

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 : **E laboratory**

2. Address : **M.S road near william hospital junction nagercoil** District : **Kanniyakumari**

Taluk - Village/Town : **Agasteeswaram - nagercoil** State : **Tamil Nadu**

Pincode : **629001** Telephone No.(with STD code) : **04652277022**

Mobile : **6384014076** Fax :

Email ID : **elabmedicallaboratoire@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 : **Dr. Kingston vijay asir** Address : **M.S road near william hospital junction nagercoil**

Village/Town : **nagercoil** District : **kanyakumari**

State : **tamilnadu** Pincode : **629001**

Telephone No.(with STD code) : **04652277022** Mobile : **6384014076**

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

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

Name of person-in-charge : **Anci vibicini** Designation : **Lab incharge**

Qualification : **Msc** Address : **M.S road near william hospital junction nagercoil**

Village/Town : **nagercoil** District : **kanyakumari**

State : **tamilnadu** Pincode : **629001**

Telephone No.(with STD code) : **04652277022** Mobile : **6384014076**

Fax : Email ID : anshijeni55@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 Pathology, Haematology, Histopathology, Cytology, Genetics, 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 : TFT, RFT, LFT, urea creatinine blood sugar HbA1c, Lipid profile CBC Urine routine

List of equipments available : 10

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

List of personnel who are going to sign test reports : 1

(b) is attached with Imaging Centre : Yes Ultrasound, Ultra sound with Color Doppler, Mammography,

(c) is attached with Blood Banks : No

(B) Based on Facilities :

11. Details of the equipments maintained with : biochemistry analyzer - Rx 50, Cell counter - Mindray, Minividas, Ichroma II - Immuno analyzer

SYSTEM OF MEDICINE

12. Services offered : Allopathic

Biochemistry

13. Area of the establishment (in square metres)

(a) Total area : 2200

(b) Constructed Area : yes

14. Out-Patient Department

Total number of Out Patient Department Clinics : 1

Sl.No	Speciality	Number Of Rooms
1	Biochemistry	1
2	RADIOLOGY	1

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	Biochemistry	

16. Biomedical Waste Management

(a) Method of treatment and/or disposal of bio-medical waste : Onsite 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 : 3

Number of temporary staff : 0

Category of Staff : Doctors

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
1	Dr. Kingston vijay asir	MBBS ,DMRD, MDRD, DNB	57941	Permanent

Category of Staff : Nursing Staff

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
1	0	0	0	Temporary
2	0	0	0	

Category of Staff : Para-medical Staff

SI.No	Name	Qualification	Nature of Service temporary/Permanent
1	SAHAYA DEMONA	DMLT	Permanent
2	AATHIRA	DMLT	Permanent

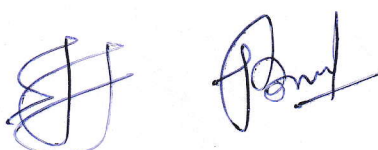
Category of Staff : Pharmacists

SI.No	Name	Qualification	Nature of Service temporary/Permanent
1	0	0	
2	0	0	

Category of Staff : Support Staff

SI.No	Name	Qualification	Nature of Service temporary/Permanent
1	0	0	Temporary

Category of Staff : Others, Please specify



Sl.No	Category of Staff	Name	Qualification	Nature of Service temporary/Permanent
1	1	ANCI VIBICINI	MSC	Permanent
2	2	MARY JASMINE	MBA	Permanent
3	3	VASANTH	BE	Permanent
4	4	JAISHAN	DIPLOMO	Permanent
5	5	CHRISTEENA	BSC	Permanent
6	6	SHANTHI	BSC	Permanent
7	7	SREEJA	BE	Permanent
8	8	VIJI	DMLT	Permanent
9	9	ELIZINA	BCA	Permanent
10	10	SAHAYA DEMONA	DMLT	Permanent
11	11	AATHIRA	DMLT	Permanent

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 : nagercoil

Date : 20-11-2020



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 **E labaratory , M.S road near william hospital junction nagercoil , nagercoil , Kanniyakumari , Tamil Nadu-629001.**

Your Transaction Id :2020112012160571381, & Track Id : IP203253239256.



Competent Authority

TNCEA Kanniyakumari

Place : **Kanniyakumari**

Date : **20-11-2020**