

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 Counseling Centre/ Genetic Laboratory/Genetic Clinic /Ultrasound Clinic/ Imaging Centre or any combination of these)	
4	Full name and address/addresses of Genetic Counseling 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:</p> <ul style="list-style-type: none"> (i) Ultrasound (ii) Amniocentesis (iii) Chorionic villi aspiration (iv) Foetoscopy (v) Foetal biopsy (vi) Cordocentesis 	
	<p>c) Whether facilities are available in the Laboratory /Clinic for the following:</p> <ul style="list-style-type: none"> (i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies (iv) Preimplantation genetic diagnosis 	
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> <ul style="list-style-type: none"> a) Registration No. b) Date of issue and date of expiry of existing certificate of registration 	
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.

.....

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All enclosures are to be authenticated by Signature of the Applicant. -3

DECLARATION

I, Sri/Smt/Kum/Dr.....Son/Daughter/Wife of
agedyears ..resident 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 Counseling 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)**

**Affidavit under Rule 4(1) of the PCNDT Act
(Submitted along with Application for New Registration)**

I----- S/O or D/O-----aged about-----
years, owner of (Clinic Name and Address)-----

Do hereby solemnly affirm and declare as under that

1. The Genetic Centre/Laboratory/Clinic/Combination owned by me shall not conduct any test or procedure, by what ever name called for selection of sex before or after conception or for detection of sex of foetus except for diseases specified in Sec 4(2) of the PCPNDT Act-1994 and shall not disclose the sex of the foetus to anybody.
2. The Genetic Centre/Laboratory/Clinic/Combination owned by me shall display a notice that we do not conduct any technique, test or procedure for detection of sex of foetus or for the selection of sex before or after conception.

DEPONENT

VERIFICATION

Verify that the contents of the above are true and correct to the best of my knowledge and belief. Nothing is false and nothing has been concealed there from.

Verified at-----on-----this day of-----20--

DEPONENT

AFFIDAVIT FORMAT FOR RENEWAL OF PNDT CERTIFICATE

TO WHOM SO EVER CONCERNED

We, -----Bangalore----- Owner /
Represented by _____ Aged about ----- years, do
hereby solemnly affirm on oath as follows:-

1. I, submit that I am the Owner of the ----- Pvt. -----
-----, Bangalore-----
2. further submit that the ----- Bangalore---has
purchased and installed ----- Pro ----- Probe machine
with ----- Ultrasound Scanning Machine and Colour dopler
convex Probe.
3. I submit that the ----- will not undertaken
the Sex Determination Test using the above said machines at our Centre.
4. I further submit that even if it is incidentally detected the result of
which will not be disclosed either to the patient or their relatives or
friends and keep it as secret.
5. I am swearing into this affidavit for the information of the
authorities concerned.

Whatever stated above is true to the best of my knowledge and belief.

Identified by

DEPONENT

Advocate

CHECK LIST FOR THE NEW REGISTRATION/RENEWAL

1. APPLICATION(FORM -A)
2. AFFIDAVIT (Rs.50/- STAMP PAPER, FROM NOTARY)
3. SCANNING DOCTOR QUALIFICATION CERTIFICATEs
4. SCANNING ROOM SKETCH
5. SCANNING MACHINE DETAILS
6. FORM 'B' OLD ORIGINAL CERTIFICATE (IF RENEWAL)
7. REQUISITION LETTER TO ISSUE NEW OR RENEWAL OF THE PCPNDT LICENSE
8. KPME CERTIFICATE OR ACKNOWLEDGEMENT

IN TWO SETS WITH SELF ATTESTATION

+ D.D.Rs. 35,000/25,000 (For New Registrations) IN FAVOUR OF
“Appropriate Authority, D. H. & F. W. O. B'LORE”.

**THE FEES FOR THE RENEWAL OF CERTIFICATE OF REGISTRATION
WILL BE HALF OF THE REGISTRATION CHARGES**

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 applicant) has been
received by the Appropriate Authority on (date).

*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 or renewal of
registration.

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

Date:

Place: