



FORM IV [SEE RULE 5(a)]  
GOVERNMENT OF ANDHRA PRADESH  
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT DISTRICT REGISTERING AUTHORITY  
CERTIFICATE OF REGISTRATION OF ALLOPATHIC PRIVATE MEDICAL CARE ESTABLISHMENTS

1. Application No. and Date :222/15-11-2021  
2. Inspection Report No. and Date :180/20-11-2021  
3. File number of Registration Authority :995/2021  
4. Date of Issue :20-11-2021  
5. Valid up to :19-11-2026

6. This is to certify that M/s **VISION EMERGENCY AND MULTISPECIALTY HOSPITAL** Located at **70-1-32/47A NFCL ROAD NAGAMALLITHOTA JUNCTION KAKINADA RURAL** is hereby Registered under the provisions fo A.P. Allopathic Private Medical Care Establishments Registration and Regulation (Act. 2002), to provide following medical care services:

i).Category -04.

ii).Super Speciality with 50 Beds only.

7. This Registration shall be in force for a period of 5 (Five) years from the date of issue.
8. This Certificate shall be produced whenever it is required to the officer authorized by the Registration authority.
9. The Establishment shall not rent, lend, sell, transfer or otherwise close down the without obtaining prior permission of the registration authority.
10. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constistute a breach of registration.
11. The Establishment shall not violate the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation (Act. 2002) as amended form time to time and the rules made there under.
12. This certificate is subject to the conditions and the provisions of the A.P. Allopathic Private Medical Care Establishments Registration and Regulation (Act. 2002):

Signature and Designation of Registering Authority

*[Handwritten Signature]*  
22/11/21  
District Registering Authority &  
A.P.M.C.E. Authority  
E.G. Dist., KAKINADA



*[Handwritten Signature]*  
no