

RESUME



Name : ATHIRA KRISHNA
Father's Name : KUNHIKRISHNAN P
Address : Athira House
Pathiyarakkara Post
Vadakara Via, Calicut Dist
Pin - 673105
Contact No. : +91 9947063316
E-mail : ponnathikrish@gmail.com
Date of birth : 13/10/1990
Religion/Cast : Hindu, Nair
Nationality : Indian
Marital status : Married
Education qualification : MBBS from Govt. Medical College,
Coimbatore
Medical Reg. No : 58323/2016 (Travancore-Cochin Medical
Council)
Year of Pass : Feb 2015 (62.5% Aggregate)
CRR I Completed : 27-03-2016
Professional Experience : Working as a Physician at Co-Operative
Hospital (02-01-2017 to 05-01-2018)
Post Applying for : General Practitioner

Declaration

I hereby declare that all the above statements are correct and true to the best of my knowledge and belief.

Date: 22-02-2019

Place: Vatakara

ATHIRA KRISHNA

THE BADAGARA SAHAKARANA ASUPATHRI LTD. No. D. 2411



Vadakara, Kozhikode, Kerala-673 101

Phone: 0496- 2520600 (30 Lines)

Fax: 0496-2524811 :: Email : sahakaranavtk@yahoo.com

EXPERIENCE CERTIFICATE

This is to certify that Dr. ATHIRA KRISHNA, MBBS has worked as General Practitioner in our hospital from 02/01/2017 to 05/01/2018.

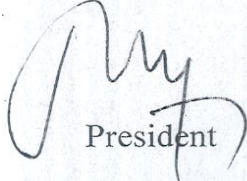
Vatakara Co-operative Hospital is a 350 bedded Multispeciality Hospital with department like Radiology, General Medicine, General Surgery, Emergency Medicine, Paediatrics, Ophthalmology, ENT, Gynaecology, Urology, Neurology, Gastroenterology, Orthopaedics, Plastic Surgery, Physiotherapy, Neonatology, Paediatric Surgery, Dental Anaesthesiology, PICU, NICU, MICU, CCU and 5 OTs (3 OTs active 24 hour). Radiology Department is a well equipped department handling all kinds of cases.

She is very good and sincere in her regular duties and special assignments. She has vast experience in managing all kinds of modalities and cases.

She is very hardworking, sincere and always active to her duties and responsibilities. Her behavior and attitude towards patients and her colleagues has been professional and cordial.

She will be an asset for any institution.




President

**MUYARATH PADMANABHAN
PRESIDENT**

THE BADAGARA SAHAKARANA ASUPATHRI LTD.
VADAKARA, KOZHIKODE, KERALA-673 101

Vatakara,
29/01/2018



The Tamil Nadu Dr. M.G.R. Medical University

GUINDY, CHENNAI - 32

FACULTY OF UG MEDICINE AND SURGERY

The Governing Council of

The Tamil Nadu Dr. M.G.R. Medical University
hereby makes known that



ATHIRA KRISHNA

has been admitted to the
DEGREE OF

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S.)

he / she having been qualified to receive the same at the Examination held in

Feb. 2015 with Reg. No. 52092823

He / She has completed the Internship in Mar. 2016



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DC No. 13828 / 16

DATE OF CONVOCATION 03-Dec-2016

REGISTRAR

D.S. GEETHALAKSHMI, M.D., Ph.D.,
VICE-CHANCELLOR

THE TRAVANCORE-COCHIN COUNCIL OF MODERN MEDICINE CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER

58323



Name : Dr. ATHIRA KRISHNA
Name of Father/Guardian : KUNHI KRISHNAN P.
Date of Birth : 13-10-1990
Permanent Address : ATHIRA HOUSE, PATHIYARAKKARA P.O.,
PUDUPPANAM (VIA), VADAKARA, KOZHIKODE,
Pin-673105, KERALA.
Qualification : M.B.B.S.
(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)
Year of award of Degree : 2016
Name of the Medical College : COIMBATORE MEDICAL COLLEGE, COIMBATORE.
Name of the University : THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

I hereby certify that Dr. ATHIRA KRISHNA has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 9th day of August 2016 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 09-08-2016.

SL.No:43732

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.



REGISTRAR

BHADRAN. S.
(Addl. Law Secretary)

REGISTRAR

Travancore-Cochin Medical Councils
Red Cross Road
Thiruvananthapuram-695035