

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 Ludhiana hereby grants registration to the ~~Genetic-Counseling-Centre\*/Genetic-Laboratory\*/ Genetic-Clinic\*/~~Ultrasound clinic ~~\*/Imaging-centre\*~~ named below for purpose of carrying out Genetic Counselling\* Prenatal Diagnostic & Procedure/ Prenatal Diagnostic tests / defined in the aforesaid Act for a period of five years ending on **26.01.2030.**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result is 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 /~~ Ultrasound Clinic\*/Imaging-centre\* : **Department of Clinical Haematology, Christian Medical College and Hospital Ludhiana.**

(ii) Name of the owner/ applicant for registration: **Department of Clinical Haematology**

B Name of the ultrasonologist:

1. Dr. M Joseph John, MBBS, DM ( clinical Haematology ) (9.00 am to 5.00pm Monday to Saturday)
2. Dr. Shruti Kakkar, MD ( paed ) (9.00 am to 5.00pm Monday to Saturday)

C. Prenatal diagnostic procedures approved for (genetic clinic) Non-Invasive/Invasive

- i) Ultrasound ( for Haematology)
  - ii) Amniocentesis
  - iii) Chorionic-Villii-biopsy
  - iv) Foetosecy
  - v) Foetal-skin-or-organ-biopsy
  - vi) Cordocentesis
  - vii) Any other (Specify)
- D. ~~Prenatal diagnostic-test\*~~ approved (for Genetic-Laboratory)
- i) Chromosomal-Studies
  - ii) Biochemical-Studies
  - iii) Molecular-Studies

E 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). 1. Samsung HS 50

4. Registration No. allotted :- PNDT/LDH/549A

5. ~~For-renewed-certificate-of-registration-only-period-of-validity-of-earlier-certificate-from~~  
Date: 27.01.2025

*J.M. Tan 30, 2025*  
**Distt. Appropriate Authority cum**  
Signature, Name and designation  
District Appropriate Authority,  
Cum- Civil Surgeon, Ludhiana  
SEAL

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

