



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 (Registration and Prevention of Misuse) Act 1994 (57 of 1994), the Appropriate Authority **DISTRICT MEDICAL & HEALTH OFFICER, KURNOOL** here by grants registration to the Genetic Counseling Centres */Genetic Laboratory*/Genetic Clinic* named below for purpose of carrying out Genetic Counseling*/Prenatal Diagnostic Procedures*/Prenatal Diagnostic Tests* as defined in the aforesaid Act for a period of five years ending on **10.12.2025**.

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.

A. Name and address of the Genetic Counseling Centre*/ Genetic Laboratory* /Genetic Clinic* : Dr.Vinay K.S, MBBS, MDRD.,
Orbit Diagnostic Centre,
D.No:21/51, 3rd Road, SKD Colony,
Adoni, Kurnool Dist.

B. 1) Name of Applicant for Registration : Dr.Vinay K.S, MBBS, MDRD
2) Name of the Consultant : Dr.Vinay K.S, MBBS, MDRD

C. Prenatal Diagnostic Procedures approved for (Genetic Clinic) :

- | | |
|-------------------------------|---------------------------------|
| i) Ultrasound | : .Ultra Sound Scanning Machine |
| ii) Amniocentesis | : |
| iii) Chorionic Villi biopsy | : |
| iv) Foetoscopy | .. |
| v) Fetal skin or organ biopsy | : |
| vi) Cordocentesis | : |
| vii) Any other (Specify) | : |

D. Prenatal Diagnostic Tests* approved : (for Genetic Laboratory)


- | | |
|-------------------------|---|
| i) Chromosomal studies | : |
| ii) Biochemical studies | : |
| iii) Molecular studies | : |

3. Registration No. allotted : **380** :

4. Make & Model of the Scanning Machine : **MINDRAY DC -80**

5. For renewed Certificate of Registration only : ---

Period of Validity of earlier Certificate from **11.12.2020** to **10.12.2025** of Registration.


Signature, Name and designation of the
Appropriate Authority.....

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Date : _____ Seal

Strikeout whichever is not applicable or not necessary

DISPLAY ONE COPY OF THE CERTIFICATE AT ACONSPICUOUS PLACE AT THE PLACE BUSINESS.