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DEPAR MENT OF ESCISTRATION AND EDUCATION SPRINGRIED

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POSTGRADUATE HOSPITAL TRAINING WAT STATE OF IL.

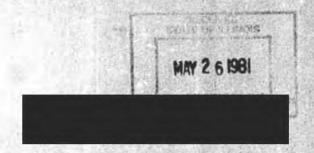
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THE FILING OF AN APPLICATION OR THE TAKING OF AN EXAMINATION DOES NOT ENTITLE THE APPLICANT TO PRACTICE IN THE STATE OF ILLINOIS.

YOUTGH CREDENTIALS HAY 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 Framination Grades For:
GOY L VLOAY L



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	
Biochemist y	
Pathology	
Microbiology	
Pharmacology	
Behavioral Science	
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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. JERVEY JR., M.D.
EXECUTIVE DIRECTOR - SECRETARY

	ON OF COLLEGE ATTENDANCE (Give exact dates) Jawaharlal Institute Medical Education & Pondicherry-609 006.	of Postgradua Research,
TO THE DEPARTMENT OF REGISTRATION AND EO	29 th April,	19 81
This is to certify that Dr. Vijaye	laxmi Sood	AND THE RESERVE OF THE PARTY OF
located at Machan	19.73 to the day of April 19.74 to the day of December, 19.79 to the 3 day of February, 19 to the day of Surgery of Surgery of Medicine & Bachelor of Surgery	1974 1978 1980 19 19 19 ery by the iversity of M
UPON COMPLETION, PLEASE FORWARD MEDICAL SECTION POPULATIONERS	(Dean, Security To Jawaharlal Institute	29/4/87.

तक्र: जिपमर

दूर भाष: 3131-3138

जयःहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (स्वास्थ्य सेवा महानिदेशालय) धन्वंतारी नगर पांडिवेरी-605006

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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 30-4-198 1

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

DEPARTMENT OF REGISTRATION AND EDUCATION

(Medical Section)

OASH SECTION

CERTIFICATION OF CLINICAL TRAINING COVERED BY THE ILLINOIS MEDICAL PRACTAGE ACT This is to CERTIFY:

(1)	That VIJAY L GOVAL (full name of physician)
	has satisfactorily completed (2 months in
	a program of Pediatives graduate - specialty - residency
	at Cool County whichever is not applicable)
	extending from 7-1-80 ename of hospital) to (6-30-81)
	and
(2)	That the physican 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 11s 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:	
	Cook County
	1823 W. Harrison
	(Address)
SEAL OF H	DATED: 1/9/8/

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

birect or

DEPARTMENT OF REGISTRATION AND EDUCATION (Medical Section)

CERTIFICATION OF CLINICAL TRAINING COVERED BY THE ILLINOIS MEDICAL PRACTICE ACT This is to CERTIFY:

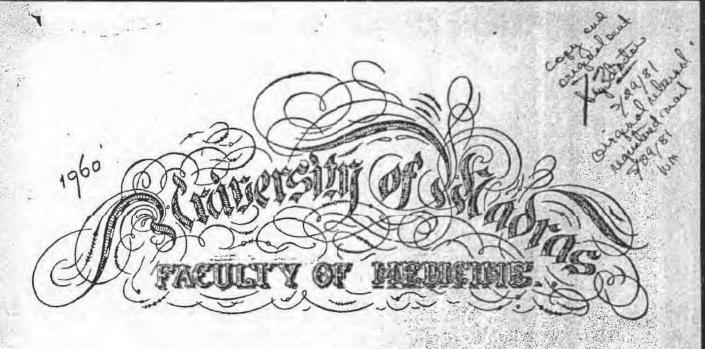
(1)	That VIJAY GOYAL
	(full name of physician)
	has satisfactorily completed 12 months in PEDIATRICS
9	a program of graduate - specialty - residency at COOK COUNTY HOSPITAL (strike out whichever is not applicable)
	extending from 7/1/80 (name of hospital) to 6/30/81;
	and
(2)	That the physican hereinabove 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 CHUNTY HOSPITAL
	(Name of Hospital) 1825 W. Harrison
	(Address)
SEAL OF HO	SPITAL DATED: 7/6/81

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

Medical Section
Department of Registration and Education
32b Washington Street, 3rd Floor
Springfield, Illinois 62786

DEPARTMET SAUGHSTRATION 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 (MAIDEN NN. SOOD), who graduated from JIPMER, PONDICHERRY, INDIA and was issued the degree and diploma of Doctor of Medicine on the gly day of Masch , 19 80 ; and that Dr. VITAY 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. VITAY 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. 36-51762 PRINT NUMBER State of Illinois in the County of Subscribed and sworn to before me this 1 day of Chine , 19 8/ My Commission NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES CEPT . 19 1982 expires: MISLED THEU ILLINOIS NOTARY ASSOC.

		1	STATE OF ILLINOIS
This is to certif	y that I, Neal T.	Silverstein	am personalige
	VIJAY L. GOYA		, who is applying
	practice medicine in all of		he State of
Illinois; that I	hereby attest to the educati	ional background o	f Dr. VIJAY L.
	EN NM. Soco), who graduated		
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		Signed /	
		NEAL	T. SILVERSTEIN
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Subscribed and su	worm to before me this 150	Iday of	ay , 19 8/
Dernu P	& Stefet		My Commission
NOTARI PUBLIC C	MOTARY PUBLIC STATE IN ILLINOIS	987	
expires:	Spine HRILLILINGIT N. ARY AS	vx.	



The Senate of the Superior Scot hereby makes known that - Pigory Lowers Scot 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 CODY

Given under the sext of the University.

SJune 21, 1980

Sinate House,

March 21, 1980

Registran

10 E. Sc. Engg., B.Sc. C. Engg., F.L. E. (tond., F.L. Suc. E. (Lond.), F.L. (Lond.),

Vice- Chancellor

TAMIL NADU MEDICAL COUNCIL MADRAS

MEDICAL REGISTRATION CERTIFICATE

Certificate No. 33010

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

5th February

RUPEL SOPAISE	ALT AX LYXVI SOOD	Name
	Gian Chand Sood	FATHER'S NAME
M.A., B.L., REGISTRAR REGISTRAR TOTICES		Address
THE REGION ANDRAS. * BUILDING	5-2-1980	DATE OF FULL REGISTRATION
CACE CACE	(Madras)	QUALIFICATIONS

of the name in the printed Medical Register, the last edition of the Register alone is the legal evidence of registration. All persons their correct addresses may be duly inserted in the Medical Register. No charge is made for alteration of address. A copy of the registered addresses and also to answer all inquiries that may be sent to them by the Registrar in regard thereto, in order that Annual Medical Register wherein the name first appears will be supplied gratis to every person registered. After the publication registered under whatever Diploma or Diplomas are legally qualified for the practice of Medicine, Surgery and Midwifery. Registered Medical Practitioners should be careful to send the Registrar immediate notice of any change in their Hindu elloarriage Register (Toule 12).

Gerial number of marriage 6 of year 1979.

- 1. (a) Trull Name of Husband Vino of Kumar Goyal. Hindel to vigor John
 - (6) Carte
 - (e) Age (Date of birth)
 - (d) Occupation and address before marriage,
- 2. (a) Trull names of parents of the husband
 - (b) casti
 - (e) Thurage
 - (d) Occupation and address.
- 3. (a) Trull name of wife
 - (6) caste
 - (c) Age (Date of Birth)
 - (d) Occupation and address before marriage
- 4. (a) Trull names of travents or quardian in marriage if any of the wife
 - (6) caste
 - (e) Thurage
 - (d) Occupation and address.
- 5. elame and address of the person who S-olemnized the marriage
- 6. Whether the marriage War solemnized under customary rights and ceremonies of eighter parties to the marriage as required under sub sections (1) and (2) of section y of the Act.

His Let alocalisans Secretarille Tal slut were doct mentioned to of bean 1279 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. (disort : PRINCE T WASHING CANYDING . . Della Trade H. P.

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. . . Viace Viy 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 and 100

to. Lignature 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 Pondieherry Hunduello arriage (Registration) Rul

Station ozhukarai Date 13.7.79.

M. Dinadayulan. Signature of the Mariage Registrar.

Truc copy.

Copy prepared by had amais

Copy compared by Scade

I tation ozhuKarai Date 13.7.79.



Marriage Registrar. oz hukarai.

But web of the news See Name & Spirit and and it all Bearing Margaret Britishers Destinat vigure the imaginality was Born Hall address f it was a same evert. St 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 the clato 3/2/100 NOTARY PUBLIC Delin Coll all all all all a May '82 EXPIRATION DATE Dr. Rakesh Street CH - W. Thomas freshill and in Annula Kapiner Someta Kaheen muchous Mine with a house the season with Breech Line Court ח שורות שב בל ביולוב ב בות ב בנבת ב ממות ביו בב בב ביו with the Fredericky - with the white of Regular BERT LEVEL VA M. Dimariani or predict of the est Legis Time 1111323 HI FROM PRODUCTION 1.5000.24

FOREIGN MEDICAL GRADUATES EDUCATIONAL COMMISSION

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

MEDICAL EXAMINATION JULY 25, 1979

JULY 25, 1979

ENGLISH EXAMINATION

DATE STEP FEBRUARY 201 1981 NOTION THROUGH JULY, 1981





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	PERSONAL HISTORY
NOTE: If any of the following questions are an	swered "YES", full details must be furnished on separate sheet and attached. YES NO
1. Do you hold a license in any of the other l	healing arts?
	board or any medical association for interrogation
3. Have you ever been convicted of a felony of	
4. Have you ever been addicted to or treated it	
5. Have you ever made an offer to compromise or any narcotic law?	
6. Have you ever recieved psychiatric treatment	t or exceived trestment 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 me you did not hold a valid license?	edicine in a state, district or territory wherein
9. Have you ever had an application for license	are refused or rejected by a licensing board?
IMPORTANT: Any false or misleading information is, or in coof lack of good moral character.	onnection with, any application, may be come for debaneant on the ground
Under penalties of perjury. I declare and affirm statements and transcripts are true, complete an	that the statements made in the foregoing application, including accompanying d correct.
State of Slenais County of Cook	On Vined K. Soyal being duly sworn, mys that he is the person referred to in this application and that the statements therein contained are true.
	SIGNATURE OF APPLICANT (Piesse use legal name)
	Subscribed and sworn to before me this Tuesty Fifth my of Jeleruary . 1974.
NOTARY SEAL	Notary Bublic
Market State of State	

STATE OF RUMONS DEPARTMENT OF REGISTRATION AND EDUCATION SPRINGFIELD

116461

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEONATING DAITATON Line entitled: The "Medical Practice Act" of Illinois. VINOD KUMAR Permanent address Place of birth NOTE: Naturalized citizens of the United States should submit Certificates of Naturalization. HIGH SCHOOL EDUCATION 3 T WAS Name of School Capit. Hill School Location MALERKOTLA, INDIA 10 March 1964 Attendance from COLLEGE OR UNIVERSITY EDUCATION Name and location of school attended period of attendance 1st year D. A V College, Jullunder, India Apr 1964 6 April 1965-Fre-un Med. 2nd year MAHENDRA COLLEGE PATIALA, INDIA 1965 to May 1966. Pre-metical 3rd year_ by college work. I received the degree of PEBUS PRE MEDICAL. I have credit for MAHENDER COLLEGE, MEDICAL EDUCATION MEMICAL EDUCATION strended 8336 Hrs (5 1 45) full courses of edical lectures as follows: " COVERNMENT Medical College PUNTARY UNIVERSITY, PATIALA, INDIA day of 19 Fto the (Narr of Medical College) day of ______ 19 ___ 10 the _____ day of ______ 19___ (Name of Medical College) from the _____day of ___ day of 19 man 19 正小口目 极 日本語 超性 跨 套 下水水 (Name of Medical College) , 19___to the ____ day of _______, 19_____ I was granted the degree of Doctor of Medicine by COVERNMENT MEDICAL CALLEGE, PUNTAGE UNINSPECTY located at PATIALA, State or Gountry PUNJAB, INDIA . on the 18 th day of JANUARY , 1972 , and the Diploms presented with this application is the genuine Diploms of said trettenties.

POSTGRADUATE HOSPITAL TRAINING AND PRACTICE (LIST CHRONOLOGICALLY)

DESCRIPTION	NAME OF INSTITUTION	FROM	TO	LOCATION
ROTATING INTERNSHIP	GOVT. MEDICAL COLLEGE	5.71	Bec7/	PATIALA, INDIA.
RESIDENT HOUSE SURGEON	Same	Zn. 72	Fine 72	The second second second
ROTATING INTERNSHIP	ST. ELIZABETH'S HOSPITAL	Tuly 72	Tue 13	CHICAGO, 121.
CURRENTLY 8491 F	144	(AVG)	(14	ANITIAMA Wines
RESIDENCY OB/GYN.	Chicago medical lehool MOUNT SINAI MEDICAL	Tely 13	Tue 74	CHICAGO, ILL.
CTLA, INDIA	49378W			med so Crove Hype S
49	81 4220		45	* Same
1 Ab 1 1216 Com	les Indea Rh 1464	llura	. Ju	is or C. A. V. Cellege
	MATTHER, INDIA 1			NAUNTHAM
SASTA AND AND SHEET	0.234			(1982) 276
June - 346 1966	+	inni	idage	Cour Personal College, Pur
Billion Blaired I was	27. 17.00	1		B336 Ms (5 2 yes)
WELLS BY THILD ALL	Bearing Sallings 1 34	13327	3-3	1891. Trimon Lind Olys

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.

1 K B.

PUNJAK NIA

PATIALA, TA

STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

STATE	OF	ILLINOIS	Illerous)	
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 over throw of the government of the United States by force or violence, SO HELP ME GOD.

K Comments

Signature of Applicant

Subscribed and sworn to before me

this 25th day of Tehruary

My A Sefler

CERTIFICATION OF COLLEGE ATTENDANCE (Give exact dates.)" Government Medical college Privale (mais) 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 soverument medical tollege Paliala from the day of July 19 66 19 to the 3/st day of December. 1971 from the ____day of____ from the ____day of__ ______ 19_____to the _____day of___ ______ 19_____to the_____day of___ Punjabi University and was granted a Diploma as Doctor of MARS by The Paliala State of Punjal (India) located at____ on the 18/2 day of January , 1978, having completed 8336 [Seal of College] Q.O. 11A (49068-52(-8-43)55,

RECEILED

FEB 1 5 1974

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

1612 SUMMIT AVENUE, SUITE 30 FORT WORTH, TEXAS 76102

DEPARTMENT OF REGISTRATION AND EDUCATION STATE OF ILLINOIS

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

MHC:mf /je

DATE:	2/12/19 74			
	ILLINOIS DEPT.	OF REGISTRATION AN	D EDUCATION	
TO:	TEEH TO IS DET TO			
	(1 C 1 for	VINOD K. GOYAL, M.	. D.	
SUBJECT: FLEX Examina	ation Grades for			
			12/73	
This is to certify that the	above person took the	FLEX Examination in	12/13	and obtaine
under	Washington	admission number		and obtaine
the following grades:		FLEX Test Processin	ng number	
BASIC SCIENCE:				
Anatomy				
Physiology				
Biochemistry	or and a second			
Pathology				
Microbiology				
Pharmacology		BASIC SCIENCE A	VERAGE:	
CLINICAL SCIENCE:				
Medicine				
Surgery				
Obstetrics				
Public Health				
Pediatrics				
Psychiatry		CLINICAL SCIENCE	E AVERAGE.	
		CLINICAL SCIENCE	E AVERAGE:	th.
	W AVEDACE.			
CLINICAL COMPETENC	E AVERAGE: _			
FLEX WEIGHTED AVE	ERAGE: -			
Sincerely,				
^				

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 Examin	nation Grades for	VINOD K. GOYAL	
This is to certify that the	above person took t	he FLEX Examination in 12/73	19
the following grades:	Westington	FLEX Test Processing number	and obtained
BASIC SCIENCE: Anatomy Physiology Biochemistry Pathology Microbiology Pharmacology CLINICAL SCIENCE: Medicine Surgery Obstetrics Public Health Pediatrics		BASIC SCIENCE AVERAGE:	
Psychiatry		CLINICAL SCIENCE AVERAGE:	
CLINICAL COMPETENC	E AVERAGE: _		
FLEX WEIGHTED AVE	RAGE:		
Sincerely,			
M. H. CRABB, M. D., Se	cretary		
MHC:mf/je			

Ferial No. 28115

LECTIFUL CHILITITITIES

Matriculation Examination

	Certified that	Vinod Kumar Goyal	, son/dangliter
$\mathfrak{n}\mathfrak{f}$	Shri	Tagat Ram Goyal	and of
		sh School, Malerkotla. (Sangru	
		Examination of this	
A	arch, 1964, in	six subjects obtaini	ng 657 marks
in	the First	Division.	
	That are The	-u- Seventh August	(i) (ii)

Date of Wirth Seventh August . Hundred and Forty-eight One Thousand Nine (7-8-1948).

DETAIL OF MARKS

Sr. No.	Subject	Max. Marks Marks ob- tained	
1	English		
2	(i) Mathematics OR (ii) Arithmetic, Domestic Arithmetic & Household Accounts		Line below marks indicates failure in the subject
4	Social Studies Hindi		and marks not included in the grand total,
5	Science W.86, P.27		•
6	Drawing		
	Tetal	(31	Hundred and Fifty-Seven

Chandigarh



Kuipal Saigh harmy Registras