

# MCIM Renewal Information of Registration No : I19751A-1



Reference No : MTR\_8910

Registration No : 19751

Date: 2019-03-31 12:25:54

## Personal Details

Name	VIDYA SUNIL DERE	Gender	Female
Date Of Birth	28-June-1964	Place of Birth	WADEGHAVAN
Father's Name	NAMDEO KONDAJI GHAWATE	Mother Name	ANUSAYA
Spouse's Name	SUNIL LAXMAN DERE	Blood Group	O +ve
Aadhar Number	279606176844	PAN Card Number	AHQPD0021K

## Contact Details

Mobile Number Link With Aadhar	9922565851	Alternate Mobile Number 1	
Alternate Mobile Number 2		Landline Number	
Email Id	derevidya@gmail.com	Alternate Email Id	

## Contact Address Details

Address	SAI CLASSIC SOCIETY FL02 INDRAYANINAGAR SEC 1 NEAR SVC BANK BHOSARI,		
Area	BHOSARI	City	Pune
Taluka	Haveli	District	Pune
State	MAHARASHTRA	Pincode	411039

## Qualification Details

<b>Registration Number</b>	19751	<b>Registration Certificate Serial No</b>	
<b>Schedule</b>	A-1	<b>Date Of Registartion</b>	24-April-1989
<b>Qualification(Specified in Second,Third &amp; Fourth Schedule to the Indian Medicine Central Council Act,1970)</b>	B.A.M.S.	<b>Year Of Passing</b>	1988
<b>Year Of Degree Awarded</b>	1988	<b>Faculty</b>	Ayurveda
<b>Name Of the University</b>	Poona University, Pune (Savitribai Phule Pune University)	<b>Name Of the College/Institute</b>	Shri Gangadhar Shastri Gune Ayurved Mahavidyalaya
<b>Passing year Of SSC</b>	1983	<b>Name Of SSC Board</b>	Maharashtra State Board
<b>Passing year Of HSC</b>	1983	<b>Name Of HSC Board</b>	Maharashtra State Board

### Occupation Details

### Practitioner Details

<b>Practitioner Address</b>	<b>Practitioner Mode</b>	<b>Practitioner System</b>	<b>Practitioner Type</b>
SANJEEVAN HOSPITAL OPP NAGESHWAR TEMPLE MOSHI 412105	Own	Integrated	Daily
SANJEEVAN CLINIC MOSHI CHOWK 412105	Own	Integrated	Daily

I, solemnly confirm that if any information provided by me is found false, I shall be held responsible in the matter. I shall have no objection if any action is taken by the MCIM against me.

**Date :**

**Signature :**