

ODISHA COUNCIL OF MEDICAL REGISTRATION, BHUBANESWAR
ODISHA MEDICAL COUNCIL

CERTIFICATE OF ADDITIONAL QUALIFICATION REGISTERED



Dt: 09/08/2023



| REGISTER NUMBER (1) | NAME (2) | ADDRESS (3) | DATE OF REGISTRATION | | ADDITIONAL QUALIFICATION (6) |
|---------------------------|---------------------|---|----------------------|-------------------|---|
| | | | ORIGINAL (4) | ADDITIONAL (5) | |
| 20167/2015 | PATRA SAUMYA RANJAN | AT- NILIABAG , POST- BALASORE , DISTRICT- BALASORE, ORISSA | 16/01/2015 | 09/08/2023 | MD.,PAEDIATRICS (UTKAL UNIVERSITY) June,2023 |

I hereby certify that the additional qualification shown in column 6 has been duly entered against the above specified name in the Medical Register on payment of the prescribed fee.

NOTE - It is important that any changes in address should be at once intimated to the Registrar of the Odisha Council of Medical Registration, otherwise the name is liable to be erased from the Medical register.




Registrar
Odisha Council of Medical
Registration, Bhubaneswar

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