MODERN MEDICINE CERTIFICATE OF RECISIRATION

REGISTRATION NUMBER

56123





Name

: Dr. ISMAIL M.

Name of Father/Guardian

MUHAMMED MANNISSERI

Date of Birth

10-05-1990

Permanent Address

VALACHETTY HOUSE, AMAYOOR P.O., MANJERI

(VIA), MALAPPURAM, Pin-676123, KERALA.

Qualification

M.B.B.S.

(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)

Year of award of Degree

2015

Name of the Medical College:

GOVT. MEDICAL COLLEGE, KOZHIKODE.

Name of the University

CALICUT UNIVERSITY

I hereby certify that Dr. ISMAIL M. has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 30th day of December 2015 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 30-12-2015.

SL.No:41105 Information

1. Change of address must be communicated to the Registrar.

2. Additional qualifications, if any, should be separately registered.

REGISTRAR

Registrar
Travancore-Cochin Medical Councils
Red Cross Road

Thiruvananthapuram-695 035

