

**Karur Vysya Bank**

Smart Way to bank

THE KARUR VYSYA BANK LTD.
BRANCH : SALEM - GUGAI
STATEMENT OF ACCOUNT

Messrs. SRI KRISHNA CLINICAL LABORATORY
NO 2, KARUNGALPATTI 2ND STREET
GUGAI
SALEM
SALEM 636006

INDIAN RUPEES
CA-KVB-ECONOMY
Period from: 01-SEP-2022
Period To: 20-SEP-2022
Account Number 1653135000013408

TXN DT	VALUE DT	BRN	DESCRIPTION	REFERENCE	DEBITS	CREDITS	BALANCE
01/09/22	01/09/22		B/F...				.00
05/09/22	05/09/22	1299	1653135000013408 INITIAL DEPOSIT			10,000.00	10,000.00
10/09/22	10/09/22	1763	IMPS-225318726324-GOMATHI -CNRB-xxxxxxx2897-to mama			10.00	10,010.00
12/09/22	12/09/22	1653	CASH DEP GUGAI	000000000000		3,500.00	13,510.00
14/09/22	14/09/22	1653	CASH DEP GUGAI	000000000000		6,000.00	19,510.00
14/09/22	14/09/22	1763	IMPS-225717589719-GOMATHI R-CNRB-xxxxxxxxxxx3028-to elachipalayam loans		8,500.00		11,010.00
15/09/22	15/09/22	1653	IMPS Charges for 14092022 225717589719		5.90		11,004.10
15/09/22	15/09/22	1763	IMPS-225818660874-OBULISE LVAN-CNRB-xxxxxxxxx8241-t o mē		900.00		10,104.10
17/09/22	17/09/22	1653	CASH DEP GUGAI	000000000000		7,000.00	17,104.10
17/09/22	17/09/22	1763	IMPS-226012786099-OBULISE LVAN-CNRB-xxxxxxxxx8241-h sbcabc		6,000.00		11,104.10
18/09/22	18/09/22	1653	IMPS Charges for 17092022 226012786099		5.90		11,098.20

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GUGAI
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INDIAN RUPEES
CA-KVB-ECONOMY
Period from: 01-SEP-2022
Period To: 20-SEP-2022
Account Number 1653135000013408

Opening Balance	:	.00	
Total Credit Amount	:	26,510.00	Credit Count : 5
Total Debit Amount	:	15,411.80	Debit Count : 5
Closing Balance	:	11,098.20	

Net Available Balance as of 20-SEP-2022 is : 11098.2

*****ACRONYMS DESCRIPTIONS*****

BRN -> Branch Code	CSW -> Cash Withdrawal	FTD -> Funds Transfer
To CLG -> Clearing Debit	By CLG -> Clearing Credit	SI -> Standing Instructions
TD -> Term Deposit	RD -> Recurring Deposit	LN -> Loan
IB -> Internet Banking	SC -> Service Charges	

Unless the constituent, notifies the bank immediately of any discrepancy found by him / her in this statement of account, it will be taken that he / she has found the account correct.

IFSC Code : KVB0001653
MICR Code : 636053017
Helpline No. : 1860 200 1916
Branch Address : 445, TRICHY MAIN ROAD, GUGAI,
SALEM, Tamil Nadu - 636006.
Phone : 0427 - 2221000



Regd. Office : Karur Vysya Bank, Central Office, Erode Road, Karur-639002 (Tamil Nadu) www.kvb.co.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



ACRPO7725M

नाम/ Name
OBULISELVAN A

पिता का नाम/ Father's Name
ARTHANARI

जन्म की तारीख/ Date of Birth
31/05/1980


हस्ताक्षर/ Signature



24062017



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 : **SRI KRISHNA CLINICAL LABORATORY**

2. Address : **1/1, Second Street, Karungalpatti** District : **Salem**

Taluk - Village/Town : **Salem - Karungalpatti** State : **Tamil Nadu**

Pincode : **636006** Telephone No.(with STD code) :

Mobile : **9946140480** Fax :

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

3. Year of starting : **2021** 4. Location : **Town**

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

6. Name of the owner of Clinical Establishment

Name of the owner : **OBULI SELVAN** Address : **1/86, Mariamman kovil Street, Kakkaveri Post**

Village/Town : **Kakkaveri** District : **Namakkal**

State : **Tamilnadu** Pincode : **637408**

Telephone No.(with STD code) : Mobile : **9946140480**

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

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

Name of person-in-charge : **OBULI SELVAN** Designation : **LAB MANAGER**

Qualification : **M.Sc Medical Lab Technology** Address : **1/1, Second Street, Karungalpatti**

Village/Town : **Karungalpatti** District : **Salem**

State : **Tamilnadu** Pincode : **636006**

Telephone No.(with STD code) : Mobile : **9946140480**

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

8. Any Other (Please Specify) :

9. Type of clinical establishment : **Centre - Clinical Laboratory**

10. Whether the clinical establishment

(a) is attached with Laboratory : Yes

Haematology, Biochemistry,

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

Tests that it proposes to carry out

: Blood Sugar, Urea, Creatinine, Cholesterol, Haemoglobin, Urine Sugar

List of equipments available

: Centrifuge, Refrigerator, UPS, Printer, Computer, Microscope, Micro Pippettes, Semi Auto Analyzer, Cell Counter

A list of technical staff (both technical and supervisory)

: 1

List of personnel who are going to sign test reports

: OBULI SELVAN

(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

: COMPANY MAINTAINANCE

SYSTEM OF MEDICINE

12. Services offered : Allopathic

CLINICAL LABORATORY

13. Area of the establishment (in square metres)

(a) Total area : 41.806

(b) Constructed Area : 10.22

14. Out-Patient Department

Total number of Out Patient Department Clinics

: 1

Sl.No	Speciality	Number Of Rooms
1	Any other	

15. In-Patient Department

(a) Total number of beds:

: 0

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

Sl.No	Speciality	Number Of Beds
1	Any other	

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 : 0

Number of temporary staff : 0

Category of Staff : Doctors

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

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

Sl.No	Name	Qualification	Nature of Service temporary/Permanent
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Category of Staff : Pharmacists

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

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

Sl.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 : Karungalpatti

Date : 30-01-2021



