



Karnataka Medical Council

BENGALURU



Reg. No. : MAH 2015 0001133 KTK

Date : 06 Jul 2021

Certificate of Registration

(UNDER THE KARNATAKA MEDICAL REGISTRATION ACT 34 OF 1961)

Name : Dr. NITHISH G

Father's Name : G VENKATA NAIDU

Date of Birth : 20 Jul 1991

Address : 6-4-172-3, 3RD CCROSS, MARUTHI NAGAR,
ANDHRA PRADESH, ANANTAPUR - 515001

Qualification : BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

College : DR.D.Y.PATIL MEDICAL COLLEGE, KOLHAPUR

University : DR.D.Y.PATIL (DEEMED.U) (April-2015)

Additional Qualifications :

Date 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