

FORM 14 [see rule 5 (a)]
GOVERNMENT OF TELANGANA STATE
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT
DISTRICT REGISTERING AUTHORITY



CERTIFICATE OF REGISTRATION OF ALLOPATHIC PRIVATE MEDICAL CARE ESTABLISHMENTS

1. Application No. 445 and Date: 10-08-2020
2. Inspection Report by, Dr.P.Prameeda,M.O., PP Unit, Nzb, Date: 18-09-2020.
3. File Number of Registration Authority: **668 / 2020**
1845 /APMC E R & R/DRA/DM&HO, NZB/2020, Dated: 23-09-2020.
4. Date of issue: **24-07-2020**
5. valid up to: **23-07-2025**
6. This is to certify that M/s **LEGIT MEDICAL DIAGNOSTICS AND POLY CLINIC PRIVATE LIMITED, Located at H.No.5-6-3, Dwarakanagar, Nizamabad** is here by registered under the revisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation (Act. 2002), to provide following medical care services:

Specialty: Diagnostic Centre & Poly Clinic
7. This registration shall be in force for a period of 5 (Five) years from the date of issue.
8. This Certificate shall be produced whenever it is required to the officer authorized by the Registration authority.
9. The Establishment shall not rent, Lend, sell, transfer or otherwise close down the without obtaining prior permission of the registration authority.
10. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constitute a breach of registration.
11. The Establishment shall not violate the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation (Act, 2002) as amended from time to time and the rules made there under
12. This Certificate is subject to the conditions and the provisions of the A.P. Allopathic Private Medical Care Establishments Registration and Regulation (Act, 2002).

[Signature]
**DISTRICT REGISTERING AUTHORITY
DIST. MEDICAL & HEALTH OFFICER
Nizamabad
District Registering Authority And
District Medical And Health Officer
NIZAMABAD.**