



राज्य स्वास्थ्य समिति, बिहार



सुमन प्रसाद साह, बि०प्र०से०
प्रशासी पदाधिकारी-सह-
प्रभारी प्रोक्योरमेंट

पत्रांक: SHSB/PM/540/2019.....8173

सेवा में,
मुख्य महाप्रबंधक (आपूर्ति श्रृंखला)
BMSICL, पटना।

पटना, दिनांक 28/02/2022

विषय: Ultrasound Machine with Colour Doppler की आपूर्ति एवं अधिष्ठापन के संबंध में।

प्रसंग : इस कार्यालय का पत्रांक 2045, दिनांक 15.07.2021

महाशय,

उपर्युक्त विषय एवं प्रासंगिक पत्र के आलोक में 05 जिलों यथा- औरंगाबाद, पटना, पूर्णिया, सुपौल तथा वैशाली द्वारा 07 सरकारी स्वास्थ्य संस्थानों में PC & PNDT Act के तहत अल्ट्रासाउण्ड के संचालन हेतु निबंधन प्रमाण पत्र (Certificate of Registration, Form- B) उपलब्ध कराया गया है।

2. अतः उक्त 05 जिलों से 07 सरकारी स्वास्थ्य संस्थान जो निम्नवत् हैं:- औरंगाबाद- रेफरल अस्पताल हसपुरा, पटना- अनुमंडलीय अस्पताल मसौढ़ी, रेफरल अस्पताल बिहटा, रेफरल अस्पताल नौबतपुर, पूर्णिया- अनुमंडलीय अस्पताल बनमखी, सुपौल- अनुमंडलीय अस्पताल निरमली एवं वैशाली- अनुमंडलीय अस्पताल, महुआ से प्राप्त निबंधन प्रमाण पत्र की प्रति उपलब्ध कराते हुये अनुरोध है कि विहित प्रक्रियानुसार Ultrasound Machine with Colour Doppler का अधिष्ठापन संबंधित अनुमंडलीय अस्पताल एवं रेफरल अस्पताल में तीन दिनों के अन्दर कराते हुये इसे क्रियाशील कराने का कष्ट किया जाए। कृत से संबंधित प्रतिवेदन भी उपलब्ध करायी जाए।

अनुलग्नक: यथोक्त।

विश्वासभाजन

28/02/22
(सुमन प्रसाद साह)





राज्य स्वास्थ्य समिति, बिहार



सुमन प्रसाद साह, बि०प्र०से०
प्रशासी पदाधिकारी-सह-
प्रभारी प्रोक्कयोरमेंट

पत्रांक: SHSB/PM/540/2019.....

सेवा में,
मुख्य महाप्रबंधक (आपूर्ति श्रृंखला)
BMSICL, पटना।

पटना, दिनांक

विषय: Ultrasound Machine with Colour Doppler की आपूर्ति एवं अधिष्ठापन के संबंध में।
प्रसंग : इस कार्यालय का पत्रांक 2045, दिनांक 15.07.2021

महाशय,

उपर्युक्त विषय एवं प्रासंगिक पत्र के आलोक में 05 जिलों यथा- औरंगाबाद, पटना, पूर्णिया, सुपौल तथा वैशाली द्वारा 07 सरकारी स्वास्थ्य संस्थानों में PC & PNDT Act के तहत अल्ट्रासाउण्ड के संचालन हेतु निबंधन प्रमाण पत्र (Certificate of Registration, Form- B) उपलब्ध कराया गया है।

2. अतः उक्त 05 जिलों से 07 सरकारी स्वास्थ्य संस्थान जो निम्नवत् है:- औरंगाबाद- रेफरल अस्पताल हसपुरा, पटना- अनुमंडलीय अस्पताल मसौढ़ी, रेफरल अस्पताल बिहटा, रेफरल अस्पताल नौबतपुर, पूर्णिया- अनुमंडलीय अस्पताल बनमखी, सुपौल- अनुमंडलीय अस्पताल निरमली एवं वैशाली- अनुमंडलीय अस्पताल, महुआ से प्राप्त निबंधन प्रमाण पत्र की प्रति उपलब्ध कराते हुये अनुरोध है कि विहित प्रक्रियानुसार Ultrasound Machine with Colour Doppler का अधिष्ठापन संबंधित अनुमंडलीय अस्पताल एवं रेफरल अस्पताल में तीन दिनों के अन्दर कराते हुये इसे क्रियाशील कराने का कष्ट किया जाए। कृत से संबंधित प्रतिवेदन भी उपलब्ध करायी जाए।

अनुलग्नक: यथोक्त।

विश्वासभाजन

ह0/-

(सुमन प्रसाद साह)

ज्ञापांक.....5173.....

पटना, दिनांक.....28/02/2022.....

प्रतिलिपि:

- कार्यपालक निदेशक, राज्य स्वास्थ्य समिति, बिहार को कृपया सूचनार्थ।
- प्रबंध निदेशक, BMSICL, पटना को कृपया सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- सिविल सर्जन औरंगाबाद, पटना, पूर्णिया, सुपौल एवं वैशाली को सूचनार्थ एवं अनुरोध है कि उक्त मशीन के अधिष्ठापन एवं उसकी क्रियाशीलता संबंधी प्रतिवेदन से BMSICL एवं SHSB को अवगत कराया जाए।

28/02/22

प्रशासी पदाधिकारी-सह-
प्रभारी प्रोक्कयोरमेंट



FORM B

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

CERTIFICATE OF REGISTRATION

(To be issued in 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 **CIVIL SURGEON AURANGABAD** hereby grants registration to the , Ultrasound & Imaging Center 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 18-Feb-2027

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 Center

1). Ultrasound Clinic and Imaging Centre : RH HUSPURA ,RH HUSPURA, 6206241727

B. Pre-natal diagnostic procedures* approved for
(Genetic Clinic). (No)

Non-Invasive

(i) Ultrasound (Yes)

Invasive

(ii) Amniocentesis (No)

(iii) Chorionic villi biopsy (No)

(iv) Foetoscopy (No)

(v) Foetal skin or organ biopsy (No)

(vi) Cordocentesis (No)

(vii) Any other (specify)

C. Pre-natal diagnostic tests* approved (for Genetic Laboratory)

(i) Chromosomal studies (NA)

(ii) Biochemical studies (NA)

(iii) Molecular studies (NA)

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).

4. Registration No. allotted : 3592251190222

5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only)
From 19-Feb-2022 To 18-Feb-2027

Memo No 429

Dated 21/02/2022



Civil Surgeon Aurangabad
Signature of Medical Officer
The Appropriate Authority
Aurangabad
Dist. Aurangabad

Date

*Strike out whichever is not applicable or not used

DISPLAY ONE COPY OF THIS CERTIFICATE IN CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

Note : Signature not required for computer generated or Digital Signature generated Certificates.

SCHEDULE - III

**PRE-NATAL DIAGNOSTIC TECHNIQUES
(REGULATION AND PREVENTION OF MISUSE) RULES, 1996**

FORM-B

[See rules 6(2) and 6(5)]

CERTIFICATE OF REGISTRATION

(To be issued in Duplicate)

1. In exercise of the powers conferred under Sec. 19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority **CIVIL SURGEON CUM CHIEF MEDICAL OFFICER, PATNA** Hereby grants registration to the Ultrasound Clinic named below for purposes of carrying out Genetic Counseling Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/Ultrasound as defined in the aforesaid Act for a period of five years ending on **20-01-2027**.
2. This registration is granted subject to the aforesaid Act and Rules there under 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.

(A) Name and address of the Genetic Ultrasound Clinic* :

SUB DIVISIONAL HOSPITAL MASAUHIL, PATNA(B) Name of Applicant for registration :- **Dr. Sanjeeta Rani (Deputy Supritendent)
Sub Divisional Hospital Masaurhi, Patna**Make of the Ultrasound Machine :- **Mindray DC-N2**

(C) Pre-natal diagnostic procedures approved for (Genetic Clinic) :

ULTRASOUND FOR DIAGNOSTIC PURPOSES ONLY(D) Name and qualification of qualified person:- **Dr. Mridula Kumari, MD (Obs & Gynec)
Reg. No. 35345/ 2005 (BCMR)**

3. Registration No. allotted : **PNDT/ PAT- 748/2021**
4. For renewed Certificate of Registration only: **NOT APPLICABLE**
5. Period of validity of Certificate From **21-01-2022** to **20-01-2027**.



(Dr. Vibha Kumari Singh)

Signature, name and designation of
the appropriate authority**Note:-**

- i One copy of the certificate of registration should be displayed at a conspicuous place at its place of Business.
- ii The certificate of registration is non-transferable. In the event of change of ownership or change of management or on ceasing to function a Ultrasound clinic, both copies, of the certificate of registration be surrendered to the Appropriate Authority.
- iii In the event of change of ownership or change of management of the Ultrasound Clinic shall apply afresh for grant of certificate of registration as specified in the Act.
- iv No person or organization shall publish or distribute or cause to be published or distributed any advertisement in any manner regarding facilities or pre-natal determination of sex available at the clinic or other place.
- v Every Ultrasound clinic should follow-up the Pre-Natal Diagnostic Techniques (Regulation and prevention of Misuse) Act-1994 and rule 1996 strictly.

Received 2 copies

25.1.22

SCHEDULE - III

**PRE-NATAL DIAGNOSTIC TECHNIQUES
(REGULATION AND PREVENTION OF MISUSE) RULES, 1996**

FORM-B

CERTIFICATE OF REGISTRATION

(To be issued in Duplicate)

1. In exercise of the powers conferred under Sec. 19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority **CIVIL SURGEON CUM CHIEF MEDICAL OFFICER, PATNA** Hereby grants registration to the Ultrasound Clinic named below for purposes of carrying out Genetic Counseling Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/Ultrasound as defined in the aforesaid Act for a period of five years ending on **20-01-2027**.
2. This registration is granted subject to the aforesaid Act and Rules there under 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.

(A) Name and address of the Genetic Ultrasound Clinic* :

REFERAL HOSPITAL NAUBATPUR

Naubatpur, Patna

(B) Name of Applicant for registration :- **Dr. Reena Kumari (M.O.I.C.)**
Referral Hospital, Naubatpur, Patna

Make of the Ultrasound Machine :- **Mindray DC-N2**

(C) Pre-natal diagnostic procedures approved for (Genetic Clinic) :

ULTRASOUND FOR DIAGNOSTIC PURPOSES ONLY

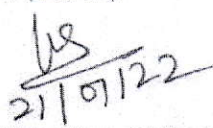
(D) Name and qualification of qualified person:- **Dr. Sima Choudhary, MS (Obs & Gynee)**
Reg. No. 38256/ 2009 (BCMR)

3. Registration No. allotted : **PNDT/ PAT- 747/2021**

4. For renewed Certificate of Registration only: **NOT APPLICABLE**

5. Period of validity of Certificate From **21-01-2022** to **20-01-2027**.




 (Dr. Vibha Kumari Singh)
 Signature, name and designation of
 the appropriate authority

Note:-

- One copy of the certificate of registration should be displayed at a conspicuous place at its place of Business.
- The certificate of registration is non-transferable. In the event of change of ownership or change of management or on ceasing to function a Ultrasound clinic, both copies, of the certificate of registration be surrendered to the Appropriate Authority.
- In the event of change of ownership or change of management of the Ultrasound Clinic shall apply afresh for grant of certificate of registration as specified in the Act.
- No person or organization shall publish or distribute or cause to be published or distributed any advertisement in any manner regarding facilities or pre-natal determination of sex available at the clinic or other place.
- Every Ultrasound clinic should follow-up the Pre-Natal Diagnostic Techniques (Regulation and prevention of Misuse) Act-1994 and rule 1996 strictly.

Received two copies

Medical Officer
 Referral Hospital, Naubatpur
 Patna

SCHEDULE - III

**PRE-NATAL DIAGNOSTIC TECHNIQUES
(REGULATION AND PREVENTION OF MISUSE) RULES, 1996**

FORM-B

21418-84 / [See rules 6(2) and 6(5)] 21.1.22

CERTIFICATE OF REGISTRATION

(To be issued in Duplicate)

- In exercise of the powers conferred under Sec. 19(1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority **CIVIL SURGEON CUM CHIEF MEDICAL OFFICER, PATNA** Hereby grants registration to the Ultrasound Clinic named below for purposes of carrying out Genetic Counseling Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/Ultrasound as defined in the aforesaid Act for a period of five years ending on **20-01-2027**.
- This registration is granted subject to the aforesaid Act and Rules there under 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.

(A) Name and address of the Genetic Ultrasound Clinic* :

REFERAL HOSPITAL BIHTA

Naubatpur, Patna

(B) Name of Applicant for registration :- **Dr. Krishna Kumar (M.O.I.C.)**
Referral Hospital, Bihta, Patna

Make of the Ultrasound Machine :- **Mindray DC-N2**

(C) Pre-natal diagnostic procedures approved for (Genetic Clinic) :

ULTRASOUND FOR DIAGNOSTIC PURPOSES ONLY

(D) Name and qualification of qualified person:- **Dr. Prema Singh, MD. (Obs. & Gynae.)**
Reg. No. 25650/ 1990 (BCMR)

- Registration No. allotted : **PNDT/PAT- 749/2021**
- For renewal of Certificate of Registration only: **NOT APPLICABLE**
- Period of validity of Certificate From **21-01-2022** to **20-01-2027**.



(Dr. Vibha Kumari Singh)
Signature name and designation of
the appropriate authority

Note:-

- One copy of the certificate of registration should be displayed at a conspicuous place at its place of Business.
- The certificate of registration is non-transferable. In the event of change of ownership or change of management or on ceasing to function a Ultrasound clinic, both copies, of the certificate of registration be surrendered to the Appropriate Authority.
- In the event of change of ownership or change of management of the Ultrasound Clinic shall apply afresh for grant of certificate of registration as specified in the Act,
- No person or organization shall publish or distribute or cause to be published or distributed any advertisement in any manner regarding facilities or pre-natal determination of sex available at the clinic or other place.
- Every Ultrasound clinic should follow-up the Pre-Natal Diagnostic Techniques (Regulation and prevention of Misuse) Act-1994 and rule 1996 strictly.

Received 2 copies

Prema Singh
29/1/2022

Mobile No- 9835067033

FORM B

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

CERTIFICATE OF REGISTRATION

(To be issued in 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 Civil Surgeon cum Chief Medical Officer Purnea hereby grants registration to the , Ultrasound & Imaging Center 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 15-Dec-2026

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 Center

1). Ultrasound Clinic and Imaging Centre : SDH BANMANKHI ,SDH BANMANKHI, 947003629

B. Pre-natal diagnostic procedures* approved for
(Genetic Clinic). (No)

Non-Invasive

(i) Ultrasound (Yes)

Invasive

(ii) Amniocentesis (No)

(iii) Chorionic villi biopsy (No)

(iv) Foetoscopy (No)

(v) Foetal skin or organ biopsy (No)

(vi) Cordocentesis (No)

(vii) Any other (specify)

C. Pre-natal diagnostic tests* approved (for Genetic Laboratory)

(i) Chromosomal studies (NA)

(ii) Biochemical studies (NA)

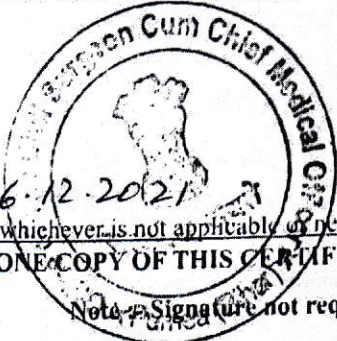
(iii) Molecular studies (NA)

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).

4. Registration No. allotted : 991657101221

5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only)
From 16-Dec-2021 To 15-Dec-2026



S. V. K.
16/12/21
Civil Surgeon cum Chief Medical Officer Purnea
Signature and designation of
The Appropriate Authority
Civil Surgeon cum Chief Medical Officer
PURNEA

Date : 16.12.2021

*Strike out whichever is not applicable or necessary.

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

Note: Signature not required for computer generated or Digital Signature generated Certificate.

FORM B

(See Rules 6(3), 6(6) and 8(3))

CERTIFICATE OF REGISTRATION

(To be issued in 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 CIVIL SURGEON SUPAUL hereby grants registration to the , Ultrasound & Imaging Center 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 09-Dec-2026

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 Center

1). Ultrasound Clinic and Imaging Centre : SDH NIRMALI ,NIRMALI, 9470003803

B. Pre-natal diagnostic procedures* approved for
(Genetic Clinic) (No)

Non-Invasive

(i) Ultrasound (Yes)

Invasive

(ii) Amniocentesis (No)

(iii) Chorionic villi biopsy (No)

(iv) Foetoscopy (No)

(v) Foetal skin or organ biopsy (No)

(vi) Cordocentesis (No)

(vii) Any other (specify)

C. Pre-natal diagnostic tests* approved (for Genetic Laboratory)

(i) Chromosomal studies (NA)

(ii) Biochemical studies (NA)

(iii) Molecular studies (NA)

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).

4. Registration No. allotted : 691640081221

5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only)
From 10-Dec-2021 To 09-Dec-2026

CIVIL SURGEON SUPAUL

Signature, name and designation of

The Appropriate Authority

[SEAL]

Date

*Strike out whichever is not applicable or necessary.

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

Note : Signature not required for computer generated or Digital Signature generated Certificate.



District Health Society, Vaishali (DHS, Vaishali)

जिला स्वास्थ्य समिति, वैशाली



1194

पत्रांक - DHS/1178/21-22

दिनांक - 22/02/2022

प्रेषक : सिविल सर्जन सह सदस्य सचिव,
जिला स्वास्थ्य समिति, वैशाली।

सेवा में,

कार्यपालक निदेशक,
राज्य स्वास्थ्य समिति, बिहार।

विषय : अनु० अस्पताल, महुआ में अल्ट्रासाउंड मशीन Installation करवाने के संबंध में।

महाशय,

उपर्युक्त विषयान्तर्गत कहना है कि अनु० अस्पताल, महुआ में अल्ट्रासाउंड मशीन BMSICL के द्वारा उपलब्ध कराया गया है। अनु० अस्पताल, महुआ को अल्ट्रासाउंड मशीन निबंधन प्रमाण पत्र प्राप्त हो गया है।

अतः भवदीय से सादर अनुरोध है कि अनु० अस्पताल, महुआ में अल्ट्रासाउंड मशीन Installation करवा दिया जाए।

अनुलग्नक - निबंधन प्रमाण पत्र

विश्वासभाजन

सिविल सर्जन सह सदस्य सचिव,
जिला स्वास्थ्य समिति, वैशाली।

ज्ञापक - DHS/1178/21-22 दिनांक - 22/02/2022
प्रतिलिपि :- प्रशासी पदाधिकारी, राज्य स्वास्थ्य समिति, बिहार को सूचनार्थ एवं आवश्यक कार्याथ प्रेषित।

सिविल सर्जन सह सदस्य सचिव,
जिला स्वास्थ्य समिति, वैशाली।

सदर अस्पताल हाजीपुर परिसर, हाजीपुर जिला - वैशाली

ई-मेल: dhs_vaishali@rediffmail.com

मुख्यालय: राज्य स्वास्थ्य समिति बिहार, शेखपुरा, पटना

Web Site: -> statehealthsocietybihar.org

193

ORIGINAL/DUPLICATE FOR DISPLAY

FORM B

[See Rules 6(2), 6(5) and 8(2)]
CERTIFICATE OF REGISTRATION/RENEWAL

memo no.- 01(m.m.)
dtd- 03/01/2022

(To be issued in 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 C.S. CUM C.M.O.VAISHALI 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 22.12.2026.

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
ULTRASOUND CENTRE,

SUB- DIVISIONAL HOSPITAL, MAHUA, VAISHALI.

B.Pre-natal diagnostic procedures* approved for (Geneti Clinic).

Non-Invasive

(1) ULTRASOUND ONLY

Invasive

2-Amniocentesis

3-Chorionic villi biopsy

4-Foetoscopy

N/A

5-Foetal skin or organ biopsy

6-Cordocentesis

7-Any other (specify) :

C.Pre-natal diagnostic tests* approved (for Genetic Laboratory)

1-Chromosomal studies

2-Biochemical studies : N/A

3-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- MINDRAY, MODEL - DC- N2

DOCTOR- DR. SHREYASHI, MBBS, DGO, Reg.no - 41202/2013

4-Registration No. Allotted - 111/ 21-22.

5-Period of validity of earlier Certificate of Registration. (For renewed Certificate of registration only) From- 23.12.2021 To 22.12.2026.



leeu
3-1-22
C. S. CUM CMO

Vaishali
Signature, name and designation
of The Appropriate Authority

104
28/1/21