

ORIGINAL/DUPPLICATE FOR DISPLAY

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, **HAPUR** hereby grants registration to the **Joint 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 **Mar 21, 2029**.

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 **Joint Centre**:- **GS AYURVEDA MEDICAL COLLEGE & HOSPITAL, NH-9, VILLAGE PEEPLABANDPUR PILKHUWA DISTT.- HAPUR UTTAR PRADESH.- 245304**.

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

Non-Invasive

I. ☒ Ultrasound

Invasive

I. ☐ Amniocentesis II. ☐ Chorionic biopsy VIII. ☐ Foetoscopy IV. ☐ Foetal skin or organ biopsy
 V. ☐ Cordocentesis VI. ☐ Any Other(Specify)

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

I. ☐ Chromosomal Studies II. ☐ Bio-Chemical Studies III. ☐ Molecular Studies

D. Any other purpose (please specify):-

3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 13).

Name	Model	Machine Type	Machine Number
ULTRASOUND MACHINE	SSA-510A	Fixed	SN. P5A111239

4. Registration No:- **HPU/2024/005**

5. Period of validity of earlier Certificate of Registration.

(For renewed Certificate of Registration only) From To

Signature, name and designation of
the Appropriate Authority with Seal

Date: 03/22/2024

Place: HAPUR

*Strike out whichever is not applicable or not necessary.

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSSINESS.

Note : This is digitaly signed (FORM B) there is not need for signature . Verification can be done on <http://www.pyaribitiya.in>