

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, Dist.-Belagavi** 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 **28/11/2026**

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 Centre*/ Genetic Laboratory*/ Genetic Clinic*/Ultrasound Clinic*/ Imaging Centre* **Shri Diagnostic Centre, Prasad Hospital, Miraj Road, Athani Tq: Athani Dist: Belagavi, Genetic Clinic, Genetic Laboratory, Ultrasound Clinic**

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

Non-Invasive

Ultrasound

Invasive

Cordocentesis, 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 Echo	Vivid T9 V204	6084752Wxo	Wipro Ge

4. Registration No. allotted **66**

5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only) **From 29/11/2021 To 28/11/2026**

Date: 04/05/2022

Place: Belagavi

Signature, Name and Designation of Appropriate Authority with SEAL of Office.



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