

FORM C

[See Rules 6(3), 6(5) and 8(3)]

**FORM FOR REJECTION OF APPLICATION FOR GRANT/RENEWAL OF
REGISTRATION**

In exercise of the powers conferred under Section 19(2) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, the Appropriate Authority hereby rejects the application for grant*/renewal* of registration of the undermentioned Genetic Counselling Centre*/Genetic Laboratory*/ Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre*.

- (1) Name and address of the Genetic Counselling Centre*/Genetic Laboratory*/ Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre*

- (2) Reasons for rejection of application for grant/renewal of registration:

Signature, name and designation of
the Appropriate Authority with SEAL of
Office

Date:
Place:

*Strike out whichever is not applicable or necessary.