## **PRACTITIONER'S PROFILE**

Name	DR. PASSANG DOLMA
CCTM Registration No.	CCTM/QMP/3079/2006
Postal Address	18370 SW BOONES FERRY ROAD,
	E207, Portland, Oregan-97224
	U.S.A
E-Mail	dolma61@yahoo.com
Phone Number	001-5418419804
Qualification	Kachupa (BSRMS)
Brief Bio-Data	I was graduated with first division as a first batch from C.I.H.T.S
	Varanasi in year 2000. I did my first six months internship at
	Institute clinic and another six months at Men-Tsee-Khang branch
	clinic at Bangalore. Served as a physician at Dolkar Herbal Clinic
	in Delhi.