**REGISTRATION CHECK SLIP**

 **Note File Ref.No. /E7/2/20**

1. Application No. & Date of issue, office of the issue :

2. Name and Address of Institution :

3. Name & Qualification of Applicant :

4. Name & Qualification of operator of U/S Machine :

5. Application fee details :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | DD.No. | Date | Amount | Name of the Bank | Branch |
|  |  |  |  |  |  |

6. Registration fee details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | DD.No. | Date | Amount | Name of the Bank | Branch |
|  |  |  |  |  |  |

7. Reg.No. allotted & Date of Expiry :

8. For Fresh Registration if Ultrasound Machine purchased or Not:

9.If Purchased before Registration the Penalty details :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | DD.No. | Date | Amount | Name of the Bank | Branch |
|  |  |  |  |  |  |

10.Date of Seizure :

|  |  |
| --- | --- |
| Date of Inspection & Remarks | Date of Advisory Committee & Remarks |
|  |  |

11.Maintenance of Records :

12.Display of Board :

13.Remarks :

 It is submitted for orders that, whether the Registration may be allotted / Granted for

 A.O / Appropriate Authority