

Sri
MANAKULA



VINAYAGAR

Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ ~~Ms.~~/Dr. JAYANTH.K
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 10/12/2021 to 12/12/2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./ Dr. BHARATHI.A
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 10/12/2021 to 12/12/2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that ~~Mr.~~/ Ms./Dr. ANBARASI. P
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 10/12/2021 to 12/12/2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kali Theerthakuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ ~~Ms.~~/Dr. MAHESH S
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 19/12/2021 to 12/12/2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SAJID KHAN.J
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 19/12/2021 to 12/12/2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ ~~Ms.~~/Dr. CITI BABU.V
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/11/2020 to 22/11/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that ~~Mr.~~/ Ms./Dr. GOMATHI.E
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/11/2020 to 22/11/2020


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. BARSHNI.S
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/11/2020 to 22/11/2020


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GANAGADHARAN.T
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 29/11/2020 to 22/11/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ABIHARINI.S
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/11/2020 to 22/11/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. DEBRUP PAL
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 19/07/2019 to 21/07/2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ABINESH.P
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 19/07/2019 to 21/07/2019


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. BADMAPRIYA . V
has participated in value added course on **Hospital information
system** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 19/07/2019 to 21/07/2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. LOKESH.K
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 19/07/2019 to 21/07/2019


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Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ ~~Ms.~~/Dr. JAYASURIYA.S
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 19/07/2019 to 21/07/2019


Dr. D. Rajagovindan
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MOHAMMED SABIK.SS
has participated in value added course on **Hospital information
system** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 20/07/2018 to 22/07/2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. POOBALAN. V
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/07/2018 to 22/07/2018


Dr. D. Rajagovindan
Director


Dr. R. N. Hagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. JAYASTI . P
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/07/2018 to 22/07/2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. DEEPAN.A
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/07/2018 to 22/07/2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ABIRAMI. D
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 20/07/2018 to 22/07/2018


Dr. D. Rajagovindan
Director


Dr. R.N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. PRADEEP.S
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 15/07/2017 to 17/07/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. RAJA RAJAN.N
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 15/07/2017 to 17/07/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that ~~Mr.~~/ Ms./Dr. INDHU.S
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 15/07/2017 to 17/07/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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This is to certify that Mr./ Ms./Dr. ASWINRAJ.S
has participated in value added course on **Hospital information system** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 15/07/2017 to 17/07/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Lavanya. G
has participated in value added course on **Hospital information
system** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 15/07/2017 to 17/07/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SAYUJYA.C
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 09.10.2021 to 10.10.2021


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. RASIKA K
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 09-10-2021 to 10-10-2021


Dr. D. Rajagovindan
Director


Dr. R. N. Hagne
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. RAMYAA - B
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 09.10.2021 to 10.10.2021


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. AMRUTHA S
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 10.10.2020 to 11.10.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. KALAISELVI - D. B
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 10.10.2020 to 11.10.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. JEENITHA-R
has participated in value added course on **NABH For Hospitals**
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and Hospital from 10-10-2020 to 11-10-2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director



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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MADHUNITA - A
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 10-10-2020 to 11-10-2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. VISHVA - C
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 12.10.2019 to 13.10.2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SURYA.R
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 12-10-2019 to 13-10-2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NEYA. K
has participated in value added course on **NABH For Hospitals**
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and Hospital from 12.10.2019 to 13.10.2019


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. FATIMA
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 12.10.2019 to 13.10.2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ARSHA. A.R
has participated in value added course on **NABH For Hospitals**
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and Hospital from 12.10.2019 to 13.10.2019


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. CHANDITHA-C
has participated in value added course on **NABH For Hospitals**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 13-10-2018 to 14-10-2018


Dr. D. Rajagovindan
Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NARAYADHA.B
has participated in value added course on **NABH For Hospitals**
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and Hospital from 13.10.2018 to 14.10.2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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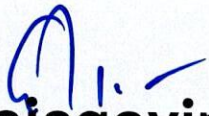



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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GURUCHARAN - R
has participated in value added course on **NABH For Hospitals**
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Dr. D. Rajagovindan
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. EYAZHINI-S
has participated in value added course on **NABH For Hospitals**
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This is to certify that Mr./ Ms./Dr. DIYASRI. N
has participated in value added course on **NABH For Hospitals**
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This is to certify that Mr./ Ms./Dr. VASUKI. M
has participated in value added course on **NABH For Hospitals**
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This is to certify that Mr./ Ms./Dr. HARINI. S
has participated in value added course on **NABH For Hospitals**
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Dr. D. Rajagovindan
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This is to certify that Mr./ Ms./Dr. ARCHANA R
has participated in value added course on **NABH For Hospitals**
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This is to certify that Mr./ Ms./Dr. SRIHARI - R
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NISHA . M .
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 11.02.2022 to 19.02.2022.


Dr. D. Rajagovindan
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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MANICKAM . R.M.
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 11.02.2022 to 19.02.2022.


Dr. D. Rajagovindan
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GIAUTHAM . M
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 11.02.2022 to 19.02.2022


Dr. D. Rajagovindan
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. KATHIRAVAN. K
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 11.02.2022 to 19.02.2022


Dr. D. Rajagovindan
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. VINOOTHINI. K
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 11.02.2022 to 19.02.2022


Dr. D. Rajagovindan
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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ASPANA JEBA. J
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 11.02.2022 to 19.02.2022


Dr. D. Rajagovindan
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Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Sirpy . P
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 12.02.2021 to 20.02.2021


Dr. D. Rajagovindan
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This is to certify that Mr./ Ms./Dr. SRIRAM . M
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 11.02.2022 to 19.02.2022


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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VINAYAGAR

Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SURIYA . H .
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 12.02.2021 to 20.02.2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Medical College and Hospital
Kali Theerthakuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. DADMAAVATHY . P
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 12.02.2021 to 20.02.2021.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital

Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MANOJ PRABHA . M
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 14.02.2020 to 21.02.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. DREETHI . S
has participated in **Workshop on Basic Medical and Surgical
skill** conducted by **Department on General Surgery and General
medicine**, at Sri Manakula Vinayagar Medical College and
Hospital from 14.02.2020 to 21.02.2020.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GIKULAN. R
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 14.02.2020 to 21.02.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. HARIDHA .S
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 14.02.2020 to 21.02.2020.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MOUSHIGA SUBHASHINI . M
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 08.02.2019 to 16.02.2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GEETHAVARSHINI
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 12.02.2021 to 20.02.2021.


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This is to certify that Mr./ Ms./Dr. KAVIPRIYA . K
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 08.02.2019 to 16.02.2019


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Director


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This is to certify that Mr./ Ms./Dr. N J SIVA SHANKAR
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 08.02.2019. to 16.02.2019.


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Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. CHIRANJEEVI . G
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 08.02.2019 to 16.02.2019.


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Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GIOMATHI . S
has participated in **Workshop on Basic Medical and Surgical skill** conducted by **Department on General Surgery and General medicine**, at Sri Manakula Vinayagar Medical College and Hospital from 08.02.2019 to 16.02.2019.


Dr. D. Rajagovindan
Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Narresh. S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 11/10/22
to 12/10/22


Dr. D. Rajagovindan
Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Sneha.T
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 11/10/22
to 12/10/22


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Hema.S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 11/10/22
to 12/10/22


Dr. D. Rajagovindan
Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Kavitha . S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 11/10/22
to 12/10/22


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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This is to certify that Mr./ Ms./Dr. Vinitha A
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 11/10/22
to 12/10/22


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Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Deepak.R
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 19/11/21
to 20/11/21


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This is to certify that Mr./ Ms./Dr. Fixdose. S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 19/11/24
to 20/11/24


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Director


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Deputy Director

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This is to certify that Mr./ Ms./Dr. Mithra. R
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 19/11/24
to 20/11/24


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This is to certify that Mr./ Ms./Dr. Soanya.N
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to 20/11/21


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Raja. M
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 8/8/20
to 9/8/20


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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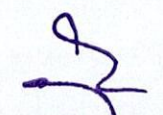
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Bharathi. M
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 19/11/21
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Director


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This is to certify that Mr./ Ms./Dr. Induja.P
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 8/8/20
to 9/8/20


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Director


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Deputy Director

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This is to certify that Mr./ Ms./Dr. Preethi.S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 8/8/20
to 9/8/20


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Director


Dr. R. N. Kagne
Deputy Director

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This is to certify that Mr./ Ms./Dr. Seban. A
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 8/8/20
to 9/8/20


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Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Gomathi S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 8/8/20
to 9/8/20


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Roshna. E
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 29/1/19
to 30/1/19


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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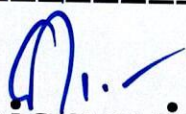


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Savithri. R
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 29/1/19
to 30/1/19


Dr. D. Rajagovindan
Director


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Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

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This is to certify that Mr./ Ms./Dr. Dinesh. m.s.
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 29/1/19
to 30/1/19


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Suganya. R
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 29/1/19
to 30/1/19


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Gayathri. S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 26/9/2017
to 27/9/2017


Dr. D. Rajagovindan
Director


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Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Divya. S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 29/1/19
to 30/1/19


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Vignesh. S
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 19/9/2017
to 20/9/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Pooja.R
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 26/9/2017
to 27/9/2017


Dr. D. Rajagovindan
Director


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Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Subha. V
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 19/9/2017
to 20/9/2017


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Ramya. B
has participated in **Workshop on Basic Presentation and Teaching Skills** conducted by **MEU**, at Sri Manakula Vinayagar Medical College and Hospital from 19/9/2017
to 20/9/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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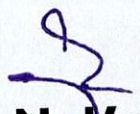
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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ADITHYA . R
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 12.01.2019 to 13.01.2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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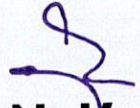
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This is to certify that Mr./ Ms./Dr. ARUN KUMAR. P
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 12.01.2019 to 13.01.2019


Dr. D. Rajagovindan
Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GIAOUTHEN. B.
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 12.01.2019 to 13.01.2019


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Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SHAHEEN BEGUM . S
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 13.01.2018 to 14.01.2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NIVETHA . E
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 13.01.2018 to 14.01.2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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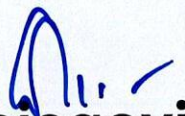


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This is to certify that Mr./ Ms./Dr. MOHANDASS . M
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 09.01.2021 to 10.01.2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. KAVIYA MEENA . K
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 09.01.2021 to 10.01.2021


Dr. D. Rajagovindan
Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. JAYAKRISHNAN HARISHKUMAR
has participated in **Workshop on Communication skills**
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and Hospital from 09.01.2021 to 10.01.2021


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. CHINMAYI ANOOP
has participated in **Workshop on Communication skills**
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and Hospital from 09.01.2021 to 10.01.2021


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Director


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This is to certify that Mr./ Ms./Dr. SANGEETH . M
has participated in **Workshop on Communication skills**
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and Hospital from 11.01.2020 to 12.01.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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This is to certify that Mr./ Ms./Dr. POOJA . K
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and Hospital from 11.01.2020 to 12.01.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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This is to certify that Mr./ Ms./Dr. MALAVIKA SRIDEVI . G
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 11.01.2020 to 12.01.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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This is to certify that Mr./ Ms./Dr. HARSHITA S JAIN
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 11.01.2020 to 12.01.2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. APARNA AISHWARYA DEVI. K
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
and Hospital from 11.01.2020 to 12.01.2020


Dr. D. Rajagovindan
Director


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This is to certify that Mr./ Ms./Dr. KONA VENKATA SATYA GANESH
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and Hospital from 12.01.2019 to 13.01.2019


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Director


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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ILANPARITHI. J
has participated in **Workshop on Communication skills**
conducted by **MEU**, at Sri Manakula Vinayagar Medical College
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Dr. D. Rajagovindan
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This is to certify that Mr./ Ms./Dr. CHERUKUMALLI NAVYA
has participated in **Workshop on Epi-Info Software for Data
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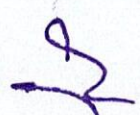
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This is to certify that Mr./ Ms./Dr. Kavya . DC
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This is to certify that Mr./ Ms./Dr. KAWIRAJ N
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Deputy Director

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This is to certify that Mr./ Ms./Dr. ABIRAMI. D
has participated in **Workshop on Palliative Care** conducted by
Department of Community Medicine, at Sri Manakula Vinayagar
Medical College and Hospital from 06.02.2020
to 08.02.2020


Dr. D. Rajagovindan
Director


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This is to certify that Mr./ Ms./Dr. RAJUL S
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Department of Community Medicine, at Sri Manakula Vinayagar
Medical College and Hospital from 12.02.2021
to 14.02.2021


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This is to certify that Mr./ Ms./Dr. NANDANA.S
has participated in **Workshop on Palliative Care** conducted by
Department of Community Medicine, at Sri Manakula Vinayagar
Medical College and Hospital from 12.02.2021
to 14.02.2021


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This is to certify that Mr./ Ms./Dr. KARTHIKA.M
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Department of Community Medicine, at Sri Manakula Vinayagar
Medical College and Hospital from 12.02.2021
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This is to certify that Mr./ Ms./Dr. DIVYA . C
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This is to certify that Mr./ Ms./Dr. AGILAN. R
has participated in **Workshop on Palliative Care** conducted by
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to 14.02.2021


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This is to certify that Mr./ Ms./Dr. SIRPY. P
has participated in **Workshop on Palliative Care** conducted by
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Medical College and Hospital from 06.02.2020
to 08.02.2020


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This is to certify that Mr./ Ms./Dr. RAMA R
has participated in **Workshop on Palliative Care** conducted by
Department of Community Medicine, at Sri Manakula Vinayagar
Medical College and Hospital from 06.02.2020
to 08.02.2020


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This is to certify that Mr./ Ms./Dr. MITHRA . R
has participated in **Workshop on Palliative Care** conducted by
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This is to certify that Mr./ Ms./Dr. MEENA .N
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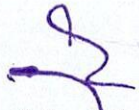
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This is to certify that Mr./ Ms./Dr. PREETHI. C. B.
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This is to certify that Mr./ Ms./Dr. RAMASAMY. R
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ARAVIND . P . S
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This is to certify that Mr./ Ms./Dr. HARIPRANAV . S
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This is to certify that Mr./ Ms./Dr. PRIADHARSHNI @ PREETHY .R.
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This is to certify that Mr./ Ms./Dr. RAMAN NV
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This is to certify that Mr./ Ms./Dr. INDUJA P
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This is to certify that Mr./ Ms./Dr. RAMYA . B
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This is to certify that Mr./ Ms./Dr. VIGNESH.S.
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This is to certify that Mr./ Ms./Dr. KANNADI NISHORE
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This is to certify that Mr./ Ms./Dr. MARIE JEFFREY AMBROISE
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. PAVLTHRA. R
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
06/07/21 to 18/08/21


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Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. RAJALAKSHMI R
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
06/07/21 to 18/08/21


Dr. D. Rajagovindan
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This is to certify that Mr./ Ms./Dr. SUBITSHA. R
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
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06.07.21 to 18.08.21


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Director


Dr. R. N. Kagne
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This is to certify that Mr./ Ms./Dr. MALIKA SINHA
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
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06/07/21 to 18/08/21


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Director


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ANUSREE K
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
06/07/21 to 18/08/21


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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This is to certify that Mr./ Ms./Dr. SUBASRI. S1
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
07/07/2020 to 10/08/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



VINAYAGAR

Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. DHARANEESHWARAN S
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
07/07/2020 to 10/08/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

Sri

MANAKULA



VINAYAGAR

Medical College and Hospital

Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Gopiga .I
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
07/07/2020 to 10/08/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

Sri
MANAKULA



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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. KARTHIKA . M
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
07/07/2020 to 10/08/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MAHALAKSHMI SUBRAMANI
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
07/07/2020 to 10/08/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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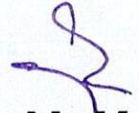
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. JAYASTI . P
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
02/07/19 to 13/08/19


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SANJU. SS
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
02/07/19 to 13/08/19


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. PODBALAN. V
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
02/07/19 to 13/08/19


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. HEMASRI . R
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
02/07/19 to 13/08/19


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. PAVITHRA.K
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/18 to 14/08/18.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. RAJKUMAR.B
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/18 to 14/08/18


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. BOOMESHWARI. A
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/18 to 14/08/18.


Dr. D. Rajagovindan
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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SRINATH. S
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/18 to 14/08/18.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ARUNKUMAR.A
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/18 to 14/08/18.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. CYNTHIA N
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/18 to 14/08/18


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NITYASRI. R
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
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Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MACRIN . B
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/17 to 14/08/17


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. JAYA SURYA .U
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/17 to 14/08/17


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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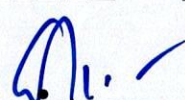


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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. DAYASAGARA SAYEE.N
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/17 to 14/08/17


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. BALAMITHRA.S
has participated in value added course on **Basic Epidemiology**
conducted by **Department of Community Medicine**, at Sri
Manakula Vinayagar Medical College and Hospital from
03/07/17 to 14/08/17


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ABINAYA.V.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 23.12.2021. to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SUVANGI CHANDA
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 23.12.2021 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kali Theerthakuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SAKTHI KERTHANA-S.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 23-12-2021 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Hagne
Deputy Director

Sri
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ROHINI R
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 23-12-21 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ARJUN P
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 23.12.2021 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. RASIKAK
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 05.12.2020 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

Sri
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SHELIN HEPHRIKHA K.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 05.12.2020 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SANJEEVE KUNAN.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 05.12.2020 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NAIKSHATHRA-G.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 05.12.2020 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. AARSHA . AR
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 05-12-2020 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



VINAYAGAR

Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. CHIEKKA MRUDULA SRJ.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 25.08.2019. to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



VINAYAGAR

Medical College and Hospital
Kali theerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. JERUSHA SHARON.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 25.08.2019. to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. VARSHINI. B
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 25-08-2019 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



VINAYAGAR

Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. VANSHITH ISAKAPATLA.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 25-08-2019 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



VINAYAGAR

Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NENAVATA SONALI.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 25-08-2019 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SIVA RAMA KRISHNA TOTA.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 26.08.2018 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MINU.B
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 26.08.2018 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



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Medical College and Hospital
Kaliheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. KRIPA JAISWAL.R.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 26.06.2018 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. KATHIRVEL - R.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 26.08.2018 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. LEKHA.L.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 26.08.2018. to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SHANAZ JEMIMA RAFFI
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 22-08-2017 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. RAGUL PSR
has participated in value added course on **Fire and Safety**
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and Hospital from 22.08.2017 to _____


Dr. D. Rajagovindan
Director


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Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. BALLA RAKESH.
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 22.08.2017. to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kaliheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ANGELINE FELIX
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 22 / 08 / 2014 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalittheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. CHINMAYI ANOOP
has participated in value added course on **Fire and Safety**
conducted by **NABH**, at Sri Manakula Vinayagar Medical College
and Hospital from 22.08.2017 to _____


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SUPRIKSHA. K
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 15 /09/ 2017 to 18/09/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. BHATTACHARYA SAMMAN
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 15/09/2017 to 18/09/2017


Dr. D. Rajagovindan
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. BRINDA PANEER SELVAM
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 15/09/2017 to 18/09/2017


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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. CHITTEMSETTI HEMASRI AKHILA
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 15 /09/ 2017 to 18 /09/ 2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ANKIT AZAR BAGE
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 15/09/2017 to 18/09/2017


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Ava Collin Jagan
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 25/09/2018 to 28/09/2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NEHAVATA SONALI
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 25/09/2018 to 25/09/2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NIVEDITHA NANDAGOPAL
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 25/09/2018 to 28/09/2018


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
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MANAKULA



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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

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College and Hospital from 25/09/2018 to 28/09/2018.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MALIKA SINHA
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 25/09/2018 to 28/09/2018.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri

MANAKULA



VINAYAGAR

Medical College and Hospital

Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ASHWANI SHUSAUTHI. S
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 24/09/2019 to 27/09/2019.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
MANAKULA



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Medical College and Hospital
Kalittheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SARANJAT S T
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 24/09/2019 to 27/09/2019.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. Nihil Kumar
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 24/09/2019 to 27/09/2019.


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kaliheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ANILA RATESHWARI S
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 24/09/2019 to 27/09/2019


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. AKSHAYA PK
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 24/09/2019 to 27/09/2019.


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. ABINAYA V
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 11/09/2020 to 14/09/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. DEEPIKA S
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 21/09/2020 to 24/09/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. JOSNVA J
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 11/09/2020 to 14/09/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. NAMBU R
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 22/09/2020 to 24/09/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SINDUJA S
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 11/09/2020 to 14/09/2020


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. AKASH S
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 08/02/2022 to 11/02/2022


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. GOUTHAM S
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 08/02/2022 to 22/02/2022


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. MADUMITTA S
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 08/02/2022 to 11/02/2022


Dr. D. Rajagovindan
Director


Dr. R. N. Ragne
Deputy Director

Sri
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Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. SREUTHI
has participated in value added course on **Hospital Infection
Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical
College and Hospital from 4th 08/02/22 to 11/02/22


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director

Sri
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Medical College and Hospital
Kalitheerthalkuppam, Puducherry 605107

CERTIFICATE OF PARTICIPATION

This is to certify that Mr./ Ms./Dr. UDAYA
has participated in value added course on **Hospital Infection Control** conducted by **NABH**, at Sri Manakula Vinayagar Medical College and Hospital from 08/2/22 to 11/2/22


Dr. D. Rajagovindan
Director


Dr. R. N. Kagne
Deputy Director