



Account Name : TIRUPATI DIAGNOSTIC CENTRE
Address : 61, J.N.ROY ROAD OPP HARISAVA PO KHOSBAGAN
Barddhaman
RANIGANJ
WEST BENGAL-713101
INDIA

Date : 6 Aug 2024
Account Number : 00000030449068750
Account Description : CA-REGULAR-PUB-OTH-ALL-INR
Branch : KHOSH BAGAN
Drawing Power : 0.00
Interest Rate(% p.a.) : 0.0
MOD Balance : 0.00
CIF No. : 85284506156
IFS Code : SBIN0003083
MICR Code : 713002113
Balance as on 1 Apr 2024 : 2,36,463.49

Account Statement from 1 Apr 2024 to 6 Aug 2024

Txn Date	Value Date	Description	Ref No./Cheque No.	Branch Code	Debit	Credit	Balance
04/04/2024	04/04/2024	BY TRANSFER-NEFT*UTIB0001851*AXOBR09534703505*DREAMLAND NURSIN-	TRANSFER FROM 3199418044301 /	4430		13,293.00	2,49,756.49
06/04/2024	06/04/2024	TO CLEARING-Chq No. 819388 FBL MADHUSUDANCH OWDHURY-819388	/ 819388	10391	3,000.00		2,46,756.49
10/04/2024	10/04/2024	CASH DEPOSIT-CASH DEPOSIT SELF-	/	3083		2,26,000.00	4,72,756.49
15/04/2024	15/04/2024	BY TRANSFER-NEFT*UTIB0001851*AXOBR10632557675*DREAMLAND NURSIN-	TRANSFER FROM 4697231044303 /	4430		5,499.00	4,78,255.49
16/04/2024	16/04/2024	TO CLEARING-Chq No. 819402 ICI LIFE MEDICINE HOUSE-819402	/ 819402	10391	1,89,961.00		2,88,294.49
19/04/2024	19/04/2024	CASH DEPOSIT-CASH DEPOSIT SELF-	/	3083		1,66,100.00	4,54,394.49
19/04/2024	19/04/2024	CHEQUE WDL-CHEQUE TRANSFER TO-819391	TRANSFER FROM 33094256164 Mr. SUMANTA GHOSH / 819391	48	41,265.00		4,13,129.49
19/04/2024	19/04/2024	TO TRANSFER-INB-	crn24041900106052 CK00ATICS5 TRANSFER TO 40221407529 CBDT TIN 2.0 POOLING A /	99922	4,585.00		4,08,544.49
23/04/2024	23/04/2024	CASH DEPOSIT-CASH DEPOSIT SELF-	/	3083		1,30,000.00	5,38,544.49

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER

AHOPM0995R



नाम /NAME

PALLAVI MAJI

पिता का नाम /FATHER'S NAME

MADAN MOHAN MAJI

जन्म तिथि /DATE OF BIRTH

01-08-1968

हस्ताक्षर /SIGNATURE

Pallavi Maji

Stalin

आयकर आयुक्त, प.बं.-III

COMMISSIONER OF INCOME-TAX, W.B. - III

इस कार्ड के खो / मिल जाने पर कृपया जारी करने वाले प्राधिकारी को सूचित / वापस कर दें
संयुक्त आयकर आयुक्त(पद्धति एवं तकनीकी),
पी-7,
चौरंगी स्क्वायर,
कलकत्ता - 700 069.

In case this card is lost/found, kindly inform/return to the issuing authority :

Joint Commissioner of Income-tax(Systems & Technical),
P-7,

Chowringhee Square,
Calcutta- 700 069.

Madan Mohan



License No | 33546021

Original

Statutory CE FORM VII: License
[See rule 3]

This is to certify that the applicant mentioned below has been granted a license number West Bengal Clinical Establishment (Registration, Regulation and Transparency), Act 2017 vide Order issued [by the Undersigned] under such Number in respect of such clinical establishment situated at such address to keep or carry on the said clinical establishment having such number of beds offering such service facilities in such recognized system of medicine as mentioned below.

2. This is to certify that the license has been Registered vide registration No. as mentioned above under the Rule 3 of the West Bengal Clinical Establishment Rules, 2017, [by the undersigned] in respect of the clinical establishment as mentioned below and the License shall be valid for the period, from **01-08-2024 to 01-08-2025**

3. The License is granted subject to the West Bengal Clinical Establishment (Registration, Regulation and Transparency), Act 2017, Clinical Establishment Rules 2017 and any contravention thereon shall in suspension or cancellation of this license before the expiry period.

4. This is to certify that such amount of license fee was collected as mentioned below which is non-refundable in case of any closure, suspension or withdrawal of any services as mentioned below.

5. This license is non-transferable.

6. Particulars of the Licensee:

6.a. Name of the Licensee: **DR. PALLAVI MAJI**

6.b. Son/Daughter/Wife of:

6.c. Address of the Licensee: **56/A, R.B.GHOSH ROAD, KHOSBAGAN, BURDWAN, BURDWAN SADAR, BURDWAN SADAR, BURDWAN, , Pin-**

7. Particulars of the Establishment:

7.a. Name of the Clinical Establishment: **TIRUPATI DIAGNOSTIC CENTRE**

7.b. Address of the Clinical Establishment: **3, R.B.GHOSH ROAD, BARDHAMAN, Pin- 713101**

8.a. Order No. of the Licensing Authority granting License:

8.b. Date : **01-08-2024**

9. Validity of the license:

9.a. Granted/ Renewed from [Date]: **01-08-2024**

9.b. Valid upto [Date]: **01-08-2025**

9.c. Period of irregular running : **NIL**

9.d. Last date of Renewal [Date]: **01-07-2025**

10. Stipulated License fee: Rs. **97000.00 (Ninety-Seven Thousand Only)**

11. Service facilities:

11.a. Name(s) of recognized system of medicine practiced : **Allopathy**

11.b. Number of beds : General **0**

11.c. Special care beds : **0**

11.c. Types of service facilities to be provided : **X-Ray, ECG, CT-Scan, USG, Other, Echo-cardiography lab, Electro-encephalography lab, Electromyography lab, TMT, HOLTER MONITORING, OPG, NCV, Poly Clinic, Pathology Lab(Medium)**

Place: **PURBA BARDHAMAN**

Date: **01-08-2024**

01.08.24
Chief Medical Officer of Health

Purba Bardhaman: West Bengal

Chief Medical Officer of Health
Purba Bardhaman