

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

1. Sl. No	1
2. File number of Appropriate Authority	PCPNDT/2023/00024
3. Date of receipt of application for grant of registration	29-01-2023 12:01:42
4. Name, Address, Phone/Fax etc. of Applicant	ASTHA ULTRASOUND Neguan, Kakhada,Bhograi,Balasore Phone: 9938391687 Email: BIRANCHINANDA663@GMAIL.COM Applied by: BIRANCHI PRASAD NANDA
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>	ASTHA ULTRASOUND Anandabazar,Dehurda,Bhograi,Balasore 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: Rejected Order Date: 03-07-2023 13:58:43 Form Type: Form C
8. Registration number allotted and date of expiry of registration	Registration No: NA Expiry Date: 02/07/2028
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