MONTHLY REPORT FORMAT

Information of Ultra Sonography/ Image Scanning Machines sold/Repaired/buy back in the State of Haryana during the Month _____ and Year _____

Name of the Manufacturer / Dealer/Importer/Distributor/Technician etc:-

_____

Full Address with Pin code & Land line no with STD Code

_____

_____

_____

Email Id: - _____

Name & Mobile No. of responsible Person:-

_____

Monthly Reporting Format for Ultrasound Machine Manufacturers

Sr. No.	Type of ultrasound machine (Portable/ Fixed)	Make & Model No. of each machine	Qty	Name of District	Name & Address of Institution/ Centre	PC & PNDT Registration Number	Manufacture/ Dealer/ Retailer Address supplying machine with E-mail Id & Contact No.	Date of selling the machine	Date of Buy Back the machine	If AMC done then specify Period of AMC