



License No | 33338956

Original

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 **26-06-2021** to **25-06-2024**

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: **GOLAM NOBI**

6.b. Son/Daughter/Wife of:

6.c. Address of the Licensee: **00, DOULATABAD, DAULATABAD, DAULATABAD, DAULATABAD, , Pin-742303**

7. Particulars of the Establishment:

7.a. Name of the Clinical Establishment: **NIGHTINGALE DIAGNOSTIC**

7.b. Address of the Clinical Establishment: **49, K.N.ROAD, BERHAMPORE, Pin- 742101**

8.a. Order No. of the Licensing Authority granting License: **CMOH-MSD/4702**

8.b. Date : **03-05-2023**

9. Validity of the license:

9.a. Granted/ Renewed from [Date]: **03-05-2023**

9.b. Valid upto [Date]: **25-06-2024**

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

9.d. Last date of Renewal [Date]: **25-05-2024**

10. Stipulated License fee: Rs. **186200.00 (One Lac Eighty-Six Thousand Two Hundred 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 : **X-Ray, USG, Other, Colour Doppler Imaging lab, Echo-cardiography lab, null, Pathology Lab(Medium)**

Place: **Berhampore, Murshidabad**

Chief Medical Officer of Health

Date: **03-05-2023**

Murshidabad: West Bengal