

# ARTHUR ASIRVATHAM HOSPITAL

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



This is to certify that Mr./ Mrs./ Miss. ...**S. SHREENTHI**.....

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