



Directorate of Medical and Rural Health Services
DMS Complex, No 359-361, Anna Salai, Chennai - 600 006
Phone : (044)24343271 - Fax : (044) 24343271
TAMIL NADU CLINICAL ESTABLISHMENTS (REGULATIONS) RULES, 2018.



1. Name of the Clinical Establishment : **Chennai Cardiac Care**

2. Address : **5/463, J.J.Nagar,
Valayapathi salai,
Mugappair East** District : **Tiruvallur**

Taluk - Village/Town : **Ambathur -
Mugappair** State : **Tamil Nadu**

Pincode : 600037 Telephone No.(with STD code) : 04449597229

Mobile : 9710493435 Fax :

Email ID : c3clinic@gmail.com Website (if any) : www.c3clinic.in

3. Year of starting : 2015 4. Location : Town

5. Ownership of Services : Private Sector Registered Partnership

6. Name of the owner of Clinical Establishment

Name of the owner : Vinod Kumar Address : 5/463, J.J.Nagar,
Valayapathi salai,
Mugappair East

Village/Town : Mugappair District : Tiruvallur

State : Tamil Nadu Pincode : 600037

Telephone No (with STD code) : 04449597229 Mobile : 9710493435

Fax : Email ID : vinodkumarbala@gmail.com

7. Name, Designation and Qualification of person-in-charge of the clinical establishment

Name of person-in-charge : Vinod Kumar Designation : Managing Director

Qualification : M.D., D.M Address : 5/463, J.J.Nagar,
Valayapathi salai,
Mugappair East

Village/Town : Mugappair District : Tiruvallur

State : Tamil Nadu Pincode : 600037

Telephone No.(with STD : 04449597229 Mobile : 9710493435
code)

Fax : Email ID : c3clinic@gmail.com

8. Any Other (Please Specify) :

9. Type of clinical establishment : Clinic - Polyclinic

10. Whether the clinical establishment

(a) is attached with Laboratory : No

(b) is attached with Imaging Centre : Yes Echocardiogram

(c) is attached with Blood Banks : No

(B) Based on Facilities :

11. Details of the equipments maintained with : Treadmill, ECG, Echocardiogram

SYSTEM OF MEDICINE

12. Services offered : Allopathic

Allopathic

Dermatology, General Medicine, Cardiology,

13. Area of the establishment (in square metres)

(a) Total area : 1800 (b) Constructed Area : 1200

14. Out-Patient Department

Total number of Out Patient Department Clinics : 3

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SI.No	Speciality	Number Of Rooms
1	Dermatology	1
2	Cardiology	1
3	General Medicine	Sharing

15. In-Patient Department

(a) Total number of beds: : 0

(b) Specialty-wise distribution of beds, please specify:

SI.No	Speciality	Number Of Beds
1	Dermatology	0
2	General Medicine	0
3	Cardiology	0

16. Biomedical Waste Management

(a) Method of treatment and/or disposal of bio-medical waste : Through Common Facility

(b) Whether authorization from Pollution Control Board/Pollution Control Committee obtained? : Yes

17. Total number of Staff (as on date of application)

Number of permanent staff : 5 Number of temporary staff : 2

Category of Staff : Doctors

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
1	Dr.B.Vinod Kumar	M.D, D.M	82000	Permanent
2	Dr.D.Sindhu	M.D	96260	Permanent

Category of Staff : Nursing Staff

SI.No	Name	Qualification	Registration Number	Nature of Service temporary/Permanent
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Category of Staff : Para-medical Staff

SI.No	Name	Qualification	Nature of Service temporary/Permanent
1	Ms. N.Rajeshwari	M.Sc Clinical Nutrition	Permanent
2	Ms.Puja	B.Sc Cardiac Technology	Temporary

Category of Staff : Pharmacists

SI.No	Name	Qualification	Nature of Service temporary/Permanent
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Category of Staff : Support Staff

Sl.No	Name	Qualification	Nature of Service temporary/Permanent
1	Mr.C.Ravichandran	BA	Permanent
2	Mr.Karthikeyan	BBA	Temporary
3	Mrs.R.Kanthamani	12th STD	Permanent

Category of Staff : Others, Please specify

Sl.No	Category of Staff	Name	Qualification	Nature of Service temporary/Permanent
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18. Payment options for Registration Fees

Amount : Rs.5,000

Fees Mode - Online Payment

I / We hereby declare that the statement stated above are true and correct to the best of my/our knowledge and I/We shall abide by the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Rules made thereunder.

Place : Mugappair

Date : 09-03-2019

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