



## GOVERNMENT OF TELANGANA

**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)

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 **DISTRICT MEDICAL & HEALTH OFFICE, IDOC, MEDCHAL-MALKAJGIRI 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 Counseling / Pre-natal Diagnostic Procedures\* / Pre-natal Diagnostic Tests / ultrasonography under the aforesaid Act for a period of five years ending on **14.05.2027**.
  2. 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.
  - A. Name and address of the Genetic Counselling Centre\*/Genetic Laboratory\*/Genetic Clinic\*/ Ultrasound Clinic\*/Imaging Centre\* **Dr. CH.BHADRA REDDY, MBBS,MD.**  
**M/S. MALLA REDDY HOSPITAL**  
**H.No. Survey No.138, Suraram X Road,**  
**Jeedimetla, Medchal District.**
- Consultant Radiologist: Dr.D.Mahesh Chander,MBBS,MD-Radio Diagnosis, Dr.S.M.Jyothi, MBBS,MD-Radio Diagnosis, Dr.Santosh Umesh Karpur,MBBS,DMRD,DNB, Dr.I.Anusha,DNB-Radio Diagnosis, Dr.K.R.Sujana,DNB-Radio Diagnosis, Dr.P.Bharath Kumar,MD-Radio Diagnosis, Dr.C.Arpita,MD-Radio Diagnosis, Dr.A.Suman Chander,MD-Radio Diagnosis, Dr.M.Srinivasa Reddy,DNB-Radio Diagnosis.**
- B. Pre-natal diagnostic procedures\* approved for (Genetic Clinic).  
**Non-Invasive**  
 (i).**ULTRASOUND**  
     Invasive  
 (ii) Amniocentesis  
 (iii) Chorionic villi biopsy  
 (iv) Foetoscopy  
 (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)
  3. Model and make of equipments being used. (Any change is to be intimated to the Appropriate Authority under rule 13).

MAKE	MODEL	SL NO
GE LOGIQ	P6PRO	169138SU5
WIPRO GE	100-PRO	42535WS5
GE	LOGIQ BOOK-XP	253938WX8
PHILIPS	AFFINITI-50	US915D1111
BPL	MECUB17	J02089
GE	VOLUSON P8	VP8806280
PHILIPS	AFFINITI 30	795218
GE	Voluson S8 Expert BT22	VS8202076(SPC340)
GE	Versana Premier Advance	79791WSO
GE	Versana Active	6241867WXO

4. Registration No. allotted: **RN- 601/2012(RR)(MDCL)**. Dated: **15.05.2012**.
5. Period of validity of earlier Certificate of Registration From **15.05.2012 To 14.05.2017** of Registration.
6. 1<sup>st</sup> Renewal From **15.05.2017 to 14.05.2022**.
7. 2<sup>nd</sup> Renewal From **15.05.2022 to 14.05.2027**.

Date: **21.03.2023.**

**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.

Dr.PUJLA SRINIVAS,MBBS,DCH.

**Dist. Appropriate Authority /**

**DM & HQ for PC & PNDT Act**  
**Medchal-Malkajgiri District**