

**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
      - i. Ultrasound
    - Invasive
      - i. Amniocentesis
      - ii. Chorionic villi biopsy
      - iii. Foetoscopy
  - C. Pre-natal diagnostic tests approved (for Genetic Laboratory)
    - i. Chromosomal studies
    - ii. Biochemical studies
3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13);
4. Period of validity of earlier Certification of Registration. (For renewed Certificate of Registration only) From 29-04-2017 to 29-04-2022

Signature, name and designation of  
the Appropriate Authority  
SEAL

Date:

\*Strike out whichever is not applicable or necessary

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACES AT THE PLACE OF BUSINESS