



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 **UPC DIAGNOSTIC CENTRE , 3/555, GANDHI NAGAR, METTUPALAYAM ROAD, OPP.N.G.G.O COLONY GATE, VADAMADURAI POST, COIMBATORE - 641 017. , COIMBATORE , Coimbatore , Tamil Nadu-641017.**

Your Transaction Id :2019030415584180934, & Track Id : IP190631589294.



Competent Authority

TNCEA Coimbatore

Place : **Coimbatore**

Date : **04-03-2019**



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 : **UPC DIAGNOSTIC CENTRE**

2. Address : **3/555, GANDHI NAGAR,
METTUPALAYAM ROAD,
OPP.N.G.G.O COLONY
GATE, VADAMADURAI
POST, COIMBATORE -
641 017.** District : **Coimbatore**

Taluk - Village/Town : **Coimbatore (North) -
COIMBATORE** State : **Tamil Nadu**

Pincode : **641017** Telephone No.(with STD code) :

Mobile : **9943156180** Fax :

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

3. Year of starting : **1997** 4. Location : **Town**

5. Ownership of Services : **Private Sector** Individual Proprietorship

6. Name of the owner of Clinical Establishment

Name of the owner : **M C SHANMUGAM** Address : **D.NO 43, RAMAKRISHNA
NAGAR, ANANTHAPURAM,
PANNIMADAI,
THUDIYALUR,
COIMBATORE.**

Village/Town : **COIMBATORE** District : **COIMBATORE**

State : **TAMILNADU** Pincode : **641034**

Telephone No.(with STD code) : Mobile : **9943156180**

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

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

Name of person-in-charge : **K. PRIYANKA** Designation : **LAB IN CHARGE**

Qualification : **PG. DIP IN MEDICAL
LABORATORY
MANEGEMENT** Address : **94, BALASUBRAMANIA
NAGAR, PULIYAKULAM,
COIMBATORE**

Village/Town : COIMBATORE District : COIMBATORE
State : TAMILNADU Pincode : 641045
Telephone No.(with STD code) : Mobile : 9952822394
Fax : Email ID : priyankamamlu@gmail.com

8. Any Other (Please Specify) : NIL

9. Type of clinical establishment : Centre - LABORATORY

10. Whether the clinical establishment

(a) is attached with Laboratory : Yes Pathology,Haematology,Samples Collection Centre,Biochemistry,

If answer to (a) above is yes, the following details may be furnished, namely:-

Tests that it proposes to carry out :

List of equipments available :

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

List of personnel who are going to sign test reports :

(b) is attached with Imaging Centre : No

(c) is attached with Blood Banks : No

(B) Based on Facilities :

11. Details of the equipments maintained with : NO

SYSTEM OF MEDICINE

12. Services offered : Allopathic

Biochemistry

13. Area of the establishment (in square metres)

(a) Total area : 1500 (b) Constructed Area : 1500

14. Out-Patient Department

Total number of Out Patient Department Clinics : 1

SI.No	Speciality	Number Of Rooms
1	Biochemistry	
2	0	0

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 : ONE Number of temporary staff : ONE

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

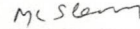
Amount : Rs.5,000

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 : COIMBATORE

Date : 04-03-2019


M.C. SHANMUGAM
UPC DIAGNOSTIC CENTRE