

**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 .....

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\*.

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

Non-Invasive

(i) Ultrasound

Invasive

(ii) Amniocentesis

(iii) Chorionic villi biopsy

(iv) Foetoscopy

(v) Foetal skin or organ biopsy

(vi) Cordocentesis

(vii) 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)

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

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

Date:

SEAL

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