

**DIRECTORATE OF MEDICAL EDUCATION & TRAINING: ODISHA**

\*\*\*\*\*

No. \_\_\_\_\_ / Bhubaneswar, the 2016  
MET-III-R-261/2015

To

**Dr. Rasananda Garnayak,  
Proprietor of M/s Kalinga Eye Hospital,  
Dakhina Kali Road,  
Dhenkanal.**

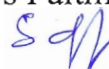
**Sub: Grant of Renewal of Registration of M/s Kalinga Eye Hospital, Dakhina Kali Road, Dhenkanal.**

Sir,

I am to enclose herewith the original Renewal of Registration Certificate bearing No. **725/07** in respect of **M/s Kalinga Eye Hospital, Dakhina Kali Road, Dhenkanal** for the period from **20.08.2015 to 19.08.2017** duly granted under O.C.E. (C & R) Act-1990 & Rule-1994 and Amendment Rules-2006, the receipt of which may please be acknowledged. The rate chart may be displayed in the prominent place in a part of the premises for the information of general public. **You are hereby requested to get the rate chart signed from the CDMO, Concerned when recommended.**

The Registration Certificate may please be got renewed from **20.08.2017** positively.

Yours Faithfully,



**Director Medical Education & Training, Odisha**

Memo No. 4184 // dated 21/3/2016 //

Copy forwarded to the **Chief District Medical Officer, Dhenkanal** for information & necessary action with reference to his **letter No. 2344 dated 17.08.2015**. Further you are requested to countersign the rate chart when recommended for Registration/ Renewal.



**Director Medical Education & Training, Odisha**

## FORM-2

(See Rule-3(5))

### GRANT RENEWAL OF CERTIFICATE OF REGISTRATION TO ESTABLISHMENT/ MAINTAIN A CLINICAL ESTABLISHMENT

Messrs/ Doctor **RASANANDA GARNAYAK, PROPRIETOR OF M/S KALINGA EYE HOSPITAL, DAKHINA KALI ROAD, DHENKANAL** are/ is hereby issued the certificate of Registration/ Renewal of Registration to run a Nursing Home/ Clinical Establishment subject to the conditions stipulated herein at – “Conditions of Registration from 1 to 7 vide below.

2. The Certificate of Registration/Renewal of Registration shall be valid.  
From: **20.08.2015 to 19.08.2017. (As per recommended of CDMO Dhenkanal vide Letter No. 2344/17.08.2015).**
3. The name(s) of the technical person to remain in-charge  
**Dr. RASANANDA GARNAYAK, M.S (OPHTH.), Regd. No. 3893/70**
4. Registration number of the Certificate: **725/07**  
Date of issue **28.03.2016.**

  
Signature of Supervising Authority

**CONDITION OF REGISTRATION**

*Director  
Medical Education & Training*

1. The Certificate of registration shall be displayed in a prominent place in a part of the premises open to the public and Inspecting Authority.
2. The Registration Certificate Holder shall comply with the provisions of the Odisha Clinical Establishment (Control & Regulation) Act-1990 and Amendment Rules-2006 made there under for time being in force.
3. The Certificate holder shall report to the Supervising Authority any change in technical staff within one month of such change.
4. No Drug shall be used in the establishment unless purchase with authorized bill from a licensed Manufacture and should be handled only by registered pharmacist in compliance with provision of Section 42 of the Pharmacy Act-1948.
5. The Certificate Holder shall inform the Supervising Authority in writing in the event of in the change in the constitution of the management of the establishment where any change in the constitution of the management of the Establishment takes place. The current certificate so issued shall be valid for a period of three months from the date of the change unless in the meantime a fresh certificate has been obtained from the approving authority in the name of the new establishment with changed constitution.
6. The fees to be charged for different Medical Treatment/Laboratory fees/ X-Ray etc. realized shall be displayed in the part of premises for information of public and satisfaction of the Supervising Authority.
7. The Clinical Establishment shall function in the premises of **Plot No. ...., Ward No. DAKHINA KALI ROAD, Villages/ Town. DHENKANAL** shall not be shifted from this place till **AUGUST 2020**

