THE COUNCIL OF MODERN MEDICINE
KERALA STATE

CERTIFICATE OF REGISTRATION OF ADDITIONAL MEDICAL QUALIFICATION

Registration No. : **41730**

Name : **Dr.ASHWIN RAJENESH**

Basic Qualification & Year : M.B.B.S. (BACHELOR OF MEDICINE AND BACHELOR OF SURGERY), (KERALA UNIVERSITY), 2010

Date Of Registration : 15-11-2010

Address **ADDRESS REDACTED**

ADDITIONAL QUALIFICATION(S)

Sl.No	Qualification	College	University	Year	Date of Registration
1	M.D. - GENERAL MEDICINE	CHRISTIAN MEDICAL COLLEGE, VELLORE	THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI	2016	22-01-2025

Sl.No: 5828317
Date: 22-01-2025

SIGNATURE OF THE CANDIDATE

REGISTRAR
R. SURESH BABU
Registrar
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram - 695 035

NB:Change of address must be communicated to the Registrar.