



छत्तीसगढ़ आयुर्विज्ञान परिषद्
CHHATTISGARH MEDICAL COUNCIL
CERTIFICATE OF REGISTRATION



(U/s-11 (5) of the C.G. Ay. Parishad Adhiniyam, 1987, C.G. Govt. Adaptation order 2001)

1. REGISTRATION NO. C.G.M.C. 4230/2012.
2. NAME OF THE DR. ASHOK PAL PAIKRA.
3. DATE OF BIRTH 15.05.1984
4. FATHER'S NAME SHRI SAFED SINGH PAIKRA.
5. QUALIFICATION M.B.B.S.(FEB./MAR.-2011), GURU GHASIDAS UNIVERSITY,
BILASPUR (C.G.)
6. MEDICAL COLLEGE C.G. INSTITUTE OF MEDICAL SCIENCES, BILASPUR (C.G.)
7. DATE OF COMPLETION OF INTERNSHIP 30.03.2012
8. PERMANENT ADDRESS VILL.- BANABEL, P.O.- KHAIRJHITI, V.I.O.- BELGAHNA,
DISTT.- BILASPUR (C.G.) PIN - 495116.
9. DATE OF REGISTRATION 17.05.2012
10. REMARKS NIL.

It is hereby certified that this is a true copy of the entries made in columns from 1 to 9 of the State Medical Register in respect of the name specified above.



Dr. Shrikant Rajimwale
Dr. Shrikant Rajimwale
REGISTRAR
 CHHATTISGARH MEDICAL COUNCIL,
 RAIPUR

IMPORTANT NOTICE: Every registered medical practitioner should be careful to send the registrar immediate notice of any change in his address, and also to answer all inquiries that may be sent to him by the Registrar in regard thereto, in order that his correct address may be duly inserted in the Medical Register.