



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 **RAMNAD CLINICAL LABORATORY , 16C AKS COMPLEX, R.R. SETHUPATHY NAGAR , RAMANATHAPURAM , Ramanathapuram , Tamil Nadu-623501.**



Competent Authority

TNCEA Ramanathapuram

Place : **Ramanathapuram**

Date : **27-03-2019**



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 : **RAMNAD CLINICAL LABORATORY**

2. Address : **16C AKS COMPLEX,
R.R. SETHUPATHY
NAGAR** District : **Ramanathapuram**

Taluk - Village/Town : **Ramanathapuram -
RAMANATHAPURAM** State : **Tamil Nadu**

Pincode : **623501** Telephone No.(with STD code) :

Mobile : **7373444380** Fax :

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

3. Year of starting : **2007** 4. Location : **Town**

5. Ownership of Services : **Private Sector** Individual Proprietorship

6. Name of the owner of Clinical Establishment

Name of the owner : **R DHANABALAN** Address : **2 CARNER 2ND HOUSE,
ANANJEYANEYAR KOVIL
STREET,
ANANJEYANEYAR NAGAR,
PC PATTI**

Village/Town : **THENI** District : **THENI**

State : **TAMILNADU** Pincode : **625531**

Telephone No.(with STD code) : Mobile : **9842565998**

Fax : Email ID : **ramnadclinicallab@gmail.com**

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

Name of person-in-charge : **P SHANMUGAM** Designation : **LAB MANAGER**

Qualification : **BMLT** Address : **16C AKS COMPLEX, R.R.
SETHUPATHY NAGAR**

Village/Town : **RAMNATHAPURAM** District : **RAMANATHAPURAM**

State : TAMILNADU Pincode : 623501
Telephone No.(with STD code) : Mobile : 7373444380
Fax : Email ID : ramnadclinicalab@gmail.com

8. Any Other (Please Specify) :

9. Type of clinical establishment : Centre - DIAGNOSTIC CENTRE

10. Whether the clinical establishment

(a) is attached with Laboratory : Yes Haematology, Samples Collection Centre, Biochemistry, CLINICAL PATHOLOGY

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

Tests that it proposes to carry out : COMPLETE RANGE OF HAEMATOLOGY, BIOCHEMISTRY, CLINICAL PATHOLOGY, SEROLOGY, IMMUNOLOGY

List of equipments available : MICROSCOPE, CENTRIFUGE, TEST TUBES, SLIDES, REAGENTS, REFRIGERATOR, MICRO PIPETTES, SEMI AUTO ANALYSER, HAEMOGLOBIN METER, , COUNTING CHAMBERS, ELISA READER, HAEMATOLOGY CELL COUNTER.

A list of technical staff (both technical and supervisory) : 3

List of personnel who are going to sign test reports : P SHANMUGAM

(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 : NO

SYSTEM OF MEDICINE

12. Services offered : Allopathic

Allopathic

13. Area of the establishment (in square metres)

(a) Total area : 29.41

(b) Constructed Area : 29.41

14. Out-Patient Department

Total number of Out Patient Department Clinics : 0

SI.No	Speciality	Number Of Rooms
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15. In-Patient Department

(a) Total number of beds: : 0

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

SI.No	Speciality	Number Of Beds
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16. Biomedical Waste Management

(a) Method of treatment and/or disposal of bio-medical waste : Through Common Facility

(b) Whether authorization from Pollution Control Board/Pollution Control Committee obtained? : No

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

Number of permanent staff : 1

Number of temporary staff : 2

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	P SHANMUGAM	BMLT	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
1	M VAIRAPANDI	DMLT	Temporary
2	A ANGALESHWARI	DMLT	Temporary

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 : RAMANATHAPURAM

Date : 27-03-2019

