



Department of Medical Health and Family Welfare

Government of Uttar Pradesh

Online Application Form for Registration of Medical Establishment

To,

The Chief Medical Office,
Distt : Lucknow
Uttar Pradesh

Application Number : MEE0125899

Sir,

Kindly Register my Clinic/medical establishment details of which are given as below

1 Details of Establishment :

Establishment Area	Urban	Place of Establishment	Own
Type Of Land	Commercial	Establishment Name	Promila Diagnostic Centre
Category	Diagnostic clinic	Operated By	Individual Person
Name of Individual Person	Dr Shikha Saxena	Building Structural Layout	

2 Address of Medical Establishment :


Telephone / Mobile No.	9415141027	Website	NA
Address	Shanti Complex, Faizabad Road, Near Lekhraj, Metro Station	District	Lucknow
State	Uttar Pradesh	Pincode	226016
Address Proof		Address is same	

3 Medical facilities:



Details of Medical facilities offered	Pathology & Radiology
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4 Details of Owner :




Name	Dr Shikha Saxena	Age	51
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Father Name	Sri V N Gupata	Mobile Number	9415141027
E-mail Id	promilalko@gmail.com	Address	B-233 Indira Nagar
State	Uttar Pradesh	District	Lucknow
Pin Code	226016	Photo	
Signature	<input type="text"/>	Owner & Person in charge are same?	Yes

5 Details of Person Incharge :

Name	Dr Shikha Saxena	Mobile Number	9415141027
E-mail	promilalko@gmail.com	Relevant Qualification	MBBS MD Radiologist
Institution Name	GSVM Medical College Kanpur	Registration No(MCI/SMF).	3746
Name of Central/ State Council	MCI	Address	B-233 Indira Nagar
State	Uttar Pradesh	District	Lucknow
Pincode	226016	Photo	
MCI/SMF Certificate			

6 Doctor's Details :

Sl.No.	Doctor Name	Father Name	Relevant Qualification	Foundation	Registration Type	Registration No.	Part/Full Time	Attac
1	DR SHIKHA SAXENA	SRI V N GUPTA	MD RADIO	GSVM MEDICAL COLLEGE KANPUR	MCI	3746	Full Time	
2	DR MANDIRA SHARMA	DR SHARAD SHARMA	MD PATH	GSVM MEDICAL COLLEGE KANPUR	MCI	2978	Part Time	
3	DR ATUL SAXENA	SRI M P SAXENA	MD RADIO	GSVM MEDICAL COLLEGE KANPUR	MCI	3745	Part Time	

Sl.No.	Doctor Name	Father Name	Relevant Qualification	Foundation	Registration Type	Registration No.	Part/Full Time	Attac
4	DR A I HANFI	SRI HANFI AHMAD	MD MED	S N MEDICAL COLLEGE AGRA	MCI	57751	Part Time	↓
5	DR NAUSHAD AHMAD	SRI MOHD ISMAIL	MBBS DIP CARD	S N MEDICAL COLLEGE AGRA	MCI	68409	Part Time	↓
6	DR PARUL HANS	SRI ASHOK	MD PATH	MAHADEVAPPA RAMPURE MEDICAL COLLEGE	MCI	92066	Part Time	↓

7 Paramedical Staff Details :

Note:- Please fill details and upload records up to 5 ParaMedical Staff through Add more option & Furnish details of rest ParaMedical Staff in affidavit in same format as mentioned below. Submit hardcopy of all the remaining records (qualification document) of ParaMedical Staff to the CMO Office/ Committee.

Sl.No.	Name	Father Name	Relevant Qualification	Institution	Registration Type	Registration No.	Part/Full Time	At
1	KEDAR NATH	SRI RAM SAMUJH	MEDICAL LAB TECH	ARMED FORCE MEDICAL COLLEGE PUNE	NA	13966806	FULL TIME	↓
2	MAUSAM PATEL	SRI YASHWANT SINGH	MEDICAL X RAY TECH	KGMU	SMF	X RAY 4139	FULL TIME	↓
3	BALRAM SINGH KANAUIYA	SRI SONE LAL	CT SCAN TECHNICIAN	ERAS SCHOOL OF PARAMEDICAL COURSE LUCKNOW	SMF	CT SCAN TECH1379	FULL TIME	↓
4	MOHD NIHAL	SRI ISHAHAK AHMAD	MEDICAL LAB TECH	PARA MEDICAL BOARD OF INDIA	NA	REG22411133	FULL TIME	↓

8 Type Of Facility Offered :

InPatient	No		
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OutPatient	No		
Laboratory	Yes	Other Laboratory	NaN
Laboratory Type	Pathology , Haemathology , Biochemistry , Microbiology		
Imaging	Yes	Other Imaging	TMT, 2D Echo, BMD, OPG, PFT, Ambulatory BP Monitoring, Holter, CBCT
Imaging Type	X ray Electro Cardio Graph(ECG) Ultasound CT Scan		

NOC from Pollution control Board	Yes	Certificate Number	11825426
NOC from Pollution control Board Certificate			

Certificate from agency to Disposal of Medical Waste	Yes	Certificate Number	SMS/22-23/01515
Certificate from agency to Disposal of Medical Waste			

Firefighting System in the Establishment	Yes	Firefighting System in the Establishment Certificate	
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9 Attachment :

Address Proof	
Upload MCI/SMF Certificate	
Notarized Affidavit from Person Incharge of Establishment	

Date	Place	Signature of Person Incharge
		 Owner Signature



विद्युत बीजक /Electricity Bill

खाता सं./Account No.	9661290000	खंड /Division	EUDD_INDIRA_NGR(DIV362691)	Scan & Pay your Bill स्कैन करें और अपने बिल का भुगतान करें
नाम /Name	DR SHIKHA SAXENA	उपखंड /Subdivision	SDO3626911	
पिता/पति का नाम Father/Husband name		स्वीकृत भार /Sanctioned Load	15 kW	
पता /Address	W/O ATUL SAXENA 7 8 9 SHANTI COMP FZD RD LKO, LUCKNOW, UP, IND	मीटर क्रम संख्या /Meter S.No	SS20928731	
मोबाइल नंबर /Mobile No	xxxxxx8949	टैरिफ /Tariff	LMV2	
ईमेल /Email	dxxxxxxxxxtal@yahoo.com	सप्लाइ टाइप /Supply Type	22	
		जमा प्रतिभूति Security Deposit	2400	
		बिल अक्षांश / Bill Latitude :	0	
		बिल देशांतर / Bill Longitude :	0	
		संयोजन तिथि /Connection Date	01-NOV-1997	



बिल संख्या /Bill No	966982084138	बिल आधार/Bill Basis	OK	देय तिथि/ Due Date	30-JUN-2023
बिल की तिथि/Bill Date	16-JUN-2023	बिल डीमांड/Billed Demand	28.43	देय तिथि तक छूट/ Due Date Rebate	566.26
बिल माह/Bill Month	JUN-2023	प्रगामी सब्सिडी /Progressive Subsidy		देय तिथि तक राशि/ Payable By Due Date	70736
नेट बिल यूनिट/ Net Billed Unit	5863	इनऑपरेटिव राशि Inoperative Amount	0	विच्छेदन तिथि /Disconnection. Date	07-JUL-2023

This bill will be construed as final notice under section 171 of Supply Code 2005. Supply can be disconnected at any date on non-payment of old dues.
इस बिल को आपूर्ति संहिता 2005 की धारा 171 के तहत अंतिम नोटिस माना जाएगा। पुराने बकाया का भुगतान न करने पर किसी भी तिथि पर आपूर्ति काटी जा सकती है।

Details	Amount			Details	Amount
	Gross Amt	Subsidy	Amount		
ऊर्जा प्रभार /Energy Charges	45112.39	0.00	45112.39	प्रतिभूति ब्याज/Interest on Security	0.00
फिक्स मांग प्रभार /Fixed/Demand Charges	11514.15	0.00	11514.15	देय प्रतिभूति /Due Security	0
न्यूनतम प्रभार /Min Charge	0.00	0.00	0.00	टी डी एस राशि/TDS Amount	0
विद्युत कर /Electricity Duty			4961.41	टी सी एस राशि/TCS Amount	0
ग्रीन ऊर्जा शुल्क /Green_EC			0.00	सी जी एस टी/CGST	0
अतिरिक्त मांग प्रभार /Excess Demand Penalty			9525.60	एस जी एस टी/SGST	0
कम पी एफ अधिभार/Low P.F. Surcharge			0.00	वर्तमान विलंब भुगतान अधिभार/Current LPSC	188.70
अंतिम समायोजन/Provisional Adjustment			0.00	नेट करंट बिल /Net Current Bill	71302.25
टैरिफ समायोजन /Tariff Adjustments			0.00	देय तिथि छूट समायोजन/Prev. Due Date Rebate Adj.	0
क्रेडिट /Credit			0.00	बकाया धनराशि /Arrear Amount	0.24
डेबिट /Debit			0	पूर्व विलम्ब भुगतान अधिभार /Prev. Arrear LPSC	0.00
विविध शुल्क/ Misc Charges			0.00		
छूट/Rebate			0		
मुआवजा राशि /Compensation Amt				देय राशि /Payable Amount	71302
किश्त/Installment			0.00	शब्दों में /In Words : Seventy One Thousand Three Hundred Two Rupees Only	
अनादित चैक/Dishonor Cheque			0		
अनादित प्रभार /Dishonor Charge			0		

Pay your bill online on < www.upenergy.in > ऑनलाइन भुगतान करें consumers can also pay bills from Deptt. offices, Fair price shops, e-Suvidha, Jansuvidha Kendra and through Vidyut Sakhi and Metereaders उपभोक्ता विभाग के कार्यालयों, उचित मूल्य की दुकान, ई-सुविधा, जन सुविधा केंद्र और विद्युत सखी और मीटर रीडर के माध्यम से भी बिलों का भुगतान कर सकते हैं। डी डी चैक हेतु प्राप्तकर्ता Pay DD/Cheque in favour of : EXECUTIVE ENGINEER-EUDD_INDIRA_NGR

मीटर लेब संख्या	मीटर स्थिति	दर्ज मांग	पिछली तिथि	पिछली रीड	वर्तमान तिथि	वर्तमान रीड	अंतर	मीटर गुणांक	मीटर यूनिट	अवधि (माह)	मीटर टिप्पणी
Meter Badge Number	Meter Status	Recorded DMD	Previous Date	Previous Read	Current Date	Current Read	Diff	MF	Meter Unit	Period Months	Meter Rmrk
TSP8731ASS20928731	A		07-MAY-23 12:24	43325	02-JUN-23 00:00	49024	5699	1	5699 KWH	1	OK
TSP8731ASS20928731	A		07-MAY-23 12:24	46612	02-JUN-23 00:00	52475	5863	1	5863 KVAH	1	OK
TSP8731ASS20928731	A	28.43						1	28.43 KVA	1	OK

निर्धारित यूनिट Assessed Unit		Opening Surplus Solar Units	0.00	Closing Surplus Solar Units	0.00	मीटर यूनिट Meter Units	5863
राष्ट्र हित में बिजली बचाए /Energy Saved is Energy Produced वाट्सएप पर विद्युत संबंधी विभिन्न सेवाएं प्राप्त करने हेतु मिस कॉल करें /To get electricity related services or give a missed call on 8010924203							
अंतिम भुगतान विवरण /Last Payment Details						वर्तमान भुगतान विवरण/Current Payment Details	
अंतिम भुगतान राशि/Last Paid Amount 75512						भुगतान राशि/Paid Amount 70736	
अंतिम भुगतान तिथि/Last Paid Date 05-JUN-2023						भुगतान तिथि/Paid Date 17-JUN-2023	
						भुगतान माध्यम/Payment Mode NET BANKING	
						रसीद संख्या/Receipt No 966959367637	
WARNING: DEMAND VIOLATED. Visit www.upclonline.com to enhance Load .System will increase Load if violated for 3 continuous months							

ऊर्जा गणना शुल्क/ EC Calculation					
यूनिट/Unit	टैरिफ रेट Rates	कुल राशि Amount	सब्सिडी दर Subsidy Rate	सब्सिडी राशि Subsidy Amount	नेट ऊर्जा प्रभार Net Energy Charge

Printed By : As On Date: 18-Jul-23 18:39 PM

अधिशाषी अभियंता EXECUTIVE ENGINEER - EUDD_INDIRA_NGR



Promila Diagnostic Centre

Shanti Complex, Near Kukrail Pul, Faizabad Road, Lucknow. Phone : 2350654
Timings : 8.30 AM To 9 PM, Sunday 8.30 AM To 3 PM, Reporting Time : 7 PM

Dr. Atul Saxena
MD. (Radiodiagnosis)

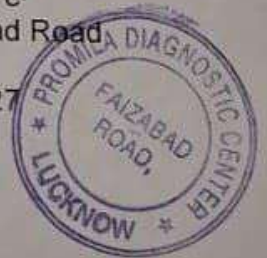
Dr. Shikha Saxena
MD. (Radiodiagnosis)

AUTHORIZATION AND DECLARATION

I undersigned Dr. Shikha Saxena, sole proprietor of Promila Diagnostic Centre, Shanti Complex Faizabad Road Lucknow; hereby declare that I am the only proprietor of Promila Diagnostic Centre. Promila Diagnostic Centre is registered under the office of the chief medical officer, Lucknow (Certificate No.: CMEE2254470).

Dr. Shikha Saxena

Promila Diagnostic Centre
Shanti Complex Faizabad Road
Lucknow-226016
Contact No.: 9415141027



Lucknow : PNDT / APP - AUTH / 56 / 2002

DECLARATION :- I Dr. Shikha Saxena / Atul Saxena declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

This is not meant for medico legal purposes.

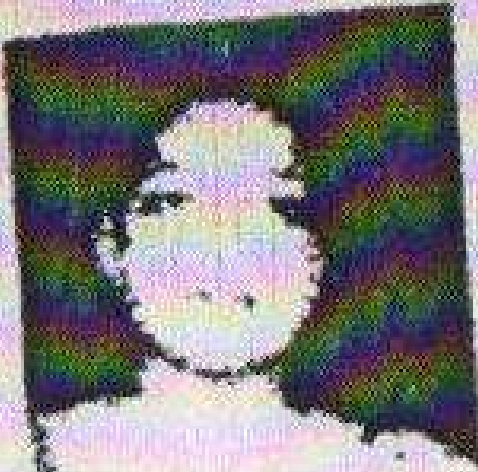
Barabanki : PNDT / APP - AUTH / BBK / USG - 01

All anomalies may not be apparent during scanning (The Ultrasound findings should always be considered in co-relation with other clinical investigation findings when applicable). Patient is always subjected to have expert opinion over this report.

Facilities :- Ultrasound, Pathology, Endoscopy, ECG, Digital X-Ray, Colour Doppler Pregnancy), Comprehensive Health Check-Up, P.F.T., 2-D Echo, 2-D Peripheral Doppler, High Resolution Ultrasound of Small part.

व्यक्ति का नाम

/PERMANENT ACCOUNT NUMBER
AMYPS9073R



नाम /NAME

SHIKHA SAXENA

पिता का नाम /FATHER'S NAME

VISHNU NARAIN GUPTA

जन्म तिथि /DATE OF BIRTH

17-02-1969

व्यक्ति का हस्ताक्षर /SIGNATURE

Shikha Saxena


आयकर अधिकारी, लुधियाना

COMMISSIONER OF INCOME-TAX, LUDHIANA