



Bella Health Care Charitable Trust

Annual Activity Report

2020-2021



Table of Contents

- I. Message from our Founder
- II. Thanks to our Donors
- III. About Bella Health
 - a. Krishna Clinic
 - b. Rekha Clinic
 - c. Varsha Clinic
 - d. Mala Clinic
- I. The TEAM that makes it all happen!
- II. Overview
- III. IMPACT to the community
- IV. Bella Health Numbers
- V. Geographic Scope
- VI. Programs
- VII. Health Care Services
 - a. Health Education
 - b. Research
- VIII. Monitoring and Evaluation
- IX. Future Goals
- X. Appendix
 - a. Patient Satisfaction Survey.
 - b. Patient Compliance Survey
 - c. Patient Diagnosis: Children
 - d. Patient Diagnosis: Chronic Diseases
 - e. Patient Diagnosis: Acute Diseases
 - f. Indicators to measure impact

Message from Our Founder

Bella has completed Nine years of service to our communities in Uttarakhand. I want to thank Dr. Preeti Deoli, Dr. Kritiki, Dr. Arushi Sunmala Rawat, Atul Negi and all other staff members for keeping my dream alive through their leadership, hard work and commitment to Bella. I want to acknowledge the support and encouragement provided by Chief Medical Officer and Director of Education.



Dr. Vijay P. Agarwal,
Founder and President of Bella Health.

primary healthcare as well as educational services to the women, children and adolescents in our communities. We will also continue to find new partners to help deliver our services to more communities.

Our goals for the next two years are to:

- 1) provide direct health care services to over 1 lac women and children and educate more than 2 lakh adolescents through our Adolescent Health Education Program in 70 Schools;
- 2) continue our collaboration with Vitamin Angles and Departments of Health and Education of Govt of Uttarakhand.
- 3) Specially thanks to DKD (Daliyo ka Dagadiya), Srinagar NGO to collaborate with Bella and provide the new target area's in Tehri Garhwal.

Thanks to our Donors

Bella Health has been supported for the past Nine years through the generous donations of **Dr. Vijay P. Agarwal**. A native of Mumbai, he has dedicated his life to medicine and helping people indiscriminately to achieve health and well-being. He is a dedicated physician and admired by all of his patients and colleagues. Dr. Agarwal has supported Bella Health with his firm belief in our mission and vision to improve the lives of women in India.



About Bella Health

VISION: To enhance the health and quality of life of all, whom we serve and address health disparities in our communities.

Bella Health Charitable trust is an NGO based in Dehradun, Uttarakhand working tirelessly since 2011 for the enhancement of women health and quality of life, by empowering women to increase their ability to make informed family planning and reproductive health choices. The activities include health care services that address maternal, child and reproductive health issues.



Dr. Preeti, Treating Patients.

Bella Health has been a pioneer in the provision of Reproductive Health care services in North India. Through our community-focused and mobile approach, including our highly skilled and dedicated team, we have broken down the barriers to access within these communities. The health care services we provide are supplemented with health education; this health education not only empowers women and their communities but sets them on a path to continuous health maintenance by encouraging them to prevent, and sustain positive health behaviors. The knowledge we impart stays in the villages and fosters a healthy life-course amongst beneficiaries and their communities even when our programs are not there.

We have given a detailed table explaining the number of beneficiaries we have provided service to, in the past 9 years.

Bella Clinics

Due to covid-19 Bella Health Charitable trust.



Krishna Clinic, Village - Dhakrani, Vikasnagar, Dehradun.



Mala Clinic, Village – Rampur, Sahaspur, Dehradun.



Varsha Clinic, Village - Jeevangarh, Vikasnagar, Dehradun.



Rekha Clinic, Village – Kunja Grant, Vikasnagar, Dehradun.

The team that makes it all happen!

ALL

Name	Position on Governing Body	Qualifications	No. Years as Board	Other Offices
Dr. Vijay P. Agarwal	President & Founder	MD, MBBS	9	Practicing Physician in USA.
Dr. Preeti Deoli	Board Member	BAMS	3	NA
Miss. Sunmala Rawat	Board Member	MSW, B. Pharma	3	NA
Mr. Atul Negi	Board Member	MSW	12 Month	NA



Bella Health is so blessed to have such dedicated, passionate, hardworking and talented team members.

- **Operations Manager:** Dr. Malti Halder
- **Health Care Provider:** Dr. Preeti Deoli, Dr Kritiki Butola, Dr. Arushi Kanojiya.
- **Health Educators:** Miss. Sunmala Rawat, Mr. Kailash Chandra, Mr. Atul Negi
- **Clinical Support staff :** Miss. Manju Bidlan, Miss. Divya Sharma.
- **Nurse:** Mrs. Leela Devi, Mrs. Anuradha Suyal. Miss. Deepa.
- **Driver:** Mr. Som Bahadur.

Overview

While the underlying causes of these Reproductive Health morbidities are complex and multifaceted, much can be done by providing direct health services and education at the primary and community care level. We focus exclusively on reproductive health - there is a huge need to go back to basics and teach people about proper menstrual hygiene, dismantle common misconceptions about reproductive health and teach accurate and relevant topics on family planning, pre/post natal care, menstrual hygiene, sexually transmitted infections, respiratory tract infections, infertility.

Our programs address the aforementioned problems by providing high quality health services supplemented with health education. We empower women with education, so they can have a healthier life. We also want this education to begin young, so that a healthy life course approach is adopted early in order to be better maintained throughout the different stages of life and health. In light of this, the adolescent program, which was piloted in 2013, has been a major success. **The community feedback has been positive and we are leaving adolescents with knowledge that will shape their attitudes, decisions and lead to healthier behaviors.**

These tools will not only make the new generation healthier, but their families and communities healthier too.

Our Objectives

- Provide Health Care Services to 1,50,000 beneficiaries.
- Expand operations to Tehri Garhwal and more interior places in Uttarakhand.
- Triple the number of women who access to quality reproductive health and family planning services in our target areas by 2021.
- Provide modern contraception to all women in reproductive age who desire to space a family in our target area by 2021.
- Decrease the prevalence and increase the awareness of Sexually Transmitted Infections' and Reproductive tract Infections by 50% in our target areas by 2021.
- Decrease the amount of unsafe abortions by 50% in our target areas by 2021.
- Ensure there is not any UNMET need for contraception in our target areas by 2022.
- Decrease the amount of adolescents who are pregnant in our target area by 2022
- Decrease the rates of infertility by actively treating and educating women on Pelvic Inflammatory Disease in our target area by 50% in our target areas by 2022.

Impact to the community

Reproductive Health

Beneficiaries of Bella Health services have increased awareness of reproductive health issues and have better health outcomes. Beneficiaries have no UNMET needs for contraception. The rates of modern contraception use is 25% higher in patients using our services than baseline. The rates of unsafe abortion have decreased, as they have safe abortions. Pregnant patients receive an average of 5 antenatal visits and 3 prenatal visits, which is 200% increase from baseline data. The beneficiaries are also more likely to have an institutionalized delivery. Additionally, they are more aware of dangerous conditions during pregnancy that will lead to early treatment, which in turns protects the health of both mother and infant. Obstetric and gynaecological emergency situations are identified early and respective interventions were sought immediately. Dangerous conditions for the mother and the baby have been reduced through these early interventions, knowledge and proper counselling for the mother and family.

Maternal Health

There have not been any maternal ,child deaths and pregnant patients in our target area. The majority of sexually transmitted disease/reproductive track infection and pelvic inflammatory disease infections have been treated and the patients remain infection free, by having adopted some form of modern contraception. Most importantly, the beneficiaries perceive that woman's health is important. There have been 75-100% increase in the perception of indicators such as: the importance of woman's health, feeling empowered to seek treatment, feeling empowered to know what is wrong with their health and feeling comfortable talking to their health care providers about family planning.

Health Education

Knowledge has increased 70-100% in health topics. Beneficiaries are educated and have increased their knowledge on contraception, HIV/STI's, abnormal vaginal discharge and other reproductive health focused topics. They gained knowledge about Covid-19 Disease and It's prevention. They have increased awareness in the prevention, transmission and treatment for sexually transmitted infections and reproductive tract infections. This increased knowledge is an indicator that beneficiaries feel a greater sense of empowerment regarding their health, health care decisions and in their interactions with providers. To summarise- The beneficiaries are empowered!

Bella Health Number

Year	Patient-s	Health Education	ARH Education	Total Beneficiaries	Labs	Medicines Dispend	ANC/PNC Reproductive Health
2012	6,964	7,912	-	14,876	3,553	281,632	484
2013	9,665	20,279	4,629	34,573	4,861	147,945	876
2014	21,522	10,221	14,036	45,779	3,660	241,954	533
2015	5,976	10,222	8,921	25,119	1,673	178,411	335
2016	7,365	13,301	22,168	42,834	1,830	124,284	414
2017	7,704	11,546	16,898	36,148	1,976	157,000	332
2018	7,873	11,393	22,765	42,031	2,010	216,809	360
2019	9,360	12,168	23,450	44,978	2,496	2,19,336	624
2020	7,597	8,564	-	16,161	1,465	2,15,102	426
Total	84,026	1,05,606	1,12,867	3,02,499	23,524	17,782,473	4,384

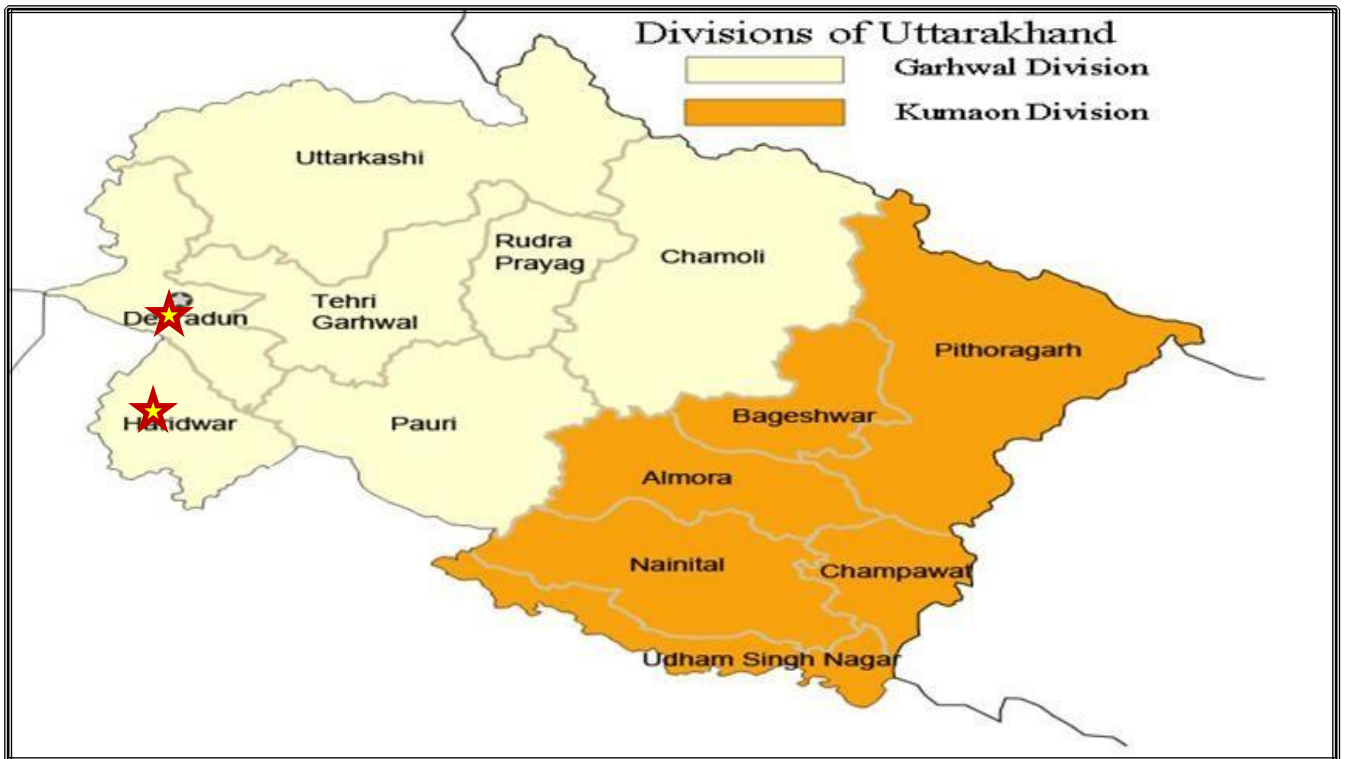


Mrs. Leela Devi (ANM) treating a patient at Krishana Clinic, Village – Dhakrani.



Miss. Sunmala Rawat (MSW) taking vital signs to a patient at Krishana Clinic, Village - Dhakrani

Geographic Scope



District – Dehradun

Block: Doiwala

Villages - Majri Grant, Raiwala, Balawala, Ajabpur Kalan, khadri, Markham Grant, Majri Mafi, Miyanwala, Mothrowala, Bullawala, Majri Grant, Shergarh, Badowala, Barkot, Dudhali

Block: Vikas Nagar

Villages - Dhakrani, Kunja Grant, Jeevan Garh, Haripur.

Block: Raipur

Villages - Lakhibagh, Maldevta, Bhagwanpur, Mehuwala, Majara, Nalapani, Raipur, Patel Nagar

Block: Sahaspur

Villages - Premnagar, Panditwari, Garhi Cantt., Mussorie Road, Guniyal Gaon, Ballupur Chowk, Selaqui, Kunja Grant, Hariyawala, Charba, Paundha, Rampur kalan, Kaulagarh, Bada Rampur

District – Haridwar

Block: Bhagwanpur

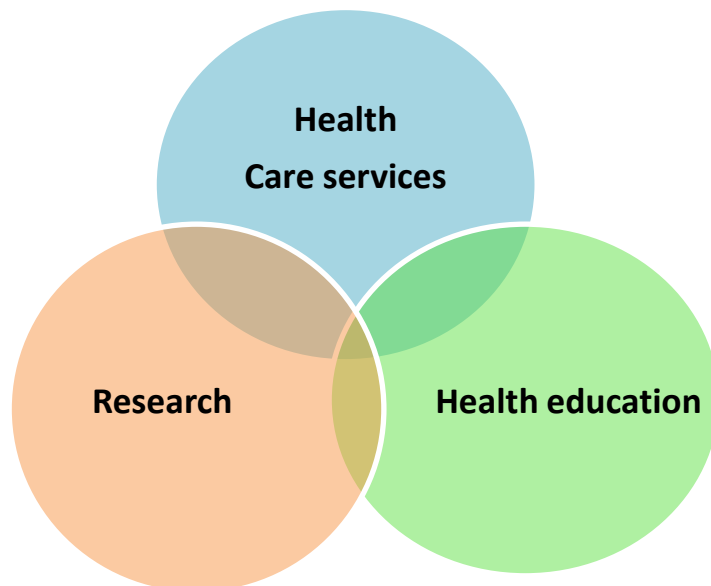
Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur

Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur

Villages- Gaddarjuda, Baswakheri

We have operations in 4 blocks of Dehradun District and in 2 districts of Uttarakhand. In time, we will scale operations to reach 4 districts of Uttarakhand.

Programs



**Dr. Kritiki Butola, Treating Patients at
Mala Clinic, Village - Rampur, sahaspur,
Dehradun.**



**Dr. Arushi Kanojiya, Treating Patients
at Varsha Clinic, Village – Jeevangarh,
Vikasnagar, Dehradun.**

Programs

Gynaecological Services

Treatment and diagnosis of menstrual cycle problems, reproductive tract infections, sexually transmitted infections, pelvic inflammatory disease, infertility, pelvic pain etc.

Maternal And Infant Health

Ante-natal care visits, post-natal care visits, with comprehensive and quality treatment.

Contraceptive Services

Family planning counselling, provision of contraception, referral for sterilization.

Lab Services

Rapid labs available for 10 tests. Other labs are sent outsourced for testing.

Medications

Formulary Medicines are given as per doctor's prescription for 7-14 days.

HIV Related Services

Counselling for sexually transmitted infections and family planning methods.

Acute CARE

Basic non-emergent health conditions are treated on a primary health level.

Pandemic Situation

Awareness, counselling and Social Distancing.

Services for Men

Awareness, testing and counselling.

Health Care Services

It is defined as the ability of a woman to live through the reproductive years and beyond, with reproductive choice, dignity and successful childbearing, and to be free of gynecological diseases and risk. Reproductive choice is a concept that allows a woman to exert control of her reproductive process and dignity which refers to the social and psychological well being, which a woman derives from the process of reproduction. A woman's health is not only a state of physical being, but it is an expression of many roles she performs as a wife, mother, care-giver and wage earner, as well as her interaction with the social, cultural and economic world which influences her daily life.

The Problem

Quality and affordable reproductive health services are non-existent in our communities leading to poor health outcomes. Lack of health awareness leads to poor health outcomes and health education is practically nil within the communities we serve. There are many misconceptions concerning reproductive health and it is often seen as a taboo. The confluence of lack of services and misconceptions or lack of awareness in these communities leave the population vulnerable to greater morbidity and mortality from preventable causes, particularly in regards to reproductive health. In India, 1 woman is dying every 2 hours from unsafe abortions, even though India has one of the most liberal MTP laws. Unsafe abortions continue to outweigh safe abortions. Within our communities many women seek unsafe methods of abortion due to lack of access and lack of education, putting their lives and health at risk. RTI's are rampant causing PID and in some cases infertility. RTI's causing PID are seen in adolescents- even before they are sexually active and are seen in the majority of women after they deliver or undergo an abortion.

Our Solution

To bring high quality reproductive healthcare services to these under served and impoverished slums and interior villages using our state of the art diagnostic mobile health center. Health care services are provided at the doorstep by dedicated and highly skilled staff. The van is staffed with 3 doctor, 3 nurses, 3 educational specialists, and support staff. All Clinics are fully equipped to perform pelvic exams, draw labs, conduct screenings, and dispense medicines. We follow a schedule and visit 2 clinic on daily bases and 2 clinics in alternate bases. We have the latest diagnostic equipment including fetal heart monitor, rapid tests for pregnancy, blood glucose, hemoglobin, UA, blood type, Rh, syphilis, HIV, Malaria, Hepatitis B and Hepatitis C. These rapid tests allow our doctors to diagnose and subsequently treat them on the spot. We give the patient enough medicines, to last 2 weeks or until we return.

1.) Maternal and Child Healthcare Services

The Problem

India has higher maternal mortality and morbidity rates than many neighboring countries, even though its economy is booming. But this development has not equally benefited all parts of India, and in some places health indicators are actually regressing. The government has the policies in place to provide maternal health, but they are not implemented effectively. The government has failed when it comes to providing adequate health care facilities, trained medical staff, safe sterilization services, essential medicines, and an effective and timely facility referral system. Uttarakhand has some of the worst health indicators for maternal and child mortality rates in India. Antenatal care (ANC) and postnatal care (PNC) visits are essential to decreasing maternal and child mortality rates because they lead to early treatment and prevention of mother/child deaths. The WHO suggests that a minimum of 4 ANC visits and 3 PNC visits are required for women going through pregnancy.

Our innovation is to bring maternal and child health care to these underserved and impoverished slums using our state of the art diagnostic mobile health van. Health care services will be provided at patients' doorsteps by a dedicated and highly skilled staff. The program provides ANC/PNC visits at the urban slums in and around Dehradun. Our programs address primary and preventative health of the mother and baby in order to foster better overall health of mother and baby.



A mother with her child at Rekha Clinic,
Village - Kunja Grant.

2.) Reproductive Health Patients for 2020

Diseases treated	Number
Birth Control/ Family Planning	1,502
Reproductive Tract Infection/ Sexually Transmitted Infection	2
Pelvic Inflammatory Disease	247
Anaemia	302
ANC/ PNC	367
Dysfunctional Uterine Bleeding	342
Urinary Tract Infection	96
Infertility	14
Uterus Prolapsed	36
TOTAL	2,908

The table shows the number of patients seen in each quarter of 2015 for reproductive health issues. **Approximately 45% of total patients in 2020 were seen exclusively for reproductive health issues.**

Patients seen exclusively for reproductive health issues	Numbers of Patients
1 st Quarter 2019	697
2 nd Quarter 2019	605
3 rd Quarter 2020	726
4 th Quarter 2020	822
TOTAL	2,850

3.) Health Education

The Problem

Low health awareness leads to poor health outcomes. One study found that 200 million women in India have NO understanding of menstrual hygiene and the associated healthcare. 88% of menstruating women do NOT have access to sanitary napkins and use alternatives such as cloth, dried leaves, ash, hay or plastic and the incidence of Reproductive tract infections is 70% more common in women who use unhygienic materials during menstruation. If we invest for improved menstrual hygiene education, it will enable the millions of girls to have healthier and more dignified lives.

Health education is our passion at Bella Health. Health education empowers our participants by giving them the knowledge necessary for adopting healthy behaviours specially in Covid - 19. Health education Helps in improving lives, families and entire communities. Bella Health provides health education through classes for adults and children, through our Adolescent Reproductive Health Program and through our health camps and screenings. Health Education classes are provided to all patients who access our health care services. We encourage patients to return for health classes even when they are feeling better. Health education sets Bella health apart from other organizations. We hope this education will sustain the health of the community! The education we impart on them, will stay with them, encourage them to adopt healthy behaviour, take a proactive approach towards their health and have an intergenerational impact making families healthier. When we “exit” we hope people will be empowered with the tools and resources to adopt a healthy life and be able to advocate for their health and the health of their families.

Health Education Numbers, 2020

Total Number of Health Education Classes	250
Number of Child Education Classes	206

Health Education Classes for Females

Bella Healthcare provides education to women and children who avail health care services. The majority of patients who receive treatment also complete a health education class. Many women return to take health education classes, after their treatment is over, to learn more. Participants are awarded a gift and certificate when they complete 6, 12, or 18 classes.

Our health educators have their Masters in Social Work and are trained at Bella Health to conduct health education classes. Depending on the sensitivity of the topic, classes are taught by male or female educators.

Classes are supplemented with videos, posters, handouts to make it interesting, interactive and relevant. The number of classes that the participants attend is also tracked to ensure that the participants of 6/12/18 classes receive the awards/certificates. To measure the effectiveness of the education we ask the participants pre-/post-test questions. We ask the participants the “pre” questions before the class to measure their baseline information and then ask the “post” questions after the class to ensure that the objectives of the class were met. This allows our team to evaluate the effectiveness of the education and endorse a more participatory learning environment. We also track the number of classes the participants attend. After the participants attend 6 classes they receive a certificate and present from Bella Health.

Month	Class 1	Class 2
April	N.A	Covid - 19
May	N.A	Covid - 19
June	Covid – 19	Covid – 19
July	Covid – 19	Covid – 19
August	Covid -19	Covid – 19
September	Covid – 19	Covid – 19
October	Covid – 19	Covid – 19
November	Covid – 19	Covid – 19
December	Covid – 19	Covid – 19
January	Covid – 19	Covid – 19
February	Covid-19	Covid – 19
March	Covid-19	Covid – 19

Health Education Camps for Kids

Bella healthcare conducts 'Health Camps' in various villages/slums to provide health promotion and education to large number of people. Our outreach also targets children. We utilize multimedia learning such as DVDs, songs and activities to engage them on the issues listed below:

**Hand
washing**



Nutrition



**Personal
Hygiene**



First Aid



Adolescent Reproductive Health (ARH) Program

Adolescents form a special group in society and have their own specific needs. Adolescence has become a more clearly defined developmental stage in human life and there is currently a greater recognition of this group's biological, psycho-social and health needs than before. Exploration and experimentation, the hallmark of adolescent behaviour, often propel adolescent towards risk taking, exposure to unwanted pregnancy, sexually transmitted disease/infections, substance abuse and unintended injuries. At the same time adolescents often face constraints in seeking services including their own misconceptions about their needs, having to deal with shame and embarrassment in disclosing their problems and provider's attitudes. To overcome these constraints to care seeking behaviour, it is imperative to develop specially designated services for adolescents.

The Problem

India is home to one of the highest concentration of young people in the world, with over 300 million youth and adolescents under the age of 25. Adolescents do not receive any sort of sex education in school and have little access to quality and confidential reproductive health counselling. Adolescent girls in India are a largely invisible population and extremely vulnerable with prevailing socio-cultural customs that leaves them powerless to decide their future.. Misogynistic and ageist attitudes about adolescent girls are fairly universal across India and are manifested in key aspects of their lives: gender- based discrimination, early marriage and pregnancy, lack of education, and a dearth of formal employment opportunities. Adolescent reproductive health is nonexistent in this community. Parents, family members, peers, community and religious leaders, and politicians are either ignorant or choose to ignore the complex issues pertaining to adolescents, their sexuality, education, and the consequences of depriving them of this information. When adolescents do not receive accurate information, their knowledge instead derives from friends, media, porn, and other outlets that perpetuate unhealthy or unrealistic ideas about their reproductive and sexual health. Poor reproductive health indicators show that a lack of this kind of education directly affects physical health through high rates of unsafe abortions, STIs, and RTIs, early marriage and pregnancy, and unmet needs for contraception. Many adolescents lack autonomy and they are extremely vulnerable – they are often forced into marriage, suffer from violence at home, lack education and proper health services. . 22% of girls aged 15-19 in India face physical or sexual violence, the majority within their own homes. 43% of all women aged 20-24 are married before the age of 18.

Our Solution

The program offers age and culturally appropriate female reproductive health information in a safe environment to adolescents who come from poor and middle-income families in North India. The classes cover topics ranging from puberty, anatomy, pregnancy, STIs and RTIs, unhealthy habits, violence and sexual assault. Adolescents receive unbiased and research-based information and counselling that is culturally appropriate. Youth develop skills in communication, refusal, and negotiation. Information that is medically accurate will be provided with clear goals for preventing HIV, STIs and early pregnancy. These classes have been developed in cooperation with members of the target community and respect community values.

Monitoring and evaluation of Bella Health programs

Bella health has created numerous surveys to monitor and measure the outcomes and impact the services have. Below are the tools we use to measure the impact and outcomes. They are a mix of quantitative and qualitative tools. Some are measured continuously while others are measured at certain points in the year.

Tool	Frequency	Methodology
Baseline of key indicators for health care services.	Before Intervention	Quantitative
Patient Satisfaction of health care services	Annually	Quantitative
Program Monitoring of health care services.	Annually	Quantitative

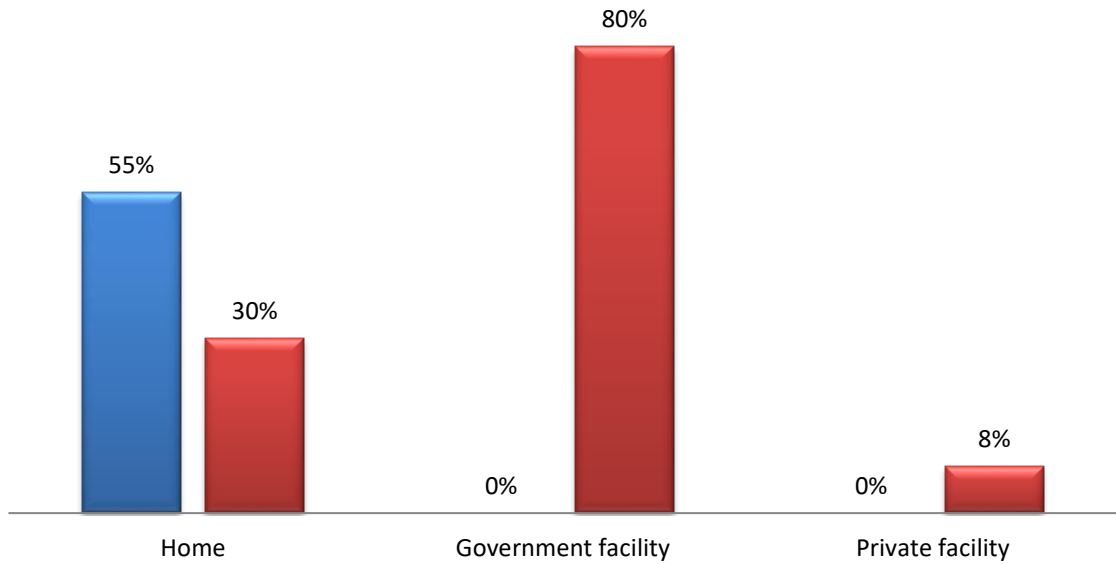
The graphs below compare the indicators in the baseline data which is collected before any intervention is launched and the indicators collected at the program monitoring mark of 18 months. This program is monitored with this indicators yearly. See the graphs below.

- Are you using Birth Control, If yes type
- The last time you gave birth, where did you delivery and who assisted you?
- Number of ANC/PNC visits in the last pregnancy
- Perception of the importance of Woman's Health (5 questions)
- Knowledge of selected Reproductive health topics (12 topics)

Demographics: The average age and educational level of the respondents are further presented graphically.

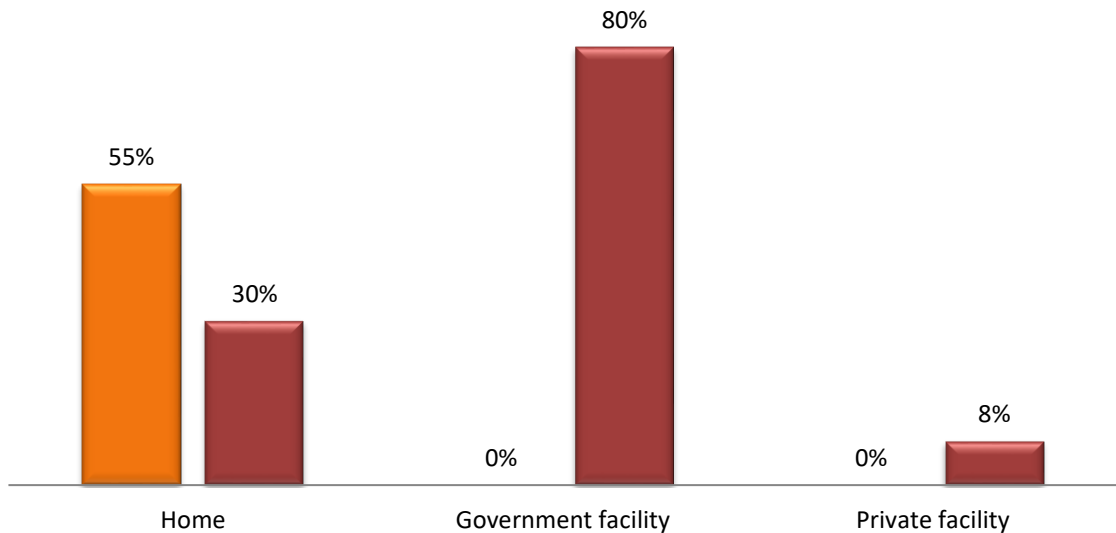
Age: Baseline survey Vs PMS 2020

■ Baseline Survey ■ programme Monitoring Survey 2020

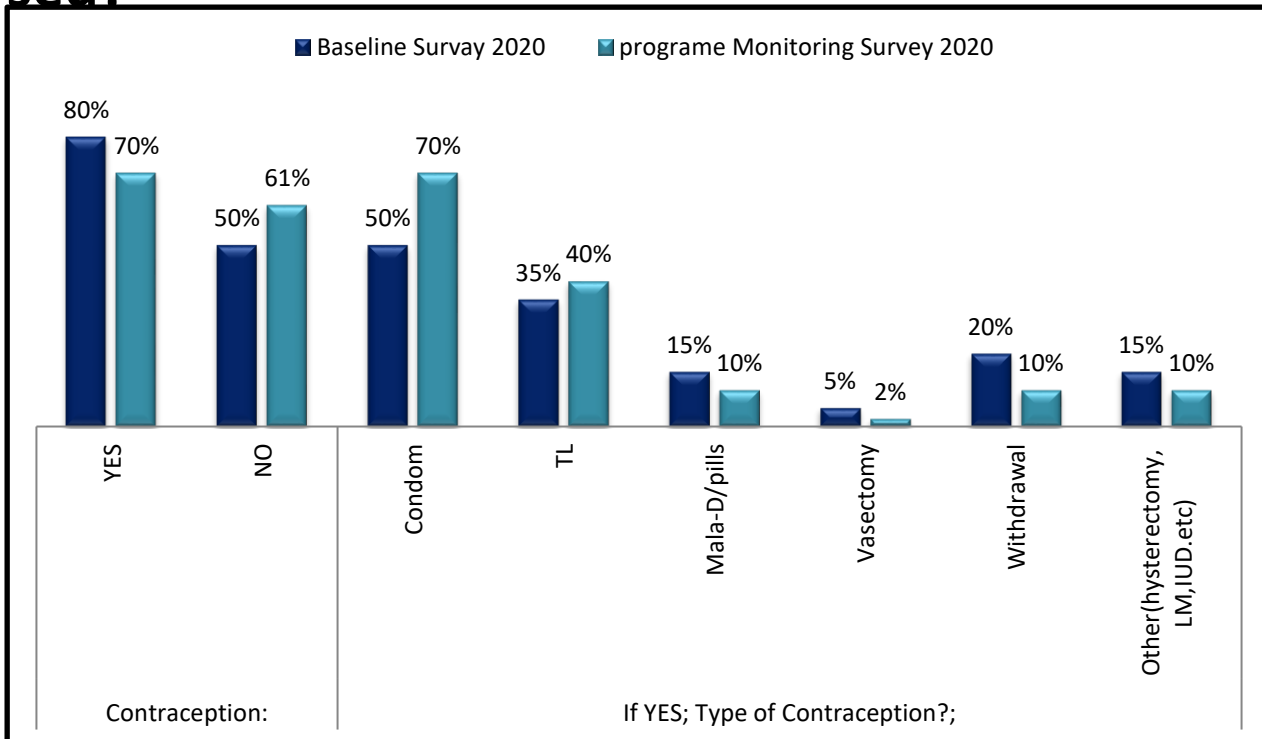


Education Level

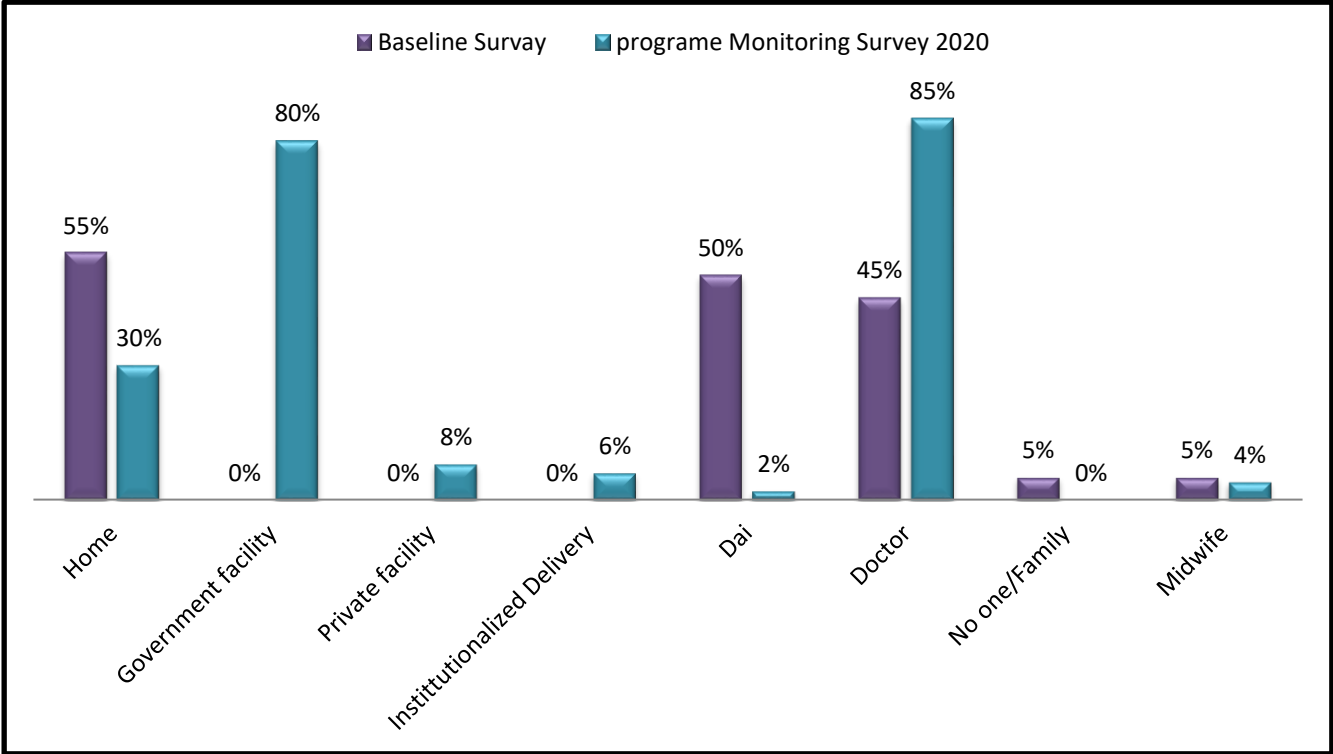
■ Baseline Survey ■ programme Monitoring Survey 2020



Indicator 1: Are you Currently using a Method Of Contraception and Type of Contraception Used?

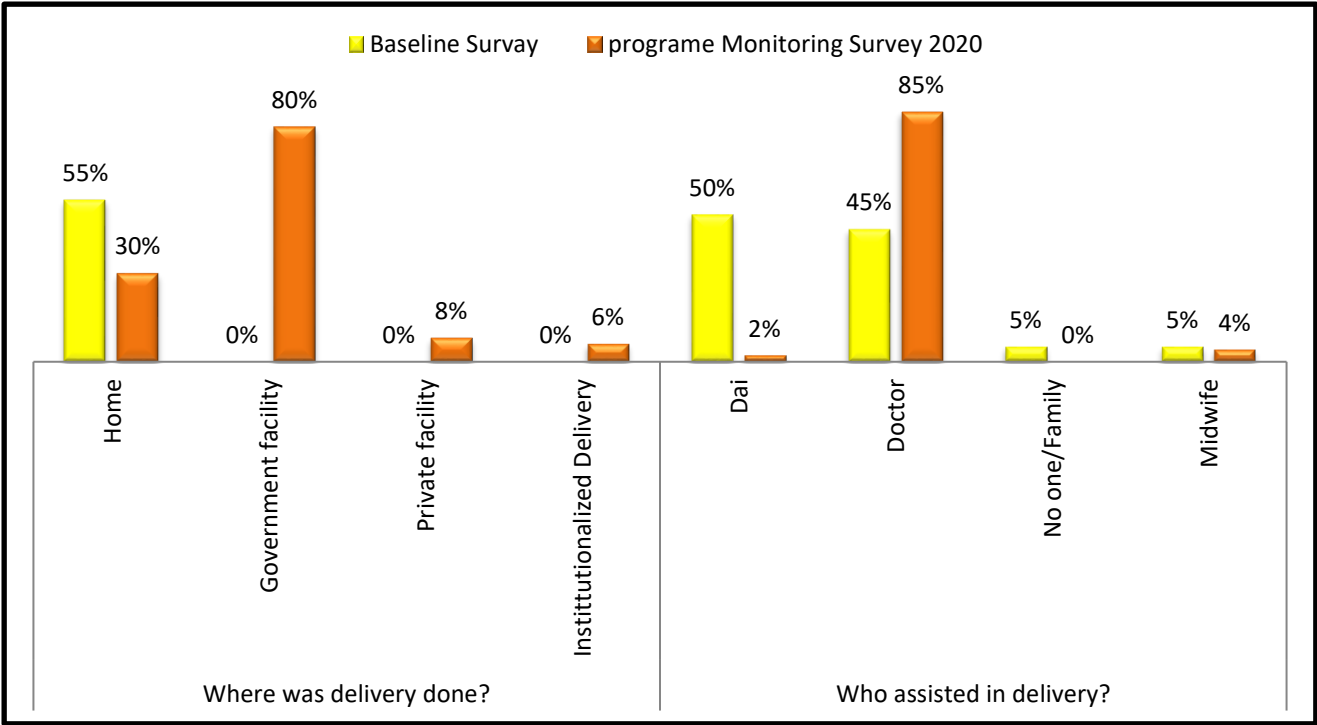


Indicator 1: Are you Currently using a Method Of Contraception and Type of Contraception Used?



Miss . Poonam Dhayani doing Registration to a patient

Indicator 2: The Last Time You Gave Birth, Where Did You Deliver, Who assisted You In The Delivery?

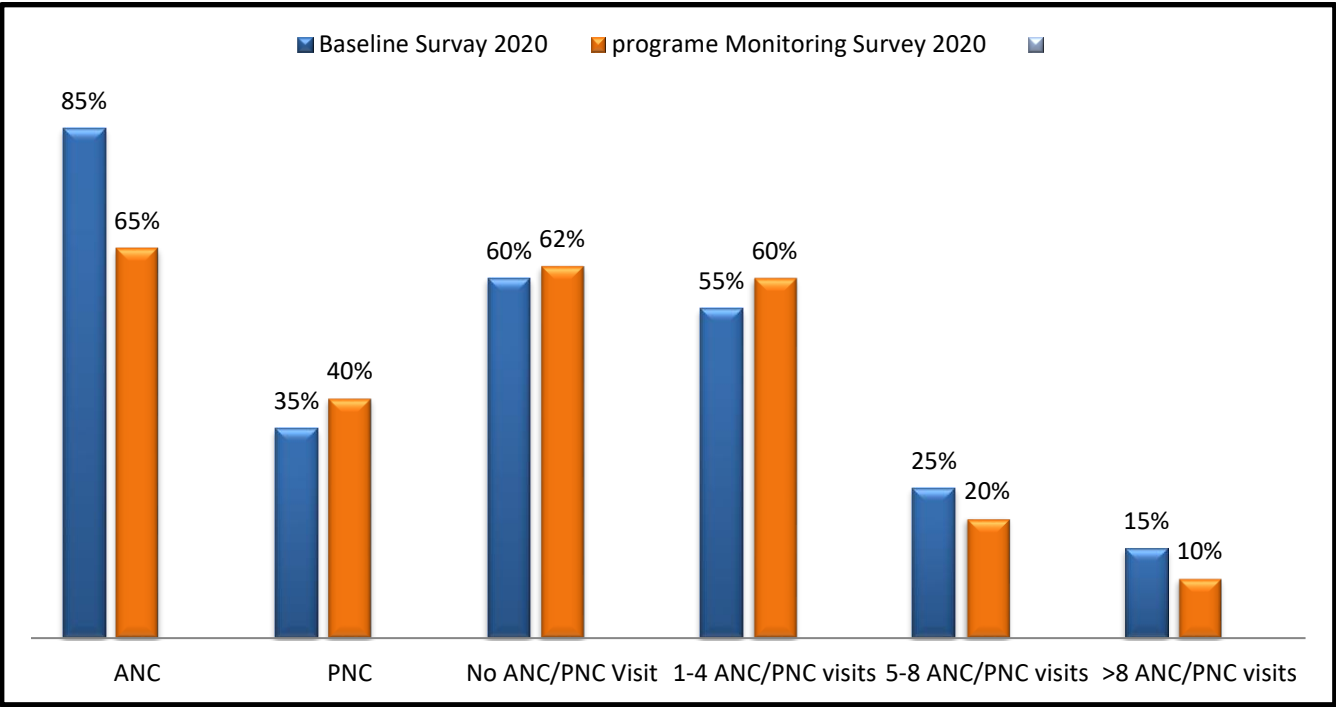


Miss . Deepa (ANM) dispensing medicine to a Patients at Mala Clinic Rampur.



Bella Patients

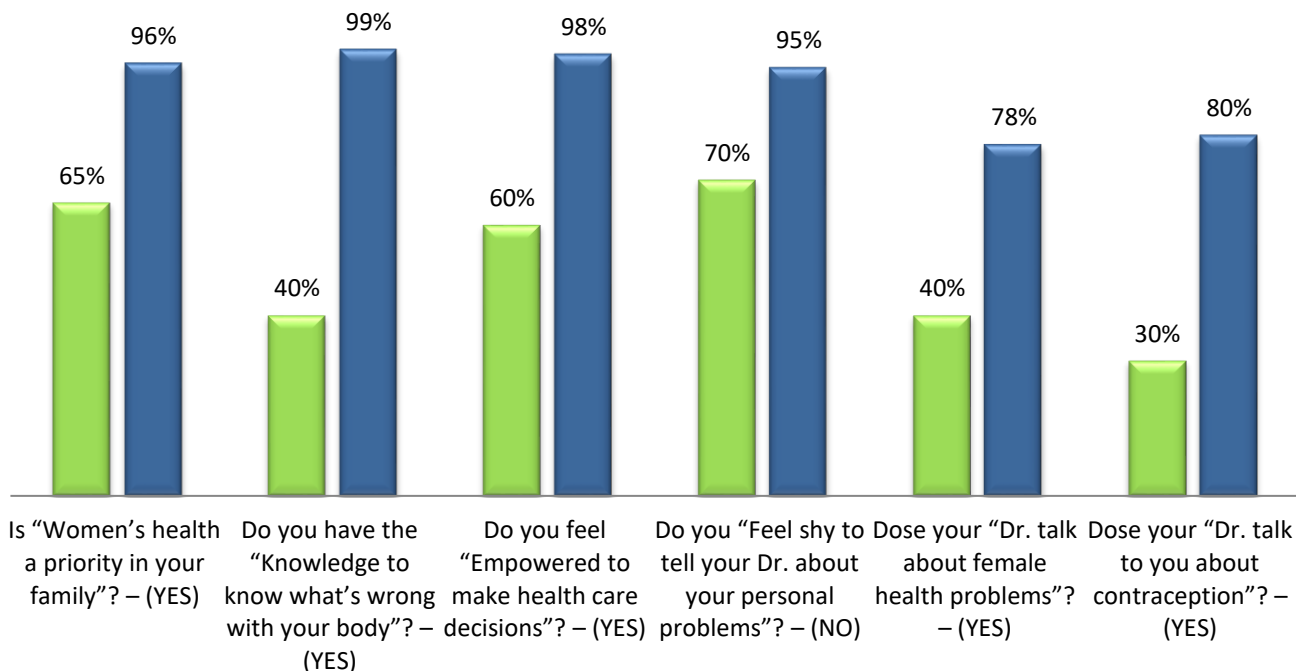
Indicator 3: During Your Last Pregnancy, Did You Have ANC/PNC Visits?



Mrs . Lila Devi (ANM) doing ANC profile lab Test.

Indicator 4: Perception On Woman's Health Care

■ Baseline Survey 2020 ■ programme Monitoring Survey 2020

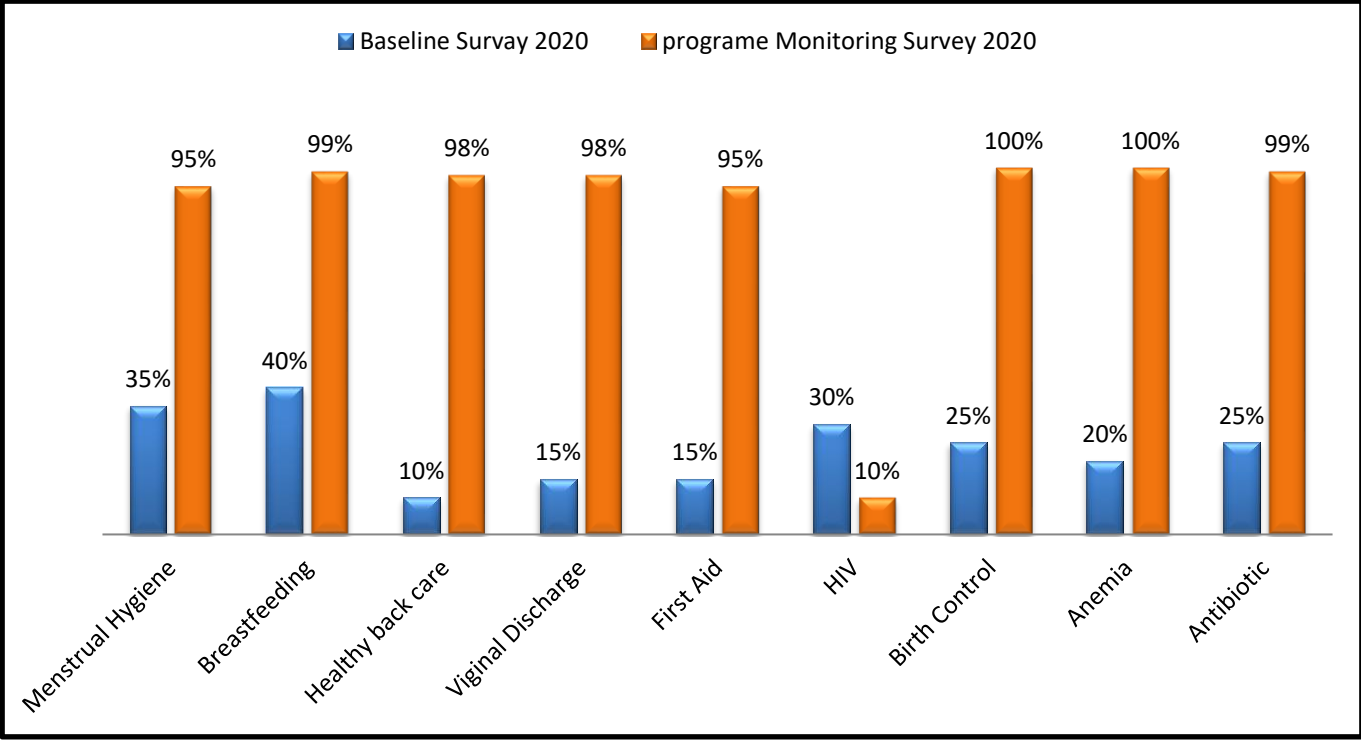


Mr. Kailash Chandra (MSW) taking vital signs to a patient at Varsha Clinic Village – Jeevangarh, Dehradun.



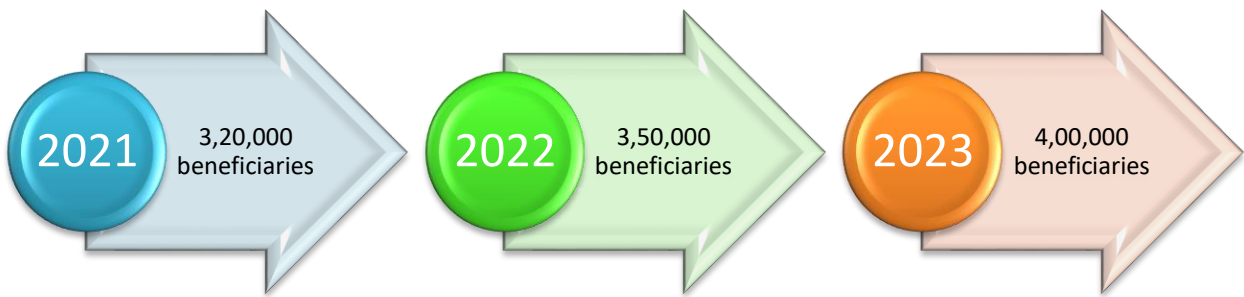
Bella Patient at Rekha clinic, Village - Kunja Grant, Dehradun.

Indicator 5: Measurement of Knowledge/ Understanding.



Dr. Preeti, Treating Patients at Krishna Clinic, Dhakrani.

Future Plans



Year 2021

- Provide Health Care Services to 35,000 beneficiaries.
- Expand operations to Tehri and Chamoli.

Year 2022:

- Provide Health Care Services to 45,000 beneficiaries.
- Expand operations to Tehri Garhwal and Chamoli
- Expand our new programs-
 - A) Village Adoption Program
 - B) Rehabilitation Program

Year 2023:

- Provide Health Care Services to 50,000 beneficiaries.
- Expand operations to Himachal Pradesh.
- Expand new programs-
 - A) Village Adoption Program
 - B) Rehabilitation Program

Legal Documents.

722

PPNO-53 254-IV-291

भारतीय गैर न्यायिक
भारत INDIA

रु. 500 FIVE HUNDRED RUPEES

पाँच सौ रुपये Rs. 500

INDIA NON JUDICIAL

उत्तरांचल UTTARANCHAL A 603465

21 JUL 2011

TRUST DEED

THIS DEED of trust is made in the city of Rishikesh on 27th Day of July, 2011 by DR. VIJAY-PREMHCHAND AGARWAL S/O SH. PREMHCHAND SHAMLAL AGARWAL R/O KEMPTY FALL VIA MASSOURIE, UTTARAKHAND, Aged 58 years hereinafter refer to as Founder & Settler which expression shall mean and include his heirs, legal representative and assignees.

WHEREAS the executants named above is desirous of creating a charitable trust by setting apart Rs. 1100/- (Rupees One Thousand One Hundred) only for charitable purposes and which have been acquired by his out of his personal savings and which belong to his entirely and absolutely.

AND WHEREAS, the executants has himself appointed as Founder-Cum-Life Trustee along with -

DEVENDER BERRY
S/o SH. NARAYAN DAS BERRY
R/o LAKEMIST BUNGLOW KI KANDI KAMPTY
TEHRI GARHWAL

MANAGING TRUSTEE

Hereinafter jointly called "THE TRUSTEES" which expression shall, unless excluded by & repugnant to the context or meaning thereof be deemed to include them and trustees, for the time being for these presents and their survivor or survivors and successor or successors in office.

Digitally signed by RAKESH SAHAI
Date: 2015.01.15 15:24:47 IST
Reason: Online FCRA Services
Location: Ministry of Home Affairs, New Delhi

Rakesh Sahai
Section Officer
Tel. 01123438245

No. 0100027782018
Government of India
Ministry of Home Affairs
Foreigners Division
(FCRA Wing)

NDCC-II Building, Jai Singh Road,
New Delhi-110001
Dated: 11-03-2019

To,
The Chief Functionary,
Bella Health Care Charitable Trust
C-3 MEHRU COLONY, DEHRADUN, Uttarakhand, Dehradun, 248001

Subject: Registration under Foreign Contribution (Regulation) Act, 2010.
Sir/Madam

With reference to your application dated 05-11-2018 requesting registration under the Foreign Contribution (Regulation) Act, 2010, I am directed to say that your Association has been registered under Section 11 (1) of the Act as follows:-

Registration Number : 347900217
Nature : Educational, Social

- The association shall receive foreign contribution only in its designated exclusive bank account number 3748860599 in STATE BANK OF INDIA, 4, CONVENT ROAD, DEHRADUN, Uttarakhand, Dehradun, 248001 as mentioned in its application for grant of registration.
- In terms of section 18 of the Foreign Contribution (Regulation) Act, 2010 read with Rules 17 of the Foreign Contribution (Regulation) Rules, 2011, as amended from time to time, you are advised to furnish intimations online within the prescribed time to the Central Government of the amounts of each foreign contribution received by you, the source and the manner in which the foreign contribution was used, as per the provisions of the Act and the Rules. An association is required to furnish the return even when the particulars are 'Nil'. The FC-R form is required to be submitted online on this Ministry's website <https://fcraonline.nic.in> using the user name bellahealthngo123 used for online submission. The Bank Account mentioned in your application should be used for receiving foreign contribution and no other amount should be credited to this account. The Association should immediately intimate online, within 15 days, in Form FC-6 to this Ministry regarding any change in the name of the Association, aims and objects, its address and Bank/Bank Account.
- The association cannot bring out any publication (registered under PRB Act, 1987) or act as correspondent, columnist, editor, printer or publisher of a registered newspaper or engage in the production or broadcast of audio news or audio visual news or current affairs programmes through electronic mode or any other electronic form or any other mode of mass communication at a later stage thereby attracting provisions of the Section 3(1) (g) and (h) of the FC(R) Act, 2010. In addition to this, the association is forbidden from getting involved in any activity of political nature.

- You are requested to note the provisions of Section 7 of FC(R) Act, 2010 and Rule 24 of FC(R) Rules, 2011 and ensure that before any funds are passed on to any person/association in India that the recipient is (i) eligible to accept foreign contribution under the Act, i.e., recipient association is registered under the Act, or has obtained Prior Permission of the Government under Section 11 of the Act, and (ii) the person/association is not prohibited under the Act.
- Physical inspection of the activities done by the Association may be carried out at any time by this Ministry.
- You are requested to familiarize yourself with the provisions of Foreign Contribution (Regulation) Act, 2010 and Foreign Contribution (Regulation) Rules, 2011, as amended from time to time, available at this Ministry's website <https://fcraonline.nic.in/> to ensure strict compliance of the Act/ Rules. Failure to comply with any of the provisions of said Act/ Rules will make you liable for action under the relevant provisions of the Foreign Contribution (Regulation) Act, 2010.
- This certificate of Registration is valid for a period of five years from the date of registration under the Act.
- The email containing the registration letter may be sent immediately to the Bank mentioned above.
- This is a digitally signed certificate to be validated digitally using the signature panel using Adobe Acrobat Reader (Ver 5.0 or above). The digital intimation is authenticated by a digital signature obtained from a certifying authority under the Information Technology Act 2008.
- Banks are requested to verify online the validity of the certificate using fcraonline.nic.in.

Yours faithfully

Digitally signed by RAKESH SAHAI
Date: 2015.01.15 15:24:47 IST
Reason: Online FCRA Services
Location: Ministry of Home Affairs, New Delhi

Rakesh Sahai
Section Officer
Tel. 01123438245

Legal Documents.

सी.सं. 84(149)/निबन्धन/हरिद्वार/2010-11/एक/२६
दिनांक: 25.01.2012

भारत सरकार
(नित्त मंत्रालय)
कार्यालय आयकर आयुक्त
13-ए, सुभाष रोड, देहरादून

सेवा में,
बेला हेल्थ केयर सैरिटेबल ट्रस्ट,
PAN - AABTB447M
119, गगिराम रोड, ऋषिकेश,

विषय - आयकर अधिनियम 1961 की धारा 12-कक में निबन्धन हेतु।

न्याय/संस्था का नाम एवं पता बेला हेल्थ केयर सैरिटेबल ट्रस्ट, PAN - AABTB447M 119, गगिराम रोड, ऋषिकेश, दिनांक 27.07.2011 को न्याय/संस्था द्वारा गठित उपर्युक्त न्याय/संस्था में आयकर अधिनियम 1961 की धारा 12-कक के अन्तर्गत निर्धारित धर्म में पंजीकरण हेतु आवेदन दिनांक 10.10.2011 को प्रस्तुत किया है। संस्था को आयकर अधिनियम 1961 की धारा 12-कक (1) प्रावधानों के अन्तर्गत दिनांक 10.10.2011 से निबन्धन स्वीकृत किया जाता है।

2. यह प्रमाण पत्र निम्नलिखित शर्तों के अधीन प्रदान किया जाता है :-

- (क) न्याय/संस्था आयकर अधिनियम के अन्तर्गत निर्धारित अवधि के भीतर प्रत्येक वर्ष संबंधित कर निर्धारण अधिकारी को समस्त आयकर रिटर्न दाखिल करे।
- (ख) न्याय/संस्था द्वारा कार्यालय में ऑडिटेड एकाउन्ट्स की प्रति प्रत्येक वर्ष रिटर्न दाखिल करने की अंतिम निर्धारित तिथि से पहले प्रस्तुत करें।
- (ग) यदि न्याय/संस्था के उपदेस्यों में कमी परिलक्षित किया जाता है तो न्याय/संस्था को फिर से धारा 12-क के अन्तर्गत आवेदन इस कार्यालय को प्रस्तुत करना होगा।
- (घ) ट्रस्ट/संस्था आयकर अधिनियम की सभी धाराओं का पालन करने के साथ-साथ यह सुनिश्चित करेगी कि आयकर अधिनियम में परिवर्तित पूर्व प्रयोजन की परिभाषा का उल्लंघन न हो।
- (ङ) प्रीजेट रिपोर्ट जो विभाग में दी गयी है उससे लगता है कि यह संस्था मुख्यतः महिलाओं की निर्मावस्था प्रभावित स्त्रीयों और जन्म के समय महिलाओं की जान को बचाने के लिये काम करेगी। अगर ऐसा पाया कि यह मात्र किमायी धारा है और मात्र करमुक्ति के लिए स्वास्थ्य सम्बन्धी काम का तर्क है तो यह निबन्धन वास्तव में लागू नही रहेगा। सम्बन्धित निर्धारण अधिकारी संस्था के सैरिटेबल होने के दावे को मुख्यतः निम्नलिखित कार्यों से जाचेगा: महिलाओं के स्वास्थ्य के लिये क्या काम किया जा रहा है, कितने अक्सर पर जन्म के समय महिलाओं को डाक्टरों सेवा उपलब्ध कराई गयी और उनकी जान को सुरक्षित रखने के प्रयत्न में क्या खर्च किया गया और उनके स्वास्थ्य परीक्षण के लिए कितने दुरुस्त मशीनें संस्था पट्टी, इन उपदेस्यों की पूर्ति न होने पर निबन्धन निरस्त की सिफारिश की जायेगी।

यदि उपरोक्त पानो शर्तों में से किसी एक का भी उल्लंघन न्याय/संस्था के द्वारा किया जाता है तो यह प्रमाण-पत्र रिटर्न दाखिल करने अथवा ऑडिटेड एकाउन्ट्स दाखिल करने की अंतिम निर्धारित तिथि अथवा न्याय/संस्था के उपदेस्यों में परिवर्तन की तिथि से निरस्त करने हेतु कार्यवाही की जाएगी।

आवेदन की प्रतिलिपि कार्यालय में रखे गये धारा 12-कक के आवेदन रजिस्टर में प्रसन्न संख्या 84/2010-11 पर की गई है।

(सी.पी.ओ. सैनवाल)
आयकर आयुक्त, देहरादून

कोडर
प्रतिप्रति प्रेषित :-

- न्याय/संस्था उपरोक्त को सूचनाई
- आयकर अधिकारी-सहायक आयकर आयुक्त/उपसुत आयकर/ धार्मिक-1, ऋषिकेश को यथास्थित कार्यवाही हेतु प्रेषित।
- अपर आयकर आयुक्त, हरिद्वार को सूचनाई एवं आवश्यक कार्यवाही हेतु प्रेषित।
- मुख्य आयकर आयुक्त, देहरादून को सूचनाई प्रेषित।

(शेर सिंह)
आयकर अधिकारी (सकनीकी)
आयकर आयुक्त, देहरादून

CMO Letters for Clinic Registration.

पंजीकृत

कार्यालय - मुख्य चिकित्सा अधिकारी, देहरादून
106, चन्दर नगर, देहरादून, पुराण संख्या-0(135) 2724506, फैक्स-2728256, ईमेल-cmohradoon@gmail.com

पत्रांक : 70 / सीएमओ / नैदानिकस्थापना / 2020-21 / 4738 देहरादून-दिनांक 29 जनवरी, 2021
सेवा में,

अतुल नेगी,
स्वास्थ्य क्लीनिक,
C/O हुकाम सिंह, बार्ड नं-9 ठकुरानी
विकासनगर देहरादून।

विषय- नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम 2010 (Clinical Establishment Registration & Regulation Act 2010) व उत्तराखण्ड शासन की अधिसूचना 1889/XXVIII-2/04(81)2007 दिनांक 31 अक्टूबर, 2015 के अन्तर्गत स्थाई एवं अस्थायी पंजीकरण निर्गत किये जाने व अधिनियम का अनुपालन किये जाने के संबंध में।

महोदय,

उपरोक्त विषयक नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम 2010 व उत्तराखण्ड शासन की अधिसूचना 1889/XXVIII-2/04(81)2007 दिनांक 31 अक्टूबर, 2015 के अन्तर्गत आपको अस्थाई नवीनीकरण पंजीकरण **DRA/CEA/PVT/1365/NOV/2020** गिन्य प्रतिक्रियाओं के साथ निर्गत किया जाता है-

1. धारा 10(क) में नैदानिक स्थापनों को रजिस्ट्रीकरण प्रदान करना, नवीनीकरण निलम्बन अथवा निरस्त करना है।
- (i) धारा 10(ख) नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम 2010 के अन्तर्गत निर्धारित नियमों का क्रियाव्यवस्था सुनिश्चित करना।
- (ii) धारा 10(ग) अधिनियम की शर्तों या इसके अन्तर्गत नियमों के उल्लंघन की शिकायतों का परीक्षण त्वरित कार्यवाही करना।
2. धारा 13(3)अनुवर्तक स्थाई रजिस्ट्रीकरण के लिए जिला रजिस्ट्रीकरण अधिकारी को व्यक्तिगत रूप से डाक से या ऑनलाईन द्वारा आवश्यक सूचनाओं एवं नैदानिक स्थापन के विभिन्न प्रयोगों के लिए कार्मिकों और न्यूनतम मानकों को पूर्ण करने के उपरान्त साक्ष्यों सहित प्रारूप-1 पर आवेदन करेगा।
3. धारा 18(1) में नैदानिक स्थापन अनन्तिम रजिस्ट्रीकरण प्रमाण पत्र जारी होने की बारह मास की वैधता समाप्त होने के एक माह पूर्व प्रारूप-5 में उपबध्तित शुल्क सहित स्थाई रजिस्ट्रीकरण हेतु आवेदन करेगा। यदि नवीनीकरण के लिए आवेदन समय सीमा के भीतर नहीं किया जाता है तो प्राधिकारी नियत नवीनीकरण शुल्क की दोगुनी धनराशि एवं रुपये 100/- प्रतिदिन शर्तित की दर से विलम्ब शुल्क के भुगतान के बाद अधिनियम की धारा 22 के अनुसार आवेदन स्वीकार करेगा।
- (ii) धारा 18(2) में अधिनियम की धारा 30 की उपधारा (4) के अन्तर्गत स्थाई रजिस्ट्रीकरण के नवीनीकरण के लिए स्थाई रजिस्ट्रीकरण प्रमाण पत्र की पांच वर्ष की विधिवान्यता की समाप्ति से पूर्व छ मास की अवधि के भीतर प्रारूप-5 में उपबध्तित शुल्क सहित आवेदन किया जायेगा।
- (iii) धारा 18(3) यदि नवीनीकरण का आवेदन निर्धारित अवधि के भीतर प्रस्तुत नहीं किया जाता है तो प्राधिकरण नियम नवीनीकरण शुल्क की दोगुनी धनराशि एवं रु 100/- प्रतिदिन विलम्ब शुल्क और शर्तित का सदाय प्रारूप-5 में उपबध्तित के अनुरूप रजिस्ट्रीकरण का नवीनीकरण प्राप्त कर सकेगा।
4. धारा 20(1) में जिला रजिस्ट्रीकरण प्राधिकरण अनन्तिम रजिस्ट्रीकरण जारी किये जाने की तारीख से पैंतालिस दिन की अवधि के भीतर इस प्रकार अनन्तिम रूप से पंजीकृत नैदानिक स्थापन का नाम, पता, स्वामित्व, उत्तरदायी व्यक्ति का नाम किस चिकित्सा विधा की सेवाएँ की जा रही हैं सेवा का प्रकार एवं प्रकृति जो प्रदान की जा रही हो स्वास्थ्य कर्मियों तथा चिकित्सक नर्स आदि का विवरण जैसा कि अधिनियम की धारा 16 की उपधारा (2) में उपबध्तित है को दो स्थानीय समाचार पत्रों तथा जिला रजिस्ट्रीकरण प्राधिकरण की वेबसाइट पर प्रकाशित करवायेगा।
- (ii) धारा 20(2) में जिला रजिस्ट्रीकरण प्राधिकरण अधिनियम की धारा 26 में उपबध्तित नैदानिक स्थापन की विशिष्ट वर्ग में न्यूनतम मानकों के संकलन की सूचनाओं को सात दिन की अवधि के भीतर जनसंचारण की जानकारी के लिए दो स्थानीय समाचार पत्रों तथा प्राधिकरण की वेबसाइट पर नैदानिक स्थापन का नाम, पता, स्वामित्व, प्रभारी व्यक्ति का नाम जिस चिकित्सा विधा में सेवाएँ प्रदत्त की जा रही हैं प्रदत्त सेवाओं की प्रकृति एवं उनके लिए निर्धारित शुल्क प्रारूप-8 के अनुसार और स्वास्थ्य कर्मियों (चिकित्सक नर्स आदि) का विवरण प्रदर्शित करेगा।
- (iii) धारा 20(4) यदि किसी व्यक्ति को नैदानिक स्थापन के संबंध में प्रकाशित सूचना पत्र कोई आपत्ति हो तो वह कारण और साक्ष्य सहित आपत्ति लिखित रूप में जिला रजिस्ट्रीकरण प्राधिकारी को देगा।

पंजीकृत

कार्यालय - मुख्य चिकित्सा अधिकारी, देहरादून
106, चन्दर नगर, देहरादून, पुराण संख्या-0(135) 2724506, फैक्स-2728256, ईमेल-cmohradoon@gmail.com

पत्रांक : 70 / सीएमओ / नैदानिकस्थापना / 2020-21 / 4738 देहरादून-दिनांक 29 जनवरी, 2021
सेवा में,

सुनमाला रावत,
बर्ब क्लीनिक,
C/O मुन्ता राम, ग्राम- जीवनगढ़,
विकासनगर देहरादून।

विषय- नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम 2010 (Clinical Establishment Registration & Regulation Act 2010) व उत्तराखण्ड शासन की अधिसूचना 1889/XXVIII-2/04(81)2007 दिनांक 31 अक्टूबर, 2015 के अन्तर्गत स्थाई एवं अस्थाई पंजीकरण निर्गत किये जाने व अधिनियम का अनुपालन किये जाने के संबंध में।

महोदय,

उपरोक्त विषयक नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम 2010 व उत्तराखण्ड शासन की अधिसूचना 1889/XXVIII-2/04(81)2007 दिनांक 31 अक्टूबर, 2015 के अन्तर्गत आपको अस्थाई नवीनीकरण पंजीकरण **DRA/CEA/PVT/1365/NOV/2020** गिन्य प्रतिक्रियाओं के साथ निर्गत किया जाता है-

1. धारा 10(क) में नैदानिक स्थापनों को रजिस्ट्रीकरण प्रदान करना, नवीनीकरण निलम्बन अथवा निरस्त करना है।
- (i) धारा 10(ख) नैदानिक स्थापन (रजिस्ट्रीकरण और विनियमन) अधिनियम 2010 के अन्तर्गत निर्धारित नियमों का क्रियाव्यवस्था सुनिश्चित करना।
- (ii) धारा 10(ग) अधिनियम की शर्तों या इसके अन्तर्गत नियमों के उल्लंघन की शिकायतों का परीक्षण त्वरित कार्यवाही करना।
2. धारा 13(3)अनुवर्तक स्थाई रजिस्ट्रीकरण के लिए जिला रजिस्ट्रीकरण अधिकारी को व्यक्तिगत रूप से डाक से या ऑनलाईन द्वारा आवश्यक सूचनाओं एवं नैदानिक स्थापन के विभिन्न प्रयोगों के लिए कार्मिकों और न्यूनतम मानकों को पूर्ण करने के उपरान्त साक्ष्यों सहित प्रारूप-1 पर आवेदन करेगा।
3. धारा 18(1) में नैदानिक स्थापन अनन्तिम रजिस्ट्रीकरण प्रमाण पत्र जारी होने की बारह मास की वैधता समाप्त होने के एक माह पूर्व प्रारूप-5 में उपबध्तित शुल्क सहित स्थाई रजिस्ट्रीकरण हेतु आवेदन करेगा। यदि नवीनीकरण के लिए आवेदन समय सीमा के भीतर नहीं किया जाता है तो प्राधिकारी नियत नवीनीकरण शुल्क की दोगुनी धनराशि एवं रुपये 100/- प्रतिदिन शर्तित की दर से विलम्ब शुल्क के भुगतान के बाद अधिनियम की धारा 22 के अनुसार आवेदन स्वीकार करेगा।
- (ii) धारा 18(2) में अधिनियम की धारा 30 की उपधारा (4) के अन्तर्गत स्थाई रजिस्ट्रीकरण के नवीनीकरण के लिए स्थाई रजिस्ट्रीकरण प्रमाण पत्र की पांच वर्ष की विधिवान्यता की समाप्ति से पूर्व छ मास की अवधि के भीतर प्रारूप-5 में उपबध्तित शुल्क सहित आवेदन किया जायेगा।
- (iii) धारा 18(3) यदि नवीनीकरण का आवेदन निर्धारित अवधि के भीतर प्रस्तुत नहीं किया जाता है तो प्राधिकरण नियम नवीनीकरण शुल्क की दोगुनी धनराशि एवं रु 100/- प्रतिदिन विलम्ब शुल्क और शर्तित का सदाय प्रारूप-5 में उपबध्तित के अनुरूप रजिस्ट्रीकरण का नवीनीकरण प्राप्त कर सकेगा।
4. धारा 20(1) में जिला रजिस्ट्रीकरण प्राधिकरण अनन्तिम रजिस्ट्रीकरण जारी किये जाने की तारीख से पैंतालिस दिन की अवधि के भीतर इस प्रकार अनन्तिम रूप से पंजीकृत नैदानिक स्थापन का नाम, पता, स्वामित्व, उत्तरदायी व्यक्ति का नाम किस चिकित्सा विधा की सेवाएँ की जा रही हैं सेवा का प्रकार एवं प्रकृति जो प्रदान की जा रही हो स्वास्थ्य कर्मियों तथा चिकित्सक नर्स आदि का विवरण जैसा कि अधिनियम की धारा 16 की उपधारा (2) में उपबध्तित है को दो स्थानीय समाचार पत्रों तथा जिला रजिस्ट्रीकरण प्राधिकरण की वेबसाइट पर प्रकाशित करवायेगा।
- (ii) धारा 20(2) में जिला रजिस्ट्रीकरण प्राधिकरण अधिनियम की धारा 26 में उपबध्तित नैदानिक स्थापन की विशिष्ट वर्ग में न्यूनतम मानकों के संकलन की सूचनाओं को सात दिन की अवधि के भीतर जनसंचारण की जानकारी के लिए दो स्थानीय समाचार पत्रों तथा प्राधिकरण की वेबसाइट पर नैदानिक स्थापन का नाम, पता, स्वामित्व, प्रभारी व्यक्ति का नाम जिस चिकित्सा विधा में सेवाएँ प्रदत्त की जा रही हैं प्रदत्त सेवाओं की प्रकृति एवं उनके लिए निर्धारित शुल्क प्रारूप-8 के अनुसार और स्वास्थ्य कर्मियों (चिकित्सक नर्स आदि) का विवरण प्रदर्शित करेगा।
- (iii) धारा 20(4) यदि किसी व्यक्ति को नैदानिक स्थापन के संबंध में प्रकाशित सूचना पत्र कोई आपत्ति हो तो वह कारण और साक्ष्य सहित आपत्ति लिखित रूप में जिला रजिस्ट्रीकरण प्राधिकारी को देगा।

Provisional Certificate For Registration of Clinical

Establishment

**PROVISIONAL CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT**

Provisional Regi. No.: DRA/CEA/PVT/1366/NOV/2020
Date of issue:- 28/11/2021

Valid up to:- 05-11-2020 TO 04-11-2021

1-Name of the C.E:- KRISHNA CLINIC
2-Address:- c/o HUKKAM SINGH, WARD NO-9, VILL-
DHAKRANI, VIKASNAGAR DEHRADUN

3-Owner of the C.E:- ATUL NEGI
4-Name of person in charge:- DR. PREETI
5-System of Medicine:- AYURVEDIC
6-Type of Establishment:- AYURVEDIC CLINIC

Is hereby provisionally registered under the provisions of Clinical Establishment (Registration & Regulations) Act 2010 and the Rules made there under.

This authorization is subject to the condition as specified in the rules in force under the Clinical Establishment (Registration & Regulations) Act 2010 and the Rules made there under.

District Magistrate/Chairman
District Registration Authority
Dehradun

Place:- DEHRADUN
Date:- 28/11/2021
District Registration Authority
Court Road, Dehradun
Ph. 0135-2726256

**PROVISIONAL CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT**

Provisional Regi. No.: DRA/CEA/PVT/1365/NOV/2020
Date of issue:- 28/11/2021

Valid up to:- 05-11-2020 TO 04-11-2021

1-Name of the C.E:- VARSHA CLINIC
2-Address:- c/o GUNTA RAM, VILL- JEWANGAD
VIKASNAGAR DEHRADUN

3-Owner of the C.E:- SUNMALA RAWAT
4-Name of person in charge:- DR. KRITIKI BUTOLA
5-System of Medicine:- AYURVEDIC
6-Type of Establishment:- AYURVEDIC CLINIC







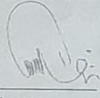

Is hereby provisionally registered under the provisions of Clinical Establishment (Registration & Regulations) Act 2010 and the Rules made there under.







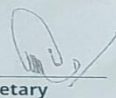
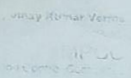
This authorization is subject to the condition as specified in the rules in force under the Clinical Establishment (Registration & Regulations) Act 2010 and the Rules made there under.

District Magistrate/Chairman
District Registration Authority
Dehradun

Place:- DEHRADUN
Date:- 28/11/2021
District Registration Authority
Court Road, Dehradun
Ph. 0135-2726256

Medical Pollution Control Committee Certificates

	MEDICAL POLLUTION CONTROL COMMITTEE (M.P.C.C.) ISO : 14001:2015	 
 [Registration No. 203-2000-2001] H.O.: 21, E-BLOCK, PANKI, KANPUR • MOB.: 9235659305, 9235659306 CBWTF : 242-244, Mandavar, NH-73, Roorkee, Haridwar (U.K.) • Mob. 8726049732, 9761899653 E-mail : mpcckanpur@gmail.com • Website : mpcckanpur.com		
S.No. MPCC/KNP/2020-21/1658	CERTIFICATE OF MEMBERSHIP	 
This is to certify that		
M/s. <u>KRISHNA CLINIC, DEHRADUN</u>		
is a member of Medical Pollution Control Committee which is authorized by Uttarakhand Environment Protection and Pollution Control Board, in terms of M.O.E.F. directives & "Bio-Medical Waste Management Rules, 2016 amended in 2018 & 2019."		
 Secretary (M.P.C.C.)	 President (M.P.C.C.)	
Date of Issue : <u>30.10.2020</u>		Valid Upto : 31 st March 2025

	MEDICAL POLLUTION CONTROL COMMITTEE (M.P.C.C.) ISO : 14001:2015	 
 [Registration No. 203-2000-2001] H.O.: 21, E-BLOCK, PANKI, KANPUR • MOB.: 9235659305, 9235659306 CBWTF : 242-244, Mandavar, NH-73, Roorkee, Haridwar (U.K.) • Mob. 8726049732, 9761899653 E-mail : mpcckanpur@gmail.com • Website : mpcckanpur.com		
S.No. MPCC/KNP/2020-21/1657	CERTIFICATE OF MEMBERSHIP	 
This is to certify that		
M/s. <u>VARSHA CLINIC, DEHRADUN</u>		
is a member of Medical Pollution Control Committee which is authorized by Uttarakhand Environment Protection and Pollution Control Board, in terms of M.O.E.F. directives & "Bio-Medical Waste Management Rules, 2016 amended in 2018 & 2019."		
 Secretary (M.P.C.C.)	 President (M.P.C.C.)	
Date of Issue : <u>30.10.2020</u>		Valid Upto : 31 st March 2025