

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

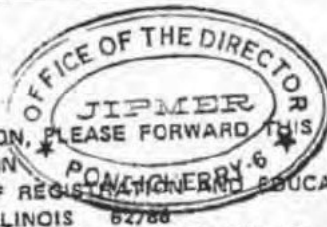
\* from the 25 day of July 19 73 to the - day of April 19 74
Ø from the - day of June 19 74 to the - day of December, 19 78
\$ from the 27 day of January 19 79 to the 3 day of February, 19 80
from the - day of - 19 - to the - day of - 19 -
from the - day of - 19 - to the - day of - 19 -

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 signature and date: 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 62785.

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 (name of hospital) 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

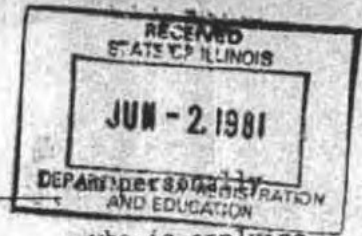
(Address)

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

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

expires: \_\_\_\_\_

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]  
June 21, 1980

Given under the seal of the University.

Senate House,  
March 21, 1980.

Registrar

[Signature]  
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 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.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  
29/8/80



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]  
EXECUTIVE 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

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 area containing personal information]

Certif

Certif

By

Diplo

Diplo

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?	_____	_____✓
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?	_____	_____✓



**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  
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 Govt. Medical College, Punjab University 10th day of January June 1966  
MAHENDRA COLLEGE, 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 25<sup>th</sup> 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 day of 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] Hanuman

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,  
[REDACTED]

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:**

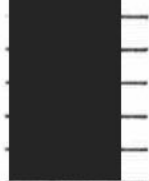
Anatomy  
Physiology  
Biochemistry  
Pathology  
Microbiology  
Pharmacology



**BASIC SCIENCE AVERAGE:**                     

**CLINICAL SCIENCE:**

Medicine  
Surgery  
Obstetrics  
Public Health  
Pediatrics  
Psychiatry

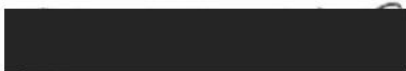


**CLINICAL SCIENCE AVERAGE:**                     

**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*

# Punjabi University

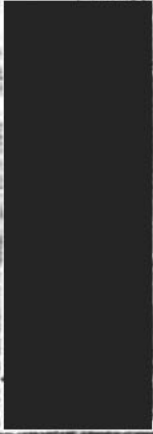
## Matriculation Examination

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		
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

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

Admission Certificate of D. A. W.  
Principal

Regd No. 310-mc (P)-65

Roll No. 132

# Punjabi University



*aug 31/1964*

## 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

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 19 73.

[Redacted Signature]  
Notary Public



*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

3/11/74  
orig dit

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 Ran Goyal, has worked as Paid & Resident House Surgeon  
in the department of General Surgery of this Institution for  
the period from 1st 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.

  
Medical Superintendent,  
Rajendra Hospital, Patiala.

OL  
Medical Superintendent,  
Rajendra Hospital, Patiala



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

*original  
3/11/74*

Tel: Office : 249  
Res: : 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 registration 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 19 73.

[Redacted Signature]

Notary Public

[Redacted]  
Dean,  
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