

NRH Enrollment No.	Name of the professional	Father's name	Name of medical degree or diploma obtained and university with the month and year of passing qualification	Registration number	Date of Registration	State	Name of hospital or institute with complete address for purposes of teaching or research or practice of medicine	Name of person in institution or hospital who will be responsible for legal issues regarding patient care provided by doctor concerned
NRH/0070151	DR. SWEKRITEE CHETTRI	DINESH KUMAR CHETTRI	BHMS March-2023 The West Bengal University of Health Sciences, WEST BENGAL	NCH-00050	30-12-2024	SIKKIM		Dr. Swekritee Chettri
NRH/0070161	DR. ADARSH SHARMA	BISHNU PRASAD SHARMA	BHMS March-2024 The West Bengal University of Health Sciences, WEST BENGAL	NCH-00060	30-12-2024	SIKKIM		Dr. Adarsh Sharma