

# ARTHUR ASIRVATHAM HOSPITAL

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



This is to certify that Mr/. Mrs./ Miss. ...**G. NIVARTHANA**.....

has successfully completed ..**D.I.E.T.E.T.I.C. 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