## **PCPNDT Inspection Report (CHFW)**

## **Application No**

Check List For Verification Of Genetic Counselling Centre Fresh / Renewal				
1. Facility Name: CHANDRA SIVA Address: 123,123,B.J.R Nagar,Ameerpoor Phone: 1231231232 Email: xyz@gmail.com				Ver
2. Applicant Name: CHANDRA SIVA Qualification: Address: 123123Amberpet BagayathAm Phone Email:	nberpetHyderabad			Yes
A. PLACE	(7) square meters			Yes
A room with an area of seven (  B. EQUIPMENT	(1) square meters.			Yes
Educational charts / models SL NO		Name	SerialNumber	Model Make Yes
<ul><li>C. EMPLOYEES</li><li>Any one of the following:</li><li>1) Medical Geneticist</li></ul>				
Yes 2) Gynaecologist with 6 months experience, in genetic counselling or having completed 4 weeks training in genetic counselling Yes Yes				
SL NO	Name	Designation	Experience	Registration Number
1 2	RAJU K MOUNIKA V	_	2Year(s),2Months,2D 2Year(s),2Months,2D	•
<b>D.</b> a) Maintenance of Form F.				Voc
b)PC&PNDT Record maintena	ance Register			Yes
c)Filling of IT Returns				Yes Yes
E.  In view of the inspection obtained in the check-list it is recommended / not recommended that the registration / renewal to the facility of the applicant be granted				

Yes