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 1974

Ø from the - day of June 19 74 to the - day of December, 1978

$ from the 27 day of January 19 79 to the 3 day of February, 1980

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.

[redacted]

(Seal of College)

OFFICE OF THE DIRECTOR JIPMER PONDICHERRY-6

(Dean, Secretary or Registrar)

DIRECTOR,
JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH.
PONDICHERRY - 605006.

UPON COMPLETION, PLEASE FORWARD THIS FORM DIRECTLY TO:
MEDICAL SECTION
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD, ILLINOIS 62706

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

तार: जिपमर दूर भाष: 3131-3136

जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान

(स्वास्थ्य सेवा महानिदेशालय)

धन्वंतरी नगर पांडिचेरी-605006

सं दिनांक.....198....

Telegram : "JIPMER" *Telephone* : 3131-3136

Telex : 0459-244

JAWAHARLAL INSITITUTE 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.

MGIPCBE—S6—2 JIPMER/P/80—27-10-80—30,000.

DEPARTMENT OF REGISTRATION AND EDUCATION
(Medical Section)

RECEIVED
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. GOYAL
(full name of physician)

has satisfactorily completed 12 months months in

a program of Pediatrics graduate - specialty - residency
(strike out whichever is not applicable)

at Cook County
(name of hospital)

extending from 7-1-80 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: [redacted]
(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

(MD 129)

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 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: [redacted]
(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

RECEIVED
STATE OF ILLINOIS
JUN - 2 1981
DEPARTMENT OF REGISTRATION AND EDUCATION

This is to certify that I, _____ 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, PONDICHERRY, INDIA and was issued the degree and diploma of Doctor of Medicine on the 31st 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.

[redacted]

Signed [redacted]

S. PYATI
PRINTED NAME

State of Illinois Medical Certificate No.

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

Lorraine B. Hatchett
NOTARY PUBLIC

My Commission expires: _____.

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

(MD 154)

RECEIVED
STATE OF ILLINOIS
MAY 18 1981
DEPARTMENT OF

This is to certify that I, Neal T. Silverstein am 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, PONDICHERRY, INDIA and was issued the degree and diploma of Doctor of Medicine on the ____ day of March 31, 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.

[redacted]

Signed [redacted]

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. Gilchrist
NOTARY PUBLIC

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

My Commission expires: _____.

(MD 154)

copy and original sent by Poster 7/9/81
original returned registered post 7/9/81 WM

1960

University of Madras

FACULTY OF MEDICINE.

The Senate of the University of Madras hereby makes known that - Vijay 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]

SJune 21, 1980

Given under the seal of the University

Senate House,

March 21, 1980.

Registrar

B.Sc. Engg., D.Sc., C.Engg., F.I.E.E. (Lond.)
F.I. Mec. E. (Lond.), F.I.E. (Ind.),
Vice-Chancellor.

TAMIL NADU MEDICAL COUNCIL

MADRAS

MEDICAL REGISTRATION CERTIFICATE

5th February, 1980

Certificate No. 33010

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	Gian Chand Sood	[redacted]	5.2.1980	M.B.B.S. (Madras) 1980

1 Re 50P COURT FEE रुपया 50 पैसा 1 RUPEE 50 PAISE

[redacted]

M.A., B.L.,
REGISTRAR

SEAL OF THE REGISTRAR ★ TAMIL NADU MEDICAL COUNCIL, MADRAS.

[redacted]

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 by doctor reg. and orig. 2-3-81

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) Their 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) Their 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.

[redacted]

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

[redacted]

Station Ozhukarai
Date 13.7.79.

M. Dhadayalan.
Signature of the Marriage Registrar.

True copy.

Copy prepared by Kadjamai [redacted]

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

Station Ozhukarai
Date 13.7.79.

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 the date 3/21/80

[redacted]

NOTARY PUBLIC

[redacted]

May '82

EXPIRATION DATE

EDUCATIONAL COMMISSION
for
FOREIGN MEDICAL GRADUATES

original + copy sent by dr. returned original reg. mail 3-29-81

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

ECFMG

[redacted]

PRESIDENT

[redacted]

EXECUTIVE DIRECTOR

49046

EXAMINATION RECORD

	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
1st Exam. Date																
2nd Exam. Date																
3rd Exam. Date																
4th Exam. Date																
5th Exam. Date																

PERSONAL INFORMATION

Applicant must fill in following blanks:

Name VINOD KUMAR GOYAL

[redacted]

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

Total years of practice 2 1/2 yr

As follows:

[redacted]

DO NOT WRITE IN THIS PORTION

No. 49046

Application for Registration as
PHYSICIAN AND SURGEON

[redacted]

Diplo

Diplo

By

Certif

Certif

DECLARATION OF INTENTION
OR
CERTIFICATE OF NATURALIZATION

No.

Issued :

on the. 19

as

Returne

By

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 recieved psychiatric treatment or received 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 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?		✓

[redacted]

IMPORTANT:

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

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.

[redacted]

SIGNATURE OF APPLICANT
(Please use legal name)

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

NOTARY SEAL

[redacted]

Notary Public

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD

116401

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

3/1/74 6041105 75.00 036 3 A

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 [redacted]

Place of birth [redacted]

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 UNIVERISTY EDUCATION

Name and location of school attended — period of attendance

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

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

3rd year

4th year

I have credit for [redacted] 2 yrs. of college work. I received the degree of ~~M.B.B.S~~, PRE MEDICAL.
(No. of majors, semester hours, or clock hours)
from ~~Govt Medical College~~ Punjabi University MAHENDRA COLLEGE, (College or University) on the ~~10th~~ day of ~~January~~ June ~~1972~~ 1966

MEDICAL EDUCATION

I attended 8336 Hrs (5½ yrs) full courses of medical lectures as follows:

at Government Medical College, PUNJABI UNIVERSITY, PATIALA, INDIA
(Name of Medical College)
from the day of , 19 to the day of , 19 71

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 (Name of Medical College) 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.

POSTGRADUATE HOSPITAL TRAINING AND PRACTICE (LIST CHRONOLOGICALLY)

DESCRIPTION	NAME OF INSTITUTION	DATES FROM	DATES TO	LOCATION
1. ROTATING INTERNSHIP	RAJENDRA HOSPITAL GOVT. MEDICAL COLLEGE	Jan 71	Dec 71	PATIALA, INDIA.
2. RESIDENT HOUSE SURGEON	Same	Jan. 72	June 72	Same.
3. ROTATING INTERNSHIP	ST. ELIZABETH'S HOSPITAL	July 72	June 73	CHICAGO, ILL.
4. - CURRENTLY RESIDENCY OB/GYN.	Chicago Medical School MOUNT SINAI MEDICAL CENTER.	July 73	June 74	CHICAGO, ILL.

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.

STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

STATE OF ILLINOIS Illinois)
) SS
COUNTY OF Cook)

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.

[redacted]
Signature of Applicant

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

Betty A. Eyler
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 ____ day of 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 MBBS by The Punjabi University Patiala

located at Patiala State of Punjab (India)

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

Kamalkumar

[Seal of College]

Kamalkumar

[redacted]

PATIALA

Q.O. 11A (49068—5M—5-43)

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 [redacted] 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,

[redacted]

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

MHC:mf /je

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 [redacted] 19____ under Washington admission number [redacted] and obtained the following grades: FLEX Test Processing number [redacted]

BASIC SCIENCE:

Anatomy [redacted]
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,

[redacted]

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

MHC:mf/je

Serial No. 28115 Roll No. 192402

Punjab 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 One Thousand Nine Hundred and Forty-eight (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 W.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

Kaifat Singh Rattan
Registrar

This SUCCESS-*cum*-DETAILED MARKS certificate will be treated as two separate certificates for purposes of obtaining duplicate copy of the same.

Admitted to.....
(Name of the College)

in.....on.....
(Class) (Date and Year)

Checked by:

1. .....
2. .....
3. .....

Assistant

Signature of the Principal
Official Rubber Stamp

NOTE.—The Tabulators and the Assistant should affix their full signatures above.

P. U. P. (214) –60,000/22-4-64

Principal

Regd No. 310-mc (P)-65 Roll No. 132

Punjabi University

PUNJABI UNIVERSITY PATIALA

Pre-Medical Examination

Faculty of Science

Certified that Vinod Kumar Goyal, son/~~daughter~~ of Shri Jagat Ram Goyal, and of the Mahendra College, Patiala, has passed the Pre-Medical Examination of this University held in April 1966, obtaining 432 marks in the First Division.

Additional Optional Subject passed Hindi

[redacted]

Patiala, June 10 1966

Xeroxed copy of the original Pre-Medical Examination Certificate of Doctor Vinod K. Goyal.

State of Illinois County of Cook.
Dated this 17th day of July 1973.

[redacted]
Notary Public

3/1/74
original

RAJENDRA HOSPITAL PATIALA.
*****

No.RH/EI/14395 Dated: 6-9-72

TO WHOM IT MAY CONCERN

Certified that Dr.Vinod Kumar Goyal,MBBS, S/O Sh.Jagat Ram Goyal, has worked as Paid & Resident House Surgeon in the department of General Surgery of this Institution for the period from Ist January,1972 to 30th June,1972.

During this period His work and conduct remained satisfactory.

This hospital is attached to the Govt. Medical College,Patiala affiliated with the Panjabi University, Patiala.

[redacted]
Medical Superintendent,
Rajendra Hospital,Patiala.

Medical Superintendent
Rajendra Hospital, Patiala

DR. RAMJI DASS, M.S., F.A.M.S.
Principal

Tel: Office 249
Resi 650

GOVT. MEDICAL COLLEGE, PATIALA (India)

No.: Trg-P F-Dec'70/

Dated: 14th March, 1972.

C E R T I F I C A T E

This is to certify that Dr. Vinod Kumar Goyal S/O Sh. Jagat Ram Goyal had been a student undergoing M.B.B.S. course in the Govt. Medical College, Patiala, Punjab, India, from July 1966 to December 1971. He received University degree and became eligible for full registeration in January 1972. During his undergraduate career, he was a diligent and well behaved student and held a good merit in various University Examinations

He can speak, read and write in 'English' very well. The medium of teaching in this college is English.

Xeroxed copy of the original certificate issued to Doctor Vinod K. Goyal.
State of Illinois County of Cook.
Dated this 17th day of July 1973.

[redacted]
Notary Public

[redacted]
Dean,
Faculty of Medicine &
Principal,
Govt. Medical College,
Patiala (India).

Principal,
Govt. Medical College,
PATIALA.