

**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..... 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 .....

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.

3. Name of the Owner/ Manager/ In-charge

4. Name and address of the facility:

5. Type of facility approved:

Photograph  
of the  
Applicant

- a) Genetic Counselling Centre
- b) Genetic Laboratory
- c) Genetic Clinic
- d) Ultrasound clinic
- e) Imaging Centre
- f) Hospital /Institute/ Nursing home
  - i. Genetic Counselling Centre
  - ii. Genetic Laboratory
  - iii. Genetic Clinic
  - iv. Ultrasound clinic
  - v. Imaging centre

*(Pl tick the services jointly or in combination, you sought to be registered as)*

g) Genetic Clinic (Mobile)

6. **Approved pre-conception and pre-natal diagnostic technique/ procedure/test/analysis potential for detection of sex during pregnancy or selection of sex before conception services to be provided in the facility):**

**I. Invasive**

a) Amniocentesis /Chorionic villi Aspiration

- i. Chromosomal studies
- ii. Biochemical Studies
- iii. Molecular Studies
- b) Foetoscopy
- c) Foetal biopsy
- d) Cordocentesis
- e) Pre-implantation gender diagnosis
- f) Sample collection for diagnostic techniques potential of sex selection and determination
- g) Any other (*to be specified*)

**II. Non-Invasive**

- a) Ultrasonography
- b) MRI
- c) CT Scan
- d) NIPT
- e) Sample collection for diagnostic techniques potential of sex selection and determination
- f) Any other (to be specified)

**7. Approved pre-conception and pre-natal diagnostic counselling facilities/services to be provided in the Genetic Counselling Centre\*:**

- a) Pre-implantation and post- implantation gender diagnosis
- b) Pre-natal and post natal diagnostic counselling
- c) Pre-implantation gender diagnosis
- d) Pre-natal diagnostic counselling
- e) Any other (to be specified)

**8. Other approved diagnosis/ techniques/ procedures/ tests/analyses that are neither pre-conception nor pre-natal: to be provided in the facility using equipment, potential for detection of sex during pregnancy or selection of sex before conception \*:**

- a) Echocardiography
- b) Ophthalmology
- c) Urology
- d) Veterinary proposes
- e) Any other (*to be specified*)

**9. Employees/ persons authorised to provide the services in the registered facility\*:** (*Details enclosed including Photographs, qualifications/experience/training, registration number where applicable, the services the employees will provide in the facility and their consulting hours*)

- I. Genetic Counselling centre:
  - a. Gynaecologist

- b. Paediatrician
- c. Medical Geneticist
- d. Genetic councillor

II. Genetic Laboratory

- a. Medical Geneticist
- b. Laboratory technician
- c. Registered Medical Practitioner (for Sperm Bank)

III. Genetic Clinic/ ultrasound clinic/imaging centre

- a. Gynaecologist
- b. Medical Geneticist
- c. Imaging specialist (Radiologist)
- d. Registered Medical Practitioner with CBT certificate (as prescribed under six months training Rules 2014)
- e. Registered Medical Practitioner with six months of training in Abdomen-o Pelvic Ultrasound (as prescribed under six months training Rules 2014)
- f. Other Post Graduate Practitioners providing Ultrasound services
- g. Genetic councillor
- h. Laboratory technician

IV. Ultrasound clinic/imaging centre

- a. Imaging specialist (Radiologist)
- b. Registered Medical Practitioner with CBT certificate (as prescribed under six months training Rules 2014)
- c. Registered Medical Practitioner with six months of training in Abdomen-o Pelvic Ultrasound (as prescribed under six months training Rules 2014)
- d. Other Post Graduate Practitioners providing Ultrasound/ imaging services

10. **Details of approved equipment that has or used in the Diagnostic Technique/ Procedure/Test/Analysis potential of detection of sex during pregnancy or selection of sex before conception \*- ((Details enclosed: including unique ID provided by the authorities, Model and make of equipment, accessories, purpose for which it will be used,))**

11. **Details specifically approved for Genetic Clinic (Mobile)**

- a. Area of operation: -----
- b. Registration number of the vehicle: -----
- c. Other health and medical services as per Rule 3B(1)(b)

12. Registration No. allotted
13. Number and Period of validity of earlier **Certificate** of Registration.
14. (For renewed Certificate of Registration only) From..... To.....

Date:

Signature, name and designation of  
The Appropriate Authority

SEAL

**Note:**

*\*(Any change (addition/ breakdown/ Disposal/ resale/ buyback) to be intimated to the Appropriate Authority at least 30 days in advance of the expected date of such change and seek reassurance of certificate of registration from the appropriate authorities, with changes duly incorporated). **Rule 13***

-In case of Breakdown of the vehicle used as genetic clinic due to which registered unit cannot be used, the Appropriate Authority has to be informed within a period of 7 days.

*-Display one copy of this certificate at a conspicuous place at the place of business*

*The certificate of registration shall be non-transferrable. **Rule 6(6)***

*In event of change of ownership, or change of management or cease to function as genetic counselling center, genetic lab, genetic clinic/ ultrasound clinic/imaging center, both the copies of the registration certificate of registration shall be **surrendered to the Appropriate Authority**. Subsequently, the owner/ manager, new owner/manager of such Centre, Laboratory/Clinic shall apply fresh for grant of certificate of registration. **As per rule 6 (6)&(7)***