

भारत गणराज्य REPUBLIC OF INDIA

टाईप / Type

P

उपनाम / Surname

PARVATINI

दिया गया नाम / Given Name(s)

ADITYA

राष्ट्रीयता / Nationality

भारतीय / INDIAN

जन्म स्थान / Place of Birth

RAJAMUNDRY, ANDHRA PRADESH

राष्ट्र कोड / Country Code

IND

पासपोर्ट नं. / Passport No.

P 8710244

लिंग / Sex

M

जन्ममिति / Date of Birth

12/10/1992

जारी करने का स्थान / Place of Issue

VISAKHAPATNAM

जारी करने की तिथि / Date of Issue

11/03/2017

समाप्ति की तिथि / Date of Expiry

10/03/2027

P. Aditya

P<INDPARVATINI<<ADITYA<<<<<<<<<<<<<<<

P8710244<5IND9210125M2703109<<<<<<<<<<<<

P. Adity

130506



Dr. NTR UNIVERSITY OF HEALTH SCIENCES
ANDHRA PRADESH



FACULTY OF MODERN MEDICINE

This is to certify that

Parvatini Aditya

has been awarded the Degree of

Bachelor of Medicine

and

Bachelor of Surgery

He/She having been declared to have qualified in the Examination
prescribed therefor, of this University held in March, 2016

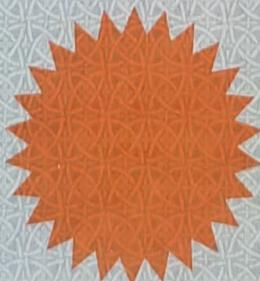
and on completion of one year Compulsory Rotatory Internship. He/She has
been placed in Second Division.

Given under the Seal of the University

Regd. No. 1156092

VIJAYAWADA

Dated 23rd August, 2017



Registrar



Alluri Sitarama Raju Academy of Medical Sciences
(Undergraduate & Postgraduate Institute of Medical Sciences)
ELURU - 534 005, W.G. District, A.P. India

ASRAMS

(Recognised by Medical Council of India, New Delhi Letter No.MC1-37(1)(R1-14)(UG)2013-Med./119794,
Dated : 15/07/2014 and affiliated to Dr.NTR University of Health Sciences,Vijayawada.A.P.,INDIA)

COMPULSORY ROTATORY INTERNSHIP CERTIFICATE

Rc. No. ASRAM / Internee / 143-095/2017

Date : 12/04/2017

This is to certify that Dr. PARVATINI ADITYA was a bonafide student of Alluri Sitarama Raju Academy of Medical Sciences, Eluru, A.P., India from 27/07/2011 to 08/04/2016. He / She Passed the final MBBS Examination of Dr. NTR University of Health Sciences, A.P. Vijayawada Held in April 2016 with Reg. No. 1156092 and has Satisfactorily completed the one year Compulsory Rotatory Internship as a resident Intern from 12/04/2016 to 11/04/2017 at Alluri Sitarama Raju Academy of Medical Sciences, Eluru as noted here under. His/Her Provisional Registration no (Andhra Pradesh state Medical Council) is APMC/PMR/61457 dated 12/04/2016.



PARVATINI ADITYA
1156092

COMPULSORY ROTATORY INTERNSHIP RECORD

SL.NO.	DISCIPLINE	UNDER DOCTOR	PERIOD SPENT	PERIOD
1	General Medicine Incl. Psychiatry	Dr. G. Swarnalatha Devi	12.08.2016 to 11.10.2016	2 Months
2	General Surgery Incl. Anaesthesiology.	Dr. S. Vijaya Mohan Rao	12.04.2016 to 11.06.2016	2 Months
3	Obstetrics and Gynaecology	Dr. K. Vandana	12.06.2016 to 11.08.2016	2 Months
4	Paediatrics	Dr. P. Sudarsini	12.11.2016 to 11.12.2016	1 Month
5	Orthopaedics including PMR	Dr. G. Kishore Roy	12.10.2016 to 11.11.2016	1 Month
6	ENT	Dr. Ch. Pakeer Das	27.02.2017 to 11.03.2017	15 Days
7	Ophthalmology	Dr. V. Narasinga Rao	12.02.2017 to 26.02.2017	15 Days
8	Casualty	Dr. K. Madhu Sudhan Choudary	12.03.2017 to 26.03.2017	15 Days
9	Community Medicine	Dr. N. Partha Sarathy	12.12.2016 to 11.02.2017	2 Months
Elective Postings :				
10	Forensic Medicine	Dr. Mynedi Seetharamaiah	27.03.2017 to 11.04.2017	15 Days
TOTAL :				12 Months

He / She is eligible for award of the MBBS Degree of the Dr. NTR University of Health Sciences, Vijayawada, A.P. During this period His / Her work has been Satisfactory.

Admission No : 2011092
Date : 12/04/2017


SUPERINTENDENT

Medical Superintendent
ASRAM Hospital, Eluru




PRINCIPAL
PRINCIPAL

Alluri Sitarama Raju
Academy of Medical Sciences
Eluru-534 005



Andhra Pradesh Medical Council

2nd Floor, Dr.YSR UHS, Gunadala, Vijayawada, Andhra Pradesh - 520008

Email:contact@apmedicalcouncil.in; Website:apmc.ap.gov.in; Ph:0866-2455280,2455281



CERTIFICATE OF GOOD STANDING

Ref No : APMC/AGS250723-T1120

Date : 02-08-2023

I here by certify that the following is a true copy of the Andhra Pradesh Medical Register, relating to the Registered Practitioner named below:

Name	Qualification University	Registration Number & Date	Permanent Address
PARVATINI ADITYA S/O / D/O . PARVATINI SRIMANNARAYANA	MBBS - DR. NTR UNIVERSITY OF HEALTH SCIENCES; VIJAYAWADA - APR-2017	APMC/FMR/99809 22-09-2017	D.NO: 24/12/2, C/O: PRATHIPATI RENUKA DEVI, KSR NAGAR, HOUSING BOARD COLONY, RAMACHANDRAPURAM, KONASEEMA AMBEDKAR DIST ANDHRA PRADESH-533255
	Additional Qualification	Registration Date	
	NILL	NILL	

I further certify that no disciplinary proceedings under the Andhra Pradesh Medical Practitioners Registration Act, 1968 are in progress against the practitioner named above and he/she has never been the subject of any inquiry. He/She is entitled to practice medicine in Andhra Pradesh/India and He/She has not been disqualified, suspended or prohibited from practice of medicine and this regulatory authority is not aware of any matters that call into question of his/her good standing. He/She bears Final Registration of this Council and his/her Registration is still in force and stands good.

Candidate's Signature

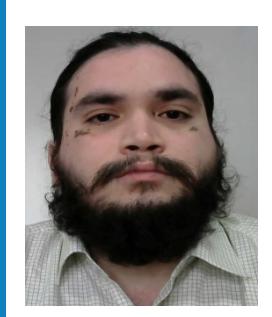
REGISTRAR
Andhra Pradesh Medical Council

Note: The entry in the Register reproduced above shows the Name, Date of Registration, Address and Qualification of the Practitioner.

STATEMENT OF RESULTS

CANDIDATE DETAILS:

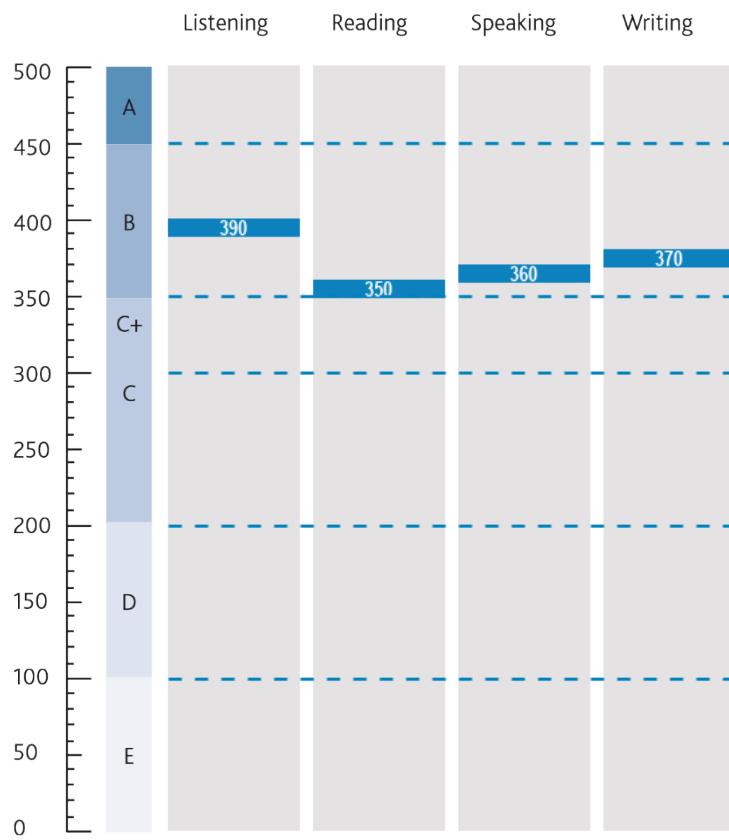
First Name	Aditya
Middle Names	
Last Name	Parvatini
Candidate Number	200276677
Date of Birth	12 Oct 1992
Nationality	Indian
Gender	Male



TEST DETAILS:

Venue Name	Cambridge University Press India - Hyderabad
Venue Number	IN035
Venue Country	India
Test date	11 Mar 2023
Profession	Medicine

TEST RESULTS



Sujata Stead

Sujata Stead
 CEO, CBLA

Recognising organisations are required to validate this Statement of Results through our verification portal at
<https://www.occupationalenglishtest.org/organisations/results-verification/>

OET is owned by Cambridge Boxhill Language Assessment Trust (CBLA), a venture between Cambridge English and Box Hill Institute.

OET results to August 2018	OET score from September 2018	OET band descriptors
A	500 490 480 470 460 450	Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.
B	440 430 420 410 400 390 380 370 360 350	Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.
C+	340 330 320 310 300	
C	290 280 270 260 250 240 230 220 210 200	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation.
D	190 180 170 160 150 140 130 120 110 100	Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis- or overuse of technical language can cause strain in communication.
E	90 80 70 60 50 40 30 20 10 0	Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication.

GEN1

General Medical Council

Employer's reference

This form is to be completed by a Human Resources representative or the applicant's line manager. It should not be completed by the applicant.

Please send the form directly to us by email, ensuring that you include the applicant's name and GMC reference number in the subject line. **We only accept emailed forms from professional email addresses. We do not accept them from personal webmail accounts such as hotmail, yahoo or gmail.**

If you do not have a professional email address please include a supplementary cover sheet on official letterheaded paper which also includes an official stamp.

Please note that a copy of the completed reference will be shared with the applicant.

Section 1 – applicant's details

Applicant's name	PARVATINI ADITYA	
Applicant's GMC reference number	7994046	
Period of employment		
From 02042018	To 07082023	
Position held by applicant (please include their speciality if appropriate)	SENIOR EMERGENCY MEDICAL OFFICER	
Average number of hours undertaken per week	48 hours / week	
Please give a brief description of duties.		
<ul style="list-style-type: none">- Attending and Managing Acute Emergencies in Emergency Department- Managing poisoning, trauma & Cardiac Emergencies in Emergency Department→ Doing Minor Surgical & Medical Procedures		

Section 2 – to be completed by all employers

Are you aware of any issues that would call into question the applicant's character, conduct or fitness to practise?

yes

no



(For example were they subject to any disciplinary proceedings whilst employed by you?)

If 'yes', please provide details.

Section 3 – to be completed by all employers

Question 3a

Was the applicant working in a clinical medical capacity? (Please note that clinical attachments and observer posts are not considered to be clinical practice)

yes



no



Question 3b

If the applicant was engaged in a non-clinical post but it was medically related (for example a teaching or research post) please can you confirm whether this role was restricted to the holder of a MBBS, MD or MBChB (or equivalent)?

yes



no



If other candidates are/were also eligible for this post – for example health care professionals or holders of alternative qualifications (for example a BSc or Masters) please answer 'no'.

If 'yes', please can you provide a comprehensive summary of the applicant's job description and their duties?

[Large empty box for summary]

Question 3c

Was the applicant required to hold registration or a licence to practise with a medical regulator?

yes

no



If 'yes', please give us the name of the relevant medical regulator, and confirm the type of registration required. For example, provisional or full registration, with or without a licence to practise.

Please provide the name of the authority that regulates doctors in the country or region the applicant was/is working in (for example General Medical Council, UK). Do not provide the name of an individual person.

If 'no', please explain why the applicant was allowed to work in a medical capacity without holding registration or a licence with the appropriate medical regulator.

He is been holding license to practice in India
and his conduct in Hospital is very good

Section 4 - declaration

Your name

Dr Kundan N Chamkar

Your position

Consultant physician

Can you confirm whether you are related to the applicant? If yes, please state the relationship (for example: 'father')

No

Website address for your organisation

hingawadi-medical & ruby hall.com

Your email address

kundan.chamkar@gmail.com

This should be an official work email address **not** a webmail address such as yahoo, hotmail or googlemail.

Telephone number

9860320390

This should be an official work telephone number, **not** a personal home telephone number.

Section 4 - declaration (continued)

Your signature

Date

07 08 2023

Name and address of organisation

Dr Kundan Khamkar
Ruby Hall clinic, Rajiv
Gandhi Infected Park
MIDC, Phata nai, Hinjewadi
Pune - 411057

Official stamp

Dr. Kundan H. Khamkar
MBBS MD (Medicine)
Reg.No.- 2006/03/1883



GEN1

General Medical Council

Employer's reference

This form is to be completed by a Human Resources representative or the applicant's line manager. It should not be completed by the applicant.

Please send the form directly to us by email, ensuring that you include the applicant's name and GMC reference number in the subject line. **We only accept emailed forms from professional email addresses. We do not accept them from personal webmail accounts such as hotmail, yahoo or gmail.**

If you do not have a professional email address please include a supplementary cover sheet on official letterheaded paper which also includes an official stamp.

Please note that a copy of the completed reference will be shared with the applicant.

Section 1 – applicant's details

Applicant's name	PARNATINI ADITYA		
Applicant's GMC reference number	7994046		
Period of employment	till date.		
From	04042018	To	07082023
Position held by applicant (please include their speciality if appropriate)	SENIOR EMERGENCY MEDICINE RESIDENT.		
Average number of hours undertaken per week	48 hrs/wk		
Please give a brief description of duties.			
<ul style="list-style-type: none">– Attending and Managing acute emergencies in Emergency Department.– Managing Major & minor surgical procedures.– Managing Major & minor medical procedures.			

Section 2 – to be completed by all employers

Are you aware of any issues that would call into question the applicant's character, conduct or fitness to practise?

yes

no

(For example were they subject to any disciplinary proceedings whilst employed by you?)

If 'yes', please provide details.

Section 3 – to be completed by all employers

Question 3a

Was the applicant working in a clinical medical capacity? (Please note that clinical attachments and observer posts are not considered to be clinical practice)

yes

no

Question 3b

If the applicant was engaged in a non-clinical post but it was medically related (for example a teaching or research post) please can you confirm whether this role was restricted to the holder of a MBBS, MD or MBChB (or equivalent)?

yes

no

If other candidates are/were also eligible for this post – for example health care professionals or holders of alternative qualifications (for example a BSc or Masters) please answer 'no'.

If 'yes', please can you provide a comprehensive summary of the applicant's job description and their duties?

Question 3c

Was the applicant required to hold registration or a licence to practise with a medical regulator?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
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If 'yes', please give us the name of the relevant medical regulator, **and** confirm the type of registration required. For example, provisional or full registration, with or without a licence to practise.

Please provide the name of the authority that regulates doctors in the country or region the applicant was/is working in (for example General Medical Council, UK). Do not provide the name of an individual person.

If 'no', please explain why the applicant was allowed to work in a medical capacity without holding registration or a licence with the appropriate medical regulator.

He is been holding licence to practise in India and his conduct in hospital is good.

Section 4 - declaration

Your name	Dr. Sudha Patel
Your position	Intensivist - ICU Decharge
Can you confirm whether you are related to the applicant? If yes, please state the relationship (for example: 'father')	No
Website address for your organisation	hijnawali.medical@rubyhall.com
Your email address	sudha.patel6@gmail.com
This should be an official work email address not a webmail address such as yahoo, hotmail or googlemail.	
Telephone number	9870149717
This should be an official work telephone number, not a personal home telephone number.	

Section 4 - declaration (continued)

Your signature

Date

07082023

Name and address of organisation

Dr. Sudha Desai,
Ruby Hall Clinic, Rajiv
Gandhi Infotech Park,
MIDC, Phase no. 1, Hinjewadi,
Pune - 411057.

Official stamp

Dr. Sudha Desai
DNB (Gen. Medicine), IDCCM
Consulting & Investing - ICU Incharge
Reg No : 06031466
Ruby Hall Clinic
Hinjewadi, Pune - 411057.

