TECHNIQUES

WILL MUN

म्हारतायातिका वि.कार्य

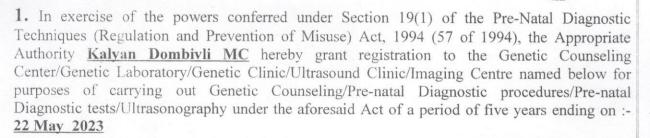
(PROHIBITION OF SEX SELECTION) RULES, 1996 ORIGINAL/DUPLICATE FOR DISPLAY



FORM 'B' (See Rule 6(2),6(5),AND 8(2)

CERTIFICATE OF REGISTRATION

(To issued in duplicate)



- 2. This Registration is granted subject to the aforesaid Act and Rules there under 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 Counseling Center/Genetic Laboratory/Genetic Clinic/Ultrasound Clinic/imaging centre. :- Om Hospital, 1st floor, Commerce Center, Tandon road, Dombivli (E)

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

Non-Invasive

Ultrasound Invasive

- (ii) Amniocentesis
- (iii) Chronic villi biopsy
- (iv) Foetoscopy
- (v) Foetal skin or organ biopsy
- (vi) Cordocentesis
- (vii) Any other (Specify)

C. Pre-Natal diagnostic Tests approved (For genetic Laboratory)

- (i) Chromosomal studies
- (ii) Biochemical studies
- (iii) Molecular studies
- B. Any other purpose (Please Specify)
- C. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13):- <u>Hitachi Aloka F 31, Sr. M00573LI</u>
- 4. Registration No. allotted. KDMC/HQ/PNDT/NI/US/S/D/017/2003-04

Period of validity of earlier certificate of Registration (For Renewed Certificate of Registration only) from 23/05/2013 To 21/05/2018

Date:-\$\ \/03/2018 Signature.name

Signature, name and designation of the