**FORM B**

**[See sub-rule (6) of Rule 4]**

**Certificate Of Approval.**

The place described below is hereby approved for the purpose of the Medical Termination of Pregnancy Act, 1971 (34 of 1971).

Name of the Place Address and other Name of the owner

descriptions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: to the Government of the \_\_\_\_\_\_\_\_\_\_\_\_\_

Date: