

**ARTHUR ASIRVATHAM HOSPITAL**  
42-A, KURUVIKARAN SALAI, MADURAI. 625 020.



This is to certify that ~~Mr.~~ / ~~Mrs.~~ / Miss. .... **S. DIVYA DHARSHINI** .....

has successfully completed ... **DIETETIC INTERNSHIP** ..... in this

hospital ~~at~~ / between **01.12.2022** to **15.12.2023**

**DR. A.J. ASIRVATHAM**  
CONSULTANT DIABETOLOGIST

Date : 15.12.2023

**DR. EVELYN ASIRVATHAM**  
Proprietor