



Karnataka Medical Council

BENGALURU



Reg. No. : 112237

Date : 10 Dec 2015

Certificate of Registration

(UNDER THE KARNATAKA MEDICAL REGISTRATION ACT 34 OF 1961)

Name : DR. SUNIL M NAIK

Father's Name : MAHESHWARAPPA K

Date of Birth : 06 Jan 1992

Address : SEETHAPURA, YAGATI HOBLI, KADUR
CHIKMAGALUR. 577140

Qualification : BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

College : KIMS HUBLI

University : R.G.U.H.S.(SEPTEMBER-2015)

Additional Qualifications :

M.S (GENERAL SURGERY)(June-2020), ASSAM MEDICAL
COLLEGE&H,DIBRUGARH, ASSAM.,SRIMANTA SANKARADEVA.U

Date
21 Jan 2021

Signature

Re Registered On

21/01/21

REGISTRAR

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.

Signature
D.B.P.S. MURTHY
Registrar
Karnataka Medical Council
Registrar

