





ANDHRA PRADESH MEDICAL COUNCIL

REGISTRATION OF ADDITIONAL QUALIFICATION

Serial No: 85095

Date: 17 Sep 2021

This is to certify that the following doctor has registered his / her name with the

council under

Registration No: APMC/FMR/96967

Date: 27 Oct 2016

Name: SHAIKNASREEN

Father's Name: T DOWLATH SAHEB

Date Of Birth: 01 Jun 1992

Sex: F

Address: 67/149-18,

SBI COLONY,

KADAPA, ANDHRA PRADESH-516004.

Primary Qualification: M.B.B.S

Date: Mar 2016

University: DR. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA, ANDHRA PRADESH, INDIA.

Post Graduation: MS-OPHTHALMOLOGY

Date: Jul 2021

Name of the College Where P.G Course is Studied: NARAYANA MEDICAL COLLEGE, NELLORE

University:

DR. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA ANDHRA

PRADESH, INDIA.

Registrar

REGISTRAR
Andhra Pradesh Medical Council
Dr. NTR UHS Buildings
VIJAYAWADA-520 008.

Note: Once in five years the Registered Medical Practitioner must intimate his/her address to the Register of the records alive.