



# GOVT. OF TAMIL NADU

The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994

## FORM - B

{(See rules 6 (2) 6(5) and 8 (2) }

### CERTIFICATE OF REGISTRATION

1. In exercise of powers conferred under Section 19 (1) of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) 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.....14/02/2029.....

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\* **BHOGA ANDROLOGY AND FERTILITY CENTRE, NOS 8/2, VEDAM AMBUJAM APARTMENT, GROUND FLOOR, 2ND STREET, ANNA NAGAR, CHENNAI 600 102.**
- B. Pre-natal diagnostic procedures\* approved for (Genetic Clinic)
- |                             |  |   |
|-----------------------------|--|---|
| Non-Invasive                | (i) Ultrasound <input checked="" type="checkbox"/> | (iii) <del>Chorionic villi biopsy</del> |
| Invasive                    | (ii) <del>Amniocentesis</del>                      | (vi) <del>Cardiocentesis</del>          |
| (iv) <del>Fetoscopy</del>   | (v) <del>Foetal skin or organ biopsy</del>         | (viii) <del>Any other (specify)</del>   |
| (vii) <del>ART Centre</del> |  |   |
- C. Pre-natal diagnostic tests\* approved (for Genetic Laboratory)
- |                                    |                                     |                                    |
|------------------------------------|-------------------------------------|------------------------------------|
| (i) <del>Chromosomal studies</del> | (ii) <del>Biochemical studies</del> | (iii) <del>Molecular studies</del> |
|------------------------------------|-------------------------------------|------------------------------------|
- 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)

Ultra Sound Machine Details should be endorsed within 60 days from the date of registration

Sl. No.	Ultra sound Machine Make	Model	Serial No	Invoice No / Date	Supplier / Dealer Name

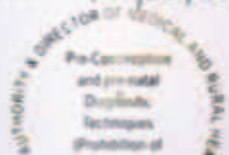
#### Doctors Details

Sl. No.	Doctor's Name	Qualification	Tamil Nadu Medical Council No	Ultra Sound Training Details
1.	DR. AGILA RATHNAI	MBBS, MS (OG)	80818/2007	
2.	DR. SUNEETHA PEDERLA	MBBS, MDCOW	48715/1991	

4. Registration No. allotted.

5. Period of validity of earlier Certificate of Registration : From.....To.....  
(For renewed Certificate of Registration only)

Date 15/02/2024



The Joint Director &  
District Appropriate Authority  
(PC & PNDT Act)

Chennai District, Tamil Nadu