

**D I S T R I C T A P P R O P R I A T E A U T H O R I T Y O F**  
**C E R T I F I C A T E O F R E G I S T R A T I O N**  
**D I S T R I C T**

PC –PNDT Act.1994, See Rule 6 (2), 6(5) and 8 (2)  
ORIGINAL /DUPLICATE FOR DISPLAY  
 (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..... hereby grants registration to the Genetic Counseling Centre\* /Genetic Laboratory \*/Genetic Clinic\*/Ultrasound Clinic\*/Imaging Centre\*named below for purposes of carrying out Genetic Counseling /Pre-natal Diagnostic Procedures\*/Pre-Natal Diagnostic Tests/Ultrasonography under the aforesaid Act for a period of five years ending on .....
  
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of said period of five years apart from prosecution.
  - A. Name and address of the (Genetic Counseling Centre\*/ Genetic Laboratory \*/Genetic Clinic\*/ Ultrasound Clinic\*/Imaging Centre\*) :
  - B. Pre-natal diagnostic procedures\*approved for (Genetic Clinic) :
    - Non-Invasive**  
Ultrasound:
    - Invasive**
      - (i) Amniocentesis.
      - (ii) Chorionic villi biopsy.
      - (iii) 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) Biochemical studies.
    - (iii)Molecular studies.
  - D. Any other purpose (please specify for Ultrasound clinic/imaging centre) :
  
3. Model and make of equipment being used (any change is to be intimated to the Appropriate Authority under rule 13).
  - (i) Machine -1 :
  - (ii) Machine – 2 :
  - (iii) Machine -3 :
  - (iv) Machine – 4 :
  - (v) Machine -5 :
  
4. Registration No. allotted:
  
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  
**SEAL**

Date :