

GOVERNMENT OF TELANGANA

BOARD OF INDIAN MEDICINE



MEDICAL REGISTRATION CERTIFICATE

FORM - A
See Rule 14(3)

Registration No:	PR-3641/H/2025
Name:	Dr. NEHA SONI
Father / Husband Name:	SACHIN KUMAR VERMA
Date of Birth:	06/11/1983
Primary Qualification:	B.H.M.S
College:	VASUNDHRA RAJE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL GWALIOR
University:	MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY JABALPUR
Internship Completion Month & Year:	09/2009
Date of Registration:	09/05/2025
Additional Qualification	---- NIL----
College:	---- NIL----
University:	---- NIL----
Date of Registration:	---- Nil----
Permanent Address:	O-1912, RAINBOW VISTAS ROCK GARDEN, GREEN HILLS ROAD,,KUKATPALLY, MEDCHAL - MALKAJGIRI, 500018
Practice Address	DR NEHAS CLINIC, SHOP 401, 4TH FLOOR, GANESH PLAZA, JNTU - HITECH CITY ROAD, KUKATPALLY HOUSING BOARD COLONY,KUKATPALLY,KUKATPALLY,MEDCHAL - MALKAJGIRI, 500072
Valid Upto:	08/05/2030

Place: Hyderabad.

Date: 09/05/2025

Secretary
KATTA HYMAVATHI
Board of Indian Medicine
Digitally Signed by
Date:09/05/2025 12:51:54
PM

IMPORTANT NOTES

1. Registered Medical Practitioners should be careful to send the immediate notice of any changes in their registered addresses.
2. They should also answer all inquiries that may be sent to them by the Secretary in regard thereto, in order that their correct addresses may Keeping the data alive.
3. All the persons registered under whatever qualification are legally qualified for practice of HOMEOPATHY Medicine with in the state of telangana.
- 4.This is a digitally generated certificated which does not required signature.