As on 31st Dec.2016)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Total Registered Medicine Store | No. |  |
| 2. | No. of Private Medical Practitioner (Registered) | “ |  |
| 3. | No. of Private Hospital | “ |  |
| No. of Private -Laboratories /path. lab. | “ |  |
| 4 | Others if any (please specify) |  |  |

|  |  |
| --- | --- |
| Permit issued to Quarry (during April-Dec.2016) |  |
| No. of Cable TV Operator (as on 31.12.2016) |  |
| Permit issued to Bar & restaurant (during April-Dec. 2016) |  |