

CHETTINAD UNIVERSITY
POST GRADUATE DIPLOMA IN CLINICAL EMBRYOLOGY 2011-12

S.NO	NAME	GENDER	D.O.B	D.O.J	REGISTRATION NUMBER	Permitted to appear for Examination in
1	Dr. KAMALA RANI. S. K. K.	F	14.05.1981	30.08.2011	81110101	December 2011 Session
2	Dr. KARTHIK . G	M	24.11.1971	30.08.2011	81110102	December 2011 Session
3	Dr. LAKSHMANAN SARAVANAN	M	17.01.1975	30.08.2011	81110103	December 2011 Session


REGISTRAR


3/11