



KMCT

AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge .



Abhinav
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



RESEARCH AND
DEVELOPMENT CENTRE





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5.2.2

STUDENT'S PLACEMENT LIST



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DEVELOPMENT CENTRE





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YEAR	COLUMN N 1 Number of students placed	COLUMN N 2 Number of students self-employed	COLUMN N 3 Total number of students	COLUMN 4 Name of the employer with contact details	COLUMN 5 Programme graduated from
				Enclosed	
2023-2024	46	21	46		BAMS
				DR SALSABEELA, MOMMYS AYURVEDIC CLINC, THUIRUNAVAYA ROAD, ANAPPADI, MALAPPURAM, PH,9778755004	
				DR ARATHI OMANAKUTTAN, THANUSUKHAM AYURVEDA CLINIC, KAZHAKOOTAM, OLD JUNCTION, TRIVANDRUM PH-8137055840	
				DR IRSHANA.P , DR U .BAPPUTTY HAJIS ULLAT VAIDYASHALA , MAMPURAM CHEMMAD PH:8593837002	
				DR SUMMAYYA , GHD, PUTHUKKOD, PALAKKAD, PH:9447743498	
				DR HARITHA.M, AROOR LAXMI NARAYANA MEMORIAL MEDICAL COLLEGE ,CHIKMANGLORE,PH 8217858036	
				DR SURYA K S,SUKHODAYA AYURVEDA HOSPITAL,KANGIRAPALLY,KOTTAYAM PH:8129039862	
				DR ABHIRAM,PUNARNAVA AYURVEDA HOSPITAL , COIMBATORE PH:9400779627	
				DR PANCHAMI RAJEEV,ENKAY AYURVEDIC VILLAGE PVT LTD, MUMBAI PH:9605857531	
				DR VIDYA K S,DR ASHNAS WELLNESS CLINIC, KANNUR PH:8136901780	



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				DR AKHILA REMANAN,ROCKHOLM AT THE LIGHT HOUSE BEACH AYURVEDA RESORT , KOVALAM,TRIVANDRUM PH:8078944393	
				DR MIDHUN O M , AYURNAVA KERALA AYURVEDIC TREATMENT CENTRE, GURGOAN, NEWDELHI PH:8943890870	
				DR ASWANI V,AYURNAVA KERALA AYURVEDIC TREATMENT CENTRE,GURGOAN,NEWDELHI PH:8156885316	
				DR PARVATHI NAYANA P P,BARSANA HOTEL AND RESORT,WEST BENGAL ,PH:7559821078	
				DR RASHA,DR RAVI'S MULTI SPECIALITY CLINIC BENGALURU PH:9947201110	
				DR SREERAM P P,SHADANGA AYURVEDA PVT LTD,GURGOAN,NEWDELHI PH-7736300701	
				DR . DEVAPRIYA.T.V, SADAYUSH CLINIC, PALAKKAPPRAMBU, MALAPPURAM PH 7902325806	
				DR SREEKUTTY P V,SREESIDHARAMESHWAR AYURVEDIC MEDICAL COLLEGE, BIDAR,9605223394	
				DR JIJY. P, ASHLY MULTI SPECIALITY CLINIC, KASARGOD PH:6235534623	
				DR. AYSHA SUHAILA , ONENESS BEEJA YOGA ACADEMY PH:9495054899	
				DR NISHA VARGHESE, SREEDHAREEYAM EYE HOSPITAL, ERNAKULAM , PH -0484 4061205	
				DR RISHIKA SAKETH,NANDHA AYURVEDA MEDICAL COLLEGE AND HOSPITAL, 9400629678	

L. Chidambaram
Principal
K.M.C.T. AYURVEDA
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				DR FEBINA GAFOOR, EDHINI AYURVEDA HOSPITAL, KATTANGAL, CALICUT, PH- 7034475594	
2022- 2023	36	11	36	DR RUKSANA P K, DR SHAKEER'S ORTHO CARE AYURVEDA AND SPORTS INJURY SPECIALITY CENTRE KOZHIKODE PH 9562397100	BAMS
				DR.SREEVIDHYA, MINISTRY OF AYUSH, NEWDELHI PH :	
				DR ASWANI G S, MINISTRY OF AYUSH, NEWDELHI PH 9605932933	
				DR SAJITHA S A JALEEL, HIMALAYA AYURVEDIC RETREAT CENTRE, CHANGANASSERY, KOTTAYAM PH:7025833195	
				DR AJEESH C C, DHANWANTARI AYURVEDA COLLEGE AND RESEARCH CENTRE, SIDDHAPPUR PH :8075602038	
				DR AKSHARA, BHUMI NATURE CARE AND WELLNESS, EDAPPAL, KOOTANAD PH:9895199776	
				DR ASLA HAIDER ALIKHAN, TTM AYURVEDA SKIN AND HAIR CARE CLINIC, POOKOOTTUMPADAM, MALAPPURAM PH:9526484859	
				DR NAYANA M, VIDAL HEALTH, BANGLORE PH 9747373174	
				DR SANIYA SAID, CLINIC, MALAPPURAM PH:9048416792	
				DR ARYA KRISHNAN, KRISHNENDHU AYURVEDA PH:8157837047	
				DR NIMISHA.P, ATHMA AYURCARE, OLAPEEDIKA, THANUR, MALAPPURAM PH 8589033339	
				DR. GOPIKA.T.PANICKER, OWN CLINIC, ERNAKULAM, PH:9562218571	
				DR SHARON P VALS, KMCT AYURVEDA MEDICAL COLLEGE PH:9400675898	

Anshu
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE
MANASSERY PO
MUKKAM
KOZHIKODE



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				DR MATHULAKSHMI N K,AYURVEDA COLLEGE COIMBATORE, SULUR	
				DR AMAL THOMAS, J S AYURVED MAHA VIDHYALAYA, GUJARAT PH:98094497709	
				DR.DONY MANUEL, DR PLUS , DIRECTOR AT TELEGREEN EXPERTS, THODUPUZHA PH:9447214024	
2021- 2022	38	1	38	DR LIDA TREESA LALU,BISHOP BENZIGER PANCHAKARMA AYURVEDA, KOLLAM PH 9544334021	BAMS
				DR SHERHANA V S,MOMMY'S AYURVEDIC WELLNESS AND POST NATAL CARE, TIRUR, MALAPPURAM PH 7558967626	
				DR ASHA L PAPPAN,MEDICAL OFFICER, MEDI ASSIST INSURANCE, TPA, PVT.LTD, BANGLORE PH:9447407296	
				DR SUHAILA LATHEEF,MARIBEL MATERNITY CARE, EDAVANNAPARA PH 9745613456	
				DR SREEKALA V,CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCE, NEW DELHI, 8547900265	
				DR VISMAYA K S,M LIFE MEDI CARE,VALANCHERY, MALAPPURAM PH :8891843124	
				DR AYSHA SUWAINA,NAGARJUNA AYURVEDA PHARMACY, CHANDAPPADI, KOLATHUR, MALAPPURAM PH :8075843847	
				DR ANJUSHA V,VAIDYARATNAM P S WARRIER'S KOTTAKAL ARYA VAIDHYA SHALA, HARIPADPH:6235702057	
				DR ASWATHY UTHAMAN,ANSURTECH, ULLLOOR JUNCTION, TRIVANDRUM PH :7356542437	
				DR REMYA A S,COTIVITI, COIMBATORE PH:8089700477	

Wmhm
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE
 MANASSERY PO
 MUKKAM
 KOZHIKODE
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				DR SANDRA PRAKASH S,COTIVITI, COIMBATORE PH-7034554357	
				DR ANU JOSE,NANDHA AYURVEDA MEDICAL COLLEGE AND HOSPITAL,ERODE, PH:9495189601	
				DR NIDHIN MOHAN,SANTHIGIRI AYURVEDA MEDICAL COLLEGE, PALAKKAD. PH:9447710643	
				DR SATHYAJA N T,KMCT AYURVEDA MEDICAL COLLEGE, MUKKAM,9048463606	
				DR.ARDRA .E, OWN CLINIC, CALICUT	
2020- 2021	23	2	23	DR ANAMIKA ASHOK,JEEVESS AYURVEDA,POZHUTHANA PH:8075457725	BAMS
				DR NIFLA FAISAL, DR BINS AYURVEDA HOSPITAL, MARANCHERY	
				DR ALISHA JOHN , COTIVITI, PUNE	
				DR NAYANA K B,THAIKATTU MOOS CLINIC,	
				DR GANGAMRUTHA,KOTTAKAL ARYA VAIDHYA SHALA OUTLET,VALYAPARAMBU, KOZHIKODE PH :94978765528	
2019- 2020	33	2	33	DR SHAFNA C H,C H S AYURVEDA CLINIC,PADAPPARAMBU, KOTTAKKAL	BAMS
				DR NOORJAHAN K,ADAM AND EVE AYURVEDA, ABHUDABI PH:9605064660	
				DR HANI RAHMAN,WEST HERTFORDSHIRE TEACHING HOSPITAL,UNITED KINGDOM	
				DR BINSHIDA T,DR MASTHAN'S MS AYURVEDA HOSPITAL, KUNNUMMAL EDAVANNA , MALAPPURAM PH:9645994506	
				DR SHIMA SHAJU,GOVT AYURVEDA DISPENSARY, POOPPARA, IDUKKI PH -9496758414	

Handwritten signature
PRINCIPAL
K.M.C.T. AYURVEDA
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				DR SREELAKSHMI M,AYUR GLOW HEALTH CARE AND BEAUTY CLINIC,VADAKKEMANNA MALAPPURAM PH:9497840126	
				DR PRASEEJA T,KMCT AYURVEDA MEDICAL COLLEGE, MUKKAM PH:9746789885	
				DR RASHIDA, OWN CLINIC, MALAPPURAM,PH:9847257076	



Praseeja T
PRINCIPAL
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ACADEMIC YEAR

2023-24

Manassery PO, Mulkam, 673602, Kozhikode, Kerala
☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org



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Wellness & Postnatal care

Mommy's
Ayurveda



Dr.SALSABEELA
BAMS

Salsabeela

PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

Thirunnavaya Road, Anappadi
Alathiyur Tirur-Pin 676108 Malappuram, Kerala

📧 mommysayur@gmail.com @mommysayurvedic

☎ 9778 755 004 ☎ 8078 335 009
☎ 8891 004 666 ☎ 8891 005 777



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Thanusukham Ayurveda Clinic

Kazhakuttom Old Jn., Tvpm
Ph : 09847924333, 08547999623
thanusukhamayurvedaclinic.com

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Arathi Omanakuttan**, (Registration Number: 26582) has been working in our organization as **Ayurveda Doctor** since 14th November 2023.

She is faithful, utmost loyal, hard working, clinically skilled and her service was found to be excellent.

We wish her all the best in her future endeavors too.

For Thanusukham Ayurvedic Clinic



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Dr. U. Bapputty Haji's

Ullat Vaidyasala

Mampuram maqam road - old bridge, Chemmod

DOCTORS PANEL

Dr.U MUHAMMED SHAHID

TCMC - 19490

BAMS PGDO

MANAGING DIRECTOR

Dr.U MUHAMMED ABDURAHIMAN

TCMC-19492

BAMS

MEDICAL DIRECTOR (AYURVEDA)

Dr. MOHAMMED NAYEEM PA

MBBS(AIIMS), FID(Diab), FFM(Family Medicine)

TCMC 74198

MEDICAL DIRECTOR (MODERN MEDICINE)

Dr.IRSHANA.P ✕

BAMS

TCMC-27258

MEDICAL OFFICER

Dr. M. M. M.
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



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NATIONAL AYUSH MISSION ID CARD DETAILS

Office Use Only		ID Card No.....
Name	Dr SUMAYYA	
Designation	Yoga Instructor	
Photo (Recent Passport Size Photo)		
Date Of Birth	06/05/1998	
Place of work & District	GHD Puthucode, Palakkad	
Address & Email id	Shahabas Manzil, Tharavathpady, Pirayiri PO, Palakkad- 678004. sumayyaperimbhadari@gmail.com	
Mob No.	9447743498	
Aadhar Number	308505830480	
Blood group	AB+	
Signature with Office Seal		



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A.M. Laxminarayana Rao Memorial AYURVEDIC MEDICAL COLLEGE

(Affiliated to Kuvempu University of Health Sciences &
Recognized by Govt. of Karnataka &
National Commission for Indian System of Medicine, Ministry of AYUSH, Govt. of India
MANAGED BY ANOORE EDUCATIONAL TRUST (I) KOPPA

Koppa - 577 126, Chikmagalur Dist

OFFICE OF THE PRINCIPAL

Email: alnmam@yahoo.com Website: www.alnmam.com

STD Code : 08265
College : 221205
Hospital : 221884
Mob : 82178 56036

Ref. No.

INSTITUTION ID AYU0047

Date:.....

REF.NO.AETK: 89: :2023-24 | 3.1

20/02/2024

To,
Dr. HARITHA M.
D/O Sri K Haridas,
'Santhoshima House', Vallanghy, Nemmara,
PALAKKAD-678508

APPOINTMENT LETTER

SUBJECT: Appointment as ASST.PROFESSOR/LECTURER
in the Department of AGADA TANTRA & VYAHARA AYURVEDA
REFERENCE:: Your interview dated 19/02/2024

-X-

Madam,

With reference to your application and subsequent interview, we are pleased to appoint you to the post of ASSISTANT PROFESSOR/LECTURER on PROBATIONARY basis for the period of One Year in the Department of AGADA TANTRA AND VYAHARA AYURVEDA in A.L.N. RAO MEMORIAL AYURVEDIC MEDICAL COLLEGE, KOPPA 577 126 with effect from 21/02/2024 with following Terms and Conditions:-

01. The Salary offered to you is BASIC RS. 38533/- + GRADE PAY RS.2000/- + PF MANAGEMENT SHARE RS.1600/- + FREE QUARTERS RS.2000/- TOTAL: RS. 44333/- (RUPEES FORTY FOUR THOUSAND THREE HUNDRED THIRTY THREE ONLY).

02. It will be obligatory on your part to give three months' or Ninety days notice or forfeit three months pay, in lieu of notice. During Notice period, there is no provision to avail leave excepting emergency conditions.

03. You shall not carry any Private consultation or practice without the prior permission of the Management in writing.

04. You will please note that you will work under the overall supervision and control of the Principal and only, in case of necessity you are requested to approach the undersigned.

05. You should not leave the job in the middle of the academic year causing disruption of academic work and during the period of your service in this Institution, your appointment may be terminated at any time for disobedience, dereliction of duty or any other misbehavior or misconduct.

06. You shall be required to teach any of the subjects allotted to you and you may be put in additional charge of other subjects and works as and when necessary.

Contd...2.





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SUKHODAYA AYURVEDA HOSPITAL

P.B. NO. 15-KANJIRAPALLY, KOTTAYAM, KERALA - 686507

PH: 04828-202715, Mob: 9748962715, 9907943558, 9847422211

OFFER LETTER

11-07-24

DR. SURYA K S
Kanjirapally (III)
Pinnaman P.O.
Thrissur
Pin 686666
Ph 8129039862

Dear Surya,

We are pleased to extend this offer of employment to you for the position of RESIDENTIAL MEDICAL OFFICER with SUKHODAYA AYURVEDA HOSPITAL KANJIRAPALLY KOTTAYAM, effective 1-08-24, at a revised salary of INR 20,000 per month.

Your contributions to our team have been greatly valued, and we believe that this adjustment reflects both your dedication to our company and the growing responsibilities of your role.

Please review this offer carefully. If you accept this new salary, please sign and return one copy of this letter to confirm your acceptance of this offer.

We look forward to your continued success with SUKHODAYA AYURVEDA HOSPITAL.

Sincerely,

DR. GLADYS JAMES
General Manager
SUKHODAYA AYURVEDA HOSPITAL
PH: 7907943558

Dr. GLADYS JAMES B.A.M.B
Reg. No. 25608, General Manager
Sukhodaya Ayurveda Hospital



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InnBuilt

Punarnava Ayurveda



Dr. Abhiram

VG468

Gender	Phone
Male	+919400779627

Department	Designation
DOCTOR	MEDICAL OFFICER

Abhiram
PRINCIPAL
K.M.C.T. AYURVEDA
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OFFER LETTER

Date: 21st June 2024

Dear Dr. Panchami Rajeev,

Subsequent to the face-to-face interview you had with us, we are pleased to appoint you to the position of **Consulting Doctor**.

Your Date of Joining will be **24th June 2024**.

Your consolidated salary will be **Rs. 23,000/- (Twenty-Three Thousand only)** per month all inclusive.

You shall be under the probation period for 6 months from the date of joining extendable up to one year at the end of which your performance will be reviewed. During the employment, if you choose to resign or terminate your employment with us you must serve a notice for 30 days. The company reserves the right to terminate you at any point without notice if found in violation of any of the company policies.

Your joining has been made based on information furnished by you. However, if there is a discrepancy in the copies of documents or certificates given by you as proof of the above, we retain the right to review our offer of employment.

Request you to bring along the below-mentioned documents at the time of joining.

- Passport size Photograph (2 copies)
- Copy of PAN card
- Copy of Aadhar Card
- Copy of Education certificates [SSC/HSC/Graduation/post-graduations/Diploma/etc.]
- Copy of Employment/Service Certificate from the previous employer
- Copy of Salary proof of the previous Employer
- Bank Account Details

Please sign the duplicate copy of this letter as a token of acceptance of the same.

We take this opportunity to welcome you to the organization and hope your association with us will be mutually beneficial.

For, Enkay Ayurvedic Village Pvt. Ltd.



W. Anish
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

ENKAY AYURVEDIC VILLAGE PVT. LTD.

Residential Treatment Centre - Morte Village, Parvati Taluka, Opp Parvati - Matheran Road, Rajpet, Dist. Malappuram - 410206
Email: info@ayurvedicvillage.com, Website: www.ayurvedicvillage.com

Corporate Office - PEAR Tech Park, 5th Floor, Sector-30A, Opp. Vashi Railway Station, Vashi, Navi Mumbai - 400703
Tel: +91 75066 50601 Email: info@ayurvedicvillage.com

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Appointment order - HR - R -
Jr. Ayurveda Doctor - Dr. Akhila
Remanan - 07/12/2023. Inbox



Human Resour... 12/7/2023
to me, Joseph, Mana...



Dear Dr. Akhila Remanan,

Greetings from The Nattika Beach Ayurveda Resort.

With regards to your interview conducted, we would like to inform you that we have decided to select you for the position of **Jr. Ayurveda Doctor** at Rockholm at the **LightHouse Beach**, subsidiary of Nattika Beach Resorts Pvt Ltd.

The details of your posting are as follows.

Your monthly remuneration is fixed at Rs ^{പുറംപാക്ക്} ~~1,00,000~~ ^{പാക്കേജ്} ~~1,00,000~~.
The only deductions from the mentioned monthly package will be Provident Fund if you choose to avail it.

The first one year is considered to be the probationary period and **you will be eligible for an increment every 6 months depending upon your performance.**

We will also provide you with Accommodation and Free Meals in the Staff Cafeteria.

It may also be noted that since we have a **Common Tipping System**, you will be eligible for Tips.

It must also be noted that as per our company policy you



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Ayurna
KERALA AYURVEDIC TREATMENT CENTRE

F. THELUPPER SOUTHEND, SOYNA ROAD, GURUADU

www.ayurna.com

info@ayurna.com

+91 724 438500



Date : 22/04/2024

OFFER LETTER

Dear Dr. Midhun O.M,

This refers to the interview you had with us, we are pleased to inform you that you have appointed as **Residential Medical Officer** in Ayurna ayurveda Pvt.Ltd., with immediate effect based on the following terms and conditions;

1. Basic Salary	45,000
Food allowance	5,000
TOTAL	50,000

Above all company will provide single accommodation facility.

2. You will be having two month probation period. If your work is not satisfactory during your probation period the employer have the right to terminate the contract.
3. Your duty time will be 9 hrs per day with one weekly off except Saturdays & Sundays.
4. Your posting will be in any of our Delhi NCR branches.
5. If you desired to leave the company you must need to serve one month notice period.

Duties & Responsibilities:

- Arranging consultations with patients and issuing reminders about the closure to the day of each appointment.
- Conducting screening and diagnostic test to reveal health issues.
- Calming anxious and distressed patients.
- Restoring patient to good health by administering or suggesting interventions such as massage, mindfulness and medicines.
- Informing patients about the functions of each treatments.
- Recording and storing your notes after each consultation.
- Monitoring and evaluating the implications of the treatments.
- Tailoring your approach to treatment based on result obtained if needed.
- Follow the ayurna suggested consultation methodology.

Dr. Midhun
PRINCIPAL
K.M.C.T. AYUR
MEDICAL CO





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Date: 22/04/2024

OFFER LETTER

Dear Dr. Aswani V

This refers to the interview you had with us, we are pleased to inform you that you have appointed as **Residential Medical Officer** in Ayurnava ayurveda Pvt.Ltd., with immediate effect based on the following terms and conditions:

1. Basic Salary	40,000
Food allowance	5,000
TOTAL	45,000

Above all company will provide single accommodation facility.

2. You will be having **two month** probation period. If your work is not satisfactory during your probation period the employer have the right to terminate the contract.
3. Your duty time will be 9 hrs per day with one weekly off except Saturdays & Sundays.
4. Your posting will be in any of our Delhi NCR branches.
5. If you desired to leave the company you must need to serve one month notice period.

Duties & Responsibilities:

- Arranging consultations with patients and issuing reminders about the closure to the day of each appointment.
- Conducting screening and diagnostic test to reveal health issues.
- Calming anxious and distressed patients.
- Restoring patient to good health by administering or suggesting interventions such as massage, mindfulness and medicines.
- Informing patients about the functions of each treatments.
- Recording and storing your notes after each consultation.
- Monitoring and evaluating the implications of the treatments.
- Tailoring your approach to treatment based on result obtained if needed.
- Follow the ayurnava suggested consultation methodology.

Aswani V
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



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DEVELOPMENT CENTER





KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

BARSAANA

Date :- 06.03.2024

Offer of Employment

Dear Dr. Parvathy Nayana P P

With reference to your application and subsequent interview with us, we are pleased to offer you the post of "Ayurveda Doctor" in Spa Department on the terms and conditions mutually discussed and agreed between us. You are requested to join duty on or before 6th Mar 2024.

Please confirm your acceptance of the above offer by signing the duplicate copy and returning to us.

We sincerely hope that you will discharge all the responsibilities placed with you to the best of your abilities.

Your detailed letter of appointment shall be given to you on joining duty. Please bring your original copy of testimonials.

I personally and behalf of company welcome you to the "Barsana Hotel & Resort (A unit of Beekay Auto Pvt. Ltd.)" and look forward to a long association.

Thanking You,


Prasen Kumar Nath
General Manager


26/3/24

Signature & Date



Khaprail Road, Matigara, Siliguri - 734 010, West Bengal (India)
Tel : (0353) 2571662 / 2571663 / 2571664, Fax : (0353) 2571667
email : info@barsanahotels.com www.barsanahotels.com
A Unit of Beekay Auto Pvt. Ltd.



KMCT AYURVEDA MEDICAL COLLEGE

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Dr. Ravi's MULTISPECIALTY CLINIC

OPD & CONSULTANCY | PUNEELLOORPADA | BENGALURU

No. 33/2, 3rd Floor, Sarajapur,
Marathahalli Rd, Doddakannelli,
Bengaluru, Karnataka - 560035

Date: 09/04/2024

DEAR DR. RASHA

I am pleased to extend an offer of employment to you as a DUTY DOCTOR at **DR. RAVI'S MULTISPECIALTY CLINIC**, located in Bengaluru. We have carefully reviewed your qualifications, experience, and skills, and we believe that you will make a valuable addition to our team.

We are excited to have you join our clinic, and your employment will commence on **17th MARCH 2024**. As a **Duty Doctor**, you will play a crucial role in providing holistic healthcare services to our esteemed clientele. We are confident that your expertise and dedication to the principles of Medical will contribute significantly to the well-being of our patients.

Details of the employment offer are as follows:

- Position: DUTY DOCTOR
- Commencement Date: 17th MARCH 2024
- Salary: INR 20,000 per month

Benefits:

- Free accommodation on site
- Additional benefits as per company policy

As an employee of **DR. RAVI'S MULTISPECIALTY CLINIC**, you will be expected to perform the following key responsibilities:

- Conducting thorough assessments of patient's health conditions and developing personalized treatment plans.
- Administering various therapies and treatments to patients as prescribed.
- Maintaining accurate and up-to-date records of patients' progress and treatment plans.
- Adhering to all relevant legal and ethical guidelines.

We offer a supportive and inclusive work environment where you will have opportunities for professional growth and development. We value your dedication and commitment to medical principles and will provide you with the necessary resources to enhance your skills and knowledge.

To accept this offer, please sign and return a copy of this letter, indicating your acceptance of the terms and conditions outlined above, by 09/04/2024. If you have any questions or require further clarification, please do not hesitate to contact me at **+919483489999**.

We eagerly anticipate your favorable response and look forward to welcoming you to our team at **DR. RAVI'S MULTISPECIALTY CLINIC**.

Sincerely,
For and on behalf of
DR. RAVI'S MULTISPECIALTY CLINIC
Dr. Ravi Goudar

Authorized Signatory

Dr Rasha

Colombian
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



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KMCT AYURVEDA MEDICAL COLLEGE

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3rd April 2024
Gurgaon (Delhi NCR)

Dr. SREERAM PP
Parappurath House, Nareenda post, Kozhikode District
Kerala, India-673613

Subject: Appointment for the Position of Operations Manager at Shadanga Ayurveda Pvt Ltd
REF NO: SHADANGA/OPER/03/04/2024

Dear Dr Sreeram,

Congratulations on successfully completing the Probation cum Training Period at **Shadanga Ayurveda Pvt Ltd** at their Gurgaon (Delhi NCR) location with reference to the offer letter dated 27th September 2023 and subsequent joining for training on 6th October 2023.

We are pleased to offer you the position of **Operations Manager** with **Shadanga Ayurveda Pvt Ltd** at their HQ location Gurgaon, Delhi-NCR starting from 1st April 2024.

Scope of Work

You will be responsible for day-to-day operations of Shadanga Ayurvedic Centers & Panchakarma Clinics. Coordination with Staff (including Ayurvedic Doctors & Therapists), Marketing & Sales Department, IT Department, HR Dept and the higher management will be the pivotal role in achieving excellence in your work. Management reserves the right of changing the scope of your work or your posting based on business exigencies.

Your employment will be governed by the following terms and conditions:

1. Monthly Gross Salary

You will be paid a monthly gross salary of **Rs. 40000/- (Rupees Forty-Eight Thousand Only)** per month.

2. Working Hours

Your working hours will be 9:00 am to 6:00 pm as per the current company policy. The company observes a 6-day work week.

3. Date of Appointment

Your date of appointment as per company records is 6th October 2023.

Sreeram
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



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KMCT Ayurveda Medical College



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കാസർഗോഡിന് ഇനി മംഗലാവുരത്ത് വോണ്ടാ !



ബെലിക്കോമ്പ് • ആസ്തി • ഹിസ്റ്റൂള • പൈൽസ്
നടുബന്ധ • മുതലപ്പട്ട് • PCOD • കൊളസ്ട്രോൾ
എഡം • ഹൈറോയിഡ് • സന്ധി വാതം

പാർശ്വവെള്ളിപ്പാത ചികിത്സ



ഈ 1 റൂമിൽ
കാസർഗോഡ്
വെള്ളിപ്പാത
ചികിത്സ

വിശിഷ്ട സമാക്രമരോഗ സൗകര്യം

Handwritten signature

ashly MULTISPECIALITY
CLINIC

Ph: +91 82 288 744 29
Manassery P.O. Mukkam, Kozhikode
New Bungalow **KAZHAKOD**
www.ashlyayurveda.in

PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org





KMCT AYURVEDA MEDICAL COLLEGE

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योग संहिता १९८७



Yoga Certification Board

Certificate

SMT. AYISHA SUHAILA

is hereby certified as

Yoga Teacher & Evaluator



by

The Yoga Certification Board

under

the voluntary certification of yoga professionals,
Ministry of Ayush, Government of India

Certificate No.: **P030063143**
Validity Period: **From 09-Jun-2024 to 07-Jun-2029**
Evaluated by: **Indian Yoga Association**

(The validity of the certificate depends on the certified professional's continued compliance to prescribed competency standards and rules and regulations prescribed by the YCB for Yoga professionals.)

S. P. Madhu
**Authorised Signatory
Indian Yoga Association**

Dr. S.P. Madhu,
CEO, IYA PrCB,
Indian Yoga Association,
1st Floor, Auratide Bhawan C-66/36, Sector 62,
G.B. Nagar, Noida, Uttar Pradesh 201301.



Issuing Date: 08-Jun-2024

Radhika Kamegandhi
**Authorised Signatory
Yoga Certification Board**

Radhika Kamegandhi,
Head of Institution,
Yoga Certification Board,
Ministry of Ayush, Govt. of India,
Vijaya Park Road, Tappan Road, Changanassery,
New Delhi - 110021



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KMCT AYURVEDA MEDICAL COLLEGE

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KERALA STATE MEDICAL COUNCILS (THE COUNCIL OF INDIAN SYSTEMS OF MEDICINE) CERTIFICATE OF PROVISIONAL REGISTRATION



Registration No: 15360
 Name: SAYAM A B
 Qualification: B.A.M.S (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY),
 KERALA UNIVERSITY OF HEALTH SCIENCES, 2002
 Date Of Registration: 16-09-2022
 Address: SACHINDRAN HOUSE, KAMARUPP ROAD, KANJIRABERRY PO,
 KOZHIKODE, KERALA - 673019

This certificate is valid only for undergoing internship in any approved institution as mentioned in Section 28 of the Indian Medicine Central Council Act, 1970. This Certificate should be surrendered while applying for permanent registration.

Thiruvananthapuram
 Date: 17-09-2022
 SL No: 2737183



Digitally signed by K. K. SALADHANAM
 DN: cn=K. K. SALADHANAM, o=K.M.C.T. AYURVEDA MEDICAL COLLEGE, ou=REGISTRAR

- Note: 1. This certificate is valid for one year from the date of registration.
 2. Authenticity of this certificate can be verified by scanning QR code and by comparing given linked verification details.
 3. This certificate is issued on the basis of affidavit submitted by the applicant for incomplete verification for PMO applicants.

Kerala State Medical Councils, Red Cross Road, Thiruvananthapuram 695002, Kerala, India
 Website: www.medicalcouncilkerala.gov.in, Email: registrar.kmct@kerala.gov.in, Phone: 0471-2307227

NANDHA
 AYURVEDA MEDICAL COLLEGE AND HOSPITAL
 PITCHANDAMPALAYAM (Po), ERODE - 638 052, (T.N)
 Ph: 04294 - 222009
STAFF IDENTITY CARD



Dr. RISHIKA SAKETH M.D (Ayur)
 AYSV01069
 ASSISTANT PROFESSOR
 SWASTHAVRITTA
 Chairman

*Flat No F4, BARKK Homes Vakkalmethu,
 Behind Nandha Engineering College
 Balaj Nager, Veppampalayam, Erode,
 Tamil Nadu - 638052* Ph: 9400829678
 D.O.B: 19.11.1994 A O+



SREEDHAREEYAM
 Eye of Ayurveda



Dr. NISHA VARGHESE
 Jr. Medical Officer
 Employee Code : 8703





KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.



DR.FEBINA GAFOOR
BAMS,DAC

7034 475 594

9656 36 0071 | 0495 2287 089
Near Calicut NIT Campus, Chathamangalam
Edhini Ayurveda Hospital, Kattangal



Dr. Febina
PRINCIPAL
KMCT AYURVEDA
MEDICAL COLLEGE

Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org



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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number
26587



Name : Dr.SHAIFA SHAMSUDHIN

Father/Guardian's Name : SHAMSUDEEN M. M

Date of Birth : 16-04-1999

Permanent Address : KIMPALLY'S HOUSE, PUNNAYOORIKULAMPOM, MAVANCHODE, THRISSUR
PIN: 679601

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of : 2023


Name of the Medical College : KMCT AYURVEDA MEDICAL COLLEGE, KOZHIKODE


Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr.SHAIFA SHAMSUDHIN is registered as a Practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2019 on the 14th day of November 2023 at Thiruvananthapuram.

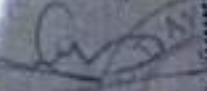
Thiruvananthapuram
Date : 14-11-2023
SL No: 4356977

SIGNATURE OF THE CANDIDATE





SIGNATURE OF REGISTRAR



REGISTRAR
K.M. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 035

Information: 1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone: office -0471-2557227





KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

The Council of Indian Systems of Medicine Kerala State



CERTIFICATE OF REGISTRATION



Registration Number
26600

Name : Dr.AFEEFA K.A
Father/Guardian's Name : ABDUL JABBAR K.M
Date of Birth : 14-02-1998
Permanent Address : KAKKARAPPEEDIKAYIL HOUSE, KOPRANKALAM, CHENGAPANNI P.O, THRISSUR, KERALA, PIN-680687
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2023
Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHINODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.AFEEFA K.A is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 14th day of November 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date: 14-11-2023
SL No: 4350568

SIGNATURE OF THE CANDIDATE



REGISTRAR
K.R. BALASUBRAMANI
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram -695 01

- Information 1. Change of address must be communicated to the Registrar.
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Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695005 Kerala, India
 Website www.medicalcouncil.kerala.gov.in, Email: registrar.kamc@kerala.gov.in, Phone: office -2471-2557027

PRINCIPAL
KMCT AYURVEDA
MEDICAL COLLEGE






KMCT AYURVEDA MEDICAL COLLEGE

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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number	26984
----------------------------	--------------

Name : Dr.RIYA K. M

Father/Guardian's Name : MUHAMMED ALI K. P

Date of Birth : 09-08-1998


Permanent Address : EDANATTI, THACHANNA, MAITHIRA P.O. AREAKODE, MALAPPURAM
KERALA, PIN-673639

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2023

Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE



Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES



I hereby certify that Dr.RIYA K. M is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 16th day of December 2023 at Thiruvananthapuram


Thiruvananthapuram,
Date: 16-12-2023
SL No. 4487100

SIGNATURE OF THE CANDIDATE

REGISTRAR

K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 035




Information 1. Change of address must be communicated to the Registrar.
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4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website www.medicalcouncil.kerala.gov.in, Email registrar.kamc@kerala.gov.in, Phone office -0471-2557227

Dr. Riya K. M

AYURVEDA
MEDICAL COLLEGE





KMCT AYURVEDA MEDICAL COLLEGE

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Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number
26814

Name : Dr.DHANA ASHRAF

Father/Guardian's Name : MOHAMMED ASHRAF M T

Date of Birth : 17-02-1999

Permanent Address : RAHMATHANI MANZIL , POTTIYODATHAL , EDAPPATTA PO , MALAPPURAM , KERALA , PIN-679320

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2023

Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKOODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES



I here by certify that Dr.DHANA ASHRAF is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 05th day of December 2023 at Thiruvananthapuram.

Thiruvananthapuram,
date : 05-12-2023
L No: 4413677


 SIGNATURE OF THE CANDIDATE




 REGISTRAR

K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram -695 036

1. Change of address must be communicated to the Registrar.
 2. Additional Qualifications, if any, should be separately registered.
 3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable
 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

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 website www.medicalcouncil.kerala.gov.in, Email registrar.ksmc@kerala.gov.in, Phone office -0471-2557227

Dr. Dhana
PRINCIPAL
KMCT AYURVEDA
MEDICAL COLLEGE

REGISTRAR
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram -695 036





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CERTIFICATE OF REGISTRATION



Registration Number

27661

Name : Dr. MIZREEN FATHIMA

Father/Guardian's Name : HAMSA M

Date of Birth : 26-05-1998

Permanent Address : KALEELIL PADINJATTETHIL HOUSE, ARUKALICKAL WEST, ADOOR P O, PATHANAMTHITTA, KERALA, PIN-691523

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2024

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr. MIZREEN FATHIMA is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 27th day of June 2024 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 27-06-2024

Sl. No: 5205951

SIGNATURE OF THE CANDIDATE



REGISTRATION NO. 27661

R. SURESH BABU

Registrar

Kerala State Medical Council

Red Cross Road

Thiruvananthapuram- 695 015

- Information: 1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or services.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in Email: registrar@ksmc.kerala.gov.in Phone office: +91-471-2557227



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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION



Registration Number	27648
----------------------------	--------------

Name : Dr. ARJUN RAJ. A. T

Father/Guardian's Name : RAJAN. A. T

Date of Birth : 23-06-1997

Permanent Address : ANNEKATTU THOOLY HOUSE, KURUMBATHUR P.O. MALAPPURAM
KERALA, PIN-575301

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2024

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr. ARJUN RAJ. A. T is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 18th day of June 2024 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 18-06-2024
SL No: 5196722

✓

SIGNATURE OF THE CANDIDATE







REGISTRAR
R. SURESH BABU
Registrar
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram- 695 008

Information 1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695005 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.kmco@kerala.gov.in, Phone: office -0471-2557227



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CERTIFICATE OF REGISTRATION



Registration Number
27341

Name : Dr.ASHITHA A. P
 Father/Guardian's Name : SIVANANDAN A. P
 Date of Birth : 15-10-1997
 Permanent Address : ANASWERAM HOUSE , MEDOL PARAMBA , VALAYANADU , MANKAVU P O , KOZHIKODE , KERALA , PIN-673007
 Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
 Year of award of Degree : 2024
 Name of the Medical College : KMCT AYURVEDA COLLEGE , KOZHIKODE
 Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.ASHITHA A. P is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 05th day of March 2024 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 05-03-2024
SL No: 4782980



SIGNATURE OF THE
CANDIDATE



REGISTRAR
SINDHULAL . V
Registrar (Dr)
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 005

- Information 1. Change of address must be communicated to the Registrar
 2. Additional Qualifications, if any, should be separately registered.
 3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable
 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
 Website www.medicalcouncil.kerala.gov.in, Email registrar.ksmc@kerala.gov.in, Phone office :+91-471-255722

Principal
K.M.C.T. AYURVEDA
MEDICAL COLLEGE





KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number
26561

Name : Dr.ATHIRA D

Father/Guardian's Name : DR/AGARAN T

Date of Birth : 12-06-1999

Permanent Address : AISWARYA HOUSE, CHULLIYODE PO., SULTHAN BATHERY, WAYANAD, KERALA, PIN-673502

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2023

Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES



I here by certify that Dr.ATHIRA D is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 10th day of November 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 10-11-2023
SL No: 4335253

SIGNATURE OF THE
CHIEF STATE





REGISTRAR

K.K. BALASUBRAMANIAM

REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram -696 035

Information 1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 696035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone: office -0471-2557227

K.M.C.T. AYURVEDA MEDICAL COLLEGE





KMCT AYURVEDA MEDICAL COLLEGE

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The Council of Indian Systems of Medicine Kerala State



CERTIFICATE OF REGISTRATION

Registration Number

27458

Name : Dr.FATHIMA RINSHA
Father/Guardian's Name : MUSTHAFA
Date of Birth : 27-04-1997
Permanent Address : KUZHIMANNIL PURAYIL HOUSE, KORANGAD, THAMARASSERY P.O, KOZHIKODE, KERALA. PIN-673573
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2023
Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES



I here by certify that Dr.FATHIMA RINSHA is registered as a practitioner in Indian System of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 23rd day of March, Thiruvananthapuram.

Thiruvananthapuram,
Date: 23-03-2024
SL No: 4825738

SIGNATURE OF THE REGISTRAR



REGISTRAR
SINDHULAL . V
Registrar (Med)
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 006

1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
 9746333333, 9746333333, 9746333333, 9746333333, 9746333333, 9746333333, 9746333333, 9746333333, 9746333333, 9746333333





KMCT AYURVEDA MEDICAL COLLEGE

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The Council of Indian Systems of Medicine Kerala State



CERTIFICATE OF REGISTRATION



Registration Number
26233

Name : Dr. ARUNLITH K
 Father/Guardian's Name : SUBRAMANIAN K
 Date of Birth : 22-03-1997
 Permanent Address : KALANCHADI PARAMBI HOUSE, CHEKANGOR, MUDUR PO, MALAPPURAM, KERALA, PIN-579578
 Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
 Year of award of Degree : 2023
 Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE
 Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr. ARUNLITH K is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 26th day of July 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 26-07-2023
SL No: 3004549

SIGNATURE OF THE CANDIDATE



REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram -895 033

- Information 1. Change of address must be communicated to the Registrar.
 2. Additional Qualifications, if any, should be separately registered.
 3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
 4. This Certificate should be surrendered to the Council in case of cessation of practice or service.

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 Website www.medicalcouncil.kerala.gov.in, Email registrar.ksmc@kerala.gov.in, Phone:office -0471-2557227





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Kerala State**

CERTIFICATE OF REGISTRATION

Registration Number
28573

Name : Dr. ASHNA RAHMAN

Father/Mother's Name : ABDUL RAHMAN

Date of Birth : 25-04-1998

Permanent Address : N. SAAR VILA, ATHIRATTOMMANANGARA P.O., MOONNADI PALARI,
ALAPPUVA, ERRUDA, PIN-690004

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND
SURGERY)

Year of award of Degree : 2023

Name of the Medical College : KMCT AYURVEDA COLLEGE, KUTTIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES



I have to certify that Dr. ASHNA RAHMAN is registered as a professional in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 14th day of November 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date: 14-11-2023
SL No: 4340084

REGISTRAR
K.R. GALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 015



REGISTRAR
K.R. GALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 015

Conditions:

1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not negotiable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Red Cross Road, Thiruvananthapuram 695015 Kerala, India
Website: www.medicalcouncils.kerala.gov.in, Email: registrar_kams@kerala.gov.in, Phone office: 0471-2517227

ashna

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K.M.C.T. AYURVEDA
MEDICAL COLLEGE





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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number
26580



Name : Dr.ASWATHY CATHERINE P T

Father/Guardian's Name : P A THANKACHIAN

Date of Birth : 29-03-1998

Permanent Address : PUTHENPURACKAL HOUSE, MARARKULAM NORTH, CHETHY PO, ALAPPUZHA, KERALA, PIN-686530

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2023

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr.ASWATHY CATHERINE P T is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 14th day of November 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date: 14-11-2023
SL No: 4350098

[Signature]
SIGNATURE OF THE CANDIDATE

[Signature]
REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Rud Cross Road
Thiruvananthapuram - 695 035

Information 1. Change of address must be communicated to the Registrar
2. Additional Qualifications, if any, should be separately registered
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.kmct@kerala.gov.in, Phone office -0471-2557277





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CERTIFICATE OF REGISTRATION



Registration Number
27587

Name : Dr.ANSILA VAHAB
Father/Guardian's Name : ABDUL VAHAB
Date of Birth : 22-05-1996
Permanent Address : ANSILA MANZIL , NARAKULANGARA , MANNANCHERY P.O, ALAPPUZHA, KERALA. PIN-688538
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2024
Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.ANSILA VAHAB is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 15th day of May 2024 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 15-05-2024
SL No: 4970588


SIGNATURE OF THE CANDIDATE




REGISTRAR
SINDHULAL . V
Registrar (I/c)
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 001

- Information
1. Change of address must be communicated to the Registrar.
 2. Additional Qualifications, if any, should be separately registered.
 3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

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Website: www.medicalcouncil.kerala.gov.in. Email: registrar.kmc@kerala.gov.in. Phone office -0471-2557227



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Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number	26856
----------------------------	-------

Name : Dr.THASNEEM

Father/Guardian's Name : HAMEEDKOYA THANGAL P

Date of Birth : 15-04-1998

Permanent Address : HASANUTHURAM, VELLAKANDIPARANBU, NALLALAM PO, KOZHIKODE, KERALA. PIN-673027

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2023

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.THASNEEM is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 16th day of December 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 16-12-2023
SL No: 3978459

SIGNATURE OF THE CANDIDATE




REGISTRAR
K.R. BALASUBRAMANIAM
REGISTRAR
Kerala State Medical Council
Rad Cross Road
Thiruvananthapuram - 695005



Information 1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in Email: registrar.kmct@kerala.gov.in, Phone office: 0471-2557227

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KOZHIKODE



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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION



Registration Number	27406
----------------------------	--------------

Name : Dr.NIDA MAJEED

Father/Guardian's Name : MAJEED A K

Date of Birth : 25-10-1996

Permanent Address : KALLADIPARAMBIL HOUSE, VELLIMADUKUNNU PO, CHEVAYUR, MARRUKUNLU KOZHIKODE, KERALA, PIN-673012

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2023

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr.NIDA MAJEED is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 15th day of March 2024 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 15-03-2024
SL No. 4787346

SIGNATURE OF THE CANDIDATE





REGISTRAR
SINDHULALY
Registrar (Ac)
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 670006



Information: 1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 670006 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.kmct@kerala.gov.in, Phone: office-0471-258722



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CERTIFICATE OF REGISTRATION



Registration Number

27091

Name : Dr.MEHNAS AHAMMED P
 Father/Guardian's Name : KUNHAMMED P
 Date of Birth : 22-11-1997
 Permanent Address : AYOLI HOUSE , ELAMARAM , CHERUVAYOOR PO. MALAPPURAM, KERALA, PIN-673645
 Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
 Year of award of Degree : 2023
 Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
 Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.MEHNAS AHAMMED P is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 16th day of January 2024 at Thiruvananthapuram.

Thiruvananthapuram,
 Date : 16-01-2024
 SL No: 4417611



[Signature]

REGISTRAR

K.R. BALASUBRAMANIAN
 REGISTRAR
 Kerala State Medical Councils
 Red Cross Road
 Thiruvananthapuram -686 035

SIGNATURE OF THE CANDIDATE

1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 686035 Kerala, India
 Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone: office -0471-2557227



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The Council of Indian Systems of Medicine Kerala State



CERTIFICATE OF REGISTRATION



Registration Number
26616

Name : Dr.MEGHA KRISHNAN
 Father/Guardian's Name : K. P KRISHNAN
 Date of Birth : 25-09-1998
 Permanent Address : KUNDEPARAMBIL HOUSE ,CHITTISSERY P.O, PALIYEKKARA,
 MENMANIKKARA , THRISSUR, KERALA, PIN-680301
 Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND
 SURGERY)
 Year of award of Degree : 2023
 Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
 Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.MEGHA KRISHNAN is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 20th day of November 2023 at Thiruvananthapuram.

Thiruvananthapuram,
 Date : 20-11-2023
 SL No: 4362508

SIGNATURE OF THE
 CANDIDATE



(Handwritten Signature)

REGISTRAR
K.R. BALASUBRAMANIAN
 REGISTRAR
 Kerala State Medical Councils
 Red Cross Road
 Thiruvananthapuram - 695 035

- Information 1. Change of address must be communicated to the Registrar.
 2. Additional Qualifications, if any, should be separately registered.
 3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable
 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

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 Website: www.medicalcouncil.kerala.gov.in, Email: registrar.kamc@kerala.gov.in, Phone: office -0471-2557227





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The Council of Indian Systems of Medicine Kerala State



CERTIFICATE OF REGISTRATION

Registration Number

26808



Name : Dr.MURSHIDA IRFANA K
Father/Guardian's Name : KOYAKUTTY, K
Date of Birth : 13-03-1997
Permanent Address : KODAKATTAKATH SRAMBIAL HOUSE, VALLIKUNNU NORTH PO, MALAPPURAM, KERALA, PIN-673314
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2023
Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.MURSHIDA IRFANA K is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 02nd day of December 2023 at Thiruvananthapuram.

Thiruvananthapuram,

Date : 02-12-2023

SL No. 4422325

SIGNATURE OF THE
CANDIDATE



REGISTRAR

K.R. BALASUBRAMANIAN
REGISTRAR

Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram - 695 035

- Information 1. Change of address must be communicated to the Registrar.
 2. Additional Qualifications, if any, should be separately registered.
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Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
 Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone: office -0471-2557227



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Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number

27069



Name : Dr. AKSHARA NAIR

Father/Guardian's Name : K. NATARAJAN

Date of Birth : 14-04-1998

Permanent Address : KODANGIL HOUSE, CHERUTHURUTHY, NEDUMPURA PO, THRISSUR, KERALA, PIN-679531

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2023


Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr. AKSHARA NAIR is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 08th day of January 2024 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 08-01-2024
SL No: 4362974

SIGNATURE OF THE CANDIDATE



REGISTRAR

K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 035

Information: 1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

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Website: www.medicalcouncil.kerala.gov.in, Email: registrar.kamc@kerala.gov.in, Phone office: -0471-2557227

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ACADEMIC YEAR

2022-23

Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 04951209 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org



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Dr. Shakeer's

Ortho Care

Ayurveda & Sports Injury Speciality Centre

Main Road, Avelam, POONOOR
Thachampoyil PO
Kozhikode - 673 573.
Ph: 9446423940, 8301838200

അസ്ഥിരോഗ നിരീക്ഷകൻ

Dr. MUHAMMED SHAKEER A. E. BAMS

Fellowship in Orthopedic rehabilitation
Trained from Apollo Medvarsity,
Hyderabad.
Reg No.: 12424.

Dr. SALEEM CHELATHADAN BAMS

Fellowship in Sports Rehabilitation
Reg No.: 13681

സ്പോർട്സ് നിരീക്ഷകൻ

Dr. RUKSANA P.K. ✨ BAMS
Reg.No.:26217

Dr. LULU MUMTHAZ BAMS
Reg. No.: 24773

കുടുംബശിക്ഷകൻ & മരുന്നടയാലിനെ നിയന്ത്രിക്കുന്നവർ

Dr. LUKMANUL HAKEEM KALATHINGAL BAMS, CSM
Reg.No.: 15187

Dr. MUHAMMED SAFEER P. I. BAMS MD
Reg.No.: 11653

മരുന്നടയാലിനെ നിയന്ത്രിക്കുന്നവർ

Dr. BASIMA A. P. BAMS, MS
Reg. No: 15404

Name:..... MR No:.....

Age M F Date:.....



◆ സമയം : 10 AM TO 1 PM, 4PM TO 8 PM. ◆ ചികിത്സകന്റെ 24 മണിക്കൂർ കൗൺസലിംഗ് ◆ ബോധ് നഷ്ടം ഉണ്ടായാൽ
◆ മരുന്നടയാലിന്റെ മൂലകാരണങ്ങൾ മൂലം വരുന്ന മരുന്നടയാലിന്റെ മൂലകാരണങ്ങൾ : 8301 838 200, 9446 423 940

Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 049541009 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org





KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences

F.No. A-12025/2022-E-1
Government of India
Ministry of Ayush

AYUSH Bhawan, 'B' Block,
GPO Complex INA,
New Delhi-110023,
Dated: the 07th June, 2022

To,

The candidates
(As per list attached at Annexure-1)

Sub: **Offer of appointment for the post of Medical Officer/ Research Officer (Ayurveda) (Grade 'A' Gaoetted). Ministry of Ayush in the Pay Level-10 of the revised pay matrix as per 7th CPC (pre-revised pay scale of Rs. 15600-39100-6700) with Grade pay of Rs. 5400) plus NPA - etc.**

Dear candidates,

I am directed to say that on the recommendations of the Union Public Service Commission, the President is pleased to offer you appointment to the post of Medical Officer (Ayurveda)/ Research Officer (Ayurveda) in the Central Government Health Scheme (CGHS) under the Ministry of Ayush, Government of India on the following terms and conditions:-

- The post is temporary and you will be appointed on an officiating basis only. You will be on probation for a period of one year from the date of appointment, which may be extended at the discretion of the competent authority. The confirmation will be after successful completion of probationary period. Failure to complete the period of probation to the satisfaction of the competent authority will render you liable to be discharged from service at any time without any notice and assigning any reason. After the satisfactory completion of the period of probation, the termination of the appointment will be after giving three months' notice on either side. The appointing authority, however, reserves the right to terminate your services forthwith before the expiration of the stipulated period of notice by making payment to you sum equivalent to the pay and allowances for the period of notice or the unexpired portion thereof.

(Handwritten signature)

Sl. No.	Name of Candidate	Qualification	Grade
1
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10

3-51 48 40

Sl. No.	Name of Candidate	Qualification	Grade
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Sl. No.	Name of Candidate	Qualification	Grade
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3-51 48 40

Sl. No.	Name of Candidate	Qualification	Grade
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Sl. No.	Name of Candidate	Qualification	Grade
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10


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www.kmctayurvedacollege.edu.in






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Himalaya Ayurvedic
RETREAT CENTRE
PERUNNA P.O , CHANGANACHERRY



Dr. Sajitha S A Jaleel
BAMS
Sandeep S Nair
Proprietor

himalayaayurvedicr@gmail.com
Mob : 91 62384 38394



Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 04951209 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org



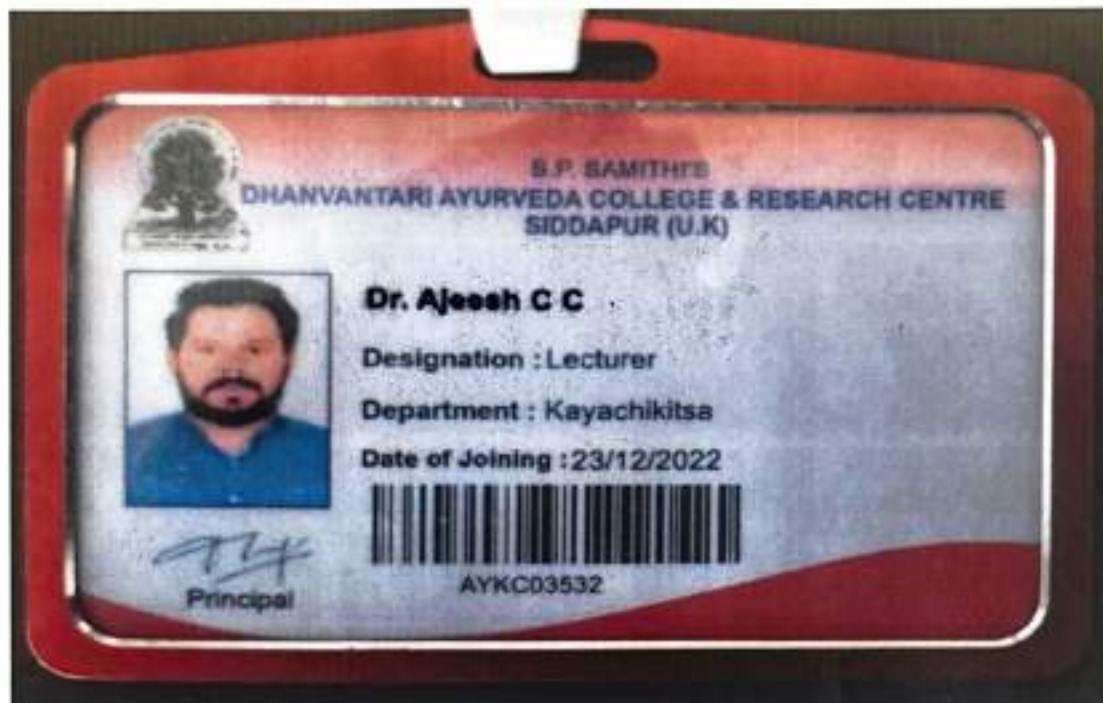
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PRP & GFC TREATMENT

പുക്കോട്ടുംപാടത്തും

Dr Asla Haideralikhan
BSc, BAMS, FMC, FSR
Skin And Hair Specialist



**TTM Ayurveda
Skin & Hair Care Clinic**

N X Plaza, Chulliyode Road POOKOTTUMPADAM

FOR BOOKING : 04931 262 005 , 9645 780 124

Head Office: TTM Oushadhasala
Pullangode, Kalikavu, Malappuram Dt., Kerala



HMD-GMP & GPP
(GOOD PRACTICES)
Certificate Number: OC17QLAZ356



Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 04931 262 005 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org



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ATHMA AYUR CARE
OLAPEEDIKA, TANUR
Mob: 9074781497

Dr. NIMISHA.P
BAMS, CCY
Consultant Physician
Reg No: 25354

Name:	Age:	Sex:	Date:

Presenting Complaints

Diagnosis

Investigations

Prescription

Signature



Uthman
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



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Dr. Gopika T. Panicker, B.A.M.S.
Reg. No. 25369

Ph: 9778797959

Date _____

Name _____

Age _____

Sex _____

Rx



INNOVATION AND
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KMCT
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KMCT
AYURVEDA MEDICAL COLLEGE



Dr. Sharon P Vals
Associate Professor
EMP. No: 5502



Sharon P Vals

Authorised Signatory



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KMCT
AYURVEDA MEDICAL COLLEGE



AYURVEDA COLLEGE
COIMBATORE-641402

DR.MATHULAKSHMI N.K
Assistant Professor
AYSTO2073

AYSTO2073



Principal
PRINCIPAL



Manassery PO, Mukkam, 673602, Kozhikode, Kerala
 ☎ 0495129 4664 ✉ ayurveda@kmct.edu.in
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KMCT
AYURVEDA MEDICAL COLLEGE



J. S. Ayurved Mahavidyalaya

College Road, Nadiad-387 001. (Gujarat) INDIA
Tele : 0268-2520724



Dr. Amal Thomas

LECTURER



B. Babal

Card Holder Sign

Issuing Authority



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सत्यमेव जयते

Annexure B

GSTIN 32AAJCT3092P1ZU
Legal Name TELEGREEN PRIVATE LIMITED
Trade Name, if any TELEGREEN PRIVATE LIMITED

Details of Managing / Whole-time Directors and Key Managerial Persons

1		Name	DONY MANUEL
		Designation Status	DIRECTOR
		Resident of State	Kerala
2		Name	ROSAN CHACKO
		Designation Status	DIRECTOR
		Resident of State	Kerala



L. Chacko
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE





KMCT AYURVEDA MEDICAL COLLEGE

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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number	24155
Name	Dr ANAS POOKKAYIL
Father/Guardian's Name	MOHAMMED K P
Date of Birth	22-04-1990
Permanent Address	POOKKAYIL HOUSE, KUTTOOR NORTH P.O., THIRUVANANTHAPURAM, KERALA, PIN 670001
Qualification	AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree	2022
Name of the Medical College	KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University	KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr ANAS POOKKAYIL, is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners Act, 2021 on the 28th day of May 2022 Thiruvananthapuram.

Thiruvananthapuram,
Date: 28-05-2022
Sl. No. 2357410



**REGISTRAR
&
GRANZY. T.S.
REGISTRAR
KERALA STATE MEDICAL COUNCIL
537 CROSS ROAD
THIRUVANANTHAPURAM 670 005**

Information:

1. Change of address must be communicated to the Registrar
2. Additional Qualifications, if any, should be separately registered
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 670005 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.kamc@kerala.gov.in, Phone: office-0471-2657207





INNOVATION AND
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DEVELOPMENT CENTRE





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Kerala State



CERTIFICATE OF REGISTRATION



Registration Number
25317

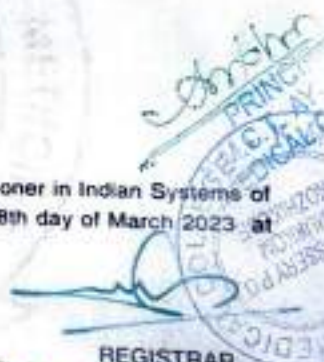
Name : Dr. NIKHILA N K
Father/Guardian's Name : A V JAYARAJAN
Date of Birth : 20-11-1998
Permanent Address : 15/697A, THULASIBHAVAN, PARAKULAM ROAD, MARIKUNNU, KOZHIKODE, KERALA, PIN 673012
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2022
Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr. NIKHILA N K is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 08th day of March 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 08-03-2023
SL No: 3339501



SIGNATURE OF THE
CANDIDATE



REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram -896 038

- Information
1. Change of address must be communicated to the Registrar.
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 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone-office -0471-2557227





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The Council of Indian Systems of Medicine Kerala State



CERTIFICATE OF REGISTRATION

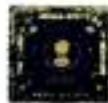


Registration Number
25349

Name : Dr.AKSHAY, K
Father/Guardian's Name : JAYADEVAN, K
Date of Birth : 20-04-1997
Permanent Address : KAVUKALATHIL HOUSE, KODAKKAD PO, MALAPPURAM, KERALA, PIN-676319
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2022
Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.AKSHAY, K is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 08th day of March 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 08-03-2023
SL No: 3338438



SIGNATURE OF THE
CANDIDATE



(Handwritten signature)

REGISTRAR

K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 035

- Information 1. Change of address must be communicated to the Registrar.
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Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number
25485



Name : Dr. ABHIRAMI RADHAKRISHNAN

Father/Guardian's Name : RADHAKRISHNAN K. M

Date of Birth : 25-01-1998

Permanent Address : KRISHNALLELA, MUNDUPARAMBILA, MUNDUPARAMBA PO., MALAPPURAM, KERALA, P.N 676509

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2022

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr. ABHIRAMI RADHAKRISHNAN is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 25th day of March 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date - 25-03-2023
SL No. 3371565




REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 035

SIGNATURE OF THE CANDIDATE

Information

1. Change of address must be communicated to the Registrar.
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable.
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

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CERTIFICATE OF REGISTRATION

Registration Number
25973



Name : Dr.NIDHA KAREEM C P
Father/Guardian's Name : ABdul KAREEM C P
Date of Birth : 01-01-1996
Permanent Address : C P HOUSE SHANTHINAGAR, AREA CODE P O, MALAPPURAM, KERALA,
PIN-673639
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND
SURGERY)
Year of award of Degree : 2022
Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.NIDHA KAREEM C P is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 26th day of May 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 26-05-2023
SL No. 3589051



SIGNATURE OF THE
CANDIDATE

REGISTRAR
K.R. BALASUBRAMANIAM
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 695 001

- Information 1. Change of address must be communicated to the Registrar
2. Additional Qualifications, if any, should be separately registered.
3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable
4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone: office -0471-2557227



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Kerala State



CERTIFICATE OF REGISTRATION



Registration Number
25368

Name : Dr.SREEPARVATHI, K S
 Father/Guardian's Name : SUHANESAN K
 Date of Birth : 08-01-1998
 Permanent Address : MATHRUKRIPA, POGLADIKUNNU, ERANHIKKAL PO, KOZHICODE, KERALA, PIN-673303
 Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
 Year of award of Degree : 2022
 Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHICODE
 Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.SREEPARVATHI, K S is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 15th day of March 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 20-05-2023
SL No: 3347778



REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram - 671 038

SIGNATURE OF THE
COUNCIL

- Information 1. Change of address must be communicated to the Registrar.
 2. Additional Qualifications, if any, should be separately registered.
 3. This Certificate is not transferable and the holder shall abide by the Code of Ethics applicable to the profession.
 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 695035 Kerala, India
 Website: www.keralamedicalcouncil.kerala.gov.in, Email: registrar.ksmo@kerala.gov.in, Phone: office: 0471-2587227





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CERTIFICATE OF REGISTRATION



Registration Number

25439

Name : Dr.SHAMEEMA HABEEB

Father/Guardian's Name : HABEEB P A

Date of Birth : 18-05-1995

Permanent Address : PALIYATHAZHATH HOUSE, NEDUMPURA, KARANCHIRA PO, THRISSUR, KERALA, PIN-680702

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2022

Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.SHAMEEMA HABEEB is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 20th day of March 2023 at Thiruvananthapuram.

Thiruvananthapuram,

Date : 20-03-2023

SL No: 3376956

SIGNATURE OF THE
CANDIDATE



REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram -496 036

- Information
1. Change of address must be communicated to the Registrar
 2. Additional Qualifications, if any, should be separately registered.
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 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

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Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone office -0471-2557227





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CERTIFICATE OF REGISTRATION



Registration Number

28099

Name : Dr.SACHIN A. M
Father/Guardian's Name : DEVADASAN A. M
Date of Birth : 17-11-1997
Permanent Address : ADHKARI MANAMMAL HOUSE , ARYALLUR P.O. , MALAPPURAM, KERALA, PIN-676317
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2022
Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr.SACHIN A. M is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 26th day of June 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 26-06-2023
SL No: 3696972

SIGNATURE OF THE
CANDIDATE



REGISTRAR

K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 696 036

- Information 1. Change of address must be communicated to the Registrar.
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 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

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 Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone: office - 0471-2557027



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CERTIFICATE OF REGISTRATION



Registration Number

28252

Name : Dr. YASMIN .K.C
Father/Guardian's Name : ABDURAHMAN
Date of Birth : 17-06-1997
Permanent Address : KOTTAPARAMBIL HOUSE KOTTUKKARA KONDOTTY, MALAPPURAM, KERALA, PIN-673638
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2023
Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr. YASMIN .K.C is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 31st day of July 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 31-07-2023
SL No: 388821



REGISTRAR

K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Councils
Red Cross Road
Thiruvananthapuram - 695 035

SIGNATURE OF THE CANDIDATE

- Information 1. Change of address must be communicated to the Registrar.
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 Website www.medicalcouncil.kerala.gov.in, Email registrar.ksmc@kerala.gov.in, Phone office -0471-2557227





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CERTIFICATE OF REGISTRATION



Registration Number
26426

Name : Dr. V REZVANA RAZAK
Father/Guardian's Name : V. ABUL RAZAK
Date of Birth : 07-03-1997
Permanent Address : VALLIYAKATH HOUSE, P. O. ORUMANAYOOR, MUTHANMAVU, THRISSUR, KERALA, PIN 680512
Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2023
Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr. V REZVANA RAZAK is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 16th day of August 2023 at Thiruvananthapuram.

Thiruvananthapuram
Date : 16-08-2023
Sl. No : 3973795

SIGNATURE OF THE CANDIDATE



REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram - 686 036

- Information
1. Change of address must be communicated to the Registrar
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 4. This Certificate should be surrendered in the Council in case of cessation of practice or demise

Kerala State Medical Council, Redcross Road, Thiruvananthapuram 686035 Kerala, India
Website www.medicalcouncil.kerala.gov.in, Email registrar.kmct@kerala.gov.in, Phone office :0471-2537227



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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number

25768



Name : Dr.YOONUS P P

Father/Guardian's Name : ISRAHEM P P

Date of Birth : 24-05-1995

Permanent Address : PADASSERY PADIKKAL HOUSE, PURATHUR PO, TIRUR, MALAPPURAM, KERALA, PIN-676102

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2022


Name of the Medical College: KMCT AYURVEDA COLLEGE, KOZHKOODE


Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr.YOONUS P P is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 08th day of May 2023 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 08-05-2023
SL No: 3428048

SIGNATURE OF THE CANDIDATE





REGISTRAR
K.R. BALASUBRAMANIAN
REGISTRAR
Kerala State Medical Council
Red Cross Road
Thiruvananthapuram -689 038

Information 1. Change of address must be communicated to the Registrar.
 2. Additional Qualifications, if any, should be separately registered.
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 4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Councils, Redcross Road, Thiruvananthapuram 689038 Kerala, India
 Website:www.medicalcouncil.kerala.gov.in, Email:registrar.ksmc@kerala.gov.in, Phone:office -0471-2537227



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KMCT AYURVEDA MEDICAL COLLEGE

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**GOVT. AYURVEDA COLLEGE
KANNUR - PARIYARAM**

IDENTITY CARD

Dr. VYSHNAVI M S

Course : **MS - SHALYATANTRA**
 Admn No : **306**
 Date of Admn : **31.03.2023**
 Valid up to : **09.04.2026**
 Duration : **3 Years**

[Signature]
Signature of Principal

Parul University | waghodia, Vadodara, Gujarat

www.paruluniversity.ac.in | 1800 123 1104

T4122PG-RB001



Name : SREELAKSHMI. T.S.
Department : REBK
Faculty : FACULTY OF AYURVED
Institute : PIA-PG
Birth Date : 12/12/1997 **Blood Gr.** A+VE
Contact No. : 9446607794

TEMPORARY

Issuing Authority *[Signature]* Student. Sign.



PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

Manassery PO, Mukkam, 673602, Kozhikode, Kerala
 ☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in
 🌐 www.kmctayurvedacollege.org



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KMCT

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ACADEMIC YEAR 2021-22



Aradhya

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K.M.C.T. AYURVEDA
MEDICAL COLLEGE



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BISHOP BENZIGER
AYURVEDA

Dr. Lida Treesa Lalu
Junior Doctor

Sreyas, Pannakkalthuruthu, Neendakara, Kollam,
Ph. 8848533001, 8136854041 9605296145

E-mail.: bishopbenzigerhealthcare@gmail.com
www.bishopbenzigerayurveda.com

Director

Manassery
AYURVEDA

Dr. SHERHANA .V S
BAMS, DAC
(Reg No : 26089)

Thiruvananthapuram Road, Anappuram,
Manassery, Thiruvananthapuram, Pin 575104, Kerala

☎ 9778 755 004 ☎ 8078 335 009
☎ 8991 004 666 ☎ 8991 006 777

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🌐 www.kmctayurvedacollege.org



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**ചന്തപ്പടി കൊളത്തൂർ നാഗാർജ്ജുനയിൽ
തികൾ മുതൽ വെള്ളി വരെയുള്ള ദിവസങ്ങളിൽ
ഡോക്ടറുടെ സേവനം ലഭ്യമാണ്...**

ഡോ. ആയിഷ സുവൈന. A M
BAMS, MBA (HAM)
Reg : No : 24835
വൈകുന്നേരം 4 മണി മുതൽ 6 മണി വരെ

പ്രത്യേക ചികിത്സകൾ

വാതരോഗങ്ങൾ	സന്ധിവേദന, മുട്ട് വേദന, നടുവേദന, കഴുത്ത് വേദന, തുറികിട് ആസിഡ്
ശ്വാസകോശ രോഗങ്ങൾ	വിട്ടുമാറാത്ത ജലദാഷം, കഫക്കെട്ട്, ചുമ, ശ്വാസംമുട്ടൽ
ജീവിതശൈലി രോഗങ്ങൾ	പ്രമേഹം, കൊളസ്ട്രോൾ, തൈറോയ്ഡ്, പൊണ്ണത്തടി, മൈഗ്രേൻ
ചർമ്മ രോഗങ്ങൾ	സോറിയാസിസ്, വരണ്ട ചർമ്മം, താമൻ, ചുണഞ്ഞ്, മുഖക്കുമ്പു, ഏക്സിമ
ഭാഗനസിക രോഗങ്ങൾ	മനസ്സിനെ ബാധിക്കുന്ന പ്രശ്നങ്ങൾ, അപസ്മാരം, ഓർമ്മക്കുറവ്
ഹൃദയവ്യവസ്ഥയിലെ രോഗങ്ങൾ	വി.ജി.ഐ.യ്ക്ക്, ഗ്യാസ്ട്രൈറ്റിസ്, അൾസർ, പൈൽസ്, മലബന്ധം
ബാല്യ രോഗങ്ങൾ	വിട്ടുമാറാത്ത കഫക്കെട്ട്, ശ്വാസംമുട്ടൽ, അടിയും മലിപ്പിച്ചിടും
ജീവി രോഗങ്ങൾ	ആർത്തവ സംബന്ധമായ ബുദ്ധിമുട്ടുകൾ, വെള്ളപ്പൊക്ക് സ്ത്രീപുരുഷ വന്ധ്യതാ പ്രശ്നങ്ങൾ

Anitha
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MEDICAL COLLEGE

നാഗാർജ്ജുന

ആയുർവ്വേദ ഫാർമസി

ചന്തപ്പടി ALP SCHOOL - ന് സമീപം ചന്തപ്പടി, കൊളത്തൂർ

ബുക്കിംഗിന് : +91 9633 9844 97, +91 8848 7502 26

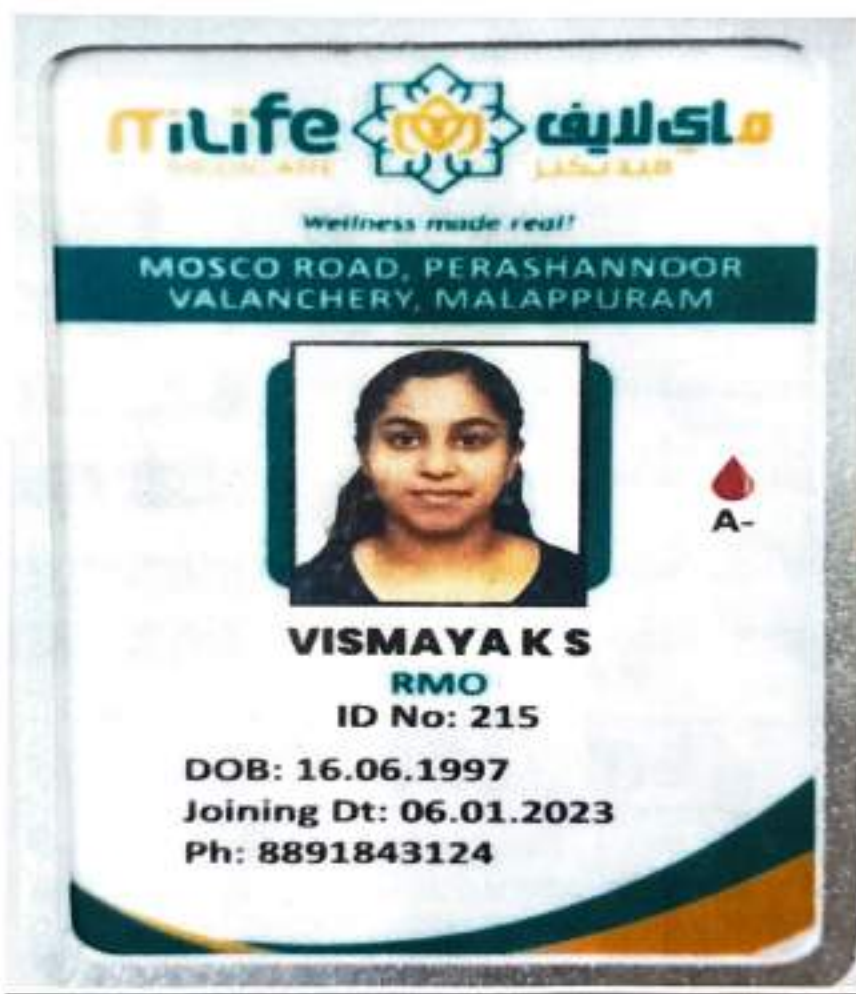
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Dr. AAYISHASUWAINA A M
BAMS, MBA(HAM)
Reg No: 24835

Mob: 8075843847
Consultation Time
Clinic : 04.00PM - 06.00PM
Home : 07.00AM - 09.00AM
 06.00PM - 08.00PM
SUNDAY HOLIDAY

Name _____ Age _____ Date _____

R_x

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K.M.C.T. AYURVEDA
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ഈ രോഗങ്ങൾക്ക്



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ആയുർവേദം

മുഖ്യ ഡോക്ടർ
ഫോൺ : 9633864097



ആരോഗ്യ ശക്തിയ്ക്ക് നാസാർജ്ജുന





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COTIVITI



Sandra Prakash S
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K.M.C.T. AYURVEDA
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Sandra Prakash S

Emp Code : 163239

Blood Group : B+ve



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PITCHANDAMPALAYAM (Po), ERODE - 638 052. (T.N)

Ph: 04294 - 222009



Dr. ANU JOS

M.D (Ayu)

Assistant Professor

Kriya Shareera

Signature

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K.M.C.T. AYURVEDA
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Signature
Chairman





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Gurucharanam Saranam

Santhigiri

ESTD. 1958

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Dr. NIDHIN MOHAN
ASSISTANT PROFESSOR
NCISM ID : AYST02091
KUHS ID : A 25792


Santhigiri Ayurveda Medical College
Olassery P.O., Kodumba (Via), Palakkad - 678 551
Ph: 0491 2574574, 2574343, Fax: 0491 2574574
e-mail: samc@santhigiriashram.org
website: www.samc.edu.in

Arbora

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Principal




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Sathyaja
Authorised Signatory



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Dr. ARDHRA E
BAMS (Ayurvedacharya)
Reg No: 25409

Ardhra (Dr)
Kattamparamba PO
Kozhikode 04
PK: 9339220077

Name Age Date

Ardhra
PRINCIPAL
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**The Council of Indian Systems of Medicine
Kerala State**



CERTIFICATE OF REGISTRATION

Registration Number

24800



Name : Dr. KAVYA JOSHY

Father/Guardian's Name : JOSHY M.J

Date of Birth : 15-10-1994

Permanent Address : SREE NILAYAM, ALATTUCHIRA, KODANAD, ERNAKULAM, KERALA, PIN- 682544

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2022

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIVODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr. KAVYA JOSHY is registered as a practitioner in Indian Systems of Medicine under the Kerala State Medical Practitioners' Act, 2021 on the 04th day of August 2022 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 04-08-2022
Sl. No. 2588570





REGISTRAR
K.R. BALASUBRAMANIAN
 REGISTRAR
 Kerala State Medical Council
 Red Cross Road
 Thiruvananthapuram - 695 036

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Information :

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4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Kerala State Medical Council, Redcross Road, Thiruvananthapuram 695035 Kerala, India
Website: www.medicalcouncil.kerala.gov.in, Email: registrar.ksmc@kerala.gov.in, Phone: office - 0477-2657237

Dr. Kavya Joshy
Principal
KMCT Ayurveda
Medical College



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COTIVITI




Alisha John

Emp. Code : 162146

Blood Group : B+ve

Alisha John

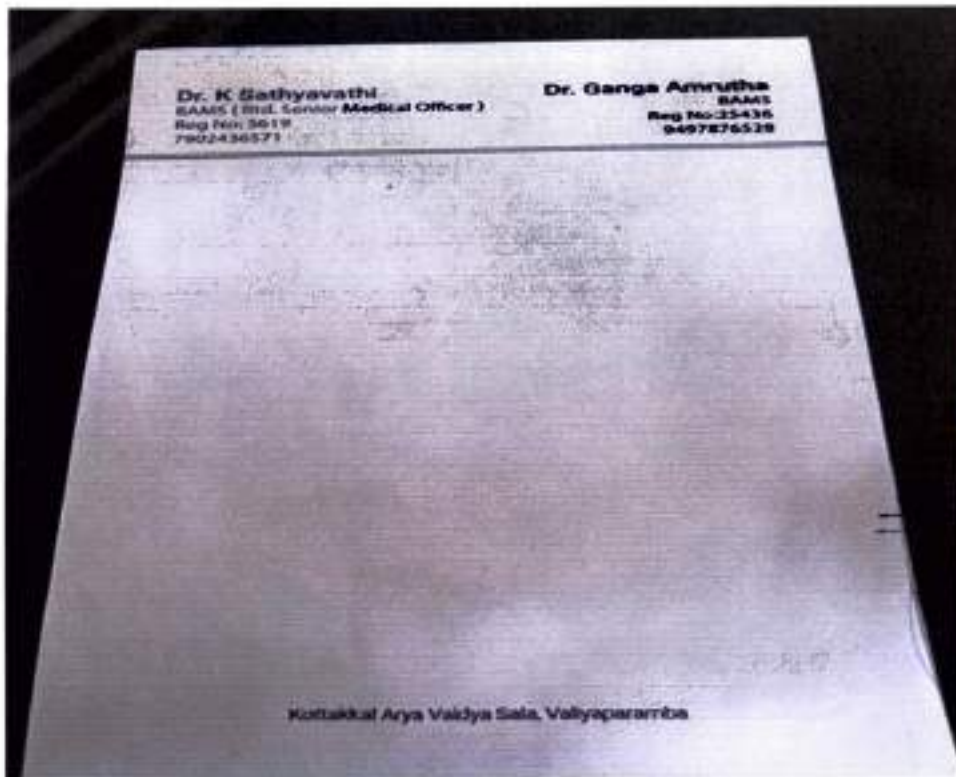
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**THE TRAVANCORE-COCHIN COUNCIL
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INDIAN SYSTEMS OF MEDICINE.**



CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER
22711



Name : Dr. JYOTHI K.

Father/Guardian's Name : CHANDRAN K.

Date of Birth : 24-12-1995.

Permanent Address : KOLLERY HOUSE, VATTANATHRA P.O. ALAGAPPA NAGAR, THRISSUR, KERALA, PIN-680002.

Qualification : B.A.M.S. AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2020


Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I here by certify that Dr. JYOTHI K is registered as a practitioner in Indian Systems of Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 30th day of October 2020 at Thiruvananthapuram.

Thiruvananthapuram,
Date : 30-10-2020
SL No. 643635


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REGISTRAR
TRAVANCORE & COCHIN MEDICAL COUNCILS
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TRIVANDRUM TRIPUNICAVILAS

SIGNATURE OF THE CANDIDATE

Information: 1. Change of address must be communicated to the Registrar.
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4. This Certificate should be surrendered to the Council in case of cessation of practice or demise.

Travancore - Cochin Medical Councils, Redcross Road, Thiruvananthapuram 695033 Kerala, India
Website: www.medicalcouncils.kerala.gov.in, Email: registrar.tcmc@kerala.gov.in, Phone office: 0471-2557227

Aravind

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CERTIFICATE OF REGISTRATION


REGISTRATION NUMBER	
22536	


Name : Dr.HARITHA M
Father/Guardian's Name : HARIDAS K
Date of Birth : 30-10-1996
Permanent Address : HARIDREE PARAPURATHPARAMBA,POOVATTUPARAMBA P.O, KODINKODE, KERALA, PIN-673608

Qualification : AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
Year of award of Degree : 2020
Name of the Medical College: KMCT AYURVEDA COLLEGE, KODINKODE
Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr.HARITHA M is registered as a practitioner in Indian Systems of Medicine under the Travancore-Cochin Medical Practitioners Act, 1953 on the 15th day of October 2020 at Thiruvananthapuram.

Thiruvananthapuram,
 Date : 15-10-2020
 SL No: 602780


 REGISTRAR
 THE TRAVANCORE-COCHIN COUNCIL OF INDIAN SYSTEMS OF MEDICINE


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SIGNATURE OF THE CANDIDATE


Information:

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2. Additional Qualifications, if any, should be separately registered.
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4. The Certificate should be surrendered to the Council in case of cessation of practice or demise.

Travancore - Cochin Medical Council, Redross Road, Thiruvananthapuram 695015 Kerala, India
 Website: www.medicalcouncil.kerala.gov.in, Email: registrar@cmc@kerala.gov.in, Phone: office - 4671-2517227

Handwritten Signature

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ഡോ. സുൽക്കൺ എ.റൈ

BAMS
Cosmetology (Ayu)
Reg. No 22528

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(തിരുവർ ദുരന്ത ബസി റൂട്ട്)

09:30 AM - 01.00 PM, 02:00 PM - 05.00 PM
(താമര അമ്പലം)

ഡോ. ഷഹീന സി.എച്ച്

BAMS, Cosmetology (AYU)
Ad Diet & Diabetics
Reg. No: 23090

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وزارة الموارد البشرية
والتوظيف

الإسم : نورجهان كودالي محمد كوتى كودالي

Name : NOORJAHAN KODALI MUHAMMED KUTTY KODALI

رقم بطاقة العمل : 112271490
تاريخ الإنتهاء : 29/01/2026
Work Permit NO : 112271490
Expiry Date : 29/01/2026


الرقم الشخصى : 10018039308117
Personal NO : 10018039308117

المهنة : طبيب عام
Profession : طبيب عام

الجنسية : الهند
Nationality : الهند

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Ayurveda Practitioner

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Clinical Coder
Clinical Coding Department

Dr. T. BEERMASTHAN
BAMS, (Reg. No : 5936/A)
9447 718 566

Dr. BINSHIDA. T.
BAMS, (Reg No : 24163)
9645 994 506

Dr. masthan's
MS AYURVEDA
HOSPITAL

Kunnummal, Edavanna,
Malapuram Dt.
Ph: 9447 718 566, 9645 994 506

കുമാരൻ
Dushadhi

Principal
Dr. T. Beermasthan
KMCT Ayurveda Medical College





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Card No.1146



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PEN.976691
Dr.SHIMA SHAJU E S
Medical Officer
Govt.Ayurveda Dispensary, Pooppara



Dr. SHIMA SHAJU E S
Medical Officer
Govt.Ayurveda Dispensary, Pooppara
Valid up to 27-03-2029





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Ayurglow

healthcare and beauty clinic
Main Road, Vadakkomanna, Malappuram

Dr. Sreelakshmi. M

(BAMS, msc psychology, vic, dhcm)

Date.....

Name.....

Age.....

Sex.....

R_x



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പതിമൂന്നു മണി

നൂറ്റാറു മണിക്കൂറും - am to - pm





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Dr. Rashida
B.A.M.S
M.Sc. Psychology
Reg. No: 20858

Mob: 9847257076

Name..... Age.....

Place..... Date.....

R

Ambika
PRINCIPAL
K.M.C.T. AYURVEDA
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CERTIFICATE OF REGISTRATION



REGISTRATION NUMBER	21787
----------------------------	--------------

Name : Dr. ANJALI A.C.

Father/Guardian's Name : CHANDRAN K.M

Date of Birth : 09-07-1995

Permanent Address : SREETHILAKAM, OLAVILAM P.O., KANNUR,
Pin-673313, KERALA


Qualification : AYURVEDACHARYA (BACHELOR OF
AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2019

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr. ANJALI A.C. is registered as a practitioner in Ayurveda System of Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 26th day of October 2019 at Thiruvananthapuram.


REGISTRAR
 MURRAY SHEED HUSSAIN A
 REGISTRAR
 TRAVANCORE-COCHIN MEDICAL COUNCIL
 BEHOLDERS ROAD
 THIRUVANANTHAPURAM-695 008

Thiruvananthapuram,
Date: 26-10-2019.
Sl. No: 10220

Information

1. Change of address must be communicated to the Registrar
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CERTIFICATE OF REGISTRATION



REGISTRATION NUMBER

21567

Name : Dr. ARYA K P

Father/Guardian's Name : BAI AKRISHNAN K P

Date of Birth : 21-02-1990

Permanent Address : ANAND NIVAS HOUSE, U GRAPY KAMPIL,
ARIEKODE, NALAPPUARAM Po-673619, KERALA

Qualification : AYURVEDA BARYA (BSC DEGREE OF
AYURVEDIC MEDICINE AND SURGERY)

Year of award of Degree : 2019

Name of the Medical College : KMCT AYURVEDA COLLEGE, KOZHIKODE

Name of the University : KERALA UNIVERSITY OF HEALTH SCIENCES

I hereby certify that Dr. ARYA K P is registered as a practitioner in Ayurvedic System of Medicine under the Travancore-Cochin Medical Practitioners' Act, 1913 on the 4th day of October 2019 at Thiruvananthapuram.

Thiruvananthapuram.

Date: 04-10-2019

Sl. No.9951

Information

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REGISTRAR
MUSHAMMED ILLASAIN A
K P
TRAVANCORE-COCHIN MEDICAL COUNCIL
BEECHIN ROAD
THIRUVANANTHAPURAM-695 001

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**KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR, KERALA 680596**

Faculty Of Ayurveda, Siddha & Unani

The Governing Council,

Kerala University Of Health Sciences,

Hereby, Makes It Known That

NASEEHA THARUVARA

Has Been Admitted To The Degree Of

**AYURVEDA DHANVANTARI - SHALYA (M.S.
(AYURVEDA) - SURGERY)**

*She / He Having Been Certified By Duly Appointed
Examiners To Have Qualified To Receive The Same, At*

The Examination Held In November, 2022

WITH SECOND CLASS

GIVEN UNDER THE SEAL OF THE UNIVERSITY



REG.NO: 198190009

409176 DATE: 31-01-2023



Silanya
VICE CHANCELLOR



Silanya
**PRINCIPAL
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MEDICAL COLLEGE**

