

# Form H - Permanent Record Application

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## 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

<b>1. Sl. No</b>	2
<b>2. File number of Appropriate Authority</b>	PCPNDT/2021/00649
<b>3. Date of receipt of application for grant of registration</b>	15-11-2021 16:38:56
<b>4. Name, Address, Phone/Fax etc. of Applicant</b>	<b>NAMITA DAS</b> At-Panisalia Po/Dist-Jagatsinghpur Phone: 7735724180 Email: anjankumardas2013@gmail.com Applied by: Namita Das
<b>5. Name and address(es) of Genetic Counselling Centre* / Genetic Laboratory* / Genetic Clinic* / Ultrasound Clinic* / Imaging Centre*</b> <i>*Strike out whichever is not applicable</i>	<b>DAS ULTRASOUND</b> At-Panisalia Po/Dist-Jagatsinghpur Pin-754103 Type: Ultrasound Clinic District: NA
<b>6. Date of consideration by Advisory Committee and recommendation of Advisory Committee, in summary</b>	-
<b>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)</b>	<b>Status:</b> Granted <b>Order Date:</b> 04-03-2022 16:26:51 <b>Form Type:</b> Form B
<b>8. Registration number allotted and date of expiry of registration</b>	<b>Registration No:</b> OD-JSP/PC & PNDT/0027/2022 <b>Expiry Date:</b> 03/03/2027
<b>9. Renewals (date of renewal and renewed upto)</b>	-
<b>10. File number in which renewals dealt</b>	-
<b>11. Additional information, if any</b>	NA

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Name, Designation &amp; Signature of Appropriate Authority