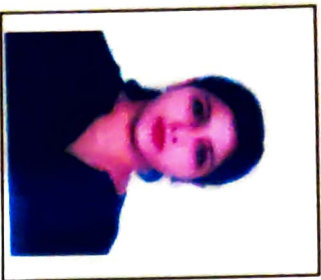


THE ODISHA COUNCIL OF MEDICAL REGISTRATION , BHUBANESWAR



CERTIFICATE OF REGISTRATION



Registration Number : 23585 / 2018

Bhubaneswar, Dt- 20/11/2018

SL NO.	NAME OF THE DOCTOR	FATHER'S NAME	DATE OF BIRTH	QUALIFICATION UNIVERSITY AND DATES THEREOF	DATE OF COMPLETION OF COMPULSORY HOUSEMANSHIP	PERMANENT ADDRESS
791	SIKHA SUBHADARSHINI (F)	JANAKI BALLAVA MISHRA	26/04/1994	M.B.B.S. (SAMBALPUR UNIV.) DECEMBER, 2016	15/10/2018	AT. TARADAPADA, P.O. NIMAPARA, DIST. PURI

IMPORTANT NOTICE

1. Every Registered Medical Practitioner should be careful to send to the Registrar immediately notice of any change in his / her address and also to answer all the inquiries that may be sent to him by the Registrar in regard thereto, in order that his / her correct address, may be duly inserted in the Register of Registered Practitioners, otherwise by the rule framed under section 19 of the Odisha Medical Registration Act 1961, such Practitioner is liable to have his / her name erased from the Register of Registered Medical Practitioners.
2. Renew your Registration after one year.
3. Obtain Registration certificate of additional qualification without fail.

Registrar
Odisha Council of Medical
Registration, Bhubaneswar

[Handwritten signature]
20/11/2018

