

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION

THIS IS TO CERTIFY THAT SESHAGIRI RAD VAVILIKOLANU MD  
(HEREIN CALLED "GRANTEE")

HAVING FURNISHED TO THE DEPARTMENT OF REGISTRATION AND EDUCATION SATISFACTORY PROOF OF COMPLIANCE WITH SECTION 11A OF THE MEDICAL PRACTICE ACT, AS AMENDED, AND THE APPLICABLE VALID RULES AND REGULATIONS OF THE DEPARTMENT, IS HEREBY GRANTED, SUBJECT AS PROVIDED IN SAID SECTION 11A AND RULES AND REGULATIONS, THIS

TEMPORARY CERTIFICATE OF REGISTRATION  
CERTIFICATE T-016426

ENTITLING SAID GRANTEE, WHILE THIS CERTIFICATE IS VALID, TO PERFORM ONLY SUCH ACTS AS MAY BE PRESCRIBED BY, AND INCIDENTAL TO, SUCH PROGRAM OF PLASTIC SURGERY TRAINING IN

COOK COUNTY HOSPITAL  
DEPT OF GRAD MED ED  
720 S WOLCOTT STREET  
CHICAGO IL 60612

BUT NOT OTHERWISE TO ENGAGE IN THE PRACTICE OF MEDICINE IN THE STATE OF ILLINOIS UNLESS FULLY LICENSED IN SAID STATE.

THIS TEMPORARY CERTIFICATE OF REGISTRATION SHALL NOT BE VALID FOR LONGER THAN TWO YEARS FROM THE DATE HEREOF, EXCEPT THAT, ANYTHING HEREIN TO THE CONTRARY NOTWITHSTANDING, IT SHALL NOT BE VALID BEYOND THE COMPLETION OF THE PROGRAM HEREINABOVE DESCRIBED SHOULD SUCH COMPLETION OCCUR WITHIN THE TWO YEAR PERIOD. ACCORDINGLY, THIS TEMPORARY CERTIFICATE OF REGISTRATION SHALL BE VALID ONLY FROM SEPTEMBER 18, 1983 TO SEPTEMBER 18, 1985 BOTH DATES INCLUSIVE, AS HEREIN PROVIDED. TO THE EXTENT THAT HE HAS THE AUTHORITY TO DO SO, THE UNDERSIGNED HEREBY VALIDATES THE ACTS PERFORMED BY SAID GRANTEE WHICH WERE PRESCRIBED BY, AND INCIDENTAL TO, SAID PROGRAM, ALL WITH THE SAME EFFECT AS THOUGH A TEMPORARY CERTIFICATE OF REGISTRATION HAD BEEN ISSUED TO SUCH GRANTEE IMMEDIATELY PRIOR TO THE COMMENCEMENT OF SAID PROGRAM.

IN WITNESS WHEREOF, THE DIRECTOR OF THE DEPARTMENT OF REGISTRATION AND EDUCATION HAS HERETO AFFIXED HIS HAND AND SEAL OF THE DEPARTMENT THIS 12TH DAY OF OCTOBER 1983.

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GARY L. CLAYTON  
DIRECTOR

05000037207

IMPORTANT NOTICE

Completion of this form is necessary for consideration for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.

RECEIVED  
CASH REC  
DEPARTMENT OF REGISTRATION AND EDUCATION  
Attention: Medical Section  
3rd Floor  
Illinois 62786

FOR OFFICIAL USE ONLY  
County Code 016  
Graduation Date 4-13-82  
License No. \_\_\_\_\_  
Certificate Issued \_\_\_\_\_  
Certificate Mailed \_\_\_\_\_

APPLICATION FOR AN **TEMPORARY CERTIFICATE OF REGISTRATION**

I hereby make application for a Temporary Certificate of Registration under Section 11a of the Medical Practice Act.  
All candidates for licensure must complete the following. False or misleading information may be cause for disciplinary action on the grounds of a lack of good moral character.

1. PRINT NAME AS IT SHOULD APPEAR ON CERTIFICATE (Limited to 20 characters first name, middle initial and 20 characters last name)  
SESHAGIRI RAO VAVILIKOLANU

2. SOCIAL SECURITY NUMBER  
[REDACTED]

3. STREET ADDRESS  
[REDACTED]

4. CITY  
[REDACTED]

5. COUNTY  
[REDACTED]

6. STATE  
ILLINOIS

7. ZIP CODE  
[REDACTED]

8. TELEPHONE NO. (Area Code)  
[REDACTED]

9. PLACE OF BIRTH  
[REDACTED]

10. DATE OF BIRTH (Month/Day/Year)  
[REDACTED]

11. AGE  
26 yrs

12. Have you ever been issued a Temporary Certificate of Registration under the Illinois Medical Practice Act?  Yes  No  
If yes, indicate Certificate No. \_\_\_\_\_

13. RECORD OF LICENSURE - (If you have ever been licensed as a physician-surgeon, complete the following. Certification of original licensure, with state seal affixed, must accompany your application before it will be processed.)

List state(s) in which you have ever been licensed.	License Number	Dates of Licensure		Is license current?	Has license ever been revoked, or otherwise disciplined?
		From	To		
—	—	—	—	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

14. Have you ever been convicted of any criminal offense(s) in Illinois, or in another state, or in federal court (other than minor traffic violations)?  Yes  No - If yes, attach explanation stating the date and place of conviction(s) and the nature of such offense(s).

15. COLLEGE EDUCATION (Do not include medical schooling.)

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE	CREDIT HOURS
<u>SRIVENKATESWARA-UNIVERSITY</u>	<u>TIRUPATI ANDHRA PRADEH (A.P.) INDIA</u>	<u>From 1971 To 1972</u>	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
<u>ANDHRA LOYOLA COLLEGE VI</u>	<u>VIZAYAWADA ANDHRA PRADESH</u>	<u>From 1973 To 1975</u>	<u>DATE OF GRADUATION MAY-29-</u> [REDACTED]

16. MEDICAL COLLEGE OR UNIVERSITY - Exact copy of diploma of said institution must be attached.

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE (From-To)
<u>RANGARAYAMEDICAL COLLEGE</u>	<u>KAKINADA - ANDHRA PRADESH</u>	<u>NOV-1975 - FEB-1981</u>
NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE (From-To)
TYPE OF DEGREE GRANTED	NAME OF INSTITUTION GRANTING DEGREE	DATE DEGREE WAS GRANTED
<u>M.B.B.S</u>	<u>ANDHRA UNIVERSITY</u>	<u>APRIL-13-</u> [REDACTED]



STATE OF ILLINOIS  
COUNTY OF COOK

I hereby certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief.

Signature (In full-Use no initials)  
Subscribed and sworn to by [REDACTED] of Sep., 1983 NOTARY  
[REDACTED] SEAL

SEP 20 1983

CERTIFICATE OF ACCEPTANCE FOR SPECIALTY/RESIDENCY TRAINING  
TO BE COMPLETED BY HOSPITAL ADMINISTRATOR

NAME OF APPLICANT

Seshagiri Rao Vaylilkolanu, M.D.

This is to certify that the above-named applicant has been accepted for specialty/residency training as follows:

NAME OF HOSPITAL

Cook County Hospital

LOCATION OF HOSPITAL (Street, City, State and ZIP Code)

1835 W. Harrison St., Chicago, Illinois 60612

BEGINNING DATE (Month/Day/Year)

9/18/83

ENDING DATE (Month/Day/Year)

9/17/84

NAME OF SPECIALTY/RESIDENCY

PLASTIC SURGERY

DATE

9/20/83

SIGNATURE OF HOSPITAL DIRECTOR OR SUPERINTENDENT

Conrad Tascha, M.D.

[Redacted Signature]

Am



IL 488-0272 8/81 (MD)