



**GOVERNMENT OF KARNATAKA
Medical Health and Family Welfare Department**

**The pre-conception and pre-natal diagnostic techniques
(prohibition of sex selection) act, 1994 & rules 1996.**

FORM B

(See Rules 6(2), 6(5) and 8(2))

**CERTIFICATE OF REGISTRATION
(ORIGINAL / DUPLICATE)**

In exercise of the powers conferred under Section 9(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority **DISTRICT MEDICAL & HEALTH OFFICE, KESARA, MEDCHAL DISTRICT** 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 **07.12.2024**.

This registration is granted subject to the of this Certificate of Registration before the expiry of the said period of five years apart from aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation prosecution.

Name and address of the Genetic Counselling Centre* Genetic Laboratory* Genetic Clinic* **Ultrasound Clinic* Imaging Centre: Dr. CHLBHADRA REDDY, Mang. Dir.**

**MS. MALLAREDDY NARAYANA MULI SPECIALITY HOSPITAL
(A Unit of Chandramma Educational Society)**

**H.No. Survey No.114, 115, 116 Suraram X Road,
Outhbullapur (Mandal), Medchal District - 500 055.**

**Consultant Radiologists: Dr. G.B.N. THAMMI RAJU, MBBS, MDRD, Dr. Raja Kollu, MBBS, MDRD,
Dr. K.S. Prashanth Kumar, MBBS, MDRD, Dr. Manidev Kedy Nani, MBBS, MDRD, Dr. Kanamatha Reddy,
Sujana DNB, RD, Dr. Chandrasekhar Patil, MDRD, Dr. Shyamola Jayathi, MDRD**

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

Non-Invasive

(i) Ultrasound

Invasive

(i) Amniocentesis

(ii) Chorionic villi biopsy

(iv) Fetoscopy

(v) Foetal skin or organ biopsy

(vi) Cordocentesis

(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)

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

MAKE	MODEL	S.NO
WIPRO	VIVID S5 075	NS 50751455
GE	LOGIQ E	306483W5
GE	MIMD	020898
PHILIPS	HD 11X	US61179424
SAMSUNG	H60	S02GM3HG A00005Y
MINDRAY	M7	GW-6B 00631
SONOSITE	LOGIQ F8 EXPERT	H48792AE
BF MEDICAL	MURCO	W430N
HITACHI	MERLIN	2003-184426
PHILIPS	HVX08L-01	20520873
PHILIPS	AFFINITY 50	US418DI557
SAMSUNG	HS-40	SG-31900015
PHILIPS	AFFINITY 30	S17M3HJB00007Z
		PF820E0418

4. Registration No. allotted **RN/482/2009** Dated **08.12.2009**

5. Period of validity of Certificate of Registration (If or renewed Certificate of Registration only)

From **08.12.2009** To **07.12.2014** of Registration

6. Renewal From **08.12.2014** - **07.12.2019**.

7. Adding Radiologist Name & 1 New Machines.

8. Removal of Two Machine

9. 2nd Renewal From **08.12.2019** - **07.12.2024**.

10. Adding 2 New Machines and Removing 1 and Adding 4 Radiologists

11. Adding 1 Radiologist Names

12. Adding New Machine
Date: **22.04.2021**

Dr.K.Mallikarjuna Rao, MBBS, MD.
Dist. Appropriate Authority /
DM&H for PC&PNDT Act
Medchal-Malkajgiri District

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS OF THIS

CERTIFICATE OF REGISTRATION

Strike out whichever is not applicable or necessary.