Format

Name of State/UT:		DADRA & NAGAR HAVELI AND DAMAN & DIU.				
			o erational Hemod i Status as on : <u>31/0</u>			
SI. No	State Nodal Officer for PMNDP	Name of District	Name of operational Dialysis Centre	Full Address/location of the Dialysis Centre and contact details		
				Full Address	E-mail id	Phone number
1	Name:	Daman	Dialysis Unit	Government Hospital, Daman	ghddmn@gmail.com	9909943025
2	E-mail id:	Dadra and Nagar Haveli	Bhaghirath Dialysis Unit	Shri Vinoba bhave Civil Hospital, Silvassa	ms-vbch-dnh@nic.in	02602642940