

# ARTHUR ASIRVATHAM HOSPITAL

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



This is to certify that Mr/. Mrs. / Miss. ... **N. SWARNA SOWTHERYA**.....

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

hospital # / between **.01.12.2023..to.15.12.2023**

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

Date : **15.12.2023**

**DR. EVELYN ASIRVATHAM**  
Proprietor