THE TRAVANCORE-COCHIN COUNCIL OF MODERN MEDICINE

CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER
41730

Name	:	**Dr. ASHWIN RAJENESH**
Father's Name	:	RAJENESH CLEMENT
Date of Birth	:	23-04-1987
Permanent Address	:	ADDRESS REDACTED
Qualification	:	**M.B.B.S.** (BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)
Year of award of Degree	:	2010
Name of the Medical College	:	DR. SOMERVELL MEMORIAL C.S.I. MEDICAL COLLEGE, KARAKONAM, THIRUVANANTHAPURAM.
Name of the University	:	KERALA UNIVERSITY

I hereby certify that Dr. ASHWIN RAJENESH has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 15th day of November 2010 at Thiruvananthapuram.

Thiruvananthapuram,
Date: 15-11-2010.

SL.No:4760

REGISTRAR

C K PADMAKARAN
Registrar
Travancore-Cochin Medical Councils
Red Cross Road
Thiruvananthapuram - 695 035

Information

1. Change of address must be communicated to the Registrar.
2. Additional qualifications, if any, should be separately registered.