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|--------------------|---------------------|-------|--------|
| Type of Enterprise | Micro | Small | Medium |
| Manufacturing | A | B | C |
| Services | D | E | F |
| UAN | TN02D0098925 | | |

Udyog Aadhaar Memorandum

- Aadhaar Number: 997606807148
- PAN Number: AAXCS5511Q
- Name of Entrepreneur: IMTHIAZ AHMED MOHAMED OMAR
- Social Category of Entrepreneur: GENERAL
- Gender: Male
- Physically Handicapped: No
- Name of Enterprise: SIMPLE MEDICAL SOLUTIONS
- Type of Organization: Private Limited Company
- Location of Plant Details

| SN | Flat/Door/Block No. | Name of Premises/Building Village | Road/Street/ Lane | Area/Locality | City | Pin | State | District |
|----|---------------------|-----------------------------------|-------------------|---------------|----------------|--------|------------|-----------|
| 1 | 59 | Shifa Hospital | PATTUKOTTAI ROAD | MILARIKKADU | ADIRAMPATTINAM | 614701 | TAMIL NADU | THANJAVUR |

Official Address of Enterprise

15, RADHAKRISHNAN SALAI, 8TH STREET, INDIA ARCADE, 2ND FLOOR, SUITE 5, MYLAPORE, CHENNAI

- | | | | | | |
|------------|------------|--------|--------------------|-----|--------|
| District | CHENNAI | State | TAMIL NADU | PIN | 600004 |
| Mobile No: | 7397452497 | Email: | adiraism@gmail.com | | |

- Date of commencement: 01/08/2016

- Previous Registration details-if any: ::

- Bank Details:

| | |
|---------------|-------------|
| IFS Code | IDIB000A110 |
| Bank Account: | 6466381731 |

- Major Activity: SERVICES

| SN | NIC 2 Digit | NIC 4 Digit | NIC 5 Digit Code | Activity Type |
|------|------------------------------|----------------------------|-----------------------------|---------------|
| 16.1 | 86 - Human health activities | 8610 - Hospital activities | 86100 - Hospital activities | Services |

- Persons employed: 5
- Investment (Plant & Machinery / Equipment's): 10(Rs. In Lakhs)
- District Industry Centre: CHENNAI

Declaration

I hereby declare that information given above is true to the best of my knowledge. Any information, that may be required to be verified, shall be provided immediately before the concerned authority.

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