



FORM-B

(See 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 **Bangalore Urban District** hereby grants registration to the Genetic Counselling Centre*/Genetic Laboratory*/ Genetic Clinic*/Ultrasound Clinic*/Imaging Centre* named below for purposes of carrying out Genetic Counselling /Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/ ultrasonography under the aforesaid Act for a period of five years ending on: 26/04/2023

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 apart from prosecution.

A. Name and address of the Genetic Counselling Centre*/ Genetic Laboratory*/ Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre*.	Bowring and lady curzon hospitals Dept of Radiodiagnosis Bowring & lady curzon hospitals shivajinagar bangalore-01 ph no 08025591365 bowringandladycurzonhospitals@gmail.com ,Ultrasound Clinic
Name of the Applicant for registration	Mr. Dept of Radiodiagnosis
B. Pre-natal diagnostic procedures* approved for (Genetic Clinic). Non-Invasive	
(i) Ultrasound	Yes
Invasive	
(ii) Amniocentesis	No
(iii) Chorionic villi biopsy	No
(iv) Foetoscopy	No
(v) Foetal skin or organ biopsy	No
(vi) Cordocentesis	No
C. Pre-natal diagnostic tests* approved (for Genetic Laboratory)	
(i) Chromosomal studies	No
(ii) Biochemical studies	No
(iii) Molecular studies	No
D. Any other purpose (please specify)	NA
3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13).	1. Siemens: Acuson Antares 2. Philips: VUE350 3. Philips: VUE350 4. Philips: IU22 5. Philips: HD3
4. Registration No. allotted	2014
5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only)	From: To:

Date: 27/04/2018

Boby
Signature, name and designation of
the Appropriate Authority/
Deputy Commissioner
P.C. & P.N.D.T. (Health Dept)
Bangalore Urban Dist
Bangalore

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



FORM-B

(See rules 6(2), 6(5) and 8(2))

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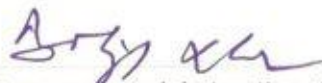
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