

**FORM IV**

(see rule 13)

**List of Clinical Establishments**

**Period – 1st January,                      to 31st December,**

Serial. No	Name and Address of Clinical Establishment	TNCERA No. and Date	District	Type of Establishment	Validity Period (6)	
					From	To
(1)	(2)	(3)	(4)	(5)		
1.						
2.						
3.						
4.						
5.						
6.						
7.						