

**State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

Tushar Sarker
9 WILDERNESS DRIVE
Voorhees NJ 08043

FOR PRACTICE IN NEW JERSEY AS A(N): **Medical Doctor**

06/09/2023 TO 06/30/2025

VALID

Signature of Licensee/Registrant/Certificate Holder

25MA08764600

LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
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HAS REGISTERED
Tushar Sarker
Medical Doctor

06/09/2023 TO 06/30/2025
VALID

SIGNATURE

25MA08764600

License/Registration/Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625-0183

PLEASE DETACH HERE

Tushar Sarker

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **25MA 08764600** . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Board of Medical Examiners

P.O. Box 183

Trenton, NJ 08625-0183

EXPIRATION DATE **2025**

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.