



**Department of Medical Health
& Family Welfare, Uttar Pradesh**

Office of Chief Medical Officer, Lucknow
Certificate for Registration

Certificate No: CMEE1800001

Date: 08/06/2018

This is to Certify that the Medical Institution having Name **SDFSDFSDF**. Type **HOSPITAL** Address **sadsad,Lucknow,Uttar Pradesh,234234** is operated by **SDFSDF** for providing medical facilities **SDFSDF** is registered with us that is valid from **08/06/2018** To **08/06/2019**. The Medical institution will be operated by the in-charge of the medical establishment according to the term / detail mentioned below as given in the application form.

1. Details of Person Incharge:

1.1 Name	SDFSDF
1.2 Address	SDFSDF
1.3 Relevant Qualification	SDFSDF
1.4 Registration No. of MCI/SMF	ASDASD

2. Name of Paramedical staff:-

Sr.No.	Name	Relevant Qualification	Name of Institution	Registration Number	Name of MCI/SMF
1	ASDAS	ASDA	ASD	ADSSAD	

Note: At the time of future inspection, if it is found that the In-charge of establishment as mentioned in the application form does not operate the institution, or violate the rules or if any other type of irregularity found in the working, then the registration of the institution can be cancelled without notice.

Additional Chief Medical
Officer,

Chief Medical Officer,
Lucknow