



FORM C

(SEE RULE 5)

Certificate of Registration under Section 4 of the Jammu & Kashmir Nursing Homes and Clinical Establishments.

(REGISTRATION AND LICENSING ACT) ACT, 1963

No. DHS/J/NH&CE/ **222**

This is to certify that DR. RAJ KUMAR SURI has been registered under the Jammu and Kashmir Nursing Homes and Clinical Establishments (Registration & Licensing) Act 1963 in respect of M/S TRIVENI NURSING HOME situated at 8 C/C, GANDHI NAGAR, JAMMU.

(Here insert the name of the Nursing Home/ Clinical Establishment)) and has been authorized to carry on the said Nursing Home / clinical Establishment.

REGISTRATION NO: J / NHCE / 2012-13/514
 DATE OF REGISTRATION: 06-8-2012
 PLACE: JAMMU
 DATE OF ISSUE OF CERTIFICATE: **27-06-2016**
 DATE OF RENEWAL: 01-4-2016
 NO. OF BEDS PERMITTED: UPTO 20 BEDS

This Certificate of registration shall be valid up to 31-3-2019

Subject to the following conditions:

1. Outcome of writ petition No: OWP No. 501/2010 CMA No. 678/2010
2. The Proprietor will provide No Objection Certificate from State Blood Transfusion Council (SBTC) within three months of issue of this certificate.

Director Health Services, Jammu

(Here insert the name of Local Supervising Authority)

[Signature]
 Director Health Services,
 J&K Nursing Homes & Clinical Estab.
 Registration & Licensing Act, 1963
 (Director Health Services)
 JAMMU

Copy to the:

1. Chief Medical Officer, Jammu for information and necessary action.
2. Dr. Raj Kumar Suri, Prop. M/S Triveni Nursing Home, 8 C/C, Gandhi Nagar, Jammu
3. Office Copy.

