



छत्तीसगढ़ आयुर्विज्ञान परिषद्, रायपुर
CHHATTISGARH MEDICAL COUNCIL
CERTIFICATE OF REGISTRATION



(U/s 11 (5) of the C.G. Ay. Parishad Adhiniyam, 1987, C.G. Govt. Adaption order 2001)

- REGISTRAR
 C.G. MEDICAL COUNCIL, RAIPUR
- REGISTRATION NO. C.G.M.C. 532/2006
 - NAME OF THE DR. JAI PRAKASH YADAV
 - DATE OF BIRTH 08-07-1980
 - FATHER'S NAME SHRI KHETROMANI YADAV
 - QUALIFICATION M.B.B.S. (MAR-2005) P.T.R.S. U. RAIPUR
 - MEDICAL COLLEGE P.T. J.N.M. MEDICAL COLLEGE RAIPUR
 - DATE OF COMPLETION OF INTERNSHIP 31-03-2006
 - PERMANENT ADDRESS C/O SHRI K.M. YADAV T-3 C-1, KHAMARDIH-TELECOM
 COLONY SHANKAR NAGAR RAIPUR (C.G.)
 - DATE OF REGISTRATION 13/04/2006
 - REMARKS _____

It is hereby certified that this is a true copy of the entries made in columns from 1 to 9 of the State Medical Register in respect of the name specified above

S. Prasad
 REGISTRAR

CHHATTISGARH MEDICAL COUNCIL,
 RAIPUR REGISTRAR
 C.G. MEDICAL COUNCIL, RAIPUR

IMPORTANT NOTICE

Every registered medical practitioner should be careful to send the registrar immediate notice of any change in his address, and also to answer all inquiries that may be sent to him by the Registrar in regard thereto, in order that his correct address may be duly inserted in the Medical Register.

