



सत्यमेव जयते

**Government of India**  
**Form GST REG-06**

[See Rule 10(1)]

**Registration Certificate**

**Registration Number : 09AGRD10793G1DF**

1.	<b>Legal Name</b>	DISTRICT HOSPITAL MALE			
2.	<b>Trade Name, if any</b>				
3.	<b>Constitution of Business</b>	Government Department			
4.	<b>Address of Principal Place of Business</b>	DISTRICT HOSPITAL MALE, MAINPURI, MAINPURI, Mainpuri, Uttar Pradesh, 205001			
5.	<b>Date of Liability</b>	07/11/2018			
6.	<b>Period of Validity</b>	From	07/11/2018	To	NA
7.	<b>Type of Registration</b>	Tax Deductor			
8.	<b>Particulars of Approving Authority</b>				
Signature					
Name					
Designation					
Jurisdictional Office					
9.	<b>Date of issue of Certificate</b>	04/12/2018			
Note: The registration certificate is required to be prominently displayed at all places of business in the State.					

**This is a system generated digitally signed Registration Certificate issued based on the deemed approval of application on 15/11/2018 .**



GSTIN 09AGRD10793G1DF  
Legal Name DISTRICT HOSPITAL MALE  
Trade Name, if any

**Details of Person in Charge**

1



Name RAKESH KUMAR SAGAR  
Designation/Status CMS  
Resident of State Uttar Pradesh