

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



This is to certify that Mr. / Mrs. / Miss. **K. ROHINI**

Has successfully completed **DIETETIC INTERNSHIP** in this

hospital on / between **18.4.22 - 2.5.22**


DR. A.J. ASIRVATHAM
CONSULTANT DIABETOLOGIST


DR. EVELYN ASIRVATHAM
Proprietor

Date : **2.5.22**