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Healing Hand

### SANT PARMANAND HOSPITAL

#### A Unit of Sant Parmanand Blind Relief Mission

#### FORM VI-B

1. Name of the principal

Employer and address

Sant Parmanand Hospital, Plot No. 1, 2 & 3 Park Area,

Yamuna Bazar, Delhli-6

2. No. and date of Certificate

of registration

5069000000094

04.04.2022

 We hereby intimate that the contract of Security Services given to M/s. Bawa Detectives, Flat No. 164, Sector-2, Pocket-3, Ground Floor, Rohini, Delhi-110085 having license No. 50700000003502 has been commenced/completed with effect from 31.03.2023.

Date:

Principal Employer

# Healing Hand

### SANT PARMANAND HOSPITAL

#### A Unit of Sant Parmanand Blind Relief Mission

#### FORM VI-B

Name of the principal

Employer and address

: Sant Parmanand Hospital,

Plot No. 1, 2 & 3 Park Area, Yamuna Bazar, Delhli-6

2. No. and date of Certificate

of registration

5069000000094

04.04.2022

 We hereby intimate that the contract of Kitchen Services given to M/s. Shardha Saburi, CB-190, First Floor, Ring Road, Nariana, Delhi-110028 having license No. Nil has been commenced/completed with effect from 31.03.2023.

Date:

Principal Employer

# Healing Hand

## SANT PARMANAND HOSPITAL

#### A Unit of Sant Parmanand Blind Relief Mission

#### FORM VI-B

 Name of the principal Employer and address

Sant Parmanand Hospital,

Plot No. 1, 2 & 3 Park Area, Yamuna Bazar, Delhli-6

 No. and date of Certificate of registration

5069000000094 04.04.2022

 We hereby intimate that the contract of Housekeeping Services given to M/s. Ujjwal Enterprises, 18/611 Joshi Road, Karol Bagh, New Delhi-110005 having license No. 50700000003563 has been commenced/completed with effect from 31.03.2023.

Date:

Principal Employer