

GOVT. OF MAHARASHTRA



सत्यमेव जयते

Public Health Department
(PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES)
(PROHIBITION OF SEX SELECTION ACT, 2003)

SCHEDULE III
CERTIFICATE OF REGISTRATION

1. In exercise of powers conferred under Sec 19 (1) of Pre-natal Diagnostic techniques (Regulation and Prevention of Misuse) Act, 1994, (57 of 1994), the appropriate Authority MOH S Ward hereby grants registration to the Genetic Counseling Center*/Genetic Laboratory*/genetic Clinic* named below purposes of carrying out Genetic aforesaid Act for a period of five years ending on 12.04.2027.
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of Registration before the expiry of the said period of five years. Genetics cytobank, C-322, 3rd Floor, Neptune magnet
- A) Name and address of the Genetic Counseling Center*/~~Ultrasound~~*/Genetic Clinic*/Genetic Laboratory Md11, Eastern Business District, LBS marga, Shandrapur
- (i) Name of Applicant for PCPNDT registration Mr. Rohit Dubhalgar
- (ii) Name, Qualification and Reg. No. of ~~Senologist~~ Doctor Conducting ~~Senography~~ / PCPNDT Procedure (Genetic Clinic)
(i) Dr. Hanumant R. Thombare (ii) _____ (iii) _____
DCM, Reg-2005/11/3649
- (iii) Name of Embryologist/Geneticist (Genetic lab), Qualification and Experience:
(i) Anuja D. Kudav, BSc (ii) Johan M. Shasale, DMET
- (B) Pre-natal Preconception Art diagnostic Procedures* approved for Genetic Counseling /~~USG~~ Genetic Clinic/ Genetic Lab
Non-Invasive Ultrasound
Invasive Amniocentesis Chorionic chilli biopsy Foetoscopy
 Foetal skin or organ biopsy Cordocentesis
- (C) Pre-natal diagnostic Tests* approved (For Genetic Laboratory)
 Chromosomal studies Biochemical Studies Molecular studies
ART / IVF Techniques
 Gamete intrafalopian tube transfer Zygote intrafalopian tube transfer
 Intra cytoplasmic sperm injection Egg donation
 Embryo donation Semen washing
 Semen Freezing Embryo Freezing
 Egg Freezing Ovarian tissue Freezing
 Pre implantation genetic diagnosis In vitro maturation
 Surrogacy Testicular tissue Freezing
 Ovum pickup Embryo pick up
 IVF Assisted hatching
 Foetal reduction IMSI
3. Model / make / serial No. / and MRC No. of USG equipments being used (any change is to intimated to the Appropriate Authority under rule (13)
(i) a) Sr No. _____ (ii) a) Sr No. _____ (iii) a) Sr No. _____
b) Make Model _____ b) Make Model _____ b) Make Model _____
c) MRC No. _____ c) MRC No. _____ c) MRC No. _____
4. Registration No. allotted MOH/S/105/PNDT/2022
5. Period of validity of earlier Certificate of Registration (For Renewed Certificate of registration only)
Date:

Date : From 13.04.2022 To 12.04.2027.

Signature, name and designation of
Appropriate Authority
S. Ward, Shandrapur