

62651
(POCT 07)

EXAMINATION RECORD

| Ex Exam Date | 1st Exam Date | 2nd Exam Date | 3rd Exam Date | 4th Exam Date | 5th 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 | |
|--------------|---------------|---------------|---------------|---------------|---------------|---------|------------|--------------|-----------|--------------|--------------|--------------------|-----------------------|----------|---------|------------|---------------|------------|------------|--------------------------|-----------------------------|-----------------------|--|
| | | | | | | | | | | | | | | | | | | | | | | | |

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 _____
 Returned _____
 By _____

Diploma verified _____
 Diploma 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 40 AS A PHYSICIAN

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 contained are true.

(SIGNATURE OF APPLICANT)
 (Please use legal name)

Subscribed and sworn to before me this 19th day of May, 1981

NOTARY SEAL

(Notary Public)

NOTARY PUBLIC STATE OF ILLINOIS
 MY COMMISSION EXPIRES SEPT. 17 1982
 STATE OF ILLINOIS NOTARY PUBLIC

COUNTY CODE 07500046028
GRAD 3-21-81
MIAU 6/80

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 [REDACTED]

(City) [REDACTED]
(State) [REDACTED] (ZIP Code) [REDACTED]

Place of birth [REDACTED]

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

Please designate your Social Security Number [REDACTED]. 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

RECEIVED
MAY 26 1981
DEPARTMENT OF REGISTRATION

Name and location of school attended: GOVT. GIRLS HIGH SCHOOL, NEW DELHI, INDIA Period of Attendance: 3 Years 3/68 to 3/71

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
JAWAHAR LAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH (JIPMER)
from the day of JULY, 1973 to the day of JANUARY, 1981
at (PREMEDICAL INCLUDED - INTEGRATED COURSES)
(Name of Medical College)
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 JAWAHAR LAL INSTITUTE OF MED. EDUCATION & RESEARCH, on the 21st day of MARCH, 1981, and the Diploma presented with this application is the genuine Diploma of said institution.

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:

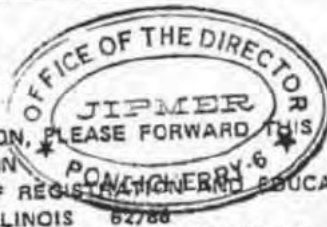
This is to certify that Dr. Vijayalaxmi Sood

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
Ø 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)



(Dean, Section of Registrar)

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

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

(MD-18) *Pre-Medical/Ø Medical studies/ \$ Compulsory House Surgeoncy.

Handwritten notes: 19/4/81

तह: जिपमर

दूर भाष: 3131-3138

जवाहरलाल इनामकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान
(स्वास्थ्य सेवा महानिदेशालय)
धन्वंतारी नगर पण्डिचेरी-605006

सं

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)
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:

[Redacted 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

DEPARTMENT OF REGISTRATION AND EDUCATION
(Medical Section)

direct
7/9/81

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
at COOK COUNTY HOSPITAL (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:



(Medical Director)

COOK COUNTY HOSPITAL

(Name of Hospital)

1825 W. Harrison

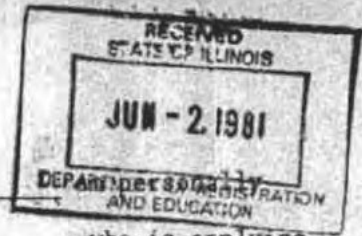
(Address)

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 24 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

George B. Hatchett My Commission
NOTARY PUBLIC

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

RECEIVED
STATE OF ILLINOIS
MAY 18 1981
DEPARTMENT OF HEALTH
who is applying

This is to certify that I, Neal T. Silverstein am personally acquainted with VIJAY L. GOYAL 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 day of 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

Bernice P. Heltch
NOTARY PUBLIC

My Commission

expires: _____

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPT. 19 1987
ISSUED BY ILLINOIS NOTARY ASSN.

1960

copy and original sent by Doctor 7/29/81 original returned 7/29/81 W.M.

University of Madras FACULTY OF MEDICINE

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
[Redacted Signature]
June 21, 1980

Given under the seal of the University.

Senate House,
March 21, 1980.

[Redacted Signature]
Registrar

[Redacted Signature]
B.Sc. Engg., D.Sc., C.Engg., 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 Registrar 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.

Handwritten notes:
Original
Copy held
by doctor
N. S. Reddy
1980

Hindu Marriage Register
(Rule 12)

Serial number of marriage 6 of year 1979.

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

(b) Caste

(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 Kaluk 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 of tukarai
Date 13.7.79.

M. Diniadayalan.
Signature of the Marriage Registrar.

True copy.

Copy prepared by hadjama [redacted]

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


Station of tukarai
Date 13.7.79.



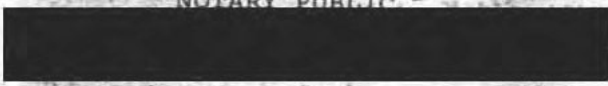
[Signature]
Marriage Registrar.
Oztukarai.

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 3/26/00



NOTARY PUBLIC



May '02
EXPIRATION DATE



[Faint, illegible text and signatures]

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



[REDACTED]
PRESIDENT
[REDACTED]
ELECTIVE DIRECTOR

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

49046

EXAMINATION RECORD

| 1st Exam. Date | 2nd Exam. Date | 3rd Exam. Date | 4th Exam. Date | 5th Exam. Date | Anatomy | Physiology | Biochemistry | Pathology | Microbiology | Pharmacology | Basic Science Average | Medicine | Surgery | Obstetrics | Public Health | Pediatrics | Psychiatry | Clinical Science Average | Clinical Competence Average | Flex Weighted Average | |
|----------------|----------------|----------------|----------------|----------------|---------|------------|--------------|-----------|--------------|--------------|-----------------------|----------|---------|------------|---------------|------------|------------|--------------------------|-----------------------------|-----------------------|------|
| | | | | | | | | | | | 75.4 | | | | | | | | | | 75.4 |

PERSONAL INFORMATION

A applicant must fill in following blanks:

Name VINOD KUMAR GOYAL

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

Total years of practice 2 1/2 yrs

At follow:

DO NOT WRITE IN THIS PORTION

Application for Registration as PHYSICIAN AND SURGEON

No. 49046

DECLARATION OF INTENTION OR CERTIFICATE OF NATURALIZATION



[Redacted]
 Diplo
 Diplo
 By
 Certif
 Certif

No. _____
 Issued: _____
 on the _____
 at _____
 Returns
 By _____

19

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? | _____ | <input checked="" type="checkbox"/> |
| 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? | _____ | <input checked="" type="checkbox"/> |
| 3. Have you ever been convicted of a felony or misdemeanor other than traffic violations? | _____ | <input checked="" type="checkbox"/> |
| 4. Have you ever been addicted to or treated for addiction to drugs? | _____ | <input checked="" type="checkbox"/> |
| 5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law, or any narcotic law? | _____ | <input checked="" type="checkbox"/> |
| 6. Have you ever recieved psychiatric treatment or received treatment for mental illness? | _____ | <input checked="" type="checkbox"/> |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? | _____ | <input checked="" type="checkbox"/> |
| 8. Have you ever engaged in the practice of medicine in a state, district or territory wherein you did not hold a valid license? | _____ | <input checked="" type="checkbox"/> |
| 9. Have you ever had an application for licensure refused or rejected by a licensing board? | _____ | <input checked="" type="checkbox"/> |



IMPORTANT:

Any false or misleading information in, or in connection with, any application, may be cause for disbarment 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

Dr. Vinod K. Goyal being
duly sworn, says that he is the person referred to in this application and
that the statements therein contained are true.

SIGNATURE OF APPLICANT
(Please use legal name)

Subscribed and sworn to before me this Twenty-Fifth day of
of February 1974.

NOTARY SEAL

Notary Public

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD

JTG401

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 VINOD KUMAR GOYAL

Permanent address

Place of birth

Are you a citizen of the United States? No

NOTE: Naturalized citizens of the United States should submit Certificates of Naturalization.

HIGH SCHOOL EDUCATION

Name of School Govt. High School Location MALERKOTLA, INDIA

Attendance from 1954 to March 1964

COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended

period of attendance

1st year D. A. V. College, Jullundur, India Apr 1964 to April 1965 - Pre-med.

2nd year MAHENDRA COLLEGE, PATIALA, INDIA 1965 to May 1966 - Pre-medical

3rd year

4th year

I have credit for 2 yrs. of college work. I received the degree of PRE MEDICAL.

from MAHENDRA COLLEGE, PATIALA, INDIA on the 10th day of January 1966

MEDICAL EDUCATION

I attended 8336 hrs (5 1/2 yrs) full courses of medical lectures as follows:

at GOVERNMENT MEDICAL COLLEGE, PUNJABI UNIVERSITY, PATIALA, INDIA

from the _____ day of _____, 1971 to the _____ day of _____, 1971

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____

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 GOVERNMENT MEDICAL COLLEGE, PUNJABI UNIVERSITY

located at PATIALA, State or Country PUNJAB, INDIA, on the 18th

day of JANUARY, 1972, and the Diploma presented with this application is the genuine Diploma of said institution.


STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

STATE OF ILLINOIS Illinois)
COUNTY OF Cook) SS

I, VINOD KUMAR GOYAL, M.D.

being first duly sworn on oath depose and say I do hereby certify that while I am in the United States of America I shall remain loyal to the Constitution of the United States of America and I will not affiliate with any organization which advocates the overthrow of the government of the United States by force or violence, SO HELP ME GOD.


Signature of Applicant

Subscribed and sworn to before me
this 25th day of February
A.D., 1974

Betty A. Lyler
Notary Public

CERTIFICATION OF COLLEGE ATTENDANCE

(Give exact dates.)

Government Medical college Patiala (India)
November 12th, 1973

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

This is to certify that VINOD KUMAR GOYAL

was in regular attendance at the Government Medical college Patiala

from the July 1966, 19 to the 31st day of December, 1971

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

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

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

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

and was granted a Diploma as Doctor of M.B.B.S. by The Punjabi University Patiala

located at Patiala State of Punjab (India)

on the 18th day of January, 1972, having completed 8336 hours.

[Seal of College]

G.O. 11A (43068-53-8-43)59,

PATIALA



PRINTED

RECEIVED

FEB 15 1974

DEPARTMENT OF REGISTRATION
AND EDUCATION
STATE OF ILLINOIS

THE FEDERATION OF STATE MEDICAL BOARDS
OF THE UNITED STATES, INC.
1612 SUMMIT AVENUE, SUITE 304
FORT WORTH, TEXAS 76102

DATE: 2/12/19 74

TO: ILLINOIS DEPT. OF REGISTRATION AND EDUCATION

SUBJECT: FLEX Examination Grades for VINOD K. GOYAL, M. D.
[REDACTED]

This is to certify that the above person took the FLEX Examination in 12/73 19
under Washington admission number [REDACTED] and obtained
the following grades: FLEX Test Processing number [REDACTED]

BASIC SCIENCE:

- Anatomy
- Physiology
- Biochemistry
- Pathology
- Microbiology
- Pharmacology



BASIC SCIENCE AVERAGE: [REDACTED]

CLINICAL SCIENCE:

- Medicine
- Surgery
- Obstetrics
- Public Health
- Pediatrics
- Psychiatry

CLINICAL SCIENCE AVERAGE: [REDACTED]

CLINICAL COMPETENCE AVERAGE: [REDACTED]

FLEX WEIGHTED AVERAGE: [REDACTED]

Sincerely,



M. H. CRABB, M. D., Secretary

MHC:mf /ie

THE FEDERATION OF STATE MEDICAL BOARDS
OF THE UNITED STATES, INC.
1612 SUMMIT AVENUE, SUITE 304
FORT WORTH, TEXAS 76102

DATE: 2/15/19 74

TO: ILLINOIS DEPT. OF REGISTRATION & EDUCATION

SUBJECT: FLEX Examination Grades for VINOD K. GOYAL

This is to certify that the above person took the FLEX Examination in 12/73 19
under Washington admission number and obtained
the following grades: FLEX Test Processing number

BASIC SCIENCE:

Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology

BASIC SCIENCE AVERAGE:

CLINICAL SCIENCE:

Medicine
Surgery
Obstetrics
Public Health
Pediatrics
Psychiatry

CLINICAL SCIENCE AVERAGE:

CLINICAL COMPETENCE AVERAGE:

FLEX WEIGHTED AVERAGE:

Sincerely,

M. H. CRABB, M. D., Secretary

MHC:mf/ie

Serial No. 28115

Roll No. 192402

August 31/1964

Panjabi University

Matriculation Examination

Certified that Vinod Kumar Goyal, son/daughter
of Shri Jagat Ram Goyal, and of
the Govt. High School, Malerkotla, (Sangrur), passed
the Matriculation Examination of this University held in
March, 1964, in six subjects obtaining 657 marks
in the First Division.

Date of Birth Seventh August
Hundred and Forty-eight

One Thousand Nine
(7-8-1948)

DETAIL OF MARKS

| Sr. No. | Subject | Max. Marks | Marks obtained |
|---------|--|------------|---------------------------------|
| 1 | English | | [REDACTED] |
| 2 | (i) Mathematics OR (ii) Arithmetic, Domestic Arithmetic & Household Accounts | | |
| 3 | Social Studies | | |
| 4 | Hindi | | |
| 5 | Science U. 86, P. 27 | | |
| 6 | Drawing | | |
| Total | | | (Six Hundred and fifty-seven) |

Line below marks indicates failure in the subject and marks not included in the grand total.

Chandigarh
June 16, 1964



Kajpal Singh Narang
Registrar