



FORM B. RULES 6(2), 6(5) & 8(2)

CERTIFICATE OF REGISTRATION

(To be issued in duplicate)

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
.....DISTRICT MEDICAL OFFICER (H) IDUKKI.....here by grants registration to the Genetic Counselling Centre/Genetic Laboratory*/ Genetic clinic named below for the purposes of carrying out Genetic Counselling*/ Pre-natal Diagnostic Procedures*/ Pre-natal Diagnostic Tests* as defined in the aforesaid Act for a period of five years ending on 15-03-2026.

2. This Registration is granted subject to the aforesaid Act and Rules 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.

A. Name and address of the Genetic Counselling Centre/Genetic Laboratory /Genetic Clinic*.....THQH NEDUMKANDAM.....

B. Name of Applicant for Registration.....SUPERINTENDENT, THQH NEDUMKANDAM.....

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

- i. Ultrasound ii. Amniocentesis iii. Chorionic Villibiopsy iv. Foetoscopy
v. Foetal skin or organ biopsy vi. Cordocentesis vii. Any other (Specify)

D. Pre-natal diagnostic tests approved (for Genetic Laboratory)

- i. Chromosomal studies ii. Biochemical studies iii. Molecular studies

3. Registration No. allotted291.....

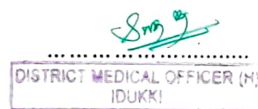
4. For renewed Certificate of Registration only

Period of validity of earlier certificate from to of Registration.

(Appropriate Authority)

District Medical Officer of Health

Date: 16-03-2021



*Strike out whichever is not applicable or necessary

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