

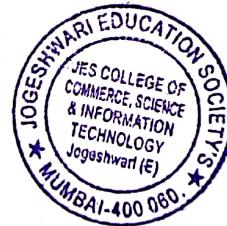
INDEX OF BEST PRACTICE I - ANnapurna Project

S.NO	PARTICULARS
1	List of Beneficiaries prepared in the starting of the Project
2	Budget submitted to Management
3	Attendance Record
4	Breakfast Provided
5	Expenditure Incurred
6	Photos
7	Table showing Analysis of Attendance
8	Medical Report of Participants
9	REPORT

P. S. Belal

PRINCIPAL

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400 060.



ATTENDANCE RECORD

ANNAPURNA PROJECT

List of Beneficiaries

Sr. No.	Name	Contact No	Class	Sign	2/3/23 Sign
1	PUJA GUPTA	9326253486	FYBCOM		
2	PRAJAKTA YADAV	8397667546	FYBCOM		
3	DARSHANA KADAM	7304241412	FYBCOM		
4	TRUPTI INGLE	7506698362	FYBCOM		
5	VINAYA DALVI	9921674768	FYBCOM		
6	KRUTIKA GHANEKAR	8291437379	SYBCOM		
7	SHREYA SHIRODKAR	9372825461	SYBCOM		
8	GAURI YAKKALI	9967994525	SYBCOM		
9	KALYANI JAMKAR	8879533857	SYBCOM		
10	GANGA MALLAPULE	9372853229	SYBCOM		
11	SAKSHI TOSKAR	7045230428	SYBCOM		
12	SONALI NAGAP	8369947523	SYBCOM		
13	SAKSHI PATADE	7039458520	SYBCOM		
14	POOJA YADAV	9957598438	SYBCOM		
15	AANCHAL GUPTA	9869980970	SYBCOM		
16	KOMAL SHARMA	8104749785	SYBCOM		
17	SHAIKH SANA BANU	8424971316	FYBAF		
18	KOMAL KALEKAR		FYBAF		
19	SNEHA SALUNKE		FYBAF		
20	TARA PAWAR	9967123169	TYBCOM		
21	PURVA BHOGLE	8433528765	TYBCOM		
22	ANJU YADAV	9594869201	TYBCOM		
23	KIRAN GUPTA	8591028884	TYBCOM		
24	PRIYANKA KHARVI	9820865316	TYBCOM		
25	SARIKA SONU	7304717579	TYBCOM		
26	KOMAL PAITHANKAR		SYBCOM		

13	3/3/23	4/3/23	6-7-23	8-3-23	9/3/23	10/3/23	11/3/23	13/3/2023	14-3-23	15/3/23	16/3/23
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P. S. Shelar
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ANNAPURNA PROJECT

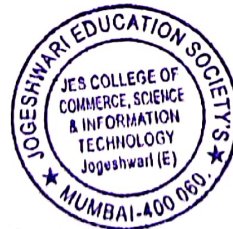
List of Beneficiaries

Sr. No.	Name	Contact No	Class	Sign	
1	PUJA GUPTA	9326253486	FYBCOM		
2	PRAJAKTA YADAV	8397667546	FYBCOM		
3	VAIBHAVI SHELAR	8097667546	FYBCOM		
4	NISHU GUPTA	8176071291	FYBCOM		
5	KRUTIKA GHANEKAR	8291437379	SYBCOM		
6	AKANKSHA YADAV	7208536013	SYBCOM		
7	SHREYA SHIRODKAR	9372825461	SYBCOM		
8	GAURI YAKKALI	9967994525	SYBCOM		
9	KALYANI JAMKAR	8879533857	SYBCOM		
10	GANGA MALLAPULE	9372853229	SYBCOM		
11	SAKSHI TOSKAR	7045230428	SYBCOM		
12	SONALI NAGAP	8369947523	SYBCOM		
13	SAKSHI PATADE	7039458520	SYBCOM		
14	SHAIKH SALIHA	9594827183	SYBCOM		
15	BHAKTI KHATU	9220435355	SYBCOM		
16	AANCHAL GUPTA	9869980970	SYBCOM		
17	KOMAL PAITHANKAR	7208683466	SYBCOM		
18	LOCHANA SANGLE	98333965340	SYBCOM		
19	KOMAL SHARMA	8104749785	SYBCOM		
20	SHAIKH SANA BANU	8424971316	FYBAF		
21	ROLEE KANOJIYA	9152702035	FYBAF		
22	PRERANA BHOGLE	x 7304695114	FYBAF		
23	SANIKA CHALKE	8828452972	FYBAF		
24	TARA PAWAR	9967123169	TYBCOM		
25	PURVA BHOGLE	8433528765	TYBCOM		
26	ANJU YADAV	9594869201	TYBCOM		
27	KIRAN GUPTA	8591028884	TYBCOM		
28	PRIYANKA KHARVI	9820865316	TYBCOM		
29	SARIKA SONU	7304717579	TYBCOM		

Prasanna

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S. Sharma.
(IQAC Co-ordinator)

Total considered is 25 students

ANNAPURNA PROJECT: BUDGET

ANNAPURNA PROJECT

Methodology :

The list of the participants have been selected by following Multi Stage Sampling .

Sampling Technique :

Stage 1. 34 girls were short listed on the basis 1. Family annual income 2. Looking weak and feeble.

Stage 2. Body Mass Index Test is going to be done and 25 girls will be shortlisted .

Objective :

To contribute towards Women Empowerment by providing healthy , nutritious breakfast for 3 months to 25 girl students selected from poor families and physically undernourished .

Problem Statement :

The girls coming from poor families after doing the household chores feel very weak and doze in the class. This affects their academic performance.

Outcomes Expected :

These 25 girls will ;

1. Regularly attend lectures and their attendance will show an upward trend
2. The nutritious breakfast will help to improve their health.
3. Their academic performance will improve.

Budget :

Number of girls = 25

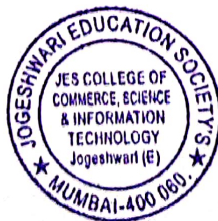
Budget per girl day = Rs. 20

Number of days (3 months 5th Jan – 5th April) around 75 days

$25 * 20 * 75 = \text{Rs. } 37,500$

Miscellaneous Exp. = Rs. 2500

Total = Rs. 40,000



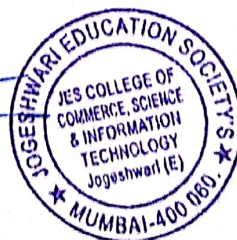
S. Sharma.
(Prof (Dr). Sunita Sharma)

REPORT OF ANNAPURNA PROJECT
Breakfast Provided

Breakfast Provided:	Students Present
07 th January 2023: Sprouts and Banana	23
09 th January 2023: Fruit Salad	18
10 th January 2023: Singh Chana & Banana	18
11 th January 2023: Khajur and Banana.	19
12 th January 2023: Apples.	20
13 th January 2023: Fruit Salad.	20
14 th January 2023: Biscuits & Smoothy.	19
16 th January 2023: Poha.	12
17 th January 2023: Sheera	15
18 th January 2023: Singh Channa & Bannana.	18
19 th January 2023: Idli Chatni	10
20 th January 2023: Gluco & Monaco Biscuits + Banana(Sports Day)	07
21 th January 2023: Gluco Biscuits + Khajur.	09
23 rd January 2023: Khajor, Chikki + Milk.	16
24 th January 2023: Sheera.	20
25 th January 2023: Upma.	18
27 th January 2023: Biscuits, Khajur & Banana.	10
28 th January 2023: Banana, Khajur & Biscuit.	13
02 nd February 2023: Banana & Chocolate Milk.	15
03 rd February 2023: Banana & Orange.	16
04 th February 2023: Poha.	20
06 th February 2023: Idli & Chutney	16
07 th February 2023: Channa & Singh and Banana.	17
08 th February 2023: Biscuit, Khajur and Banana.	15
09 th February 2023: Apple.	12
13 th February 2023: Idli Chutney	14
14 th February 2023: Khajur, Chocolate Milk & Biscuits.	17
15 th February 2023: Upma.	13
16 th February 2023: Banana and Biscuit.	11
17 th February 2023: Grapes and Banana	10
20 th February 2023: Apple.	12
21 th February 2023: Orange	16
28 th February 2023: Orange + Biscuits.	16
01 st March 2023: Upma.	13
02 nd March 2023: Banana + Milk.	16
03 rd March 2023: Banana + Biscuit.	12
04 th March 2023: Orange + Banana.	16
06 th March 2023: Smoothy + Biscuits.	16
08 th March 2023: Singh Channa + Banana.	15
09 th March 2023: Bread Butter + Smoothy.	16
10 th March 2023: Bread Butter + Banana.	13
11 th March 2023: Orange + Banana.	13
13 th March 2023: Upma.	14
14 th March 2023: Smoothy + Banana	16
15 th March 2023: Amul Chas	14
16 th March 2023: Orange + Banana	15
17 th March 2023: Biscuit + Banana	17

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18 th March 2023:	Banana + Grapes	17
21 st March 2023:	Orange + Banana	17
23 rd March 2023:	Orange + Banana	18
24 th March 2023:	Butter Milk	15
25 th March 2023:	Biscuit + milk	16
27 th March 2023:	Bread Butter + Banana	14
28 th March 2023:	Bread Butter + Banana	10
29 th March 2023:	Bread Butter + Smoothy	10
31 st March 2023:	Orange + Banana.	20

P. S. Kelkar

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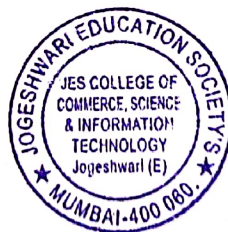


ANNAPURNA EXPENSES – For Month of January 2023

Date	Voucher No	Particulars	Amount (Rs)
3/01/2023	01	Paid for Plates & Spoons – New Andheri Glassware Mart	600
5/01/2023	02	Conveyance – Paid to go to Andheri to check BMI of girls.	400
9/01/2023	03	Paid Mr Vinit for supplying Breakfast	750
10/01/2023	04	Paid Shri Ram Traders for purchase of Kajur	360
10/01/2023	05	Purchased Apples	300
10/01/2023	06	Paid First Choice & Durga Dairy for biscuits & milk	340
12/01/2023	07	Purchased Bananas	135
12/01/2023	08	Purchased Singh Channa	410
14/01/2023	09	Paid for fruits served	200
16/01/2023	10	Paid to Sai Ichha Corner	300
17/01/2023	11	Paid to Sai Ichha Corner	300
19/01/2023	12	Paid to First Choice for Biscuits	180
20/01/2023	13	Paid Durga Dairy for milk	180
24/01/2023	14	Paid Durga Dairy for chocolate milk	400
25/01/2023	15	Paid Sai Ichha for Breakfast supplied	600
25/01/2023	16	Purchased Channa & Singh	170
28/01/2023	17	Paid Mr Vikas for Bananas purchased	150
		TOTAL	5,775

Patsbelar
PRINCIPAL

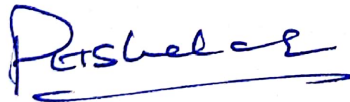
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 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.



Prof. Sunita Sharma
 IQAC Co - Ordinator

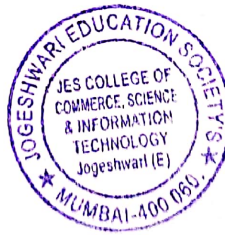
ANNAPURNA EXPENSES – For Month of February 2023

Date	Voucher No	Particulars	Amount (Rs)
02/02/2023	18	Paid to Vikas for Bananas	200
03/02/2023	19	Paid to Sunita (Oranges purchased)	200
06/02/2023	20	Paid MrSidesh for supplying Breakfast for 5 th & 6 th February 2023	540
08/02/2023	21	Paid Vikas for purchase of Bananas	140
08/02/2023	22	Paid for purchase of Biscuits, Khajur and Apples	720
14/02/2023	23	Purchased Smoothy for students from Shopping Mandi Supermarket	130
15/02/2023	24	Paid Santosh Prasad Panchal for giving Idlis on 13 & 15 th Feb 2023	600
17/02/2023	25	Purchased Bananas, Apples and Grapes	500
21/02/2023	26	Purchased Oranges and Bananas	200
27/02/2023	27	Paid for Oranges distributed on 28 th Feb 2023	200
TOTAL			Rs.3430



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Prof. Sunita Sharma
IQAC Co - Ordinator

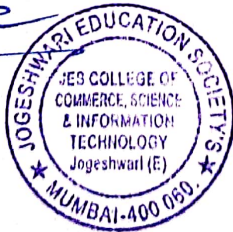
ANNAPURNA EXPENSES – For Month of March 2023

Date	Voucher No	Particulars	Amount (Rs)
01/03/2023	28	Purchased Bananas	75
03/03/2023	29	Paid to Sunita for channa&singhpurchased	200
03/03/2023	30	Paid MrSidesh for supplying Breakfast for 1 st March 2023	270
03/03/2023	31	Paid to Shri Durga Dairy for purchase of smoothy	200
03/03/2023	32	Paid for purchase of oranges and bananas	250
05/03/2023	33	Purchased Glucose Biscuits	120
08/03/2023	34	Purchased Butter and Jam from Swagat Mangalore Stores	170
08/03/2023	35	Purchase Bananas	90
09/03/2023	36	Paid Bakery for bread	121
10/03/2023	37	Paid Bakery for bread	200
11/03/2023	38	Purchased oranges and bananas	200
13/03/2023	39	Paid Sadesh for breakfast	225
14/03/2023	40	Paid First Choice for Amul Chaas	420
16/03/2023	41	Paid for bananas and oranges	220
17/03/2023	42	Purchase of bananas	100
18/03/2023	43	Purchased Grapes	100
21/03/2023	44	Purchased oranges and glucose biscuits	260
22/03/2023	45	Paid Durga Dairy for Smoothy purchased	150
23/03/2023	46	Purchased Bananas and Oranges	100
26/03/2023	47	Purchased Butter from Swagat Mangalore Stores	100
27/03/2023	48	Purchased Smoothy from First Choice	100
28/03/2023	49	Purchased bread for 27 th and 28 th march2023	180
31/03/2023	50	Paid Autorickshaws charges for taking girls for medical check up	400
TOTAL			Rs.4251.0

P. S. Sharma

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Prof. Sunita Sharma

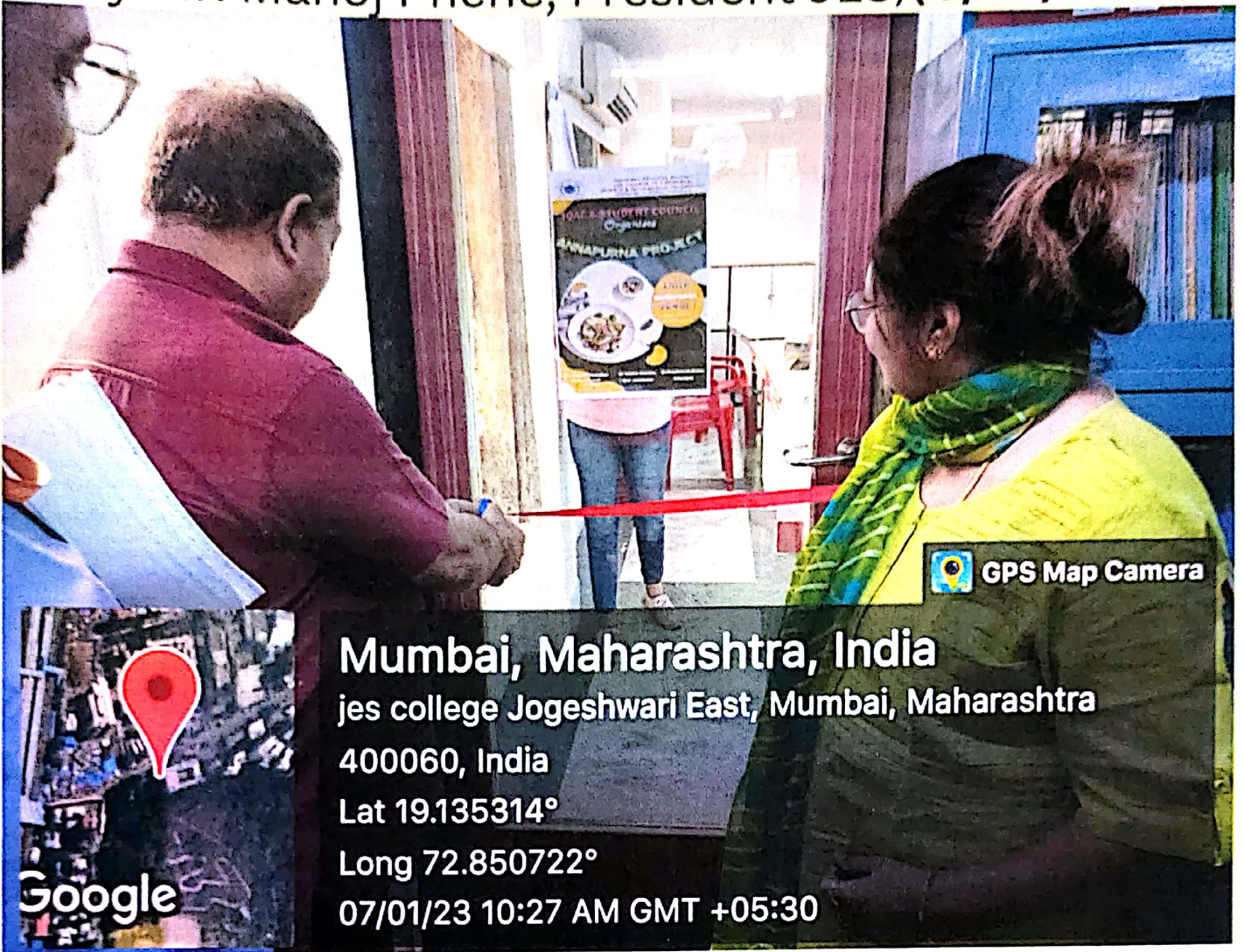
IQAC Co - Ordinator

Total Expenses for Annapurna Project = Rs. 5,775 + 3,430 + 4,251 = 13,456/-



INAUGURATION OF ANNAPURNA PROJECT

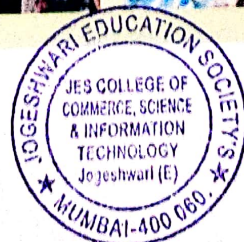
(By Mr. Manoj Phene, President JES)(7/01/2023)



Pratishtha



MEDICAL CHECK UP OF STUDENTS For ANNAPURNA PROJECT (5/01/2023)



P. Shelar

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HEALTHY BREAKFAST SERVED



10th Jan, 2023



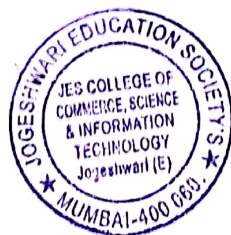
12th Jan, 2023



13th Jan, 2023



16th Jan, 2023



P. S. Chelkar

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& INFORMATION TECHNOLOGY
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HEALTHY BREAKFAST SERVED

17th Feb, 2023



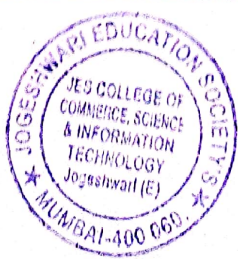
14th Feb, 2023



2nd Feb, 2023



8th Feb, 2023



Potshree
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HEALTHY BREAKFAST SERVED



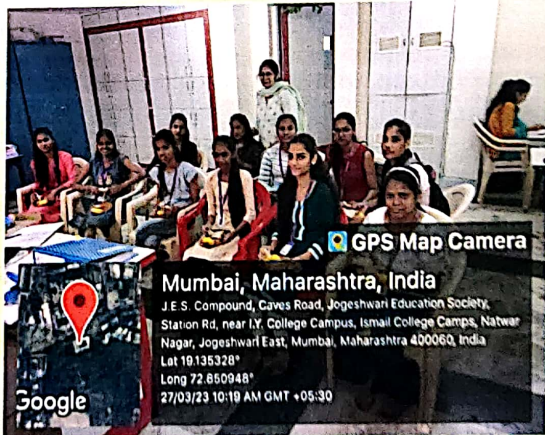
1st March 2023



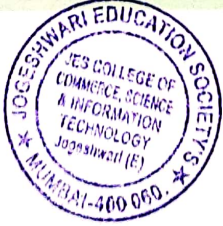
11th March 2023



15th March 2023



27th March 2023



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Caves Road, Jogeshwari (E), Mumbai-400 060.



Medical Check Up of 20 Participants of Annapurna (31st March 2023)



Mumbai, Maharashtra, India
J.E.S. Compound, Caves Road, Jogeshwari Education Society, Station Rd, near L.V. College Campus, Ismail College Camps, Nahwar Nagar, Jogeshwari East, Mumbai, Maharashtra 400060, India
Lat 19.138325°
Elong 72.850025°
PRINCIPAL
JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
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TABLE 7.2.1

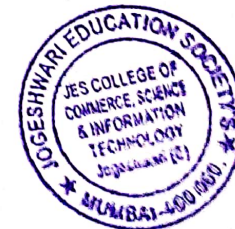
Attendance Analysis of students : Before and After Annapurna Project

Sr. No.	Name of the students	CLASS	Before Annapurna Project								After Annapurna Project			
			2022								2023			
			JUNE	JULY	AUGU	SEPT	OCT	NOV	DEC	Average	JAN	FEB	MAR	Average
%	%	%	%	%	%	%	%	%	%	%	%	%		
1	PUJA GUPTA	FYBCOM	54	58	52	48	59	62	57	65	68	70	78	72
2	PRAJAKTA YADAV	FYBCOM	45	42	49	54	52	56	55	59	61	65	68	65
3	TRUPTI INGLE	FYBCOM	62	61	58	63	64	60	59	71	68	71	73	71
4	DARSHANA KADAM	FYBCOM	52	61	54	52	42	53	57	62	65	68	72	68
5	VINAYA DALVI	FYBCOM	54	60	45	54	61	58	58	65	62	66	70	66
6	POOJA YADAV	SYBCOM	53	59	62	53	61	57	54	67	67	71	73	70
7	KRUTIKA GHANEKAR	SYBCOM	58	54	52	58	60	61	52	66	69	75	79	74
8	SAKSHI PATADE	SYBCOM	57	52	54	57	59	60	59	66	63	69	74	69
9	KHUSHBOO	SYBCOM	61	64	53	61	54	59	54	68	66	74	77	72
10	GAURI YAKKALI	SYBCOM	60	60	58	60	52	54	52	66	69	72	76	72
11	KALYANI JAMKAR	SYBCOM	59	61	57	59	49	52	64	67	68	71	74	71
12	GANGA MALLAPULE	SYBCOM	54	55	58	54	58	64	60	67	70	77	79	75
13	SAKSHI TOSKAR	SYBCOM	52	54	42	52	54	57	61	62	65	69	72	69
14	SONALI NAGAP	SYBCOM	64	56	61	64	45	54	55	67	69	76	78	74
15	KOMAL SHARMA	SYBCOM	60	57	61	60	62	53	54	68	71	73	74	73
16	AANCHAL GUPTA	SYBCOM	61	58	60	61	52	58	61	69	72	75	77	75
17	KOMAL PAITHANKAR	SYBCOM	55	54	59	55	54	57	61	66	68	70	76	71
18	SHAIKH SANA BANU	FYBAF	68	70	74	75	76	66	69	83	77	80	87	81
19	TARA PAWAR	TYBCOM	56	64	53	56	58	60	59	68	74	79	84	79
20	PURVA BHOGLE	TYBCOM	57	60	58	57	62	59	54	68	76	80	83	80
21	ANJU YADAV	TYBCOM	58	61	57	61	56	54	61	68	78	79	80	79
22	KIRAN GUPTA	TYBCOM	59	52	61	55	60	52	60	67	79	80	81	80
23	PRIYANKA KHARVI	TYBCOM	68	49	60	54	53	58	59	67	78	81	82	80
24	SARIKA SONI	TYBCOM	49	58	59	56	58	42	54	63	62	70	77	70

P. S. Ucar

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S. Sharma
(IQAC Co-ordinator)

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Pooja Gupta Date : 05/01/2023

Invited By : _____ M/F Age : 21 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	148	39.6 38.8	1.5	17.5	26.9	18	17.9	955	26
31/1/23	168	38.6	1.6	20.4	27.5	18	17.6	946	25.8
			<i>Eat healthy & exercise</i>						

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

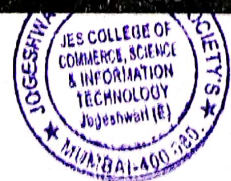
Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



PRINCIPAL 7 DAYS *P. K. Shinde*
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Darshana Kadam Date : 05/01/2023

Invited By : _____ M/F Age : 17 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	143	26.1	—	12.4	18.2	—	12.3	750	28.0
3/1/23	143	25.9		10.9	14.8		12.7	768	28.9
<i>Eat healthy. Increase Protein, Exercise</i>									

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water Intake Glasses / Ltr

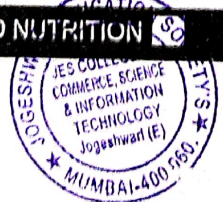
Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING 7 DAYS
 PRINCIPAL
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

Potshel

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Tripurati Ingle Date : 05/11/2023

Invited By : _____ M/F Age : 18 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	149	22.6	0.5	17.6	25.3	18	14.7	860	27.3
3/13/23	149	33.2	0.5	19.0	28.7	18	15.0	868	27.1

Eat healthy & exercise

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

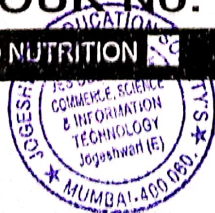
Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY *Petshelce*

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY GAINING 30 DAYS
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Vinaya Dalvi Date : 05/01/2023

Invited By : _____ M/F Age : 19 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	147	29.3	1.5	21.3	27.7	18	18.2	956	25.8

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY Posture

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS

BRILLIANT BODILY BUILDING - 7 DAYS

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400068

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Krutika Ghanekar Date : 05/01/23

Invited By : _____ M/F Age : 19 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	157	53.9	4	28.1	33.3	31	23.6	1164	24.1
5/13/23	157	55.5	4.5	27.5	31.0	31	24.3	1197	25.0

Increase protein *Exercise*

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY *Pushed*

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING - 7 DAYS
PRINCIPAL

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE, SCIENCE
& INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400 080

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Khushoo Sharma Date : _____

Invited By : _____ M/F Age : 20 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
<u>3/3/22</u>	<u>145</u>	<u>69.1</u>	<u>4.5</u>	<u>29.3</u>	<u>36.1</u>	<u>31</u>	<u>23.4</u>	<u>1079</u>	<u>27.7</u>

Protein intake increase, Exercise

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO A

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water Intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY *Petscheler*

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



PRINCIPAL
3 DAYS
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Gouri Yakkalli Date : 5/1/23

Invited By : _____ M/F Age : 19 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	153	38.3	0.5	15.2	17.9	18	16.4	968	29.5
3/13/23	163	38.5	0.5	16.6	20.7	18	16.4	464	28.6

Eat healthy & exercise

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO *A*

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Suger / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water Intake Glasses / Ltr

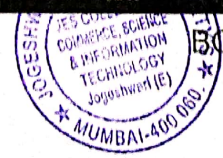
Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY *Pushed*

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



PRINCIPAL
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Kalyani Jamdar Date : 05/01/23

Invited By : _____ M/F Age : 18 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	150	34.7	0.5	16.9	22.8	18	15.4	897	27.8
3/13/23	150	34.9	0.5	16.1	21.0	18	15.5	904	28.2

Exercise 1/1

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO *1*

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water Intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY *Ptschelak*

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANING 7 DAYS

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Ganga Mallapute Date : 05/01/23

Invited By : _____ M/F Age : 18 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	159	45.5	1.0	19.2	23.2	18	18.0	1019	28.2
31/3/23	159	46.9	1.5	20.0	24.5	18	18.6	1089	28.0

Regular meals. Exercise regularly

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Suger / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke / day or Chew Tobacco / Pan Masala / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly

WHAT IS YOUR No. 1 PRIORITY *Pain relief*

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING - 7 DAYS
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Sakshi Toskar Date : 5/1/23

Invited By : _____ M/F Age : 19 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	146	30	0.5	11.5	20.9	18	14.1	825	27.8
31/3/23	146	30.9	0.5	15.2	20.7	18	14.5	840	27.8
<i>Exercise regularly & eat healthy</i>									

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke / day or Chew Tobacco / Pan Masala / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY *Patshekar*

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



JOGESHWARI EDUCATION SOCIETY'S COLLEGE OF COMMERCE SCIENCE & INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Sonali Nagtap Date : 5/1/23

Invited By : _____ M/F Age : 19 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	148	42.2	1.5	19.7	22.7	18	19.3	1016	27.4

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



PRINCIPAL
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Sakshi Pathade

Date : 5/1/23

Invited By : _____

M/F Age : 19

Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	158	41.6	1.0	21.8	30.7	18	16.7	989	20.3
3/13/23	158	41.6	0.5	19.3	25.8	18	16.7	1002	27.6
<i>Eat Healthy, exercise regularly</i>									

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY Fasthealer

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



PRINCIPAL BODY CLEANSING - 7 DAYS

JOGESHWARI EDUCATION SOCIETY'S COLLEGE OF COMMERCE SCIENCE & INFORMATION TECHNOLOGY
Caves Road, Jogeshwar (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Pooja Yadav Date : 5/1/23

Invited By : _____ M/F Age : 20 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	163	49.7	1.5	14.6	22	18	18.7	1144	29.2
31/3/23	163	49.6	1.5	19.5	23.3	18	18.7	1138	28.7

Exercise regularly

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

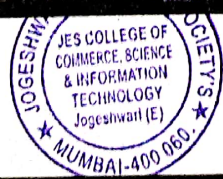
Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY Diet

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS  BODY CLEANSING 7 DAYS

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE & INFORMATION TECHNOLOGY
Jogeshwari (E)
MUMBAI-400 060.

PRINCIPAL
JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE & INFORMATION TECHNOLOGY
Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Anchal Gupta Date : 5/1/23

Invited By : _____ M/F Age : 20 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
<u>5/1/23</u>	<u>153</u>	<u>39.1</u>	<u>1</u>	<u>21.8</u>	<u>30.7</u>	<u>18</u>	<u>16.7</u>	<u>949</u>	<u>25.8</u>

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

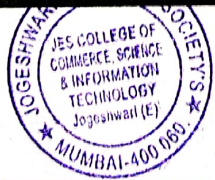
Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH
 BALANCED NUTRITION
 GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



PRINCIPAL
 BODY CLEANSING 7 DAYS
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Komal Sharma Date : 5/1/23

Invited By : _____ M/F Age : 19 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	150	55.1	5.0	29.1	34.1	32	24.5	1178	23.8
3/3/23	150	54.2	4.5	29.1	34.6	32	24.1	1163	23.6
<i>Increase Protein intake, Exercise regularly</i>									

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

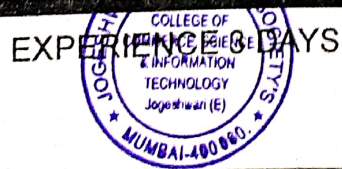
Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH
 BALANCED NUTRITION
 GAIN / LOSE / MAINTAIN WEIGHT



PRINCIPAL
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

BODY CLEANSING - 7 DAYS
Patshekar

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Sana Shalch Bann Date : 5/1/23
 Invited By : _____ M/F Age : 18 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	146	32.2	0.5	18.9	27.2	18	15.1	848	26.3
31/3/23	146	31.9	0.5	(19.6)	(28.8)	18	15.0	841	(26.1)

Increase protein intake and exercise regularly

DO YOU EXERCISE? YES NO DO YOU WALK? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired? Morning Noon Evening Night

Do you get sleep quickly? YES NO How long it takes to get sleep?

You get disturbed while sleeping? YES NO

How many times you wake up in the night? How many time you get up in the night to go to toilet?

Do you get comfortable motion daily? YES NO How many times?

Snoring Problem? YES NO

Is your digestion proper? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing? YES NO

Do you suffer from dandruff / Hair fall? YES NO

Do you take any medicine? YES NO if yes for what.....

Do you have pain any where in the body? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol? YES NO

How is your memory & concentration? Excellent Good Average Poor

Do you get frequently Angry / Irritable? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

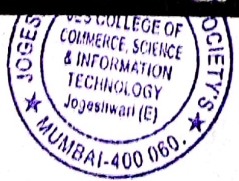
Liquor- Daily? ml or Weekly? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets? YES NO Junk food? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING - 7 DAYS

JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Komal Kalekar Date : _____

Invited By : _____ M/F Age : 18 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
	150	34.7	0.5	17.2	23.3	18	15.4	897	277

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

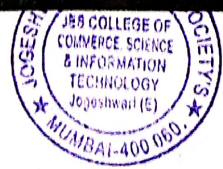
Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS

BODY CLEANSING - 7 DAYS



PRINCIPAL P. B. Shelar
JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Sneha Salunke Date : 5/1/23

Invited By : _____ M/F Age : 19 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	145	30.4	0.6	21.2	32.8		14.3	811	26.2

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

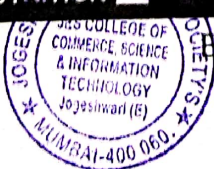
Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS

BODY CLEANSING - 7 DAYS



PRINCIPAL P. S. Chahal
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Tara Pawar Date : 5/1/23

Invited By : _____ M/F Age : 22 Phone : _____

Date	Height	Weight	Visceral Fat.%	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	152	34.8	0.5	19.3	28.1	18	15.1	888	26.6
3/2/23	152	34.1	0.5	18.2	26.2	18	14.8	881	27.0

Eat healthy & exercise

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

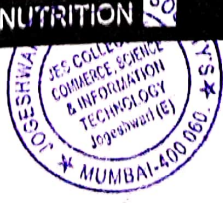
Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS BODY CLEANSING - 7 DAYS



PRINCIPAL P. P. Shelke
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Pooja Prakash Bhogle Date : 5/1/23

Invited By : _____ M/F Age : 20 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	148	34.0	0.6	16.9	22.7	18	16.5	885	27.4
3/1/23	148	34.8	0.5	18.7	25.8	18	15.9	891	26.6
<i>Eat healthy & exercise regularly</i>									

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS

BODY CLEANSING - 7 DAYS



PRINCIPAL D. S. Shelar

JOGESHWARI EDUCATION SOCIETY'S COLLEGE OF COMMERCE SCIENCE

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Anju Yadav

Date : 5/11/2023

Invited By : _____

M/F Age : 22

Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	144	46.5	4.5 32.7	26.6	32.1	28	22.4	1052	23.7
31/3/23	144	47.6	4.0	27.4	32.8	30	23.0	1066	23.5
<i>Increase protein intake and exercise regularly</i>									

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO *A*

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH

BALANCED NUTRITION

GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING - 7 DAYS

PRINCIPAL *P. P. Shelar*

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Kiran Gupta

Date : 5/1/23

Invited By : _____

M/F

Age : 20

Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	150	36.0	0.6	14.0	16.6	18	15.6	933	29.6
31/3/23	150	34.8	0.5	15.7	20.2	18	15.5	904	28.3

Eat healthy, protein diet

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle :

Normal Stressed High Energy Low Energy

What time of the day you feel tired ?

Morning Noon Evening Night

Do you get sleep quickly ?

YES NO How long it takes to get sleep ?

You get disturbed while sleeping ?

YES NO

How many times you wake up in the night ?

How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ?

YES NO How many times ?

Snoring Problem ?

YES NO

Is your digestion proper ?

YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy

Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ?

YES NO

Do you suffer from dandruff / Hair fall ?

YES NO

Do you take any medicine ?

YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ?

YES NO

How is your memory & concentration ?

Excellent Good Average Poor

Do you get frequently Angry / Irritable ?

YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

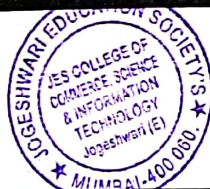
WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH

BALANCED NUTRITION

GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING - 7 DAYS

PRINCIPAL *P. Parshuram*

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY

Causes Road, Jogeshwari (E), Mumbai-400 080

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Kharvi Priyanka

Date : 5/1/23

Invited By : _____

M/F

Age : 21

Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
<u>5/1/23</u>	<u>155</u>	<u>41.3</u>	<u>1</u>	<u>22.7</u>	<u>31.8</u>	<u>18</u>	<u>17.2</u>	<u>980</u>	<u>25.6</u>
<u>3/13/23</u>	<u>155</u>	<u>42.8</u>	<u>1.5</u>	<u>22.6</u>	<u>30.7</u>	<u>18</u>	<u>17.2</u>	<u>1006</u>	<u>25.7</u>

Exercise and eat healthy

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

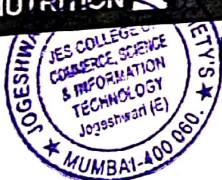
GOOD HEALTH

BALANCED NUTRITION

GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS

BODY CLEANSING - 7 DAYS



PRINCIPAL *P. Shelol*

JOGESHWARI EDUCATION SOCIETY'S COLLEGE OF COMMERCE SCIENCE & INFORMATION TECHNOLOGY

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Sarika Soni

Invited By : _____ Date : _____

M/F Age : 21

Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	152	40.4	1.5	19.7	25.5	18	17.5	981	26.9
3/3/23	152	42.5	1.5	21.9	28.8	18	18.4	1006	26.2

Eat healthy & exercise

DO YOU EXERCISE ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

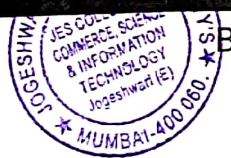
Liquor- Daily ? ml or Weekly ?ml. Smoke...../ day or Chew Tobacco / Pan Masala...../ day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING 7 DAYS

PRINCIPAL *D. Shela*
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY
 Caves Road, Jogeshwari (E), Mumbai-400 060.

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Komal Parthankar Date : 05/01/2023

Invited By : _____ M/F Age : 18 Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	159	39.2	0.5	18.2	25.3	18	18.5	966	28.6
3/3/23	159	39.5	0.5	17.3	23.4	18	15.6	976	28.6

Have regular meals - Breakfast, lunch, dinner

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO *Evening*

Describe your lifestyle : Normal Stressed High Energy Low Energy *A*

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

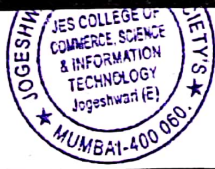
Liquor- Daily ? ml or Weekly ? ml. Smoke / day or Chew Tobacco / Pan Masala / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



BODY CLEANSING - 7 DAYS

PRINCIPAL *P. S. Shelar*

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Sanjika Chalke

Invited By : _____

Date : 5/1/23

M/F Age : 20

Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
<u>5/1/23</u>	<u>149</u>	<u>31.5</u>	<u>0.5</u>	<u>20.6</u>	<u>32</u>	<u>18</u>	<u>14.1</u>	<u>829</u>	<u>259</u>

DO YOU EXERCISE ? YES NO DO YOU WALK ? YES NO

Describe your lifestyle : Normal Stressed High Energy Low Energy

What time of the day you feel tired ? Morning Noon Evening Night

Do you get sleep quickly ? YES NO How long it takes to get sleep ?

You get disturbed while sleeping ? YES NO

How many times you wake up in the night ? How many time you get up in the night to go to toilet ?

Do you get comfortable motion daily ? YES NO How many times ?

Snoring Problem ? YES NO

Is your digestion proper ? YES NO Indigestion Acidity Gastric trouble

Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem

Do your gums bleed while brushing ? YES NO

Do you suffer from dandruff / Hair fall ? YES NO

Do you take any medicine ? YES NO if yes for what.....

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ? ml. Smoke..... / day or Chew Tobacco / Pan Masala..... / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly.....

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS

BODY CLEANSING - 7 DAYS



PRINCIPAL Petshelal

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Akasha Yadav

Invited By : _____ Date : 05/01/23

M/F Age : 19 Phone : _____

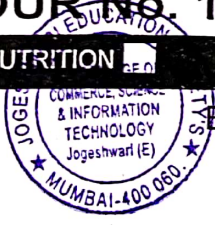
Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
<u>05.1.23</u>	<u>150</u>	<u>39.3</u>	<u>1.0</u>	<u>21.8</u>	<u>29.6</u>	<u>18</u>	<u>17.5</u>	<u>953</u>	<u>24.7</u>

DO YOU EXERCISE ? YES NO

Describe your lifestyle :
 What time of the day you feel tired ?
 Do you get sleep quickly ?
 You get disturbed while sleeping ?
 How many times you wake up in the night ?
 Do you get comfortable motion daily ?
 Snoring Problem ?
 Is your digestion proper ?
 Do you have problem of Allergy Breathing Problem Wheezing Asthma Heel crack Skin problem
 Do your gums bleed while brushing ?
 Do you suffer from dandruff / Hair fall ?
 Do you take any medicine ?
 Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)
 Problem of High Sugar / B.P. / Cholesterol ? YES NO
 How is your memory & concentration ? Excellent Good Average Poor
 Do you get frequently Angry / Irritable ? YES NO
 Coffee / Tea • How many times / day Water intake Glasses / Ltr
 Liquor- Daily ? ml or Weekly ? ml. Smoke / day or Chew Tobacco / Pan Masala / day.
 Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly

WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH BALANCED NUTRITION GAIN / LOSE / MAINTAIN WEIGHT
 EXPERIENCE 3 DAYS BODY CLEANSING - 7 DAYS



PRINCIPAL P. K. ...
 JOGESHWARI EDUCATION SOCIETY'S
 COLLEGE OF COMMERCE SCIENCE
 & INFORMATION TECHNOLOGY

NUTRITION CENTER WELLNESS CARE & SHARE FORM

Visitor Name : Rolee Kanojaya

Invited By : _____

Date : 5/1/23

M/F Age : 18

Phone : _____

Date	Height	Weight	Visceral Fat %	Trunk Subcutaneous Fat %	Body Fat %	Body Age	BMI	RM	Skeletal Muscle
5/1/23	152	56.6	0.5	17.8	23.9	18	15.8	920	27.7

DO YOU EXERCISE ? YES NO

Describe your lifestyle :

What time of the day you feel tired ?

Do you get sleep quickly ?

You get disturbed while sleeping ?

How many times you wake up in the night ?

Do you get comfortable motion daily ?

Snoring Problem ?

Is your digestion proper ?

Do you have problem of Allergy

Do your gums bleed while brushing ?

Do you suffer from dandruff / Hair fall ?

Do you take any medicine ?

Do you have pain any where in the body ? (Head ache / Stomach / Joints / Back / Neck / Cramps / Heel)

Problem of High Sugar / B.P. / Cholesterol ? YES NO

How is your memory & concentration ? Excellent Good Average Poor

Do you get frequently Angry / Irritable ? YES NO

Coffee / Tea • How many times / day Water intake Glasses / Ltr

Liquor- Daily ? ml or Weekly ?ml. Smoke / day or Chew Tobacco / Pan Masala / day.

Do you have craving for Sweets ? YES NO Junk food ? YES NO Daily Weekly

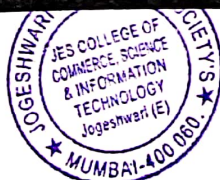
WHAT IS YOUR No. 1 PRIORITY

GOOD HEALTH

BALANCED NUTRITION

GAIN / LOSE / MAINTAIN WEIGHT

EXPERIENCE 3 DAYS



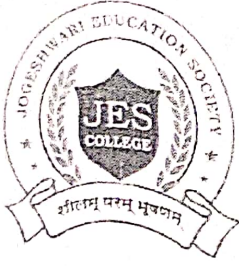
BODY CLEANSING - 7 DAYS

PRINCIPAL Patswela

JOGESHWARI EDUCATION SOCIETY'S
COLLEGE OF COMMERCE SCIENCE
& INFORMATION TECHNOLOGY

Caves Road, Jogeshwari (E), Mumbai-400 060





Jogeshwari Education Society's
JES COLLEGE OF COMMERCE
SCIENCE & INFORMATION TECHNOLOGY
 (AFFILIATED TO MUMBAI UNIVERSITY)

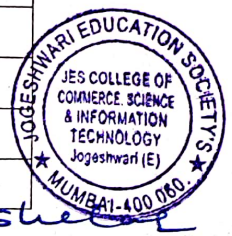
Date: 05/01/2023

Venue: _____

Activity: BMI Test for Annapoorna Project

Sr. No	Name of the Faculty-Student	Gender (M/F)	Signature
1	Komal Kalekar FYBAF	F	<u>Komal</u>
2	Sneha salunke FYBAF	F	<u>Ssalunke</u>
3	Ralee Kanjija [FYBAF]	F	<u>Ralee</u>
4	Sanika V. Chalke. [FYBAF]	F.	<u>Phalke.</u>
5	Shaikh Sanbano (FYBAF)	F.	<u>Papa</u>
6	Akasha yadav (SYBCOM)	F	<u>Akasha.</u>
7	Salha Shaikh (SYBCOM)	f	<u>Salha</u>
8	Kalyani Jandaz (SPBCOM)	F	<u>Jandaz</u>
9	Ganga Mallapule (SYBCOM)	F	<u>Ganga</u>
10	Komal Paithankar (SYBCOM)	F	<u>K.D. Paithankar</u>
11	Anchal Gupta (SYBCOM)	F	<u>Anchal.</u>
12	Sonali & Nagap (SYBCOM)	f	<u>Sonali</u>
13	Gauri Yakkulli (SYBCOM)	f	<u>Gauri.</u>
14	Kharvi Priyanka V. (TYBCOM)	F	<u>Priyanka</u>
15	Krutika Shabekar (SYBCOM)	F	<u>Krutika</u>
16	Kiran B. Gupta (TYBCOM)	F	<u>Kiran</u>
17	Purva P. Bhogle (TYBCOM)	F	<u>P.P. Bhogle</u>
18	Sanika A. Soni (TYBCOM)	F	<u>Sanika</u>
19	Tara Pawar (TYBCOM)	F	<u>Tara</u>
20	Anju K. Yadav (TYBCOM)	F	<u>Anju</u>
21	Pooja R. Gupta (FYBCOM)	F	<u>Pooja</u>
22	Sakshi A. Patode (SYBCOM)	F	<u>Sakshi</u>
23	Pooja J. Yadav (SYBCOM)	F	<u>Pooja</u>
24	Komal Sharma (SYBCOM)	F	<u>Komal</u>
25	Sakshi Toskar (SYBCOM)	F	<u>Sakshi</u>

PRINCIPAL
 JOGESHWARI EDUCATION SOCIETY'S
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 Caves Road, Jogeshwari (E), Mumbai-400 060.



26. Garbhano Kodam

Female

Partheno

27. Tappi K Jale

Female

Tappi

28. Viramya dachri

Female

V.S.D.A.