



MODERN MEDICINE

CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER

58962





Name : Dr. AJNAVAS V.

Name of Father/Guardian : HANEEFA V.

Date of Birth : 24-06-1990

Permanent Address : PILACHERI (HOUSE), WEST BAZAR, NALLALAM P.O.,

KOZHIKODE, Pin-673027, KERALA.

Qualification : M.B.B.S.

(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)

Year of award of Degree : 2016

Name of the Medical College: KMCT MEDICAL COLLEGE, KOZHIKODE.

Name of the University : CALICUT UNIVERSITY

I hereby certify that Dr. AJNAVAS V. has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 18th day of October 2016 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 18-10-2016.

SL.No:44376

Information

MODERN MEDICINE



REGISTRAR

Red Cross Road Thiruvananthapuram-695035

Change of address must be communicated to the Registrar.

- 2. Additional Qualifications, if any, should be separately registered.
- 3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
- 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

