



## Certificate of Enlistment cum e-Receipt

Licence Department,Kolkata Municipal Corporation  
Certificate of Enlistment

Printed On: 04/06/2024

## RECEIPT INFORMATION

Financial Year :	Receipt No :	Receipt Date :
2024-2025	E/05/2024/1410154	04/06/2024 10:51:28

Transaction Id : 0520240000188209  
 C.E. No : 0029 1201 1625 (PERMANENT)  
 Demand Type : New  
 Demand Nature : PRIMARY(0)  
 Assessee No : 110121600213  
 M/S : SUCCES DIAGNOSTIC CENTER  
 Name of CE Holder: SRI ASHOK KUMAR SAHA  
 Buisness Address : 8C MOHAN LAL STREET KOLKATA 700004  
 Ward No : 012  
 Nature of Trade : PATHOLOGICAL LABORATORY -

Parameter Unit Value  
 AREA 600  
 WITH AC N

Section No	Description (As per KMC Act, 1980)	Amount(Rs)
199	Certificate of Enlistment	2500.00
238(2)	Water Supply	1200.00
307	Drainage & Sewerage	300.00
435/435A	Non-Residential Use	900.00
	Processing Fee	50.00

Total Amount Paid(Rs) : 4950.00

Amount in Words : Rupees Four Thousand Nine Hundred Fifty only

Note: This Receipt is to be treated as Payment Receipt cum Certificate of Enlistment and Valid upto 31/03/2025  
 Concerned Authorities/Agencies/Institutions can Verify the Validity of the Receipt cum C.E from KMC web portal.



E. and O.E.

This document being an e-Receipt cum Certificate of Enlistment, does not require any signature

For Receipt Authentication visit url : <https://www.kmcgov.in/KMCPortal/jsp/LicenseReceipt.jsp>



Original

License No | 34246372

**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 **27-08-2024** to **26-08-2025**

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: **ASHOK KUMAR SAHA**

6.b. Son/Daughter/Wife of: **LATE MADHUSUDAN SAHA**

6.c. Address of the Licensee: **106, Khudiram Bose sarani, SHYAMBAZAR, ULTADANGA, KOLKATA, , Pin-700004**

7. Particulars of the Establishment:

7.a. Name of the Clinical Establishment: **SUCCESS DIAGNOSTIC CENTER**

7.b. Address of the Clinical Establishment: **8C, MOHAN LAL STREET, KOLKATA, Pin- 700004**

8.a. Order No. of the Licensing Authority granting License: **CE/KOL/ADMIN/550**

8.b. Date : **27-08-2024**

9. Validity of the license:

9.a. Granted/ Renewed from [Date]: **27-08-2024**

9.b. Valid upto [Date]: **26-08-2025**

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

9.d. Last date of Renewal [Date]: **26-07-2025**

10. Stipulated License fee: **Rs. 10000.00 (Ten 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 : **FOR :- PATHOLOGICAL LAB (MEDIUM) ONLY.**

Place: **Swasthya Bhawan, Salt Lake.**

**Deputy Director of Health Services (CE)**

Date: **27-08-2024**

**Kolkata: West Bengal**

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER

ASKPS0703L



नाम /NAME  
ASHOK KUMAR SAHA

पिता का नाम /FATHER'S NAME  
MADHUSUDAN SAHA

जन्म तिथि /DATE OF BIRTH  
29-03-1954

हस्ताक्षर /SIGNATURE

*Ashok Kumar Saha*  
Madhusudan Saha

*Shahi*

आयकर आयुक्त, (कम्प्यू. अपा.), कोल.  
COMMISSIONER OF INCOME-TAX(C.O.), KOLKATA

*Ashok Kumar Saha*  
*Ashok Kumar Saha*

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.