जिला रजिस्टर प्राधिकरण का कार्यालय, दक्षिण अंडमान
OFFICE OF THE DISTRICT REGISTERING AUTHORITY, SOUTH ANDAMAN
और/AND
उपायुक्त, दक्षिणअंडमान
DEPUTY COMMISSIONER, SOUTH ANDAMAN

EMAIL Southandaman.an-dra@nic.in
dhssouthandaman@gmail.com

03192-206807
03192-206809

CIRCULAR

This is to inform that the provisional registration of the below-mentioned clinical establishment, registered under South Andaman, are 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 application as per SG AR annex along with the details and documents as per the prescribed Norms/Notification/Circular issued by District Registering Authority (SA) vide no. 1-57/DHS(SA)/ DC/ RPS/ 2021(PF-II)/217 dt. 21.07.2026 and prescribed fees to avoid any disruptions.

Further, if any 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 ad Regulation) Rules, 2013.

District coordinator i/c
District Registering Authority (SA)

To:-

1. Astha Gyne & Fertility Clinic (Expiry Date: 12.10.2026).
2. Diabetic Care Clinic (Expiry Date: 12.10.2026)
3. Chennai Medical Centre (Expiry Date: 12.10.2026)
4. Ayurda Hospital (Expiry Date: 12.10.2026)
5. Ruchi Homoeo Care (Expiry Date: 12.10.2026)
6. Swasthya Homoeopathy Clinic (Expiry Date: 12.10.2026)
7. Dr. Shanti's Dental Care Centre (Expiry Date: 12.10.2026)
8. Skm Dental Clinic (Expiry Date: 12.10.2026)
9. Root And Tooth Dental Clinic (Expiry Date: 12.10.2026)
10. Rini Dental Care (Expiry Date: 12.10.2026)
11. Zeeshan Dental Care Centre (Expiry Date: 12.10.2026)
12. Bala Dental Clinic(Expiry Date: 02.10.2026)
13. Rohin's Eye Hospital (Expiry Date: 12.10.2026)
14. 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/Member Secretary (UTC-CERR), 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)/2021-22/249
Dated22.09.2026

जिला रजिस्टर प्राधिकरण का कार्यालय दक्षिणअंडमान
OFFICE OF THE DISTRICT REGISTERING AUTHORITY, SOUTH ANDAMAN
और/**AND**
उपायुक्त दक्षिणअंडमान
DEPUTY COMMISSIONER, SOUTH ANDAMAN
प्रथमतल, परिशिष्ट भवन, उ. पा. कार्यालय,श्री विजया पुरम-744101
1ST FLOOR. ANNEX BUILDING. DC OFFICE. SRI VIJAYA PURAM-744101
southandaman.an-dra@nic.in
03192-206807
03192-206809

CIRCULAR

In exercise of the powers conferred under the Clinical Establishments (Registration and Regulation) Act, 2010, read with the Andaman & Nicobar Clinical Establishments (Registration and Regulation) Rules, 2013 framed thereunder, and in the interest of ensuring quality healthcare services, patient safety and regulatory compliance, all Provisionally Registered Clinical Establishments under the jurisdiction of South Andaman District, are hereby directed to strictly comply with the provisions of the Clinical Establishments (Registration and Regulation) Act, 2010, the Andaman & Nicobar Clinical Establishments (Registration and Regulation) Rules, 2013, the notified Minimum Standards for Clinical Establishments, and all other applicable statutory requirements.

Accordingly, all Clinical Establishments under the jurisdiction of South Andaman, shall ensure strict compliance with the following:

- Every Clinical Establishment shall comply with the provisions of the Clinical Establishments (Registration and Regulation) Act, 2010, the Rules framed thereunder, the notified Minimum Standards for Clinical Establishments, and all other applicable laws, rules, regulations and guidelines issued by the competent authorities from time to time.

- Every Clinical Establishment shall ensure that all healthcare services are provided only by duly qualified, registered, trained and competent healthcare professionals in accordance with the applicable laws, professional standards and statutory requirements.

- Every Clinical Establishment shall obtain, maintain and keep valid all licences, registrations, permissions, authorisations, approvals and statutory clearances required under the applicable Central and Union Territory laws, including those relating to radiation safety, biomedical waste management, pharmacy, blood centre, fire safety, food safety, environmental protection and any other applicable regulatory requirements.

- Every Clinical Establishment shall maintain all statutory records, registers, case records, and other documents prescribed under the Act, the Rules and other applicable laws, and shall produce the same before the District Registering Authority or any other competent authority whenever called upon to do so.

- Every Clinical Establishment shall comply with all lawful directions, circulars, advisories, notices and orders issued by the District Registering Authority, South Andaman, and other competent authorities from time to time, and shall extend full cooperation to the Enforcement Committee or any inspection team authorised by the District Registering Authority during inspections, enquiries, audits or verification of records.

- The District Registering Authority, South Andaman, may conduct periodic inspections of any Clinical Establishment through the Enforcement Committee or any duly authorised inspection team for the purpose of verifying compliance with the provisions of the Act, the Rules, the notified Minimum Standards and other applicable statutory requirements.

- Any violation or non-compliance with the provisions of the Clinical Establishments (Registration and Regulation) Act, 2010, the Rules framed thereunder, the notified Minimum Standards, or any lawful direction issued by the competent authority shall render the Clinical Establishment liable for action under the provisions of the Act, including suspension or cancellation of registration, imposition of penalties, or any other action permissible under the applicable laws, without prejudice to any other legal proceedings.

All Clinical Establishments are directed to carefully examine the enclosed Checklist to ensure strict adherence to all requirements applicable to their respective establishments and submit the same to the District Registering Authority (SA). The checklist is illustrative and facilitative in nature and shall be read in conjunction with the provisions of the Clinical Establishments (Registration and Regulation) Act, 2010, the Rules framed thereunder, the notified Minimum Standards and other applicable statutory requirements. In the event of any inconsistency, the provisions of the relevant Act, Rules and other applicable laws shall prevail.

Encl.: Checklist for Clinical Establishments

Additional District Magistrate (SA)/
Chairperson, Enforcement Committee
District Registering Authority (SA)

F. No. 1-57/DHS(SA)/DC/RPS/2021(PF-II)/217
Sri Vijaya Puram, dated the 21 July, 2026

To

All Clinical Establishment
South Andaman District

Copy to:

1. PA to DC, SA for kind information to the Chairperson, District Registering Authority, South Andaman.
2. MS, GBPH/Convener, DRA(SA) for information and necessary action to ensure strict compliance with this Circular.

Additional District Magistrate (SA)/
Chairperson, Enforcement Committee
District Registering Authority (SA)

Checklist for Clinical Establishments

Sl. No.	Compliance Requirement	Applicable	Status (Yes/No)
1	Registration/ Provisional Registration Certificate displayed prominently.	All Clinical Establishments	
2	Compliance with the CERR Act, 2010 and Andaman & Nicobar CERR Rules, 2013.	All	
3	Compliance with notified Minimum Standards applicable to the establishment.	As applicable	
4	Details of all Person In-charge and registered doctors / health professionals & other staff engaged at clinical establishment includes all units.	As applicable	
5	Details of Qualification, Council Registration and Nature of Engagement may available for verification.	As applicable	
6	Registration certificates of medical professionals available for inspection.	As Applicable	
7	Statutory records and registers maintained.	All	
8	Biomedical Waste Management Rules NOC from ANPPC & Compliance	All	
9	Fire Safety/ NOC and other statutory approvals, wherever applicable.	As Applicable	
10	Patient records maintained as per applicable regulations.	All	
11	Emergency preparedness and infection prevention & control measures in place.	As Applicable	
12	Display of all service charges and mandatory information.	All	
13	Compliance with directions/ circulars issued by District Registering Authority.	All	
14	PCPNDT & any other registration	As applicable	
15	AERB Licence/ Registration for all radiation-emitting equipment.	As applicable	
16	Drug Licence	Pharmacy operated	
17	Blood Bank/Blood Storage Licence	If applicable	
18	FSSAI Licence	Food services are provided	
19	Valid Annual Maintenance Contracts (AMCs)	As applicable	
20	Calibration, preventive maintenance, and service records of equipment.	All	
21	ABDM Registration certificates of health facility, doctors and allied health professionals.	All	
22	Building space / premises details & necessary documents	As applicable	
23	Compliance & documentation of all services & treatment protocols	As applicable	
24	Any other statutory requirement applicable to the establishment & asked by the Administration	As applicable	

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SG AR Annexe

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 Practioner ❑ *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