

Form H - Permanent Record Application



Page No. 1

FORM - H

[See Rule 9(5)]

**FORM FOR MAINTENANCE OF PERMANENT RECORD OF APPLICATIONS FOR GRANT/
REJECTION OF REGISTRATION
UNDER THE PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF
MISUSE) ACT, 1994**

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| 1. Sl. No | 1 |
| 2. File number of Appropriate Authority | PCPNDT/2024/00144 |
| 3. Date of receipt of application for grant of registration | 02-07-2024 12:46:17 |
| 4. Name, Address, Phone/Fax etc. of Applicant | JASHODA MOTHER AND CHILD CARE PVT LTD At- Baniabahalpo- Hulursinga Misharapada Near Kalinga Thakurani Angul 759132 Odisha Phone: 9178605515 Email: jmcc.angul@gmail.com Applied by: JASHODA MOTHER AND CHILD CARE PVT LTD |
| 5. Name and address(es) of Genetic Counselling Centre* / Genetic Laboratory* / Genetic Clinic* / Ultrasound Clinic* / Imaging Centre* <i>*Strike out whichever is not applicable</i> | JASHODA MOTHER AND CHILD CARE PVT LTD At- Baniabahalpo- Hulursinga Misharapada Near Kalinga Thakurani Angul 759132 Odisha Type: Ultrasound Clinic District: NA |
| 6. Date of consideration by Advisory Committee and recommendation of Advisory Committee, in summary | - |
| 7. Outcome of application (state granted/rejected and date of issue of orders - record date of issue of order in Form B or Form C) | Status: NA Order Date: 03-04-2025 18:22:49 |
| 8. Registration number allotted and date of expiry of registration | Registration No: NA |
| 9. Renewals (date of renewal and renewed upto) | - |
| 10. File number in which renewals dealt | - |
| 11. Additional information, if any | NA |

Page No. 1

Name, Designation & Signature of Appropriate Authority

