



**GOVERNMENT OF TAMIL NADU**  
**DIRECTORATE OF MEDICAL AND RURAL HEALTH SERVICES**

DMS COMPLEX, NO 356-361, ANNA SALAI, CHENNAI - 600 006

PHONE : (044)24343271 - FAX : (044) 24343271

**FORM II**

**(see rule 8)**

**CERTIFICATE OF REGISTRATION OF CLINICAL ESTABLISHMENT**

Registration No **MADUALL20190006795**

Date of Issue **25-12-2019**

Valid upto **24-12-2024**

1. **Sakkimangalam gphc** operating from **Andarkottaram post , Sakkimangalam village , Madurai , Tamil Nadu - 625020** as **Primary Health Centre** is hereby registered under the provisions of the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 to provide services under **Allopathic** system of Medicine with **5** beds.
2. The Certificate of Registration shall be subject to the conditions laid down in the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Tamil Nadu Clinical Establishments (Regulation) Rules, 2018.



*[Handwritten Signature]*  
E.

JOINT DIRECTOR OF HEALTH SERVICES  
MADURAI @ USILAMPATTI  
Competent Authority

Place: **Usilampatti**

Date: **25-12-2019**