

**GOVERNMENT OF TELANGANA**  
**BOARD OF INDIAN MEDICINE**



**MEDICAL REGISTRATION CERTIFICATE**

**FORM - A**

See Rule 14(3)

Registration No:

**PR-9/H/2019**

Name:

**Dr. PODISHETTY PRANEETH**

Father / Husband Name:

**PODISHETTY SRIDHAR**

Date of Birth:

**05/03/1994**

Primary Qualification:

**B.H.M.S**

College:

**BHARTESH HOMOEOPATHIC MEDICAL COLLEGE  
BELGAUM**

University:

**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES  
BANGALORE**

Internship Completion Month & Year:

**05/2019**

Date of Registration:

**21/09/2019**

Additional Qualification

**--- Nil---**

College:

**--- Nil---**

University:

**--- Nil---**

Date of Registration:

**--- Nil---**

Permanent Address:

**1-8-76/9/1/1, BHAGATHSINGH NAGAR, KHAMMAM X  
ROAD, OPP BHARATH PETROL PUMP  
STREET, SURYAPET, SURYAPET, 508213**

Practice Address

**1-8-76/9/1/1, BHAGATHSINGH NAGAR, KHAMMAM X  
ROAD, OPP BHARATH PETROL PUMP  
STREET, SURYAPET, SURYAPET, 508213**

Valid Upto:

**20/09/2024**

Place: Hyderabad.

Date: **21/09/2019**

Secretary  
**V S ALAGU VARSINI IAS**  
Board of India Medicine  
Digitally Signed by  
Date: 21-09-2019 18:38:02 PM