# 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  Counseling Centre/ Genetic Laboratory/  Genetic Clinic/ Ultrasound Clinic/ Imaging  Centre with Telephone/ Fax  number(s)/Telegraphic/Telex/ E-mail  address(es). |  |
| **5.** | Type of ownership of Organisation  (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.** | each equipment. (List to be attached  on a separate sheet Equipment available with the make and  model of). | |  |  |  |  | | --- | --- | --- | --- | |  | Make | Model | Serial No.of the Machine | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | |
| **9.** | (a) Facilities available in the  Counselling Centre. |  |
|  | (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 |  |
|  | (c)Whether facilities are available in the  Laboratory, Clinic for the following:  (i) Chromosomal studies  (ii) Biochemical studies  (iii)Molecular studies  (iv)Preimplantation gender 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 centre18 qualifies  for registration in terms of requirements laid  down in Rule 3. |  |
| **12.** | For renewal applications only:  (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.  1.D.D.No., Fees Amount, Date of issue,  Name of the Bank.  2.List of Certificates |  |

Name, designation and signature of the person

authorized to sign on behalf of the organization to be

registered

Date: (…………………………………..)

Place:

### DECLARATION

I, Sh./Smt./Kum./Dr……………………… son/daughter/wife of …………………aged ……………….. years resident of………………………………

……………………….working as (indicate designation)………………………………in

(indicate name of the organization to be registered)…………………………………….

Hereby declare that Ihave read and understood the Pre-natal Diagnostic Techniques (Regulation andPrevention 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]

#### **PROFORMA OF AFFIDAVIT**

I, ……………………………………..S/o……………………………………

R/o…………………………………………….. do hereby solemnly affirm and state on oath as follows:

I State that I am …………………………………………………………………….

And I Purchased Ultra Sound Machine by through ………………………………………………

Make………………..Model…………………..Serial No…………………………………………

And sufficient space available at our Hospital / Nursing Home / Clinic / Diagnostic Centre above mentioned as per law.

I hereby declare that I have read and understood the Prenatal Diagnostics (Regulation and Prevention of Misuse) Act,1996. I also undertake to explain the said act and rules to all employees of the Ultra Sound Clinic in my centre for which registration is sought and to ensure that act and rules are fully complied with.

I hereby declare that we shall not cause or shall not use the Ultra Sound Scanning Equipment for the detection of the Sex of the fetus or selection of sex before or after conception. I would display the above law prominently at out centre to educate the patients. What is state above are true and correct to the best of my knowledge and belief.

I hereby declare that the information furnished above is true to the best of my knowledge and belief and if it is found that any wrong information is furnished are suppressed the material facts. I will take full responsibility for the consequential action as per law. The management of the hospital will abides and follow the Act as per PC PNDT Act 1994 Rules 1996 and instruction issued thereon by Government from time to time.

Hence this Affidavit Sworn & Signed before me on …………

PC&PNDT Fresh Registration or Renewal Requirement

1. Fees for Fresh Application Hospitals/Nursing Homes/Fertility Centres Rs.35000/-
2. Fees for Renewal Hospitals /Nursing Homes/Fertility Centres Rs.17500/-
3. Diagnostic/ Clinic fees Fresh Application Rs.25000/-
4. Diagnostic/Clinic fees Renewal Rs.12500/-
5. D.D. in Favor of **DM&HO, Ranga Reddy District**.
6. Affidavit Rs.50/- Stamp Paper with Notary.
7. Hospital Plan, Owner pass photos, Hospital Post card size photos.
8. Machine Invoice Copies.
9. Owner Doctor Certificates MBBS, PG, Medical Registration Attested by Gazetted Officers.
10. Radiologist/Sonolagist Certificate MBBS, PG Medical Registration attested by Gazetted Officers.
11. Owner Photo & Hospital Photo. With mobile & Landline no.
12. For Renewal original PC&PNDT Certificate enclosed.
13. Submission of Three sets of application forms with spiral binding.
14. Declaration from Radiologist/ Gynecology with Rs.10/- Stamp Paper with Notary.
15. IMA Registration and APNA Registration enclose copy.
16. Rent or Lease Agreement.
17. Hospital Registration Certificate.
18. APMC Certificate as per qualification.