



PROVISIONAL CERTIFICATE FOR REGISTRATION OF CLINICAL ESTABLISHMENT

2nd Copy

Provisional Reg. No.: DRA/CEA/PVT/1778/JAN/2025

Date of issue 22/01/2026

Valid up to - 13-01-2026 TO 25-07-2026

- | | | |
|------------------------------|---|---|
| 1 - Name of the C.E. | - | Cure Hospital |
| 2 - Address of the C.E. | - | Om Vihar, Mata Mandi, Ajabpur Kalam,
Dehradun, Uttarakhand |
| 3 - Owner of the C.E. | - | Ms. Sarika Gupta |
| 4 - Name of person in-Charge | - | Dr. Ankit Jain |
| 5 - System of Medicine | - | Allopathic |
| 6 - Type of Establishment | - | Hospital (50 Bed) |

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

N. N. N.

Chief Medical Officer
District Registration Authority
Dehradun

Place: DEHRADUN
District Registration Authority
CMO Dehradun, 105 Chandar Nagar Dehradun.
Ph. 0135-2724506