

Form A  
See Rule 14 (3)



# MEDICAL REGISTRATION CERTIFICATE

OFFICE OF THE  
SECRETARY, BOARD OF INDIAN MEDICINE,  
HYDERABAD, ANDHRA PRADESH



No. 2165

The Board of Indian Medicine

Dated 18-3-2004 200

I hereby certify that the following is the true copy of the entry in the Medical Register of 200, of the name specified below :

Name with father's name and address	Date of Registration	Qualifications and years thereof
(1)	(2)	(3)
DR. HARENDER KUMAR S/O SATYA NARAYANA UPADHYAY H.No. 10-219, Municipal Office Road, Mancheri Mylabad A.P.	<u>25-4-1980</u> 18-3-2004	BHMS (Bachelor of Homoeo Medicine and Surgery) from Nagpur University held in Winter 02 with Regn. No. 19255

Secretary  
Board of Indian Medicine

### "IMPORTANT NOTICE"

Every Registered Medical Practitioner should be careful to send the Secretary, immediate notice of any change in his address and also to answer all enquiries that may be sent to him by the Secretary in regard thereto, in order that his correct address may be duly inserted in the Medical Register.

All persons registered under whatever Diploma or Diplomas are legally qualified for the practice of Medicine.