

ARTHUR ASIRVATHAM HOSPITAL

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



This is to certify that *Mr./ Mrs./ Miss.* **A. VAHIDHA .S.HIFANA**.....

has successfully completed **..DIETETI.C...INTERNSHIP**.....in this

hospital on / between **01.12.2022..to.15.12.2023**

Dr. A.J. ASIRVATHAM
CONSULTANT DIABETOLOGIST

Date : **15.12.2023**

Dr. EVELYN ASIRVATHAM
Proprietor