



GOVERNMENT OF INDIA
MINISTRY OF CORPORATE AFFAIRS

Registrar West Bengal
Nizam Palace , 2nd MSO Building , 234/4, 2nd Floor , Acharya Jagdish Chandra
Bose Road , Kolkata - 700020, West Bengal, INDIA

FORM 16

[Refer Section 12(1)(b) of the LLP Act, 2008]

CERTIFICATE OF INCORPORATION

LLP Identification Number: AAB-4953

I hereby certify that GHSPL SAMBHAV KNJ HEALTHCARE LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act 2008.

Given at West Bengal this First day of May Two Thousand Thirteen.

Signature Not Verified
Digitally signed by Registrar
Serial: 1
Date: 2013.05.01 13:43:30
GMT+05:30

Registrar, West Bengal

Note: The corresponding form has been approved by DIP NARAYAN CHOWDHURY, Assistant Registrar and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009. The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office:
GHSPL SAMBHAV KNJ HEALTHCARE LLP
3B-207, ECOSPACE BUSINESS PARK,, ACTION AREA II, NEW TOWN,
RAJARHAT,
KOLKATA - 700157,
West Bengal, INDIA





Memo No. CMOH-Nad / 6152 / Date 02.9.2022

Licence No | 33635016

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

Date | 01-09-2022

LICENCE UNDER THE WEST BENGAL CLINICAL ESTABLISHMENTS (R, R&T) ACT 2017

(see rule 3)

License is hereby granted to

GAUTAM CHOWDHURY

of **NIL, 31 N BLOCK B , KOLKATA, Pin- 700053**

Under the West Bengal Clinical Establishment Act 2017 to keep or carry on the Clinical Establishment under the heading(s) subject to terms as printed in back-page

Last Date of Application for Renewal : 31-07-2025

Validity : 31-08-2025

Period of Irregular Running : 15/07/2022 to 31/08/2022

Headings

Hospital (100 beds including 30 ICCU beds, 10 ITU beds, 2 RCU beds, 30 HDU beds, 10 PICU beds, 8 dialysis unit beds, 10 other uni beds), X-Ray(digital), ECG, CT Scan, USG, Colour Doppler Imaging lab, Echo-cardiography lab, Electro-encephalography lab, HOLTER, TMT, Pathological Lab (Medium)

**Establishment is
popularly styled as**

GHSPL SAMBHAV KNJ HEALTHCARE LLP

At an Address

NIL, BHATJANGLA (N.H 34), VILL-BHATJANGLA, Pin- 741102

Subject to terms as printed in back-page.

Date: 10-07-2023

Place: Nadia : West Bengal

Date of grant of first license:

Chief Medical Officer of Health

Nadia : West Bengal

To verify genuineness SMS to 9223166166

WB CE < License No>

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Headings

1. Nursing Home: Indoor

2. Hospital

3. Maternity Home: Indoor

4. ICCU/ITU/RCU/NCU/PICU/HDU/Dialysis

5. Physical Therapy Centre: Indoor / Outdoor

6. Pathological Laboratory : Small / Medium / Large / Coll. Centre

7. Imaging & X-Ray: X-Ray / USG / CT scan / MRI / ECHO / Color Doppler

8. Others : ECG / EEG / EMG / TMT / Holter/ Scopy Procedure / Angiography

9. Day Care Centre(Indoor)

10. Poly Clinic/OPD Clinic: Specialist/General

11. Individual Clinic: Modern Medicine / Dental / Homoeo / Unani/ Ayurvedic/ acupuncture / Graduate / Post-graduate

12. Specialty Clinic

a) Surgery / Eye / ENT / Orthopedics / Cardio-thoracic / Plastic Surgery

b) Medicine/ Pediatrics(Surgery / Medicine)/ Cardiology / Endocrinology

c) Gynecology & Obstetrics

d) Neurology / Dental / & OTHER DISCIPLINE

12. Number Of Beds: 100

Terms

1. A particular Establishment at a particular address must have one and only one CE license including all facilities.
2. The License is not transferable. The Clinical Establishment shall at all time be open for inspection by such offer(s) of the State Government as are duly Authorised in this behalf by the Licensing Authority.
3. The Licensee shall confirm such conditions as are prescribed in WB CE Acts & Rules, 2017.
4. The Clinical Establishment shall not be used for immoral purpose or for purpose which are improper or undesirable in the case of such establishment.
5. The Licensee shall maintain proper records of persons received or accommodated or both of births, deaths and miscarriages therein. In case of the births and death, the Licensee shall give intimation to the local Registrar of births and deaths.
6. The Licensee shall furnish to the Licensing Authority a copy of the yearly reports on the working of the establishments(in the prescribed form number VII as shown in rule 21) on or before 1st April each year by Registered post or in equally suitable manner.
7. It is obligatory on the part of the Licensee to inform the nearest Police Stations about all suspicious cases of injuries and medico-legal cases treated in the establishment.
8. If any notifiable disease occurs in threw establishments. The Licensee shall Immediately notify the matter to the local health Authority under the Intimation to the Licensing Authority. The patient should also be isolated and the establishment shall be placed under quarantine immediately.
9. The Licensee shall send intimation to the Licensing Authority about closure of the establishment at least one month before the closing date. The License must be surrendered to the Licensing Authority immediately after the closure of the establishment.