



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**

1. Sl. No	1
2. File number of Appropriate Authority	PCPNDT/2021/00571
3. Date of receipt of application for grant of registration	06-09-2021 18:30:12
4. Name, Address, Phone/Fax etc. of Applicant	DR BINAY KUMAR PATEL DRISTI ULTRASOUND CENTRE Nuadhi Road, Gandhi Chowk, Brajrajnagar, Jharsuguda Pin-768216 Phone: 9438678826 Email: dristibinay@gmail.com Applied by: DMRCH JHARSUGUDA
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>	DRISTI ULTRASOUND CENTRE Nuadhi Road, Gandhi Chowk, Brajrajnagar, Jharsuguda Pin-768216 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: 09-04-2025 10:42:57
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