



जिला रजिस्टर प्राधिकरण का कार्यालय, दक्षिण अंडमान
OFFICE OF THE DISTRICT REGISTERING AUTHORITY, SOUTH
ANDAMAN

और/AND

उपायुक्त, दक्षिण अंडमान

DEPUTY COMMISSIONER, SOUTH ANDAMAN



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CIRCULAR

This is to inform that the provisional registration of the below-mentioned clinical establishment, registered under South Andaman, is approaching its expiration date. It is imperative that take immediate action to renew clinical registration to ensure uninterrupted operations and compliance with regulatory requirements.

Therefore, the concerned clinical establishment is hereby advised to apply for renewal offline as per SG AR annex and submit your application along with all necessary documents and prescribed fees to avoid any disruptions.

Further, if clinical establishments fails to renew its provisional registration on time, it may face disruptions in services and penalties, as outlined in Clause 5, sub Section 5(vi) of the Andaman & Clinical Establishment (Registration and Regulation) Rules, 2013.

**District coordinator i/c
District Registering Authority (SA)**

Encl: A/A

To:-

1. New Care Physiotherapy Centre (Expiry Date: 16.01.2026).
2. Apex Dental Centre (Expiry Date: 23.01.2026).
3. Arora Dental Clinic (Expiry Date: 12.01.2026).
4. The In-charge, A&N Website (<https://andamannicobar.gov.in>) with a request to upload the above content on the official web portal.

Copy to:-

1. The PA to DC, SA for kind information to the Chairman, DRA, SA.
2. The Director of Health Services, A&N Administration, Sri Vijaya Puram for information.
3. The Nodal Officer (UTC-CERR) for information.

**District coordinator i/c
District Registering Authority (SA)**

F.No. 5/DRA (SA)/DC/CERR (Pro & Cert)/2021-21/147

Dated 15.12.2025

SG AR Annexo**Application Form for Provisional Registration of Clinical Establishments****1. Name of the Establishment / Doctor** (in case of single Practitioner)**2. Address :**

Village/Town :

Taluka :

District :

State :

Pin Code

Tel. No. (with STD Code) :

Mobile :

Website (if any) :

3. Name of the Owner :

Address :

Village/Town. :

Taluka :

District :

State :

Pin Code :

Tel. No. (with STD Code) :

Mobile :

Email ID. :

3.(a) Name of person in-charge and qualification :**4. Ownership****(a) Public Sector :**

- ☐ Central Government ☐ State Government ☐ Local Government :
☐ Public Sector Undertaking ☐ Any other (please specify):

(b) Private Sector :

- ☐ Individual Proprietorship ☐ Registered Partnership ☐ Registered Company
☐ Co-operative Society ☐ Trust/Charitable ☐ Any other (please Specify) :

5. Systems of Medicine offered: (please tick whichever is applicable)

- ☐ Allopathy ☐ Ayurveda ☐ Unani ☐ Siddha ☐ Homeopathy ☐ Yoga & Naturopathy

6. Services provided: (please tick whichever is applicable)

- ☐ in-patient ☐ out-patient ☐ Laboratory / Imaging Centre
☐ Any other (please specify) :

a) Category of Clinical Services :

- ☐ General ☐ Single Specialty ☐ Multi Specialty ☐ Super Specialty

7. Type of Establishment: (please tick whichever is applicable)**a) In-Patient :**

- ☐ Hospital ☐ Nursing Home ☐ Maternity Home ☐ Primary Health Centre
☐ Community Health Centre ☐ Sanatorium ☐ Day Care Centre

b) Number of Beds : _____**c) Out-Patient :** ☐ Single Practitioner ☐ Polyclinic ☐ Sub-Centre ☐ Physiotherapy Clinic

- ☐ Occupational Therapy ☐ Infertility clinic ☐ Dental clinic ☐ Dispensary ☐ Dialysis
 Centre ☐ Any other (please specify):

d) Laboratory : ☐ Pathology ☐ Haematology ☐ Biochemistry ☐ Microbiology

- ☐ Genetics ☐ Collection Centre ☐ Any other (please specify): _____

e) Imaging Centre : (please specify) : _____

Special diagnostics : (please specify) : _____

I hereby declare that the statements above are correct and true to the best my knowledge and I shall abide by all the Rules and declarations under the Clinical Establishment (Registration and Regulation) Act, 2010.

I undertake that I shall intimate to the appropriate registering authority any change in the particulars given above.

Date:

Signature of the Authorized Signatory