

## 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.