



Karnataka Medical Council

BENGALURU



Reg. No. : 132091

Date : 09 Sep 2019

Certificate of Registration

(UNDER THE KARNATAKA MEDICAL REGISTRATION ACT 34 OF 1961)

Name : Dr. NAVYASHREE C

Father's Name : LATE. CHIKKAHONNAIAH

Date of Birth : 01 Sep 1995

Address : #12/329, HOSAKERI STREET, WARD NO12, BANNUR TOWN, T NARSIPURA
THALUK,
KARNATAKA, MYSORE - 571101

Qualification : BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

College : SUBBIAH MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE, SHIMOGA

University : R.G.U.H.S(August-2019)

Additional Qualifications :

Date

Registrar
Signature



I do hereby certify that this is a true copy of the entry of the above-specified name in the Medical Register

IMPORTANT NOTICE

1. Report change of address and additional qualifications promptly.
2. All enquiries made by the Registrar should be answered without fail.
3. All Persons Registered under this Act are legally qualified to practice Modern Scientific Medicine, Surgery, Obstetrics and Gynecology.
4. Shall abide by Code of Medical Ethics framed from time to time.
5. Renewal of registration is compulsory every five years from the date of registration.
6. Do not laminate the certificate.



Dr. B.P.S. MURTHY
Registrar
Karnataka Medical Council
Registrar