

The Lihar Council of Medical Registration

RECIPROCAL CERTIFICATE OF REGISTRATION

Certificate Number 43787

BIHAR MEDICAL COUNCIL OFFICE

The 2/3 od DECEMBER, 20/5.

NAME WITH FATHER'S NAME. DATE AND QUALIFICATIONS AND ADDRESS AND APPOINTMENT PLACE OF DATES THEREOF. REGISTRATION. MORTH OF P.T.C. COLOTY 23.12, 2015 MBBS (R.G.U. HS) WEST PATEL MAGAR, MARCH-2015. RAUT RESHAU. ST RAM SWARATH SINGH. POISHASTRI TRAGAR, PATHA-800023 It is hereby certified that this is a firue copy of the entries in columns 2, 3, 4 and 5 of the Register of Registered Practitioners in respect of the name specified above

Every Registered Medical Practitioner should be eareful to send to the Registrar immediate notice of ange in his address, and also to answer all enquiries that may be sent to him by the Registrar in order that his correct address may be duly entered in the Register of Registered otherwise by section 16, sub-section (2) of the Bihar and Orissa Medical Act 1916, such titioner is liable to have his name erased from the Register of Registered practitioners

निवेशक राजेन्द्र नगर, अस्पताल, पटन:-6