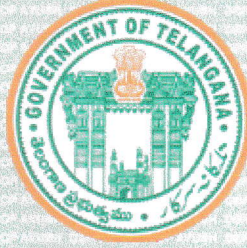


GOVERNMENT OF TELANGANA

BOARD OF INDIAN MEDICINE



MEDICAL REGISTRATION CERTIFICATE

FORM - A

See Rule 14(3)

Registration No: PR-314/H/2020

Name: Dr. MOUNIKA D

Father / Husband Name: D SIVA PRASAD

Date of Birth: 25/05/1996

Primary Qualification: B.H.M.S

College: DEVS HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL KESARA RANGA REDDY DISTRICT

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

Internship Completion Month & Year: 08/2020

Date of Registration: 26/11/2020

Additional Qualification: ---- NIL----

College: ---- NIL----

University: ---- NIL----

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

Permanent Address: H NO 18-45, BALIJA PETA, AIZA, JOGULAMBA - GADWAL, 509127

Practice Address: H NO 18-45, BALIJA PETA, AIZA, JOGULAMBA - GADWAL, 509127

Valid Upto: 25/11/2025

Place: Hyderabad.

Date: 26/11/2020

Secretary
M PRASHANTI IAS
Board of India Medicine
Digitally Signed by
Date:26-11-2020 17:24:31 PM