



# ANDHRA PRADESH MEDICAL COUNCIL

## MEDICAL REGISTRATION CERTIFICATE



Registration No : APMC/FMR/106783

Name : J MOHAN

Father's Name : J JAGANNATHAN

Mother's Name : J PADMA

Date Of Birth : 20 May 1994

Sex: M

Qualification : M.B.B.S

Internship Completion Month & Year : Mar 2019

College : GSL MEDICAL COLLEGE, RAJAHMUNDRY

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

Date & Place of Registration : 15 Oct 2019, VIJAYAWADA

Address : 16/415, SARDAR STREET, SRIKALAHASTI, PANAGAL, CHITTOOR DIST, ANDHRA PRADESH - 517640.

Addl Qualification : --NIL--

It is here by certified that this is a true copy of the entry of the above specified name in the Medical Register, Andhra Pradesh Medical Council Office, Vijayawada.

*Mohan J*  
Signature of Candidate :

Date : 15/10/2019



*[Signature]*  
Registrar

Seal

### IMPORTANT NOTES

1. Registered Medical Practitioners should be careful to send the registrar immediate notice of any changes in their registered addresses.
2. They should also answer all inquiries that may be sent to them by the Registrar in regard thereto, in order that their correct addresses may be duly inserted in the Medical Register.
3. No charge is made for alteration of addresses. Once in five years the Registered Medical Practitioners must intimate his / her addresses to the Registrar for keeping the register alive.
4. A copy of the annual medical register where in the name appears will be supplied to every person registered on payment.
5. After the publication of name in the printed medical register the last edition of the register alone is the legal evidence of registration.
6. All persons registered under this act are eligible to practice modern system of Medicine.