



GOVERNMENT OF TAMIL NADU
DIRECTORATE OF MEDICAL AND RURAL HEALTH SERVICES

DMS COMPLEX, NO 356-361, ANNA SALAI, CHENNAI - 600 006

PHONE : (044)24343271 - FAX : (044) 24343271

FORM II

(see rule 8)

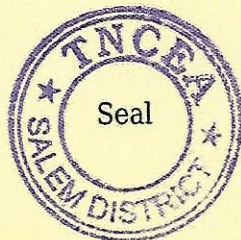
CERTIFICATE OF REGISTRATION OF CLINICAL ESTABLISHMENT

Registration No **SALMALL20190001876**

Date of Issue **11-09-2019**

Valid upto **10-09-2024**

- 1. AMMANI HOSPITAL** operating from **130, GANDHI ROAD, HASTHAMPATTY, SALEM-1. , HASTHAMPATTY , Salem , Tamil Nadu - 636007** as **Multi Speciality Services** is hereby registered under the provisions of the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 to provide services under **Allopathic** system of Medicine with **55** beds.
2. The Certificate of Registration shall be subject to the conditions laid down in the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Tamil Nadu Clinical Establishments (Regulation) Rules, 2018.



Place: **Salem**
Date: **11-09-2019**

Handwritten signature and date 11/9/19
Joint Director of Health Services
Competent Authority
TNCEA
Salem District.



DIRECTORATE OF MEDICAL AND RURAL HEALTH SERVICES

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Acknowledgement:

Received Application for Renewal from **AMMANI HOSPITAL , 129,130, GANDHI ROAD, HASTHAMPATTY, SALEM-1. , HASTHAMPATTY , Salem , Tamil Nadu-636007.**
Your Transaction Id :202409061328479511, & Track Id : IP242501856747

Competent Authority

TNCEA Salem

Place : **Salem**

Date : **06-09-2024**

सामान्यतः प्रयोग किए जाने वाले संक्षेपाक्षर / GENERALLY USED ABBREVIATIONS

| | |
|---|--|
| a/c = Account/खाता | Csh = Cash/नकदी |
| adj = Adjustment/समायोजन | dep = Deposit/जमा |
| Amt = Amount/राशि | Dft = Draft/ड्राफ्ट |
| Ar = Arrear/वकाया राशि | dish/dsh = Dishonor/अस्वीकृत |
| bal = Balance/शेष | DR = Debit/नामे |
| Capn = Capitalisation/मूलीकरण | DOB = Date of Birth/जन्म तारीख |
| Chg/ch = Charge/प्रभार | eft = Electronic Fund Transfer/इलेक्ट्रॉनिक फंड ट्रांसफर |
| Chq = Cheque/चेक | Inop = Inoperative/निष्क्रिय |
| CIF = Customer Information File/ग्राहक सूचना फाइल | Ins = Insurance/बीमा |
| Clos = Closure/समाप्ती | Int / In = interest/ब्याज |
| Coll = Collection/समाहरण | lon/loan/कण |
| Comm. = Commission/कमीशन | min = Minimum/न्यूनतम |
| COR/CORR = Correction/संशोधन | os = Outstanding/वकाया राशि |
| CR = Credit/जमा | P&T = Postal Charges/बाक प्रभार |

Pos = Point of Sale/पॉइंट ऑफ सेल
Pr = Principal/मूलधन



अनुदेश
and of/ सूचक/ सुपत्री/कमी/रति

Wd = Withdrawal/खुला
*MOD bal = Total balance (SB linked MOD a/c) / कुल जमा रोष (बचत बैंक + सहकारी खाता)
SBI State Bank of India



भारतीय स्टेट बैंक
STATE BANK OF INDIA

Branch: CHERRY ROAD, SALEM
D NO 119/338 OLD SUNDAR LODGE
BUILDING

Code: 20941

Email: sbi.20941@sbi.co.in
Phone No.: 2452375
IFSC: SBIN0020941
DOCTOR

Buss. Hrs: 10:00:00-16:00:00
MICR: 636002141

Name: R.SARAVANAN
S/D/H/o : RAMADAS
CIF Number : 86851625414
Account No.: 10282991185
A/c Type : REGULAR SAVINGS BANK ACCOUNT
Address : NO 4, EAST PERAMANUR
MAYOR NAGAR IIND STREET,
SALEM,

MOP: SINGLE
A/c Opening Dt: 22/01/1999
Nom Reg No:
Customer's PAN: AXWPS7954G
Date of Issue: 29/12/2021
CONTINUATION

Phone No. :
Email :
D.O.B.(If Minor):
PPO Number :

कुते भारतीय स्टेट बैंक For State Bank of India



Rohini

शाखा प्रबंधक / Branch Manager,
चेरी रोड शाखा, सेलम Cherry Road Branch, Salem (20941)

शाखा प्रबंधक
BRANCH MANAGER