



ORIGINAL/DUPPLICATE 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**, hereby grants registration to the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*/Ultrasound Clinic*/Imaging Centre* 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 **23/9/2029**

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 Genetic Counselling **Chirag Global Hospitals, No.103, 104, 6Th Cross Centre*/ Genetic Laboratory*/ Genetic Road, Dollar Layout Stage 2, Btm Layout Near Clinic*/Ultrasound Clinic*/ Imaging Centre*. Vegacity Mall Bangalore-560076, Ultrasound Clinic**

- B. Pre-natal diagnostic procedures* approved for (Genetic Clinic).
Non-Invasive
Invasive **Ultrasound**

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

- 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).

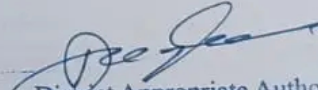
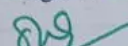
Equipment Name	Model No	Serial No	Manufacturer Name
Ultrasound	Ssd Arietta 65	G3204761	Fujifilm Sonosite

4. Registration No. allotted **3310**

5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only) **From 24/09/2024 To 23/9/2029**

Date: **05/10/2024**
Place: **Bengaluru**

SEAL


District Appropriate Authority
Signature, Name and Designation of
Appropriate Authority with SEAL of Office.
P C & P N D T (Health Department)
Bengaluru Urban District, BENGALURU


DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

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