracurricular Involvement:
4. Personal-Social History:
- Hobbies/Interests: Dynamy , sleeping
- Sleep & Appetite Pattern: in Sommu'u Junia food
- Recent changes in behavior/mood:
- History of trauma, loss, bullying, abuse, etc.:
child hood bullying



5. Medical History:
- Current physical/mental health concerns: Obesing
- Ongoing medication/treatment (if any):
<ul> <li>Past psychiatric/psychological treatment (if any):</li> </ul>
C. ASSESSMENT (As Observed by Counselor)
1. Mood/Affect: Stressfull
2. Cognitive Functioning:
3. Self-Esteem/Confidence: High Trow
3. Self-Esteem/Confidence: High Low  4. Motivation/Goal Orientation: confuse  5. Communication Skills: Average
5. Communication Skills: Average
6. Any Maladaptive Behavior Noted: Involuntary Hos.
7 Risk Assessment (if any):
- Suicidal Ideation / Self-Harm / Aggression / Substance Use
Aggression
D. COUNSELING GOALS AND PLAN
1 Short-term Goals: Avoic gereen 4"me
2. Long-term Goals: Ned Ptuffon
3. Plan of Intervention:
- Type: Individual / Group / Career / Remedial / Behavioral
- Frequency: EVERY week
Tools Used (CBT, Play therapy, etc.):
Intruction in social Function.
E. SUMMARY AND REMARKS
1. Session Summary:
2. Parental Involvement Needed?
3. Follow-up Date:
1 Commerciado Signature & Date:
4. Counselor's Signature & Dato.





Other: \_\_\_\_



# **AARIHANT HOMOEOPATHIC HOSPITAL**

# **Consent Form for Student Counseling Sessions** Section A: Student Information Name of Student: Age: 22 yrs Gender: Male □ Female □ Other Class / Course: \_\_\_\_\_BAMS Institution Name: AAMC Contact Number: 21 10 401010 Address: Shucdalad, Grujarat Section B: Parent/Guardian Details \*(Required if student is under 18)\* Name of Parent/Guardian: Bhushan bhai 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





#### Section D: Consent Statement

- 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: Date	: 12/Feb/2024
Signature of Parent/Guardian:	Date:
*(Required if student is under 18 years of age)*	
Counselor's Name & Designation: Raw	und Pandey
Signature of Counselor: Daile Di	ate: 12/2/2024



A. GENERAL INFORMATION			
1. Full Name of Student:			
2. Age/Date of Birth:	40		
3. Gender:			
4. Class/Grade: BAMS			
5. School/Institution Name:			
6 Date of Session: 12 Feb 2029			
7 Counselor's Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nf.9		
8. Referral Source: (Self / Teacher / Parent / Peer / Administration)			
		,**	
9. Presenting Problem (As Reported by Student/Referrer):  9. Presenting Problem (As Reported by Student/Referrer):  1. Lack of interest in	Studies		
	m¥		
B. BACKGROUND INFORMATION			
4. Family Details:		. V	
- Father's Name / Occupation: Bhushan thai Former			
- Mother's Name / Occupation:			
- Siblings (Name, Age, Class):	· Arr		
- Family Type: Joint / Nuclear / Separated / Single Parent			
- Relationship with family members:			
Son			
2. Academic History:	•		
- Previous Academic Performance:	C _ 1 ·		
- Current Academic Concerns (if any): Lack of interest in	Studies		
- Favorite / Difficult Subjects:			
- Attendance and Participation in Class:			
Average			
	46		
3. Behavior at School:			
- Interaction with Peers:			
- Relationship with Teachers:			
- Disciplinary History (if any):			
- Extracurricular Involvement:A verage	٠		
4. Personal-Social History:			
- Hobbies/Interests:			
- Sleep & Appetite Pattern:			
- Recent changes in behavior/mood: Dull, Not Interested	*	5 anythe	9
- History of trauma, loss, bullying, abuse, etc.:	J8 Inr	Over	
Management of the second of th	io Rativ	S. 151	
	EGENON	3	
	// VS >	- W//	

5. Medical History:
- Current physical/mental health concerns:
- Ongoing medication/treatment (if any):
<ul> <li>Past psychiatric/psychological treatment (if any):</li> </ul>
· ·
C. ASSESSMENT (As Observed by Counselor)
1. Mood/Affect: Anxious
2. Cognitive Functioning:
3 Self-Esteem/Confidence:
4. Motivation/Goal Orientation:
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
1. Short-term Goals: Trey to be innove in social will 2. Long-term Goals: Meditation
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
1. Session Summary: Trujung to mulprove
2. Parental Involvement Needed? No
3. Follow-up Date: 9 02/2 9
4. Counselor's Signature & Date:







### AARIHANT HOMOEOPATHIC HOSPITAL

## **Consent Form for Student Counseling Sessions** Section A: Student Information Name of Student: \_\_\_ Age: 22 Gender: ☑ Male ☐ Female ☐ Other Class / Course: \_\_\_\_ SMCLA Institution Name: \_\_SMCLA Enroll Contact Number: 2301402012 Address: Ahmedahad, Guyarat 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 toraun





#### Section D: Consent Statement

- 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: Deel Date: Date: Date: Date: Date: Date: Date: Date: Date:
Signature of Parent/Guardian: Date:
*(Required if student is under 18 years of age)*
Counselor's Name & Designation: Dr. Kauish Pardey
Signature of Counselor:   Qark   Data:   1/12/23



A. GENERAL INFORMATION
1. Full Name of Student:
2. Age/Date of Birth:
3. Gender:
4. Class/Grade:SMCLA
5. School/Institution Name:
6. Date of Session: 11/12/23
7. Counselor's Name: Dr. Kavish Panday
8. Referral Source: (Self / Teacher / Parent / Peer / Administration)
9. Presenting Problem (As Reported by Student/Referrer):
9. Presenting Problem (As Reported by Student/Referrer):  Mild Depression and Emotional Distress
·
B. BACKGROUND INFORMATION
1. Family Details:
Father's Name / Occupation: Ramesharia
- Mother's Name / Occupation:
- Siblings (Name, Age, Class):
- Family Type: Joint / Nuclear / Separated / Single Parent
- Relationship with family members:
- Relationship with reality
2. Academic History:
- Previous Academic Performance: Average  Absent minded
- Previous Academic Performance: Hverage  - Current Academic Concerns (if any): Emotional destres & Absent minded
- Favorite / Difficult Subjects:
- Attendance and Participation in Class:
Average
3. Behavior at School:
- Interaction with Peers:
- Relationship with Teachers:
- Disciplinary History (if any):
- Extracurricular Involvement:
- Extracumental involvemental
4. Personal-Social History:
- Hobbies/Interests: Reading Books
- Sleep & Appetite Pattern:
- Recent changes in behavior/mood:
History of trauma, loss, bullying, abuse, etc.:
Shildhow Trauma

5. Medical History:			
- Current physical/mental health concerns: _ Chesity & S	Tey		
- 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:			
4. Motivation/Goal Orientation:	+		
5. Communication Skills: Average	_		
6. Any Maladaptive Behavior Noted: Avoidance Be	haveour		
7. Risk Assessment (if any):			
- Suicidal Ideation / Self-Harm / Aggression / Substance Use			
	* * * * * * * * * * * * * * * * * * * *	• % 1.	<i>₽</i>
D. COUNSELING GOALS AND PLAN		1	
1. Short-term Goals: Avoid Sceen time 2. Long-term Goals: Meditalian	Do more work	2 & peep bo	yez yourno
2. Long-term Goals: Meditalian			
3. Plan of Intervention:			
- Type: Individual / Group / Career / Remedial / Behavioral	Apri		
- Frequency: Every week			
- Techniques/Tools Used (CBT, Play therapy, etc.):			
CBT			
E. SUMMARY AND REMARKS			
1. Session Summary: Co operation during	serious		
2. Parental Involvement Needed?			
3. Follow-up Date: 18/12/23		,+	
4. Counselor's Signature & Date:			







# AARIHANT HOMOEOPATHIC HOSPITAL

Consent Form for Student Counseling Sessions
Section A: Student Information  Name of Student:
Age: 20 488
Gender: ☑ Male ☐ Female ☐ Other
Class / Course: BBA
Institution Name: Sem 3
Contact Number:
Address: Bhunedakad Crujarat
Section B: Parent/Guardian Details *(Required if student is under 18)*  Name of Parent/Guardian:
Relationship to Student:
Contact Number:
<b>Section C: Purpose of Counseling</b> 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: Child hood bullying







#### Section D: Consent Statement

- 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: John Date: 9   Oct   2023
Signature of Parent/Guardian: Date:
*(Required if student is under 18 years of age)*
Counselor's Name & Designation: Dor. Kawish Pantley
Signature of Councelors Q



A. GENERAL INFORMATION	
1. Full Name of Student:	
2. Age/Date of Birth:	
3. Gender:	
4 Class/Grade:	
5. School/Institution Name: BBA.	
6 Date of Session: 9/10/2023	
7. Counselor's Name: Dr. Kauish Pandey	
8. Referral Source: (Self / Teacher / Parent / Peer / Administration)	
9. Presenting Problem (As Reported by Student/Referrer):	
Depression & confusion	
-	A.
B. BACKGROUND INFORMATION	
1. Family Details:  - Father's Name / Occupation:  - Villuras Grupta / Gervice  - Mather's Name / Occupation:	
- Father's Name / Occupation:	
- 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	deing
- Previous Academic Performance:	0
- Favorite / Difficult Subjects:	
- Attendance and Participation in Class:	
Below Average	
a Turking A School	
3. Behavior at School:  - Interaction with Peers:	
- Interaction with Feers:	
- Relationship with reachers	
- Extracurricular Involvement: Average	
- Extracumcular involvement.	
4. Personal-Social History:	
- Hobbies/Interests:	
- Sleen & Annetite Pattern: Awark a at the	anuthis
- Recent changes in behavior/mood:	0
- History of trauma, loss, bullying, abuse, etc.:	OB Innover
grantation / Childhood byllying	Brose S
	E Gandinagar

5. Medical History:  - Current physical/mental health concerns: Anxiety, Examination of the concerns of the co	ration	fear.
- Current physical/mental nealth concerns.		U
- Ongoing medication/treatment (if any):		
- Past psychiatric/psychological treatment (if any):	*	
C. ASSESSMENT (As Observed by Counselor)		
1. Mood/Affect: Stressfull, Amxious		
2. Cognitive Functioning:	al.c	
3. Self-Esteem/Confidence:		
4. Motivation/Goal Orientation:		
5. Communication Skills: Average  Noted: Noted: Noted:		
6. Arry Waladaphi v		
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: Gory week		
- Techniques/Tools Used (CBT, Play therapy, etc.):		
Councelling (CBT)		
	**	
E. SUMMARY AND REMARKS	•	
1. Session Summary: Co - operative diving seri	con	
2. Parental Involvement Needed?		
3. Follow-up Date:		
4. Counselor's Signature & Date:	4	

