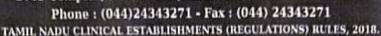


#### Directorate of Medical and Rural Health Services DMS Complex, No 359-361, Anna Salai, Chennai - 600 006 Phone: (044)24343271 - Fax: (044) 24343271





#### 1. Name of the Clinical Establishment: Government Primary Health Centre

2. Address

: Government Primary

Health Centre,

M.M.Kovilur, Dindigul.

District

: Dindigul

Taluk - Village/Town

: Dindigul - M.M.Kovilur State

: Tamil Nadu

Pincode

: 624005

Telephone No.(with STD

code)

Mobile

: 9443809475

Fax

Email ID

: dal-

mmkovilur.tnphc@nic.in

Website (if any)

3. Year of starting

: 1997

4. Location

: Village

5. Ownership of Services : Public Sector

State Government

6. Name of the owner of Clinical Establishment

Name of the owner

: Medical Officer

Address

: Government Primary

Health Centre,

M.M.Kovilur, Dindigul.

Village/Town

: M.M.Kovilur

District

: Dindigul

State

: Tamilnadu

Pincode

: 624005

Telephone No.(with STD

code)

Mobile

: 9443809475

Fax

Email ID

: dglmmkovilur.tnphc@nic.in

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

Name of person-in-charge : Medical Officer

Designation

: Asst. Civil Surgeon

Qualification

: M.B.B.S.,

Address

: Government Primary

Health Centre,

M.M.Kovilur, Dindigul.

Village/Town

: M.M.Kovilur

District

: Dindigul

State : Tamilnadu Pincode : 624005 Telephone No.(with STD Mobile : 9443809475 code) : dgl-Fax Email ID mmkovilur.tnphc@nic.in 8. Any Other (Please Specify): 9. Type of clinical establishment : Centre - Primary Health Centre Whether the clinical establishment (a) is attached with Haematology, Biochemistry, Microbiology, : Yes Laboratory If answer to (a) above is yes, the following details may be furnished, namely:-: Hb, Blood G&T, BT, CT, PS for MP/MF, RBS, Sr. Cholesterol, Sr. Creatinine, Urine Sugar, Albumin, Tests that it proposes to carry out Deposits, BS, BP : Semi Auto Analyser, Monocular Microscope, List of equipments available Centrifuge A list of technical staff (both technical and : Lab. Technician, Medical Officer supervisory) : Lab. Technician, Medical Officer List of personnel who are going to sign test reports (b) is attached with : No **Imaging Centre** : No (c) is attached with Blood Banks (B) Based on Facilities : USG Scan, ECG, Fetal Doppler, Newborn Warmer, 11. Details of the equipments maintained with Autoclave

SYSTEM OF MEDICINE

12. Services offered : Allopathic

Allopathic

General Practice,

13. Area of the establishment (in square metres)

(a) Total area

129280 Sq. Ft

(b) Constructed Area

1400 Sq. Ft

14 Out-Patient Department

Total number of Out Patient Department Clinics

SI.No	Speciality	Number Of R	Poome
1	General Practice	1	ooms

15. In-Patient Department

(a) Total number of beds

: 4

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

SI.No	Speciality	Number	Of	Pade
1	General Practice	4	V,	Deas

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

Number of temporary staff: 8

Category of Staff : Doctors

Sl.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
1	Dr.B.Saranya	M.B.B.S		Permanent

### Category of Staff: Nursing Staff

SI No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
1	S Boomadevi Diploma in General Nursing and Midwifery  A Vasantha Diploma in General Nursing and Midwifery		22781	Тетрогагу
			40837 128799	Temporary
3 P.Mala		a Diploma in General Nursing and Midwifery		Temporary

Category of Staff: Para-medical Staff



# SI.No Name Qualification Nature of Service temporary/Permanent

## Category of Staff: Pharmacists

SI.No Name	Qualification	Nature of Service temporary/Permanent
1 Ramakrishnar	Diploma in Pharmacy	Temporary
	,	remporary

Category of Staff: Support Staff

## SI.No Name Qualification Nature of Service temporary/Permanent

Category of Staff: Others, Please specify

SI.No	Category of Staff	Name	Qualification	Nature of Service temporary/Permanent
1	ANM	R.Vanaja	Auxiliary Nurse Midwife	Permanent
2	HI	Kannan		Permanent
3	HI	Hariprasath		Permanent
4	SHN	Latha		Permanent
5	VHN	Mariyammal		Permanent
6		Pandeeswari		
7		Paulraj		Permanent
В		Krishnamoorthy		Temporary
9		Valarmathy		Permanent
		Gowri		Temporary
			Lab. Technician	Temporary Temporary

#### 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 : M.M.Kovilur

Date: 14-04-2019









## 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 Government Primary Health Centre, Government Primary Health Centre, M.M.Kovilur, Dindigul., M.M.Kovilur, Dindigul., Tamil Nadu-624005.

Your Transaction Id :2019041416085318225, & Track Id : IP191041651616.



Competent Authority

TNCEA Dindigul

Place: Dindigul
Date: 14-04-2019