

# GOVERNMENT OF TELANGANA

## BOARD OF INDIAN MEDICINE



### MEDICAL REGISTRATION CERTIFICATE

#### FORM - A

See Rule 14(3)

PR-3641/H/2025

Registration No:

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 be kept 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 certificate which does not require signature.