

PROFILE



NAME : **JABER. A**

AGE : **27 YRS**

SEX : **MALE**

FATHER'S NAME : **MAMMU HAJI**

MOTHER'S NAME : **KHADEEJA**

DATE OF BIRTH : **10.09.1990**

SCHOOL : **M.I.M.H.S.S PERODE**

DEGREE : **MBBS**

COLLEGE : **S.N MEDICAL COLLEGE, BAGALKOT**
KARNATAKA

UNIVERSITY
OF HEALTH SIENCE : **RAJIV GANDHI UNIVERSITY OF HEALTH**
KARNATAKA

YEAR OF PASSING : **MARCH, 2018**

REGISTRATION NO : **65990 T.C. COUNCIL MODERN MEDICINE**

ADDRESS : **ATHOLI -HOUSE**
EDACHERI NORTH -PO
VATAKARA- VIA
KOZHIKODE-DT
PIN-673502
KERALA

E MAIL : **jabijaber801@gmail.com**

PHONE NO : **8951979689**
0496 2548585