MCIM Renewal Information of Registration No : I19685A-1



Reference No: MTR_8924

Registration No: 19685

Date: 2019-03-31 12:02:07

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Personal Details					
Name	SUNIL LAXMAN DERE	Gender	Male		
Date Of Birth	28-July-1964	Place of Birth	NARAYANGAON		
Father's Name	LAXMAN MARUTI DERE	Mother Name	BHIMABAI		
Spouse's Name	VIDYA SUNIL DERE	Blood Group	O +ve		
Aadhar Number	830068328623	PAN Card Number	AHLPD5665Q		
Contact Details					
Mobile Number Link With Aadhar	9822604152	Alternate Mobile Number 1			
Alternate Mobile Number 2		Landline Number			
Email Id	deresunil@gmail.com	Alternate Email			
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					

Registration Number	19685	Registration Certificate Serial No			
Schedule	A-1	Date Of Registartion	01-April-1989		
Qualification(Specified in Second,Third & Fourth Schedule to the Indian Medicine Central Council Act,1970)	B.A.M.S.	Year Of Passing	1988		
Year Of Degree Awarded	1988	Faculty	Ayurveda		
Name Of the University	Poona University, Pune (Savitribai Phule Pune University)	Name Of the College/Institute	Ashtang Ayurved Mahavidyalaya		
Passing year Of SSC	1980	Name Of SSC Board	Maharashtra State Board		
Passing year Of HSC	1982	Name Of HSC Board	Maharashtra State Board		
Occupation Details					
Practitioner Details					
Practitioner Address	Practitioner Mode	Practitioner System	Practitioner Type		
SANJEEVAN HOSPITAL OPP NAGESHWAR TEMPLE MOSHI CHOWK 412105	Own	Integrated	Daily		
SANJEEVAN CLINIC					

SANJEEVAN HOSPITAL OPP NAGESHWAR TEMPLE MOSHI CHOWK 412105	Own	Integrated	Daily			
SANJEEVAN CLINIC MOSHI CHOWK MOSHI 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: