

GOVERNMENT OF TELANGANA

BOARD OF INDIAN MEDICINE



MEDICAL REGISTRATION CERTIFICATE

FORM - A
See Rule 14(3)

Registration No: **PR-2034/H/2023**

Name: **Dr. SREENIVASA MURTHY**

Father / Husband Name: **K. HANUMATHARAYUDU**

Date of Birth: **15/05/1978**

Primary Qualification: **B.H.M.S**

College: **GOVERNMENT HOMOEOPATHIC MEDICAL COLLEGE
RAVINDRA NAGAR KADAPA**

University: **DR. NTR UNIVERSITY OF HEALTH SCIENCES
VIJAYAWADA ANDHRA PRADESH**

Internship Completion Month & Year: **06/2005**

Date of Registration: **27/07/2023**

Additional Qualification: **---- Nil----**

College: **---- Nil----**

University: **---- Nil----**

Date of Registration: **---- Nil----**

Permanent Address: **4-9-544/9, ROAD NO. 30, VINAYAKA NAGAR COLONY
HAYATH NAGAR, RANGA REDDY, 501505**

Practice Address: **4-9-544/9, ROAD NO 30, VINAYA NAGAR COLONY,
HAYATH NAGAR, RANGA REDDY, 501505**

Valid Upto: **26/07/2028**

Place: Hyderabad.

Date: **27/07/2023**

Secretary
HARICHANDANA DASARI
Board of India Medicine
Digitally Signed by
Date:27/07/2023 16:24:15 PM

IMPORTANT NOTES

1. Registered Medical Practitioners should be careful to send the immediate notice of any changes in their registered addresses.
2. They should also answer all inquiries that may be sent to them by the Secretary in regard thereto, in order that their correct addresses may be kept alive.
3. All the persons registered under whatever qualification are legally qualified for practice of HOMEOPATHY Medicine with in the state of telangana.
4. This is a digitally generated certificate which does not require a signature.