Karnataka Medical Council

BENGALURU

Reg. No. : 66218 **Date :** 11 Aug 2003

Certificate of Registration

(UNDER THE KARNATAKA MEDICAL REGISTRATION ACT 34 OF 1961)

Name : Dr. ANGADI DARSHAN SRISHAIL

Father's Name : DR S F ANGADI

Date of Birth : 14 Aug 1979

Address : H NO 491 ,20TH CROSS ,1ST BLOCK R T NAGAR,
BANGALORE, KARNATAKA, BANGALORE URBAN - 560032

Qualification : BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

College : J J M MEDICAL COLLEGE, DAVANGERE

University : R.G.U.H.S(July-2003)

Additional Qualifications :

	Date
F.R.C.S.(EDINBURGH) (SURGEONS)(February-2007),THE ROYAL COLLEGE OF SURGEONS & PHYSICIANS OF EDINBURGH,R.C.S.E(EDIN)	19 Jan 2021
CERTIFICATE OF COMPLETION OF TRAINING TRAUMA & ORTHOPAEDIC SURGERY(-2018),P.G.M.E.T.B. UNITED KINGDOM,P G.M.E.T.B.U.K	19 Jan 2021

Registrar Signature

I do hereby certify that this is a true copy of the entry of the above-specified name in the Medical Register

IMPORTANT NOTICE

1. Report change of address and additional qualifications promptly.
2. All enquiries made by the Registrar should be answered without fail.
3. All Persons Registered under this Act are legally qualified to practice Modern Scientific Medicine, Surgery, Obstetrics and Gynecology.
4. Shall abide by Code of Medical Ethics framed from time to time.
5. Renewal of registration is compulsory every five years from the date of registration.
6. Do not laminate the certificate.

Dr. B.P.S. MURTHY
Registrar
Karnataka Medical Council

Registrar

Sl. No.: 87583

K.M.C. Reg. No. 66218

Karnataka Medical Council

Registration Renewed upto 31/12/2021

Registrar

19/01/2021