



Karnataka Medical Council

BENGALURU



Reg. No. : 129891

Date : 02 Apr 2019

Certificate of Registration

(UNDER THE KARNATAKA MEDICAL REGISTRATION ACT 34 OF 1961)

Name : Dr. MOHAN S N

Father's Name : NARAYANASWAMY S M

Date of Birth : 27 Aug 1995

Address : SEEKAL VILLAGE, MYLANDLAHALLI POST, CHINTAMANI TQ,
KARNATAKA, CHIKKABALLAPUR - 563125

Qualification : BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

College : S.S INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE.DAVANGERE.

University : R.G.U.H.S(March-2019)

Additional Qualifications :

Date

Registrar
Signature



I do hereby certify that this is a true copy of the entry of the above-specified name in the Medical Register



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 this Act are legally qualified to practice Modern Scientific Medicine, Surgery, Obstetrics and Gynecology.
4. Shall abide by Code of Medical Ethics framed from time to time.
5. Renewal of registration is compulsory every five years from the date of registration.
6. Do not laminate the certificate.

Dr. B.P.S. MURTI
Registrar,
Karnataka Medical Council
Registrar

Sl. No.: 69232