

GENETIC CLINIC INFORMATION

1. CLINIC NAME : Department of Medical Genetics
2. NAME OF INSTITUTE : Post Graduate Institute of Child Health
3. NAME OF CLINIC DIRECTOR : Dr. Mayank Nilay
4. QUALIFICATIONS : MD (Pediatrics) DM (Medical Genetics)
5. ADDRESS OF CLINIC : Sector-30, Noida
 - a. CITY : Noida
 - b. STATE : Uttar Pradesh
 - c. POSTAL CODE : 201303
6. PHONE : 9931232623
7. EMAIL : medicalgeneticspgichnoida@gmail.com
8. WEB URL : <http://ssphpgti.ac.in/medical-genetics/>
9. FAX : NA

10. SERVICES PROVIDED (Tick whatever is applicable)

- a. PEDIATRIC GENETICS
- b. ADULT GENETICS
- c. CANCER GENETICS
- d. PRENATAL DIAGNOSIS
- e. FETAL ULTRASONOGRAPHY