

Name of person-in-charge : V.PRIYA

Qualification

Village/Town

: MBBS

: KONUR

Directorate of Medical and Rural Health Services DMS Complex, No 359-361, Anna Salal, Chennal - 600 006 Phone: (044)24343271 - Fax: (044) 24343271 TAMIL NADU CLINICAL ESTABLISHMENTS (REGULATIONS) RULES, 2018.



: MEDICAL OFFICER

: PRIMARY HEALTH CENTRE KONUR

: NAMAKKAL

1. Name of the Clinical Establishment : KONUR PRIMARY HEALTH CENTRE

4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2. Address	: GOVERNMENT PRIMARY HEALTH CENTRE KONUR.	District	Namakkal
Village/Town	; KONUR	State	Tamii Nadu
Pincode	637207	Telephone No.(with STD code)	04286 267696
Mobile	9842463751	Fax	:
Email ID	: priya4.velusamy@gmail.c om	Website (if any)	i .
3. Year of starting	: 1986	4. Location	: Village
5. Ownership of Services	: Public Sector	State Government	
6. Name of the owner of C	linical Establishment		
Name of the owner	: MEDICAL OFFICER	Address	: GOVERNMENT PRIMARY HEALTH CENTER,KONUR
Village/Town	: KONUR	District	: NAMAKKAL
State	: TAMILNADU	Pincode	: 637207
Telephone No.(with STD	: 04286 267696	Mobile	: 9842463751
code)	:	Email ID	: priya4.velusamy@gmail.c om
7. Name, Designation and Qualification of person-in-charge of the clinical establishment			
7. Name, Designation and	Quanneactor of person in a	7,	MEDICAL OFFICER

Designation

Address

District