GOVT. OF MAHARASHTRA



Public Health Department

(PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES)
(PROHIBITION OF SEX SELECTION)
(From B Rules 6(2) 6(5) and 8(2))
(To be issued in Duplicate)

| In exercise of the powers conferred under sec. 19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act. 1994 (57 of 1994), the Appropriate Authority. MEDICAL OFFICER OF HEALTH, Nanded Waghala City Municipal Corporation, Nanded hereby grants registration to the Genetic Counselling Centre*/ Genetic Laboratory*/Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre* named below for purpose 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 | | (From B Rules 6(2) 6(5) and 8(2)) (To be issued in Duplicate) |
|--|----|--|
| 1. In exercise of the powers conferred under sec.19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act. 1994 (57 of 1994), the Appropriate Authority. *********************************** | | |
| MEDICAL OFFICER OF HEALTH, Nanded Waghala City Municipal Corporation, Nanded hereby grants registration to the Genetic Counselling Centre*/ Genetic Leberatory*/Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre* named below for purpose 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\frac{19.10.202.7}{2.02.7} 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*. Hother | 1. | In exercise of the powers conferred under sec.19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act. 1994 (57 of 1994), the Appropriate Authority. |
| 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* . Hother . Centre* 2nd 1007 21 Centre* . Hother . Centre* 2nd 1007 21 Centre* . Long . Done . Centre* 2nd 1007 21 Centre* . Long . Done . Centre* 2nd 1007 21 Centre* . Long . Done . Centre* 2nd 1007 21 Centre* . Long . Done . Centre* 2nd 1007 21 Centre* . Long . Done . Centre* 2nd 1007 21 Centre* . Long . Centre* 2nd 1007 22 Centr | | MEDICAL OFFICER OF HEALTH, Nanded Waghala City Municipal Corporation, Nanded hereby grants registration to the Genetic Counselling Centre*/ Genetic Laboratory*/Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre* named below for purpose of carrying out Genetic Counselling./Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/ |
| A. Name and address of the Genetic Counselling Centre*/ Genetic Laboratory*/ Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre*. Hotel Center 1000 1000 1000 1000 1000 1000 1000 10 | 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 |
| B. Pre-natal diagnostic procedure approved for (Genetic Clinic) Non-Invasive (i) Ultrasound Invasive (ii) Amniocentesis (iii) Chorionic villi biopsy (iv) Foetoscopy (vi) Any other (specify) C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) | | A. Name and address of the Genetic Counselling Centre*/ Genetic Laboratory*/ Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre*. Hope. Center. 2nd £1007. 21. Century. Hospital Building, Doctor's lane. Nandeo Dat. Declarate. Appeared. This Cobay John Sathams. Anil Dan Cobay Burande. Sunta Cobay Dat. Dhoudge Meener Cahoa. |
| (i) Ultrasound Invasive (ii) Amniocentesis (iii) Chorionic villi biopsy (iv) Foetoscopy (vii) Any other (specify) C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) | | S De |
| (i) Ultrasound Invasive (v) Foetal skin or organ biopsy (ii) Amniocentesis (vi) Cordocentesis (iii) Chorionic villi biopsy (iv) Foetoscopy (vii) Any other (specify) C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) Any other purpose (please specify) | | |
| (iii) Amniocentesis (iii) Chorionic villi biopsy (iv) Foetoscopy (vii) Any other (specify) C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) D. Any other purpose (please specify) | | (v) Foetal skin or organ bionsv |
| (iii) Chorionic villi biopsy (iv) Foetoscopy (vii) Any other (specify) C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) D. Any other purpose (please specify) | | (vi) Cordocentesis |
| (iv) Foetoscopy (vii) Any other (specify) C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) D. Any other purpose (please specify) | | (iii) Chorionic villi biopsy |
| C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) The desired of Equipments being used (any changes is to be intimated to the Appropriate) | | (iv) Foetoscopy (vii) Any other (specify) |
| (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies D. Any other purpose (please specify) The state of Equipments being used (any changes is to be intimated to the Appropriate | | C. Pre-natal diagnostic tests* approved (for Genetic Laboratory) |
| any changes is to be intimated to the Appropriate | | (I) Chromosomarstades (II) |
| 3. Model and make of Equipments being used (any changes is to be intimated to the Appropriate Authority under rule 13). Wipto GE VERSANA | | D. Any other purpose (please specify) |
| | 3. | Model and make of Equipments being used (any changes is to be intimated to the Appropriate Authority under rule 13). Without GE YERSANA |
| 4. Registration No. allotted USG/NWCMC/ 251 /dt. 20.10.2022 5. Period of validity of earlier Certificate of Registration. From to 19.10.2027 | | Period of validity of earlier Centrale Distration. |
| Name of Owner: | | |

DE. DARWINKL APARTIA

Date : 11-11-2022