



ORIGINAL/DUPLICATE FOR DISPLAY

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, Dist.-Bengaluru** 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 **17/7/2029**

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* **Mediomix Diagnosis And Bio Research Pvt Ltd, Ground Floor B Side Of The Plot No 19/A, Doddanakundi 2Nd Stage , Industrial Area , Hoodi Bangalore 560048, Genetic Laboratory**

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

Non-Invasive

Invasive

Chorionic Villi Studies, Molecular Studies

Aspiration, Chromosomal

- C. Pre-natal diagnostic tests* approved (for Genetic Laboratory): **Chromosomal Studies, Molecular Studies, Preimplantation Genetic Diagnosis**

- 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).

4. Registration No. allotted **3258**

5. Period of validity of earlier Certificate of Registration.(For renewed Certificate of Registration only) **From 18/07/2024 To 17/7/2029**

Date:

20/7/24

Place:

20/7/24

Signature, Name and Designation of Appropriate Authority with SEAL of Office.

Deputy Commissioner

**PC & PND T (Health Department)
Bengaluru Urban District, BENGALURU**

SEAL

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

***Strike out whichever is not applicable or necessary.**