

FORM-C**[See Rule-3(6) and Rule-4]****GOVERNMENT OF ODISHA, HEALTH & FW DEPARTMENT****CERTIFICATE OF REGISTRATION/RENEWAL*****Under Odisha Clinical Establishments (Control & Regulation) Act.1990***

This is to certify that Sri/Smt/Ms./Dr./M/s SARANGADHAR SAMAL an applicant for KALINGA EYE HOSPITAL in the capacity of CHAIRMAN at DAKHINAKALI ROAD, DHENKANAL, ODISHA, 759001 has fulfilled the Criteria to run a Clinical Establishment with following services only.

No. of Bed(s) 20

REGISTRATION NUMBER DHE/725/2007 Date of issue: 06-08-2022

PERIOD OF VALIDITY From: 20-08-2022 To 20-08-2027

IN-CHARGE (If a doctor) Name with qualification : UTKARSHA RAMAKANT DESHMUKH (MBBS,MS) Regn..No 31120) (With Qualification)



Signature of Supervising Authority

Date : 06-08-2022

Terms & Conditions:

1. That the CE shall abide by the provisions of the Odisha Clinical Establishments (Control and Regulation) Act 1990, rules made there under.
2. That for renewal, application shall be made to the authority not less than six months before its expiry.
3. Any change in the constitution or management of the clinical establishment shall be intimated not later than fifteen days to the supervising authority along with the original certificate for issue of new one. certificate holder shall report the Supervising Authority any change in technical staff within one month of change.
4. Any change of staff of the Clinical establishment must be reported to the Supervising Authority within one month of such change.
5. All certificates of the establishment including OSPCB, Fire Safety, Trade license, Approved Rate chart, Name of Staff on duty etc., must be displayed in a prominent place for viewing of public.