

# 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**

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	<b>ASTHA ULTRASOUND</b> 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>	<b>ASTHA ULTRASOUND</b> 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)	<b>Status:</b> Rejected <b>Order Date:</b> 03-07-2023 13:58:43 <b>Form Type:</b> Form C
8. Registration number allotted and date of expiry of registration	<b>Registration No:</b> NA <b>Expiry Date:</b> 02/07/2028
9. Renewals (date of renewal and renewed upto)	-
10. File number in which renewals dealt	-
11. Additional information, if any	NA

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Name, Designation &amp; Signature of Appropriate Authority