

ACKNOWLEDGEMENT

The application Form in duplicate for registration of manufacturers, retailers, distributors, importers, dealers, refurbishers and technicians etc. dealing in sale, distribute, rent, buyback , repair or authorize the use of ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus by (Name & address of applicant).....

for.....(Name & address of the Organization/Individual) has been received in the O/o Chairman State Appropriate Authority-cum-Director General Health Services, Haryana, Sexctor-6,Panchkula on (date)

***The State Appropriate Authority reserves the right to sanction or reject the application for registration. Also the right of cancellation of registration will be at the sole discretion of the Appropriate Authority.**

**Name and Signature of
Chairman State Appropriate
Authority, or authorized
person on his / her behalf.**

Date:

Place: