

FORM B*[Refer rules 6(2), 6(5) and 8(2)]***CERTIFICATE OF REGISTRATION**

(To be issued in duplicate)

1. In exercise of the powers conferred under section 19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority DMHO, Hyderabad, hereby grants registration to the Genetic counselling Center under the aforesaid Act for a period of five years ending on 28-04-2022.
2. This registration is granted subject to the aforesaid Act and Rules framed thereunder and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years apart from prosecution.

A. Name and address of the **Genetic Counselling Center**.

B. Pre-natal diagnostic procedures approved for (Genetic Clinic).

Non-Invasive

Invasive