

**Index list of the Doctor's/Embryologist/Medical Geneticist etc.**

<b>S.No.</b>	<b>Name</b>	<b>Designation</b>	<b>Qualification</b>	<b>DMC Reg. No. if any</b>	<b>Date of Joining in Hospital/Centre</b>	<b>Enclosure Documents Annexed at (Page No)</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						

Date : .....

Place : .....

*Name, designation and signature  
of the person authorized  
to sign on behalf of the organization to be registered.*