

**PUBLIC HEALTH AUTHORITY  
PUBLIC HEALTH SERVICES**

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*Please address all correspondence to the Public Health Commissioner*

**HEALTH CERTIFICATE FOR TOURISM ESTABLISHMENT**

**Name of Hotel Establishment: Carana Hilltop Villa**

**Address: Carana, Glacis**

**Contact Person: Mr. Mathew Rode**

**Contact Number: 2539147**

**I CERTIFY THAT THE ABOVE NAMED ESTABLISHMENT HAS MET THE PUBLIC HEALTH REQUIREMENTS.**

*Regan*  
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**FOR: PUBLIC HEALTH COMMISSIONER**

**Date: 30<sup>th</sup> July 2020**

