

# THE TRAVANCORE-COCHIN COUNCIL OF MODERN MEDICINE CERTIFICATE OF REGISTRATION

Registration No

77707



**Name** : Dr.AKHIL REMESH  
**Father/Guardian's Name** : REMESHAN.S  
**Date of Birth** : 17-01-1994  
**Permanent Address** : AKHIL BHAVANAM, VENGARA, THODIYOOR NORTH P.O,  
KARUNAGAPPALLY, KOLLAM, KERALA, PIN-690523  
  
**Qualification** : M.B.B.S. (BACHELOR OF MEDICINE AND BACHELOR OF  
SURGERY)  
**Year of award of Degree** : 2020  
**Name of the Medical College:** D.M. WAYANAD INSTITUTE OF MEDICAL SCIENCES,  
WAYANAD  
**Name of the University** : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.AKHIL REMESH is registered as a practitioner in Modern Medicine under the Travancore - Cochin Medical Practitioners' Act, 1953 on the 14th day of August 2020 at Thiruvananthapuram.

Thiruvananthapuram,

Date : 14-08-2020

SL No: 503188

SIGNATURE OF THE  
CANDIDATE



REGISTRAR  
MUHAMMED HUSSAINA  
REGISTRAR  
TRAVANCORE COCHIN MEDICAL COUNCIL  
RED CROSS ROAD  
THIRUVANANTHAPURAM-695035

Information 1. 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.

Travancore - Cochin Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India  
Website: [www.medicalcouncil.kerala.gov.in](http://www.medicalcouncil.kerala.gov.in), Email: [registrar.tcmc@kerala.gov.in](mailto:registrar.tcmc@kerala.gov.in), Phone: office - 0471-2557227