

## ORIGINAL/DUPLICATE FOR DISPLAY

## FORM B

[See Rules 6(2), 6(5) and 8(2)]

## CERTIFICATE OF REGISTRATION

(To be issued in duplicate)

1. In exercise of the powers conferred under Section 19 (1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority, **HATHRAS** hereby grants registration to the **Ultrasound /ImagingClinic** named below for purposes of carrying out Genetic Counselling/Pre-natal Diagnostic Procedures\*/Pre-natal Diagnostic Tests/ultrasonography under the aforesaid Act for a period of five years ending on **May 29, 2029**.

2. This registration is granted subject to the aforesaid Act and Rules thereunder and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years apart from prosecution.

A. Name and address of the **Ultrasound /ImagingClinic**:- **R. G. HOSPITAL AND MEDICAL RESEARCH INSTITUTE, MAMAUTA KHURD, NEAR MANGALAYATAN MANDIR, HANUMAN CHOWKI, AGRA ROAD, SASNI, HATHRAS.**

B. Pre-natal diagnostic procedures\* approved for (Genetic Clinic).

Non-Invasive

I. ☒ Ultrasound

Invasive

I. ☐ Amniocentesis

II. ☐ Chorionic biopsy

viii. ☐ Foetoscopy

IV. ☐ Foetal skin or organ biopsy

V. ☐ Cordocentesis

VI. ☐ Any Other(Specify)

C. Pre-natal diagnostic tests\* approved (for Genetic Laboratory)

I. ☐ Chromosomal Studies

II. ☐ Bio-Chemical Studies

III. ☐ Molecular Studies

D. Any other purpose (please specify):-

3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13).

4. Registration No:- **048/2024**

5. Period of validity of earlier Certificate of Registration.

(For renewed Certificate of Registration only) From ..... To .....

Signature, name and designation of the Appropriate Authority with Seal

Date: 05/30/2024

Place: HATHRAS

\*Strike out whichever is not applicable or not necessary.

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSSINESS.

**Note : This is digitaly signed (FORM B) there is not need for signature . Verification can be done on <http://www.pyaribitiya.in>**