

FORM-C

[See Rule-3(6) and Rule-4]

GOVERNMENT OF ODISHA, HEALTH & FW DEPARTMENT CERTIFICATE OF REGISTRATION/RENEWAL

Under Odisha Clinical Establishments (Control & Regulation) Act.1990

This is to certify that Sri/Smt/Ms./Dr./M/s BISWARANJAN SAHOO an applicant for OM
HEALTHCARE CENTRE in the capacity of MANAGING DIRECTOR at M38 SAMANT
VIHARNEAR KALINGA HOSPITAL SQUARECSPUR has fulfilled the Criteria to run a Clinical
Establishment with following services only.

Ultrasound

No. of Bed(s) NILL

REGISTRATION NUMBER KHU/1839/2015 Date of issue: 05-07-2023

PERIOD OF VALIDITY From: 11-09-2022 To 10-09-2027

IN-CHARGE (If a doctor) Name with qualification : GIRISH CHANDRA SATAPATHY (MBBS, MD)

Regn..No 5119) (With Qualification)



Signature of Supervising Authority

Date : 05-07-2023

Terms & Conditions:

1. That the CE shall abide by the provisions of the Odisha Clinical Establishments (Control and Regulation) Act 1990, rules made there under.
2. That for renewal, application shall be made to the authority not less than six months before its expiry.
3. Any change in the constitution or management of the clinical establishment shall be intimated not later than fifteen days to the supervising authority along with the original certificate for issue of new one. certificate holder shall report the Supervising Authority any change in technical staff within one month of change.
4. Any change of staff of the Clinical establishment must be reported to the Supervising Authority within one month of such change.
5. All certificates of the establishment including OSPCB, Fire Safety, Trade license, Approved Rate chart, Name of Staff on duty etc., must be displayed in a prominent place for viewing of public.