

List of Equipment's/Devices

S. No.	Type of equipment/Device	Brand Name and Model No.	Equipment Serial No.	Location at the Centre/Clinic/Hospital
1				
2				
3				
4				
5				
6				
7				
8				

Date :

Place :

Name, designation and signature

of the person authorized

to sign on behalf of the organization to be registered.

(Add Additional list if item no. more than 08.)