

Branch Name : SAKUNTALA PARK

Branch Code : 0853

Branch Contact : 3324520860

IFSC : PSIB0000853

MICR Code : 700023016

Branch Address : 606 HO CHI MINH SARANIKOLKATA
null, SOUTH 24 PARGANAS, WEST BENGAL

Account Statement

Customer Name : Medi Q Diagnostic Services

Date : 17/04/2023

Customer ID : 001149364

Mode of Operation : Proprietor

Account Number : 08531100000452

Account Opening Date : 08/02/2014

Account Type : CAA

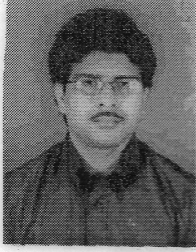
Statement : From 01/04/2023 To 30/04/2023

Address : 607 Ho Chi Minh Sarani,,700061

Transaction Date	Remarks	Ref. No.	Cheque No.	Withdraw	Deposit	Closing Balance
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स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER

AFPPD5375P



नाम /NAME
GAUTAM DAS

पिता का नाम /FATHER'S NAME
GOPAL DAS

जन्म तिथि /DATE OF BIRTH
26-06-1971

हस्ताक्षर /SIGNATURE

Gautam Das

Shahin

आयकर आयुक्त, (कम्प्यू. अपा.), कोल.
COMMISSIONER OF INCOME-TAX(C.O.), KOLKATA



सत्यमेव जयते

Licence No | 34234361

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Date | 19-07-2022

GOVERNMENT OF WEST BENGAL

LICENCE UNDER THE WEST BENGAL CLINICAL ESTABLISHMENTS (R, R&T) ACT 2017

(see rule 3)

License is hereby granted to

Dr. Gautam Das

of 158, Parnasree Pally, Kolkata, Pin- 0

Under the West Bengal Clinical Establishment Act 2017 to keep or carry on the
Clinical

Establishment under the heading(s) subject to terms as printed in back-page

Last Date of Application for Renewal : 27-12-2023

Validity : 27-01-2024

Period of Irregular Running : Nil

Headings

X-Ray(Digital), ECG, U.S.G, ECHO, EEG, Pathological Laboratory (Medium) only

Establishment is
popularly styled as

MEDIQ DIAGNOSTIC SERVICES

At an Address

607, Ho-Chi-Minh Sarani, Kolkata, Pin- 700061

Subject to terms as printed in back-page.

Date: 19-07-2022

Place: Swasthya Bhavan, Salt Lake

Date of grant of first license:


Deputy Director of Health Services

(Admin): West Bengal

To verify genuineness SMS to 9223166166

WB CE < License No >

Director of Health Services

(Admin.) West Bengal

Smr
19/07/2022

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Headings

1. Nursing Home: Indoor
2. Hospital
3. Maternity Home: Indoor
4. ICCU/ITU/RCU/NCU/PICU/HDU/Dialysis
5. Physical Therapy Centre: Indoor / Outdoor
6. **Pathological Laboratory** : Small / Medium / Large / Coll. Centre
7. Imaging & X-Ray: **X-Ray / USG** / CT scan / MRI / ECHO / Color Doppler
8. **Others** : **ECG / EEG / EMG / TMT / Holter/ Scopy Procedure / Angiography**
9. Day Care Centre(Indoor)
10. Poly Clinic/OPD Clinic: Specialist/General
11. Individual Clinic: Modern Medicine / Dental / Homoeo / Unani/ Ayurvedic/ acupuncture / Graduate / Post-graduate
12. Specialty Clinic
 - a) Surgery / Eye / ENT / Orthopedics / Cardio-thoracic / Plastic Surgery
 - b) Medicine/ Pediatrics(Surgery / Medicine)/ Cardiology / Endocrinology
 - c) Gynecology & Obstetrics
 - d) Neurology / Dental / & OTHER DISCIPLINE
12. **Number Of Beds:** 0

Terms

1. A particular Establishment at a particular address must have one and only one CE license including all facilities.
2. The License is not transferable. The Clinical Establishment shall at all time be open for inspection by such offer(s) of the State Government as are duly Authorised in this behalf by the Licensing Authority.
3. The Licensee shall confirm such conditions as are prescribed in WB CE Acts & Rules, 2017.
4. The Clinical Establishment shall not be used for immoral purpose or for purpose which are improper or undesirable in the case of such establishment.
5. The Licensee shall maintain proper records of persons received or accommodated or both of births, deaths and miscarriages therein. In case of the births and death, the Licensee shall give intimation to the local Registrar of births and deaths.
6. The Licensee shall furnish to the Licensing Authority a copy of the yearly reports on the working of the establishments(in the prescribed form number VII as shown in rule 21)on or before 1st April each year by Registered post or in equally suitable manner.
7. It is obligatory on the part of the Licensee to inform the nearest Police Stations about all suspicious cases of injuries and medico-legal cases treated in the establishment.
8. If any notifiable disease occurs in thre establishments. The Licensee shall immediately notify the matter to the local health Authority under the intimation to the Licensing Authority. The patient should also be isolated and the establishment shall be placed under quarantine immediately.
9. The Licensee shall send intimation to the Licensing Authority about closure of the establishment at least one month before the closing date. The License must be surrendered to the Licensing Authority immediately after the closure of the establishment.