## Annexure-I

**Application Form for Provisional Registration of Clinical Establishments (under Section 14 of the Clinical Establishments (Registration and Regulation) Act, 2010)**

| | | |
|---|---|---|
| 1 | Name of the Clinical Establishment/ Doctor (in case of single practitioner) | ENAMEL DENTAL |
| 2 | Address: H.No: | H.NO-8-2-701/A 202 UNIT EMPERADO BUILDING ABOVE STARBUCKS OPPOSITE MAHESH BANK AMUDI NAGAR |
| | Village/Town/City: | BHOLA NAGAR BANJARA HILLS ROAD NO 12 HYDERABAD |
| | Block: | |
| | District: | HYDERABAD |
| | State: | TELANGANA |
| | Pincode | 500034 |
| | Tel No (with STD code): | 9000554063 |
| | Mobile: | 8897199195 |
| | Email ID: | enameldental.info@gmail.com |
| | Website (if any): | www.enameldental.co.in |
| 3 | Name of the owner: | C H NAMRATHA |
| | Address: | 6-3-34/3,LAKSHMI SARASWATHI NILAYAM |
| | Village/Town/City: | ANAND NAGAR COLONY , KHAIRATABAD, |
| | Block: | KHAIRATABAD |
| | District: | HYDERABAD |
| | State: | TELANGANA |
| | Pincode | 500004 |
| | Tel No (with STD code): | 9000554063 |
| | Mobile: | 8897199195 |
| | Email ID | enameldental.info@gmail.com |
| | Website (if any): | www.enameldental.co.in |
| a) | Name of the Person Incharge | DR. C H NAMRATHA |
| | Qualification(s): | B.D.S M.D.S |
| | Registration Number: | A-306 |
| | Name of Central/State Council (with which registered): | TELANGANA |

Office of the District Medical & Health Officer * Hyderabad
INWARD
Dt. 24/6/2025