

Format - I (submit in computerised sheet)

(To be submitted in duplicate along with PC&PNDT Form-B xerox copy)

Apprvd List of Panel of Doctors for conducting Ultra Sound Scanning/Imaging in Bangalore Urban. Dist.										
Name of the Owner										
Name of the Ultra Sound Scanning Centre.										
Address and Phone No., E. Mail ID No.										
Ultra Sound Scanning Centre Reg.No.					Validity: From:			To:		
Sl. No.	Radiologist/Sonologist/Other Specialist Conducting Scanning				Time of Scanning Specific Time/On Call	Scanning Machine Details				Remarks
	Name	Qualification	KMC Reg.No (Enclose Certificate)	Ph.No. & E.Mail ID		Make	Model	Machine Sl no	Fixed/ Mobile	
This Certificate should be displayed in the Scanning Room										

Signature & Seal of Scanning Centre.

Dist.Appropriate Authority/
DH&FWO, Bangalore Urban.