



**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 **TNVLALL20200016744**

Date of Issue **27-07-2020**

Valid upto **26-07-2025**

1. **Prism Bone and Eye Clinic** operating from **T.S complex, Thiagaraja nagar, sivanthipatti road , Palayamkottai , Tirunelveli , Tamil Nadu - 627011** as **Consulting Room** is hereby registered under the provisions of the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 to provide services under **Allopathic** system of Medicine with **0** 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.



Seal

*N. Venkatesh*  
27/7/2020

**JOINT DIRECTOR OF HEALTH SERVICES**  
**TIRUNELVELI DISTRICT @ TENKASI**  
Competent Authority

Place: **Thenkasi**

Date: **27-07-2020**