

**FORM B**  
**( See sub-rule (6) of rule 5 )**

Certificate of approval.

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

AS READ WITHIN UPTO-----WEEKS

**Name of the Place:**

**Address and other descriptions:**

**Name of the owner:**

**Place:**

**Date:**

**to the Government of the** \_\_\_\_\_