

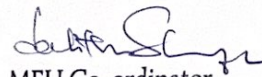
004/BCME-2023/091



## BASIC COURSE IN MEDICAL EDUCATION

This is to certify that

Dr.....VISHALI....., bearing registration number.....  
of ..... Medical council, from .....Vels..... Medical college,  
.....Tiruvallur..... has attended the Basic Course in Medical Education conducted at  
.....Vels Medical College and Hospital..... from 23.08.23 to 25.08.23  
co-ordinated by NMC Regional / Nodal Centre.....SRMC, B.T, Porur, Chennai-116.

  
MEU Co-ordinator

  
NMC Co-ordinator

  
Dean/ Principal