

Serial No : 1676



The Tripura State Medical Council

Certificate of Registration



I hereby certify that the following qualification/ additional qualifications as shown in column 4
has/have been entered in The Tripura State Medical Council Register.

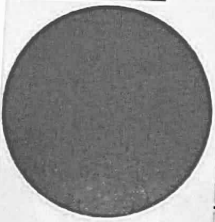
Registration No : 001676

Date : 09.06.2016

01 Name and Father's Name	02 Address for Communication & e-mail	03 Date of Registration	04 Qualification/Additional Qualification College and University & year thereof
DR. BIMAL KANTI TRIPURA S/o, Jijo Kumar Tripura	Vill. : East Sabroom PO : Balishnabpur Dist. : South Tripura PIN : 799 145	09.06.2016	M.B.B.S. I.M.C & Dr. BRAM Teaching Hospital Tripura University 2016
Sex : Male Date of Birth : 12.06.1990			

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 the Tripura Medical Council, ACT, 2010 are legally qualified to practice in Tripura.
4. Shall abide by code of Medical Ethics framed from time to time.



(Dr. Jayanta Kumar Das)
Secretary cum Registrar
The Tripura State Medical Council
Registrar-cum-Secretary
The Tripura State Medical Council
Agartala-790001