



**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 : **Primary Health Centre, Thiruvizhimizhalai**

2. Address : **main road  
thiruvizhimizhalai  
village** District : **Tiruvarur**

Taluk - Village/Town : **Kudavasal - village** State : **Tamil Nadu**

Pincode : 609505 Telephone No.(with STD code) : 04366 273005

Mobile : 9445881418 Fax :

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

3. Year of starting : 1952 4. Location : Village

5. Ownership of Services : Public Sector State Government

6. Name of the owner of Clinical Establishment

Name of the owner : D.JAGADEESH Address : **MAIN ROAD  
THIRUVIZHIMIZHALAI**

Village/Town : VILLAGE District : THIRUVARUR

State : TAMILNADU Pincode : 609505

Telephone No.(with STD code) : 04366 273005 Mobile : 9445881418

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

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

Name of person-in-charge : D.JAGADEESH Designation : **MEDICAL OFFICER**

Qualification : MBBS Address : **MAIN ROAD  
THIRUVIZHIMIZHALAI**

Village/Town : VILLAGE District : THIRUVARUR

State : TAMILNADU Pincode : 609505  
Telephone No.(with STD code) : 04366 273005 Mobile : 9445881418  
Fax : Email ID : phctvmizhalai@gmail.com

8. Any Other (Please Specify) :

9. Type of clinical establishment : Centre - Community Health Centre

10. Whether the clinical establishment

(a) is attached with Laboratory : Yes Haematology, 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 : CBC, HB, UREA, CREATININE. SUGAR, URINE ROUTINE, MALARIAL SMEAR, HIV ELISA, SPUTUM FOR AFB.

List of equipments available : AUTOANALYSER, CELL COUNTER, MICROSCOPE,

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

List of personnel who are going to sign test reports : 1. LAB TECHNICIAN 2. MEDICAL OFFICER

(b) is attached with Imaging Centre : Yes Conventional X Ray, Ultrasound,

(c) is attached with Blood Banks : No

(B) Based on Facilities :

11. Details of the equipments maintained with : NO BLOOD STORAGE FACILITY

SYSTEM OF MEDICINE

12. Services offered : Allopathic

Allopathic

Dental Surgery, Ophthalmology, Diabetology, General Medicine, General Practice, Obstetrics and Gynecology,

13. Area of the establishment (in square metres)

(a) Total area : 1.84 ACRES (b) Constructed Area : 0.44 ACRES

14. Out-Patient Department

Total number of Out Patient Department Clinics : 6

SI.No	Speciality	Number Of Rooms
1	Ophthalmology	1
2	Diabetology	1
3	General Medicine	1
4	Obstetrics and Gynecology	1
5	General Practice	1
6	Dental Surgery	1

15. In-Patient Department

(a) Total number of beds: : 36

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

SI.No	Speciality	Number Of Beds
1	Ophthalmology	0
2	Diabetology	0
3	General Medicine	6
4	Obstetrics and Gynecology	30
5	General Practice	0
6	Dental Surgery	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? : Applied for

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
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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 : village

Date : 25-04-2019

