

ARTHUR ASIRVATHAM HOSPITAL
42-A, KURUVIKARAN SALAI, MADURAI. 625 020.



This is to certify that Mr./ Mrs./ Miss. **P. RATESHVARI**

has successfully completed **DIETETIC INTERNSHIP** in this

[Handwritten Signature] hospital on / between **18.4.22 - 2.5.22**.

DR. A.J. ASIRVATHAM
CONSULTANT DIABETOLOGIST

[Handwritten Signature]
DR. EVELYN ASIRVATHAM
Proprietor

Date : **2.5.22**