



**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 : **Thyrocare Collection Center (Tam80) C/o Shree Sanjeve Clinical Laboratory**

2. Address : **63/2 Vijay Tower, 1st Floor, Pattukkottai Road, Opp Excel Theater** District : **Pudukottai**

Taluk - Village/Town : **Aranthangi - Aranthangi** State : **Tamil Nadu**

Pincode : 614616 Telephone No.(with STD code) : 04371-271300

Mobile : 9842423828 Fax :

Email ID : Venkatkumar989@gmail.com Website (if any) :

3. Year of starting : 2014 4. Location : Town

5. Ownership of Services : Private Sector Individual Proprietorship

6. Name of the owner of Clinical Establishment

Name of the owner : S.Venkatkumar Address : 63/2 Vijay Tower, 1st Floor, Pattukkottai Road, Opp Excel Theater

Village/Town : Aranthnangi District : Pudukkottai

State : Tamilnadu Pincode : 614616

Telephone No.(with STD code) : 04371-271300 Mobile : 9842423828

Fax : Email ID : venkatkumar989@gmail.com

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

Name of person-in-charge : S.Venkatkumar Designation : DMLT

Qualification : 12th Science Group Address : 63/2 Vijay Tower, 1st Floor, Pattukkottai Road, Opp Excel Theater

Village/Town : Aranthangi District : Pudukkottai  
State : Tamilnadu Pincode : 614616  
Telephone No.(with STD code) : 04371-271300 Mobile : 9842423828  
Fax : Email ID : venkatkumar989@gmail.com

8. Any Other (Please Specify) :

9. Type of clinical establishment : Centre - Clinical Pathology

10. Whether the clinical establishment

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

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, Calorimeter, Centrifuge, Test tubes, Slides, Reagents, Haemoglobin Meter, Counting Chambers, Refrigerator, Micro Pipettes

A list of technical staff (both technical and supervisory) : 1

List of personnel who are going to sign test reports : S.Venkatkumar

(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

#### CLINICAL LABORATORY

13. Area of the establishment (in square metres)

(a) Total area : 27.98 Sq.Meter (b) Constructed Area : 27.98 Sq.Meter

14. Out-Patient Department

Total number of Out Patient Department Clinics : 1

SI.No	Speciality	Number Of Rooms
1	Any other	0

15. In-Patient Department

(a) Total number of beds: : 0

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

SI.No	Speciality	Number Of Beds
1	Any other	0

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 : 1

Category of Staff : Doctors

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
1	S.Venkatkumar	DMLT	478	Permanent

Category of Staff : Nursing Staff

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
1	G.Sasipriya	DMLT		Temporary

Category of Staff : Para-medical Staff

SI.No	Name	Qualification	Nature of Service temporary/Permanent
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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 : Aranthangi

Date : 13-03-2019