

SCHEDULE III 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 Medical officer of Health Chandrapur City Municipal Corporation, Chandrapur 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 dt. 30/09/2026

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 apart from prosecution.

A. Name and address of the Genetic Counselling Centre*/Genetic Laboratory*/Genetic Clinic*/Ultrasound Clinic*/Imaging Centre* MANWATKAR MULTISPECIALITY HOSPITAL, CT SCAN CENTRE, EKORI WARD, CHANDRAPUR

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

(i) ☒ Ultrasound

Invasive

(ii) Amniocentesis

(iv) Foetoscopy

(vi) Cordocentesis

(iii) Chorionic villi biopsy

(v) Foetal skin or organ biopsy

(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)

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

WI PRO GE, REVOLUTION ACTS
Sr. NO. 6711 BGG

4. Registration No. allotted 99/2021

5. Period of validity of earlier Certificate of Registration.

(For renewed Certificate of Registration only)

From 01/10/2021 To 30/09/2026

Date : 01/10/2021



Chank
Signature, Office and Designation
of the City Municipal Corporation
CHANDRAPUR

*Strike out whichever is not applicable or not necessary.
DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS.