

**FORM III**  
**[Rule 3]**  
**Labour Resources Department**  
**Certificate of Registration**

1. Registration Mark and Number : P.T./ TBSE\_REG/2025/06964
2. Name of Establishment : M/S SUNITA HEALTH CARE & SERVICES
3. Full Postal address of the Establishment : KITAB GALI, NARAYAN APARTMENT, NORTH SK PURI,  
PATNA
4. Location of the Establishment : WARD NO-22, HOLDING NO-215
5. Type of Business, trade or profession carried on : Others
6. Name and designation of the Manager or Agent or any other person in the immediate charge or control of the establishment : AMIT CHANDRA PUSHKAR, PROPRIETOR
7. Name and designation of other persons having interest as employer in the establishment :

S. No.	Name and Parentage	Designation
1.	AMIT CHANDRA PUSHKAR, S/O-VARUN DEO SAH	PROPRIETOR

8. Maximum number of persons to be employed on any day : 2

This is to certify that the establishment, the particulars of which have been given above, has been registered under the Bihar Shops and Establishment Act, 1953 on: 27/07/2025

**Date : 27/07/2025**

Digital Signature

