



Karnataka Medical Council

BENGALURU



Reg. No. : 72444

Date : 18 Nov 2005

Certificate of Registration

(UNDER THE KARNATAKA MEDICAL REGISTRATION ACT 34 OF 1961)

Name : DR. SHARATH S S

Father's Name : SHEKARA NAIK

Date of Birth 13 May 1982

Address : NO. 204, , AVG PALM TERRACES, UTTARAHALLI KENGERI MAIN ROAD,
(OPPOSITE ADITHYA BAKERY), GANAKALLU, RAJARAJESHWARI NAGAR,
BENGALURU- 560060 KARNATAKA

Qualification : BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

College : SRI SIDDHARTHA MEDICAL COLLEGE TUMKUR

University : R.G.U.H.S(NOVEMBER-2005)

Additional Qualifications :

MD PHARMACOLOGY(MAY-2014),P.E.S. I M S R,
KUPPAM,DR.NTR.UNIVERSITY

Date
18 AUG 2014

Signature



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

IMPORTANT NOTICE

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

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