

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

REGISTRATION NUMBER

**51670**



**Name** : Dr. SHAIK RESHMA ASHIK

**Name of Father/Guardian** : VAZEER BASHA

**Date of Birth** : 05-06-1988

**Permanent Address** : D. NO. 3/299, AKUTHOTA DIBBA STREET, KOTA (VILLAGE), KOTA (P.O.), (MD), S.P.S. NELLORE Pin-524411, ANDHRA PRADESH.

**Qualification** : **M.B.B.S.**  
(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)

**Year of award of Degree** : 2014

**Name of the Medical College** : RAJIV GANDHI INSTITUTE OF MEDICAL SCIENCES, KADAPA.

**Name of the University** : DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, ANDHRA PRADESH

I hereby certify that Dr. SHAIK RESHMA ASHIK has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 27th day of October 2014 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 27-10-2014.

SL.No:35594

Information

1. Change of address must be communicated to the Registrar.
2. Additional qualifications, if any, should be separately registered.



REGISTRAR

**KALA. N. L.**

Registrar

Travancore Cochin Medical Councils  
Red Cross Road  
Thiruvananthapuram-695 035