

62651
(POOT 00)

EXAMINATION RECORD

Ex Exam. Date	Anatomy	Physiology	Biochemistry	Pathology	Microbiology	Pharmacology	Behavioral Science	Basic Science Average	Medicine	Surgery	Obstetrics	Public Health	Pediatrics	Psychiatry	Clinical Science Average	Clinical Competence Average	Flex Weighted Average
2nd Exam. Date																	
3rd Exam. Date																	
4th Exam. Date																	
5th Exam. Date																	

DO NOT WRITE IN THIS PORTION

Application for Registration as
PHYSICIAN AND SURGEON

No. 62651

DECLARATION OF INTENTION
OR
CERTIFICATE OF NATURALIZATION

No. _____
Issued at _____
on the _____ day of _____, 19____
as _____

Diploma verified _____
Diploma returned _____
By _____

Returned _____
By _____

Certificate Issued 7-27-81
Certificate Forwarded 7-30-81

PERSONAL INFORMATION

Applicant must fill in following
blanks:

Name VICTOR L. GOVAL

Is this your first application for a
license in Illinois? YES

Total years of practice As a Physician
As a Surgeon
As follows: _____

State _____ Years _____
" " " "
" " " "
" " " "

PERSONAL HISTORY

NOTE: If any of the following questions are answered "YES," full details must be furnished on separate sheet and attached.

- | | YES | NO |
|---|-------|--------|
| 1. Do you hold a license in any of the other healing arts? | _____ | _____✓ |
| 2. Have you ever been called before any state board or any medical association for interrogation concerning any violation of The Medical Practice Act or unethical conduct? | _____ | _____✓ |
| 3. Have you ever been convicted of a felony or misdemeanor other than traffic violations? | _____ | _____✓ |
| 4. Have you ever been addicted to or treated for addiction to drugs? | _____ | _____✓ |
| 5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law, or any narcotic law? | _____ | _____✓ |
| 6. Have you ever received psychiatric treatment or received treatment for mental illness? | _____ | _____✓ |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? | _____ | _____✓ |
| 8. Have you ever engaged in the practice of medicine in a state, district or territory wherein you did not hold a valid license? | _____ | _____✓ |
| 9. Have you ever had an application for licensure refused or rejected by a licensing board? | _____ | _____✓ |

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

PLACE PRINT OF RIGHT THUMB HERE

ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH, ANY APPLICATION, MAY BE CAUSE FOR DEBARMENT ON THE GROUND OF LACK OF GOOD MORAL CHARACTER.

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct.

STATE OF Illinois
COUNTY OF Cook

being
duly sworn, says that he is the person referred to in
this application and that the statements therein con-
tained are true.

(SIGNATURE OF APPLICANT)
(Please use legal name)

Subscribed and sworn to before me this 19th day
of May, 19 81

NOTARY SEAL

(Notary Public)

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPT. 19 1982
JULIE DRU ILLINOIS NOTARY ASSN.

County Code 07500046028
GRAD 3-21-81
Mian 6/86

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

I hereby make application for examination for a Certificate to practice Medicine and Surgery in all their branches; under the provisions of an Act entitled: The "Medical Practice Act" of Illinois.

Full name VIJAY LAXMI SOOD
(as given on Diploma)

Permanent address _____
(Street and Number) (City)

(County) (State) (ZIP Code)

Place of birth _____

Are you a citizen of the United States? ☐ NOTE: Naturalized citizens of the United States should submit Certificates of Naturalization. PERMANENT RESIDENT

Please designate your Social Security Number: _____ E: Designation of your Social Security Number is not mandatory--used ONLY to insure identification, accessibility, and accuracy of your application.

Please print your name exactly as you wish it to appear on any Certificate to practice as a Registered Physician and Surgeon which may be issued to you. VIJAY L. GOYAL

COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended _____ Period of Attendance _____

1st year GOVT. GIRLS HIGH SCHOOL, NEW DELHI, INDIA 3 Years 3/68 to 3/71
2nd year _____
3rd year _____
4th year _____

I have credit for _____ of college work. I received the degree of _____
(No. of majors, semester hours, or clock hours)

from _____ on the _____ day of _____ 19____
(College or University)

MEDICAL EDUCATION

I attended 6 Years and half (6 1/2 yrs) full courses of medical lectures as follows:

at JIPMER, PONDICHERY-605006, INDIA
(Name of Medical College)
JAWAHAR LAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH (JIPMER)
from the _____ day of JULY, 1973 to the _____ day of JANUARY, 1981
(Name of Medical College)
(PREMEDICAL INCLUDED - INTEGRATED COURSES)

from the _____ day of _____, 19____ to the _____ day of _____, 19____ OK

at _____
(Name of Medical College)

from the _____ day of _____, 19____ to the _____ day of _____, 19____

at _____
(Name of Medical College)

from the _____ day of _____, 19____ to the _____ day of _____, 19____

I was granted the degree of Doctor of Medicine by JIPMER, PONDICHERY-6, INDIA
(Name of Medical College)
located at PONDICHERY State or Country _____, on the 21st day of MARCH, 1981, and the Diploma presented with this application is the genuine Diploma of said institution.

MAY 28 81
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535
RECEIVED
MAY 28 1981
FBI - CHICAGO
DEPT. OF TREAS. STATE OF IL.

1. OF 12. 4. 1911 FOR DEPOSIT
IN THE OFFICE OF THE
TREASURER OF THE STATE OF ILL.
DEPT. OF TREAS. STATE OF ILL.

Description	Name of Institution	Dates		Location
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COMPULSORY HOUSE SURGERY (INTERNSHIP)	SAME TIPMER	1/27/79 - 2/3/80	PONDICHERY, INDIA
PEDIATRICS RESIDENCY PL-1	COOK COUNTY HOSPITAL CHICAGO, ILL.	7/1/80 - till Present one year to be completed on 6/30/81	CHICAGO, ILL.
<p>NOTE: FLEX EXAMINATION TAKEN FOR THE STATE OF IOWA in 6/80. SCORES HAVE BEEN REQUESTED TO BE SENT TO ILLINOIS THRU FEDERATION IN TEXAS.</p>			

THE FILING OF AN APPLICATION OR THE TAKING OF AN EXAMINATION DOES NOT ENTITLE THE APPLICANT TO PRACTICE IN THE STATE OF ILLINOIS.

FOREIGN CREDENTIALS MAY NOT BE PRESENTED FOR REVIEW AT AN EXAMINATION.

THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.
2626-B WEST FREEWAY, FORT WORTH, TEXAS 76102

TO: ILLINOIS

SUBJECT: FLEX Examination Grades For:
GOYAL VIJAY L

MAY 26 1981

It is certified that the named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following grades.

EXAMINATION DATE
FOR STATE
STATE ID #

BASIC SCIENCE

Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology
Behavioral Science

BASIC SCIENCE AVERAGE

CLINICAL SCIENCE

Medicine
Surgery
Obstetrics
Public Health
Pediatrics
Psychiatry

CLINICAL SCIENCE AVERAGE

CLINICAL COMPETENCE AVERAGE

FLEX WEIGHTED AVERAGE

We have no unfavorable
information regarding
the above named physician.

~~Harold E. Jervay Jr., M.D.~~
HAROLD E. JERVAY JR., M.D.
EXECUTIVE DIRECTOR - SECRETARY

CERTIFICATION OF COLLEGE ATTENDANCE

(Give exact dates.)

Jawaharlal Institute of Postgraduate
Medical Education & Research,
Pondicherry-605 006.

29 th April, 19 81

TO THE DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS:

This is to certify that Dr. Vijayalaxmi Soed

was in regular attendance at the JIPMER, Pondicherry-605 006

* from the 25 day of July 19 73 to the - day of April 19 74
 0 from the - day of June 19 74 to the - day of December, 19 78
 \$ from the 27 day of January 19 79 to the 3 day of February, 19 80
 from the - day of - 19 - to the - day of - 19 -
 from the - day of - 19 - to the - day of - 19 -

and was granted Degree as Bachelor of Medicine & Bachelor of Surgery by the University of Madras.

located at Madras State of Tamilnadu

on the 3 day of February 19 80, having completed 7000 hours.

(Seal of College)



UPON COMPLETION, PLEASE FORWARD THIS FORM DIRECTLY TO
MEDICAL SECTION
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD, ILLINOIS 62766

(Dean, Secretary or Registrar)

DIRECTOR,
JAWAHARLAL INSTITUTE OF
POSTGRADUATE MEDICAL EDUCATION
AND RESEARCH,
PONDICHERRY - 605 006.

(MD-18) *Pre-Medical/0 Medical studies/ \$ Compulsory House Surgery.

तक: जिपमर

दूर भाष: 3131-3136

जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान

(स्वास्थ्य सेवा महानिदेशालय)

धन्वंतरी नगर पण्डिचेरी-605006

से

दिनांक: 198

Telegram: "JIPMER"

Telephone: 3131-3136

Telex: 0459-244

JAWAHARLAL INSTITUTE OF POST-GRADUATE MEDICAL EDUCATION AND
RESEARCH

(DIRECTORATE GENERAL OF HEALTH SERVICES)

DHANVANTARI NAGAR PONDICHERRY-605006

No.

Dated: 30-4-1981

The Certificate of College Attendance
of Miss Vijay Laxmi Sood (married name
Vijay Laxmi Goyal) is being sent directly
to the Medical Section, Department of
Registration and Education, Springfield,
Illinois 62786.

DEPARTMENT OF REGISTRATION AND EDUCATION
(Medical Section)

RECEIVED
DEPARTMENT OF REGISTRATION & EDUCATION
1981 MAY 29 AM 8-33
CASH SECTION

CERTIFICATION OF CLINICAL TRAINING COVERED BY THE ILLINOIS MEDICAL PRACTICE ACT

This is to CERTIFY:

- (1) That VIJAY L. GOVAL
(full name of physician)
has satisfactorily completed 12 months months in
a program of Pediatrics graduate - specialty - residency
at Cook County (strike out whichever is not applicable)
(name of hospital)
extending from 7-1-80 to 6-30-81
and

- (2) That the physician hereinabove named

(check and complete whichever is applicable)

☒ presently holds Temporary Certificate of Registration No. T-
issued under the provisions of Section 11a of the Illinois Medical Practice Act.

☐ previously held Temporary Certificate of Registration No. T-
issued under the provisions of Section 11a of the Illinois Medical Practice Act

☐ does not hold a Temporary Certificate of Registration issued under the
provisions of Section 11a of the Illinois Medical Practice Act insofar as can be
determined from the records of this hospital.

SIGNED:

[Signature]
(Medical Director)
Cook County
(Name of Hospital)
1825 W. Harrison
(Address)

SEAL OF HOSPITAL

DATED:

5/19/81

When completed, the hospital must forward this form directly to:

Medical Section
Department of Registration and Education
320 Washington Street, 3rd Floor
Springfield, Illinois 62786

direct
7/9/81

DEPARTMENT OF REGISTRATION AND EDUCATION
(Medical Section)

CERTIFICATION OF CLINICAL TRAINING COVERED BY THE ILLINOIS MEDICAL PRACTICE ACT

This is to CERTIFY:

(1) That VIJAY GOYAL
(full name of physician)
has satisfactorily completed 12 months in
a program of PEDIATRICS graduate - specialty - residency
(strike out whichever is not applicable)
at COOK COUNTY HOSPITAL
(name of hospital)
extending from 7/1/80 to 6/30/81;
and

(2) That the physician hereinabove named

(check and complete whichever is applicable)

 presently holds Temporary Certificate of Registration No. T-
issued under the provisions of Section 11a of the Illinois Medical Practice Act.

 previously held Temporary Certificate of Registration No. T-
issued under the provisions of Section 11a of the Illinois Medical Practice Act

 does not hold a Temporary Certificate of Registration issued under the
provisions of Section 11a of the Illinois Medical Practice Act insofar as can be
determined from the records of this hospital.

SIGNED:

[Signature]
(Medical Director)

COOK COUNTY HOSPITAL

(Name of Hospital)

1825 W. Harrison

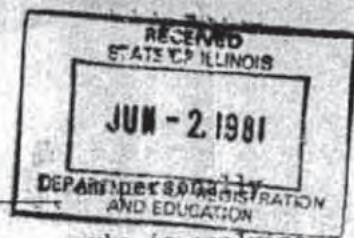
(Address)

SEAL OF HOSPITAL

DATED: 7/6/81

When completed, the hospital must forward this form directly to:

Medical Section
Department of Registration and Education
320 Washington Street, 3rd Floor
Springfield, Illinois 62786



This is to certify that I, _____
acquainted with VIJAY L. GOYAL, who is applying
for licensure to practice medicine in all of its branches in the State of
Illinois; that I hereby attest to the educational background of Dr. VIJAY L.
GOYAL (MAIDAN NH. SOOD), who graduated from JIPMER, PONDICHERRY, INDIA
and was issued the degree and diploma of Doctor of Medicine on the 9th day of
MARCH, 19 80; and that Dr. VIJAY L. GOYAL
is of good moral character and professional background. I further endorse
Dr. VIJAY L. GOYAL's application for a license to
practice medicine in all of its branches in the State of Illinois, attest that the
hereto attached photograph is a true likeness of Dr. VIJAY L. GOYAL
and that I personally viewed the original medical diploma of this applicant.

Signed _____

S. PYATI
PRINTED NAME

State of Illinois Medical Certificate No.

OK
36-51762
PRINT NUMBER

State of Illinois in the County of Cook

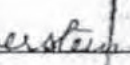

Subscribed and sworn to before me this 1 day of June, 19 81

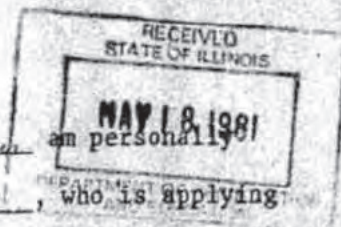
Sumner B. Hatchett
NOTARY PUBLIC

My Commission

expires: _____

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPT. 19 1982
ISSUED THRU ILLINOIS NOTARY ASSOC.

This is to certify that I, Neal T. Silverstein  an personally  acquainted with VIJAY L. GOYAL, who is applying for licensure to practice medicine in all of its branches in the State of Illinois; that I hereby attest to the educational background of Dr. VIJAY L. GOYAL (MAIDEN NM. SOOD), who graduated from JIPMER, PONDICHERY, INDIA and was issued the degree and diploma of Doctor of Medicine on the March 21, 1980; and that Dr. VIJAY L. GOYAL is of good moral character and professional background. I further endorse Dr. VIJAY L. GOYAL's application for a license to practice medicine in all of its branches in the State of Illinois, attest that the hereto attached photograph is a true likeness of Dr. VIJAY L. GOYAL and that I personally viewed the original medical diploma of this applicant.



Signed 

NEAL T. SILVERSTEIN
PRINTED NAME

State of Illinois Medical Certificate No.

36-51479
PRINT NUMBER

State of Illinois in the County of Cook

Subscribed and sworn to before me this 15th day of May, 19 81

Bernie D. Hirsch
NOTARY PUBLIC

My Commission

expires: _____

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES SEP. 19 1987
IS NOT A TRUE ILLINOIS NOTARY ASSOC.



The Senate of the *University of Madras* hereby
makes known that - *Pijay Laxmi Sood* - has been
admitted to the Degree of Bachelor of Medicine and
Surgery, she having been certified by duly appointed Examiners
to be qualified to receive the same, and having been by them placed
in the Second Class at the Examination held in the month
of December 1978.

THIS IS A TRUE AND EXACT COPY

June 21, 1980

Given under the seal of the University.

Senate House,

March 21, 1980.

Registrar

Y. D. ...
B.Sc. Engg., D.Sc., C.Eng., F.I.E.E. (Lond.)
F.L.Nuc.E. (Lond.), F.I.E. (Ind.),
Vice-Chancellor.

TAMIL NADU MEDICAL COUNCIL
MADRAS

MEDICAL REGISTRATION CERTIFICATE

Certificate No. 33010

5th February 1980

I HEREBY CERTIFY that the following is a true copy of the entry in the Tamil Nadu List of the Register relating to the fully registered medical practitioner named below :—

NAME	FATHER'S NAME	ADDRESS	DATE OF FULL REGISTRATION	QUALIFICATIONS
VIJAY LAXMI SOOD	GJan Chand Sood	[REDACTED]	5.2.1980	M.B.B.S. (Madras) 1980



M.A., B.L.,
REGISTRAR



IMPORTANT NOTICES

Registered Medical Practitioners should be careful to send the Registrar immediate notice of any change in their registered addresses and also to answer all inquiries that may be sent to them by the Registrar in regard thereto, in order that their correct addresses may be duly inserted in the Medical Register. No charge is made for alteration of address. A copy of the Annual Medical Register wherein the name first appears will be supplied gratis to every person registered. After the publication of the name in the printed Medical Register, the last edition of the Register alone is the legal evidence of registration. All persons registered under whatever Diploma or Diplomas are legally qualified for the practice of Medicine, Surgery and Midwifery.

*Original
copy sent
to Registrar
on 29.2.80*

Hindu Marriage Register
(Rule 12)

Serial number of marriage 6 of year 1979.

1. (a) Full Name of Husband Vinod Kumar Goyal

(b) Caste

Hindu

(c) Age (Date of birth)

(d) Occupation and address
before marriage,

2. (a) Full names of parents of the
husband

(b) Caste

(c) Thir age

(d) Occupation and address.

3. (a) Full name of wife

(b) Caste

(c) Age (Date of birth)

(d) Occupation and address before
marriage

4. (a) Full names of parents or
guardian in marriage if any
of the wife

(b) Caste

(c) Thir age

(d) Occupation and address.

5. Name and address of the person who
Solemnized the marriage

6. Whether the marriage was solemnized
under customary rights and ceremonies of
either parties to the marriage as required
under sub sections (1) and (2) of Section 7 of
the Act.

I hereby attest to the fact that I am a notary public in the state of Illinois I have seen the original document and hereby attest to the fact that this is a true and exact copy of same.

NOTARY PUBLIC

EXPIRATION DATE

7. Place viz the Village Taluk and District where the marriage was solemnized with full address

8. The Date on which the marriage was solemnized

9. Signature of the husband

10. Signature of the wife

11. Signatures with their names in block letters of the witnesses and their addresses.

Certified that the marriage of which particulars are given above has been registered by me under the Pondicherry Hindu Marriage (Registration) Rules

Station ozhukarai
Date 13.7.79.

M. Diniadayalan.
Signature of the Marriage Registrar.

True copy.

Copy prepared by [redacted]

Copy compared by { Reader [redacted]
Examiner [redacted]

Station ozhukarai
Date 13.7.79.



[Signature]
Marriage Registrar.
Ozhukarai.

I hereby attest to the fact that I am a notary public in
the state of Illinois I have seen the original document
and hereby attest to the fact that this is a true and
exact copy of same.

on this date 3/21/00

NOTARY PUBLIC

May '02

EXPIRATION DATE

EDUCATIONAL COMMISSION
for
FOREIGN MEDICAL GRADUATES

CERTIFIES THAT

VIJAY LAXMI GOYAL

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,
SUCCESSFULLY PASSED ITS EXAMINATIONS
AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER

[REDACTED]

MEDICAL EXAMINATION

JULY 25, 1979

ENGLISH EXAMINATION

JULY 25, 1979

DATE ISSUED

February 20, 1981

VALID THROUGH

JULY, 1981



PRESIDENT

[REDACTED]

EXECUTIVE DIRECTOR

[REDACTED]

*original +
copy sent by
do. returned
original reg.
mail
5-29-81*