

**THE TRAVANCORE-COCHIN COUNCIL  
OF  
MODERN MEDICINE  
CERTIFICATE OF REGISTRATION**

REGISTRATION NUMBER

**47891**



**Name** : **Dr. ABDUL MALIK K.**

**Father's Name** : **ABDULLA K.**

**Date of Birth** : **24-03-1985**

**Permanent Address** : **KUNNATH (H), KURUKA P.O., KALPAKANCHERY VIA,  
MALAPPURAM, KERALA.**

**Qualification** : **M.B.B.S.**  
(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)

**Year of award of Degree** : **2013**

**Name of the Medical College** : **KARUNA MEDICAL COLLEGE, PALAKKAD.**

**Name of the University** : **CALICUT UNIVERSITY**

I hereby certify that Dr. ABDUL MALIK K. has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 4th day of April 2013 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 04-04-2013.

SL.No:29110

Information

1. Change of address must be communicated to the Registrar.
2. Additional qualifications, if any, should be separately registered.



REGISTRAR

**KALA. N. L.**

Registrar

Travancore Cochin Medical Council

Red Cross Road

Thiruvananthapuram-695 035