

# ARTHUR ASIRVATHAM HOSPITAL

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



This is to certify that Mr./Mrs./Miss. .... **B. SWEETHA**.....

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