

Private Health Services Regulatory Council  
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Depositor's Name  
 Depositor's Address  
 Depositor's Signature

For Cash Deposit  
 For Credit on Realization to

POORANAE HANDRAN

RAJADY VALVETITURAI

PHSRC Registration Number: PHSRC/EGP/444/ND/1030

Provincial Code: PHSRC Category Code: EGP

Bank	Branch	Cheque No	Amount	Rs.	Cs.	Rs.	Cs.
BOC	VVT		11,000				

Depositor's Signature: [Signature]

Amount	Rs.	Cs.	Rs.	Cs.
5000/-				
2000/-				
1000/-				
500/-				
200/-				
100/-				
50/-				
20/-				
10/-				
5/-				
2/-				
1/-				
Total	11,000			

791 / PF187965 / 1 / 24  
 06-12-22 09:23:24 EF:D/T. 06 Dec 2022

PAYMENT AMT

PHSRC/EGP/444/ND/1030  
 11,000 ONE K

Signature

Group	
Individual	✓
Other	

8. Method of record keeping: – Computer based record systems  
Manual record keeping  
Others

☒

11

Yes ☐ No ☒

Up to 31-12-2023

Signature of the person operating or maintaining the institution: -  
Name: - S. POORANACHANDRAN  
Designation: - BSc. MEDICAL

Private Health Services Regulatory Council

*Private Health Services Regulatory Council*

Date: 10/12/2022



Ministry of Healthcare and Nutrition

Registration Form for Full Time Private General Practices/  
Dispensaries/ Medical clinics

REGISTRATION NO:

Official use only

GENERAL INFORMATION

1. Name of the person operating/ maintaining the institution - S. POORANA CHANDRA  
a. Address (Official) - } KUMARAKOTTAM,  
b. Address (Private) - } ALADY, VALVETTITURAI  
c. The relationship with the institution - DIRECTOR

2. Name of the medical institution: - WELWISH MEDICAL CENTRE  
a. Address - as above  
b. Telephone (Official) - 021-226-5152  
c. E-mail -  
d. Web site -

3. Location of the institution -

Province	NORTH
District	JAFNA

4. The details of the medical staff including Doctors, Consultants engaged in the medical profession under this institution to be provided as an annexure -

- a) Names of the specialists as at the date of application: NIL  
b) Names of the Medical Officers: NIL  
c) Names of the other personnel and the category: NIL  
d) Place of permanent employment of the specialist Medical Officer/ others:  
a. Government  
b. Other (Specify)

- e) Whether full time or part time: FULL TIME (0800-12.00 HRS)  
f) The name of the medical college in which the degree was obtained: 1600-2000 HRS,  
g) Country: SRI LANKA  
h) Basic degree: REGD. MEDICAL PRACTITIONER  
i) Post Graduate qualifications and date and the name of degree awarded institute:  
j) SLMC Registration no and Date: 1090 Dated 09/02/2019

5. Place of permanent employment of the specialist Medical Officer/ others:  
a. Government:  
b. Other (Specify):

If it is government the name and address of the hospital/ medical institution and the post held by the officer currently: (copy annexed)