

FORM A

(See rules 4(1) and 8(1))

(To be submitted in Duplicate with supporting documents as enclosures)

**FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF
REGISTRATION OF A GENETIC COUNSELLING CENTRE/GENETIC
LABORATORY/GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE.**

1	Name of the applicant (Indicate name of the organization sought to be registered)	
2	Address of the applicant	
3	Type of facility to be registered (Please specify whether the application is for registration of a Genetic Counselling Centre/ Genetic Laboratory/Genetic Clinic /Ultrasound Clinic/ Imaging Centre or any combination of these)	
4	Full name and address/addresses of Genetic Counselling Centre/ Genetic Laboratory /Genetic Clinic/Ultrasound Clinic/Imaging Centre with Telephone/Fax number(s)/ Telegraphic/Telex/E-mail address(s)	
5	Type of ownership of Organization (individual ownership/partnership/company/co-operative /any other to be specified). In case type of organization is other than individual ownership, furnish copy of articles of association and names and addresses of other persons responsible for management, as enclosure.	
6	Type of Institution (Govt. Hospital/Municipal Hospital/Public Hospital/Private Hospital /Private Nursing Home/Private Clinic/Private laboratory/any other to be stated).	
7	Specific pre-natal diagnostic procedures/tests for which approval is sought a) Invasive (i) amniocentesis/ chorionic villi aspiration/chromosomal/biochemical/molecular studies. b) Non-Invasive Ultrasonography Leave blank if registration is sought for Genetic Counselling Centre only.	
8	Equipment available with the make and model of each equipment (List to be attached on a separate sheet).	

9	<p>a) Facilities available in the Counselling Centre</p> <p>b) Whether facilities are or would be available in the Laboratory /Clinic for the following tests: (i) Ultrasound (ii) Amniocentesis (iii) Chorionic villi aspiration (iv) Foetoscopy (v) Foetal biopsy (vi) Cordocentesis</p> <p>c) Whether facilities are available in the Laboratory /Clinic for the following: (i) Chromosomal studies (ii) Biochemical studies (iii)Molecular studies (iv) Pre-implantation genetic diagnosis</p>	
10	Names, qualifications, experience and registration number of employees (may be furnished as an enclosure).	
11	State whether the Genetic Counselling Centre/Genetic Laboratory /Genetic Clinic /Ultrasound Clinic/Imaging centre qualifies for registration in terms of requirements laid down in Rule 3)	
12	<p>For renewal applications only;</p> <p>a) Registration No.</p> <p>b) Date of issue and date of expiry of existing certificate of registration</p>	
13	List of Enclosures; (Please attach a list of enclosures/supporting documents attached to this application)	

Date:

Place:

.....

.....

**Name, designation and signature of the person
authorized
to sign on behalf of the organisation to be registered.**
(All enclosures are to be authenticated by Signature of the Applicant)

DECLARATION

I, Sri/Smt/Kum/Dr..... Son/Daughter/Wife of aged years, residence of working as (indicate designation) in (indicate name of the organization to be registered) hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques(Regulation and Prevention of Misuse) rules , 1996.

I also undertake to explain the said/ Act and Rules to all employees of the Genetic Counselling Centre/ Genetic Laboratory/Genetic Clinic/Ultrasound Clinic/Imaging centre in respect of which registration is sought and to ensure that Act and Rules are fully complied with.

Date:

Place:

(.....)

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

**(SEAL OF THE ORGANISATION SOUGHT TO
BE REGISTERED)**

ACKNOWLEDGEMENT

[see Rules 4(2) and 8(1)]

The application in Form A in duplicate for grant*/renewal*/ of registration of Genetic Counselling Centre*/ Genetic Laboratory */Genetic Clinic*/ Imaging Centre*/ by
..... (Name and Address of the Applicant) has been received by the
Appropriate Authority on

*The list of enclosures attached to the application in Form A has been verified with the enclosures submitted and found to be correct.

OR

*On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.

This acknowledgement does not confer any rights on the applicant for grant or renewal of registration.

Date:

Place:

Signature and Designation of
Appropriate Authority, or authorised
person in the Office of the
Appropriate Authority (Seal)

BEFORE THE MAGISTRATE FIRST CLASS AT SHILLONG

AFFIDAVIT

I, Dr/Smti/Shri/Sr., S/o/ or D/o _____, Aged about ___ years, R/o (full address), Shillong, East Khasi Hills District, Meghalaya, do hereby solemnly affirm and declare on oath as follows:-

1. That I am a bonafide citizen of India and a permanent resident of the above mentioned address.
2. That I am the Sole Proprietor of (Name of the Institution) situated at (full address) Shillong, East Khasi District, Meghalaya.
3. That I hereby undertake that the Ultrasound Clinic shall not conduct any test or procedure, by whatever name called, for selection of sex before or after conception or for detecting the sex of the foetus except for diseases specified in Section 4(2) of the PC&PNDT Act nor shall the sex of the foetus be disclosed to anybody.
4. That I also undertake that my institution shall display prominently a notice that we do not conduct any technique test or procedure etc., by whatever name called for detection of sex of the foetus or for selection of the sex of the foetus before or after conception.
5. That this instant affidavit is sworn in for the purpose of undertaking that my Ultrasound clinic shall not conduct any test or procedure by whatever name called for selection of the sex of the foetus before or after conception or for detection of sex of foetus except for diseases specified in Section 4(2) of the PC&PNDT Act nor shall the sex of the foetus be disclosed too anybody and also for the purpose of undertaking that my clinic shall display prominently a notice that we do not conduct any technique or test or procedure, etc., by whatever name called for detection of sex of foetus or for selection of sex before or after conception.
6. That the statements made herein above are true to the best of my knowledge, belief and information.

DEPONENT

Solemnly affirm and declare before me by the above named deponent who is being identified by (Name of the Advocate) on this the (day month year) at Shillong.

Identified By:-

Advocate, Shillong

**MAGISTRATE FIRST CLASS
SHILLONG**

CHECK LIST FOR THE NEW REGISTRATION/RENEWAL PCPNDT

1. Application (Form -A)
2. Affidavit (Rs.50/- Stamp Paper, From Magistrate of First Class, Judicial/Notary)
3. Scanning Doctor Qualification Certificates
4. If Society / Trust, Registration Certificate from Competent Authority.
5. Quotation of Machine / Performa / Invoice form authorized dealer / Manufacturer.
6. Xerox copy / copies of Educational Qualification (in the name – who operates machine)
7. Xerox copy / Copies of Training Certificate / Experience Certificate (In the name – who operates machine)
8. If Society / Trust, Rules and regulations, Registration Certificate under relevant laws
9. If nursing home, Registration under Nursing Home Act (If applicable)
10. Form 'B' Old Original Certificate (If Renewal)
11. Requisition Letter To Issue New or Renewal of The PCPNDT License
12. Particulars regarding fee paid for registration
 - a) Demand Draft of Rs. 35,000/25,000 (For New Registrations)
 - b) Demand Draft of Rs. 17500/12500 (For Renewal)In favour of the Director of Health Services (MCH&FW)