



Karnataka Ayurvedic and Unani Practitioner's Board

Dhanvantri Road, Bangalore-560009

REGISTER

Register No: 45568 Ayurvedic
Name in Full : Dr. ABDUL AZIZ
Sex : Male
Father's Name : ABDUL KAREEM
Nationality : Indian
Date of Birth : 23/12/1998
Blood Group : B+ve
Birth Place : KHALILABAD
Mobile Number : 9980167092
Email Id : Dr.azizkhan1998@gmail.com

Qualification and date of
obtaining the certificate

BAMS Month:February Year :2020

S.B.S Ayurvedic Medical College, Mundaragi
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES,
BENGALURU, KARNATAKA

Date of
Registration : 11/10/2021

Permanent Address : S/O ABDUL KAREEM, WEST PATHAN TOLA, KHALILABAD,
SANT KABEER NAGAR, UP - 272175 India 9980167092

Professional Address : S/O ABDUL KAREEM, WEST PATHAN TOLA, KHALILABAD,
SANT KABEER NAGAR, UP - 272175 India 9980167092

Old Registration
Number: 054512

Receiver the
Registration
certificate
along with
receipt

Photo



Signature

Thumb Impression

