## OFFICE OF DIRECTOR GENERAL MEDICAL EDUCATION & TRAINING, U.P. JAWAHAR BHAWAN, LUCKNOW

(FORM-16) Certificate of Registration

Registration N0:ME-3/2019/H0TA/ Lucknow: 16 January,2019

In continuation with DGME office letter no.-ME-03/2017/HOTA/ 182-87 dated- 06-02-2017 and with reference to the application dated 19-12-2018 from Dr. Uma Sridhar, In-charge of eye bank, ICare Eye Hospital & Post Graduate Instituete, E-3A, Sector-26, Noida, U.P, for renewal of certificate of registration for performing organs transplantation under the Transplantation of following human Organs Act, 1994(42 of 1994)

"Cornea"

After having considered the facilities and standards of the above said hospital, the Appropriate Authority hereby renews the certificate of registration of the said hospital/tissue bank for a period of one year, i.e. 18-1-2019 to 17-01-2020).

This renewal is being given with the current facilities and staff shown in the present application form, any reduction in the staff and/or facility must be brought to the notice of the undersigned.

Appropriate Authority
Director General

Medical Education & Training, U.P.

N0:ME-3/2019/HOTA/ 3 9 Above dated. Copy to the following for information & necessary action:-

- 1- Principal Secretary, Government of U.P, Department of Medical Education section-02
- 2- Commissioner Meerut.
- 3- District Megistrate Gautam Budh Nagar, UP.
- 4- Princiapal LLRM Meerut.
- 5- Chief Medical officer Gautam Budh Nagar UP.
- 6- Director National Orgen & Tissue Transplant Organisation, 4 & 5 Floors ICMR Building Safdarjung Hopital Campus, New Delhi-100029.
- 7- State Progarmme Officer, Blindness Control Programme, Swasthya Bhawan, Lucknov .
- 8- Dr. Uma Sridhar, In-charge of eye bank, ICare Eye Hospital & Post Graduate Instituete, E-3A, Sector-26, Noida-201301, with the direction to ensure that the list of transplantation cases done at your centre to be sent every month to the office of undersigned spricely

(K.K. Gupta)
Appropriate Authority
Director General
Medical Education & Training, U.P

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