

MADURAI CORPORATION / மதுரை மாநகராட்சி
SERVICE REQUEST RECEIPT
நகல்

Service Request No. / பற்றுச்சீட்டு எண் } : 115/CP/20-21/0038902
 Service Name / சேவையின் பெயர் } : New Trade License Request
 Applicant Name / விண்ணப்பதாரர் பெயர் } : SUBBURAJ
 Address / முகவரி : 11,VAIDHYANATHA IYER ROAD,
 Alwarpuram,ZONE-2,
 PIN Code -625020
 N/A

Receipt Date / பற்றுச்சீட்டு நாள் } : 29-Jul-2020 05:11:47 PM
 SI Ward / Ward / பிரிவு / வார்டு } : N/AWD036
 Mobile No / அலைபேசி எண் } : 9944100368
 Payment Mode :

S.No. / வ. எண்	Fees Description	Amount / தொகை
1	N/A	N/A
Remarks:N/A		Total / மொத்தம்
/- #Error		

This Receipt is electronically generated and does not require signature.

வானத்தின் மழைத்துளி ! வையத்தின் உயிர்த்துளி !!

"மழைநீரை சேகரிப்போம்"

Print



Directorate of Medical and Rural Health Services
DMS Complex, No 359-361, Anna Salai, Chennai - 600 006
Phone : (044)24343271 - Fax : (044) 24343271
TAMIL NADU CLINICAL ESTABLISHMENTS (REGULATIONS) RULES, 2018.



1. Name of the Clinical Establishment : **Life Care Diagnostics**

2. Address : **11, Vaidhiyanatha Iyer, 1st street, Shenoy nagar** District : **Madurai**

Taluk - Village/Town : **Madurai(North) - MADURAI** State : **Tamil Nadu**

Pincode : 625020 Telephone No.(with STD code) : 09842122188

Mobile : 9842122188 Fax :

Email ID : lifecarediagnostics2008@gmail.com Website (if any) :

3. Year of starting : 2020 4. Location : City

5. Ownership of Services : Private Sector Individual Proprietorship

6. Name of the owner of Clinical Establishment

Name of the owner : SUBBURAJ.K Address : A137, Shanthi Nikethan Apartment, Anna Nagar,

Village/Town : MADURAI District : Madurai

State : Tamil Nadu Pincode : 625020

Telephone No.(with STD code) : 09842122188 Mobile : 9842122188

Fax : Email ID : lifecarediagnostics2008@gmail.com

7. Name, Designation and Qualification of person-in-charge of the clinical establishment

Name of person-in-charge : Subburaj.K Designation : Proprietor

Qualification : B.SC, DMLT Address : A137, Shanthi Nikethan Apartment, Anna Nagar,

Village/Town : MADURAI District : Madurai

State : Tamil Nadu Pincode : 625020

Telephone No.(with STD code) : 09842122188 Mobile : 9842122188

Fax : Email ID : ksubburaj@ymail.com

8. Any Other (Please Specify) : Please Specify

9. Type of clinical establishment : Centre - Clinical Laboratory

10. Whether the clinical establishment

(a) is attached with Laboratory : Yes - Pathology,Haematology,Histopathology,Samples Collection Centre,Biochemistry,Microbiology,

If answer to (a) above is yes, the following details may be furnished, namely:-

Tests that it proposes to carry out : RT-PCR AND ALL PATHOLOGY, HAEMATOLOGY, BIOCHEMISTRY, MICROBIOLOGY TESTS

List of equipments available : RT - PCR, biosafety cabinet, Laminar Air flow, Cooling Centrifuge, Microscope, Colorimeter, Incubator

A list of technical staff (both technical and supervisory) : k.Subburaj, S.Anand, K.Kannan,

List of personnel who are going to sign test reports : K.Subburaj

(b) is attached with Imaging Centre : No -

(c) is attached with Blood Banks : No

(B) Based on Facilities :

11. Details of the equipments maintained with : Ace Biomedicals

SYSTEM OF MEDICINE

12. Services offered : Allopathic

Pathology HistoMicrobiologyBiochemistry

13. Area of the establishment (in square metres)

(a) Total area : 3600 (b) Constructed Area : 2000

14. Out-Patient Department

Total number of Out Patient Department Clinics : 3

Sl.No	Speciality	Number Of Rooms
1	Pathology Histo	1
2	Microbiology	1
3	Biochemistry	1

15. In-Patient Department

(a) Total number of beds: : 4

(b) Specialty-wise distribution of beds, please specify:

SI.No	Speciality	Number Of Beds
1	Pathology Histo	1
2	Microbiology	1
3	Biochemistry	1

16. Biomedical Waste Management

(a) Method of treatment and/or disposal of bio-medical waste

: RAMKEY BIOMEDICAL
WAST MANAGEMENT

(b) Whether authorization from Pollution Control Board/Pollution Control Committee obtained?

: Applied for

17. Total number of Staff (as on date of application)

Number of permanent staff : 5

Number of temporary staff : 3

Category of Staff : Doctors

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
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Category of Staff : Nursing Staff

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
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Category of Staff : Para-medical Staff

SI.No	Name	Qualification	Nature of Service temporary/Permanent
1	K.SUBBURAJ	B.SC, DMLT	Permanent
2	S.ANAND	B.SC, MLT	Permanent
3	K.MAGESWARY	B.SC, DMLT	Permanent
4	K.KANNAN	DMLT	Permanent
5	R.MURUGAVEL	B.SC, DMLT	Permanent

Category of Staff : Pharmacists

SI.No	Name	Qualification	Nature of Service temporary/Permanent
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Category of Staff : Support Staff

SI.No	Name	Qualification	Nature of Service temporary/Permanent
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Category of Staff : Others, Please specify

SI.No	Category of Staff	Name	Qualification	Nature of Service temporary/Permanent
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18. Payment options for Registration Fees

Amount : Rs.5,000

Fees Mode - Online Payment

I / We hereby declare that the statement stated above are true and correct to the best of my/our knowledge and I/We shall abide by the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Rules made thereunder.

Place : MADURAI

Date : 14-07-2020



DIRECTORATE OF MEDICAL AND RURAL HEALTH SERVICES

DMS COMPLEX, NO 356-361, ANNA SALAI, CHENNAI - 600 006

PHONE : (044)24343271 - FAX : (044) 24343271

Acknowledgement:

Received Application for Registration from **Life Care Diagnostics , 11, Vaidhiyanatha Iyer, 1st street, Shenoy nagar , MADURAI , Madurai , Tamil Nadu-625020.**

Your Transaction Id :2020071422132088774, & Track Id : IP201962563477.



Competent Authority

TNCEA Madurai

Place : **Madurai**

Date : **14-07-2020**