

ARTHUR ASIRVATHAM HOSPITAL

42-A, KURUVIKARAN SALAI, MADURAI. 625 020.



This is to certify that Mr/ Mrs/ Miss.**R. ELAVARASI**.....

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

hospital on / between **01.12.2023** to **15.12.2023**

Dr. A.J. ASIRVATHAM
CONSULTANT DIABETOLOGIST

Date : **15.12.2023**

Dr. EVELYN ASIRVATHAM
Proprietor