



# Department of Medical Health & Family Welfare

Government of Uttar Pradesh

## MEDICAL ESTABLISHMENT CERTIFICATE

### OFFICE OF THE CHIEF MEDICAL OFFICER, Agra

Certificate No: **CMEE2000101**

Issuance Date: **24/10/2020**

This is to certify that the medical establishment having Name **XYZ HEALTH ESTABLISHMENT**, Type **NURSING HOME**, Address **XYZ HEALTH ADDRESS, AGRA, UTTAR PRADESH - 312312** is operated by **INDIVIDUAL PERSON(TEST INDIVISUAL)** for providing medical facilities **DFGRTFG GFHGH**.The medical establishment is registered with us for the period **24/10/2020 To 30/04/2021**.The Medical establishment will be operated by the in-charge of the medical establishment according to the terms/details mentioned below as given in the application form.

#### 1. Owner/Partner Details:-

S.No.	Name	Father Name	Mobile No.	Age	Address
1	XYZ HEALTH	DFGDF	6565464564	43	XYZ HEALTH, AGRA, UTTAR PRADESH - 323123

#### 2. Person Incharge Details:-

2.1 Name: XYZ HEALTH

2.2 Mobile No.: 6565464564

2.3 Qualification: MBBS

2.4 Registration No.: 434324324324

2.5 Address: XYZ HEALTH, AGRA, UTTAR PRADESH - 323123

#### 3. Doctor Details:-

S.No.	Name	Qualification	Institution	Registration Type/No.	Job Type
1	TEST	DSF	FDSFD	MCI / 432424	PART TIME
2					

#### 4. Paramedical staff Details:-

S.No.	Name	Qualification	Institution	Registration Type/No.	Job Type
1	TEST	TEST	DSFDFG DFG	SMF / 4432432432	PART TIME
2					

Chief Medical Officer  
Agra,  
Uttar Pradesh

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.