E-signed Declaration for Healthcare Professional

Personal Details:

Name:	Rohit Mishra
HPR-ID:	71-2503-2363-0280
Professional Category*:	Doctor
Professional Subcategory*:	Modern Medicine
Mobile No*:	9748001888
Email-ID*:	test@Mail.com
Title*:	Dr
Full Name:	Rohit Mishra
Nationality*:	Indian
Languages Spoken*:	English , Hindi , Bengali , Kannada

Communication Address:

Name:	Rohit Mishra
Address:	UTALIKA BL- TWR E , 15- FR- 04 405 BARAKHOLA LP- 208/21 Mukundapur Sonarpur
Country:	India
State:	West Bengal
District:	Kolkata
City/Town/Village:	
Postal code:	700099

Registration Details:

Registered with State Council*:	West Bengal Medical Council
Registration Number*:	103718
Registration Date*:	10/11/2025
Registration Type*:	Permanent
Next Date of Renewal*:	NA

Qualification Details:

Name of Degree or Diploma*:	Mbbs - Bachelor Of Medicine And Bachelor Of Surgery
Country Name*:	India
State Name*:	Karnataka
College Name*:	Jss Medical College, Mysuru
University Name*:	Rajiv Gandhi University Of Health Sciences (rguhs)
Name of Degree or Diploma*:	Dnb Neurosurgery
Country Name*:	India
State Name*:	West Bengal

College Name*: National Neurosciences Centre

University Name*: National Board Of Examination

Work Details:

Currently Working*: Yes

Nature of Work: *: Practice

Working With: *: Private Practice only

Facility Details:

Current Facility	Facility ID	Facility Status	Name	Address	State	District	Type	Department	Designation	Status

Declaration

I hereby declare that I am voluntarily sharing above mentioned particulars and information. I certify that the above information furnished by me is true, complete, and correct to the best of my knowledge. I understand that in the event of my information being found false or incorrect at any stage.

Name: Rohit Mishra

Healthcare Professional ID Number: 71-2********-0280

Digital Signature:

Digitally signed by
Date: 2026.03.28 14:18:53 IST
Reason: HPR Registration
Location: NHA