

PROFORMA - 4

छत्तीसगढ़ आयुर्विज्ञान परिषद्
CHHATTISGARH MEDICAL COUNCIL



CERTIFICATE OF REGISTRATION

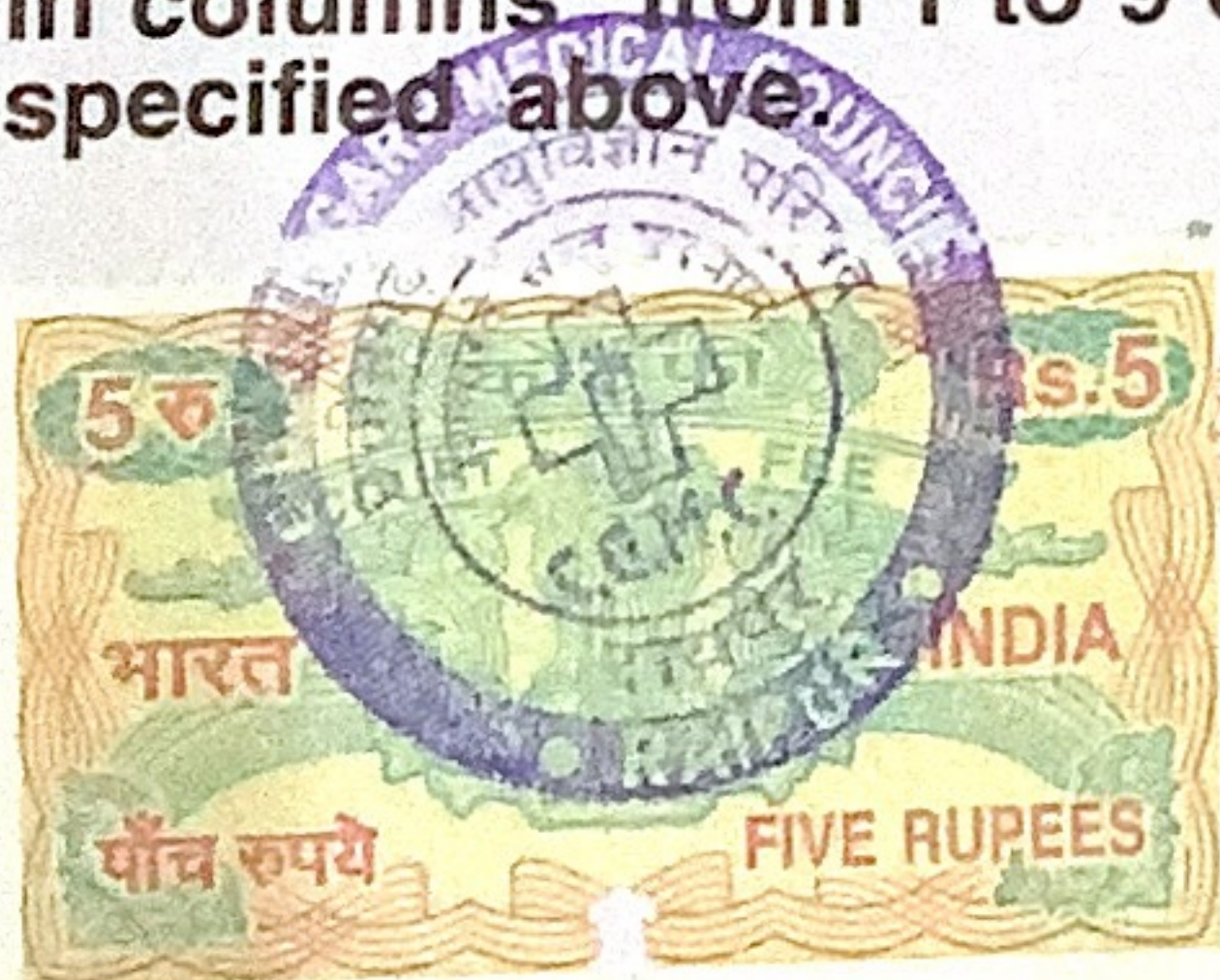
(U/s-11 (5) of the C.G. Ay. Parishad Adhiniyam, 1987, C.G. Govt. Adaptation order 2001)



REGISTRAR
C.G. Medical Council, Raipur

1. REGISTRATION NO. C.G.M.C. 13678/2023
2. NAME OF THE DR. BATHALA MOHAN PRASAD.
3. DATE OF BIRTH 08.06.2000 (M)
4. FATHER'S NAME SHRI BATHALA MUNITIRUMALAIHAH.
5. QUALIFICATION M.B.B.S. (DEC.-2021), ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR (C.G.)
6. MEDICAL COLLEGE ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR (C.G.)
7. DATE OF COMPLETION OF INTERNSHIP 31.12.2022
8. PERMANENT ADDRESS D.NO.-5-691, M.G. STREET, SRIKALAHASTI CHITTOR DISTT (A.P.) PIN 517644
9. DATE OF REGISTRATION 02.03.2023
10. REMARKS NIL.

It is hereby certified that this is a true copy of the entries made in columns from 1 to 9 of the State Medical Register in respect of the name specified above.



Dr. Shrikant Rajimwale

Dr. Shrikant Rajimwale

REGISTRAR

C.G. Medical Council Raipur
CHHATTISGARH MEDICAL COUNCIL,
RAIPUR

IMPORTANT NOTICE : Every registered medical practitioner should be careful to send the registrar immediate notice of any change in his address, and also to answer all inquiries that may be sent to him by the Registrar in regard thereto, in order that his correct address may be duly inserted in the Medical Register.