

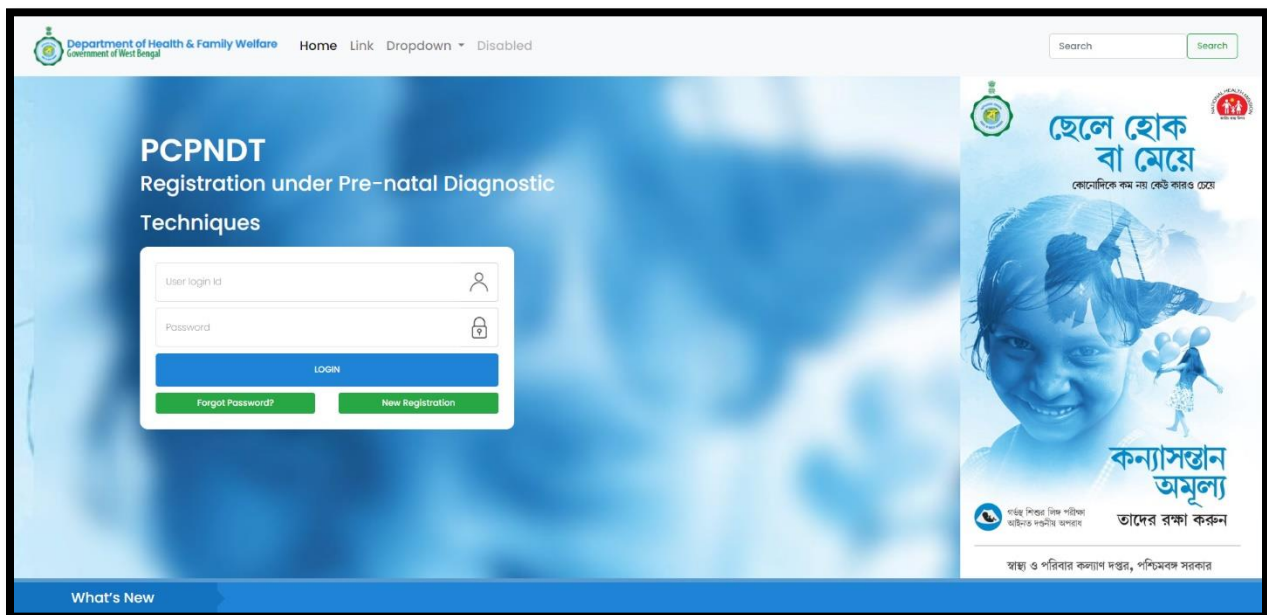
PCPNDT User Manual for Applicant (User)

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT)

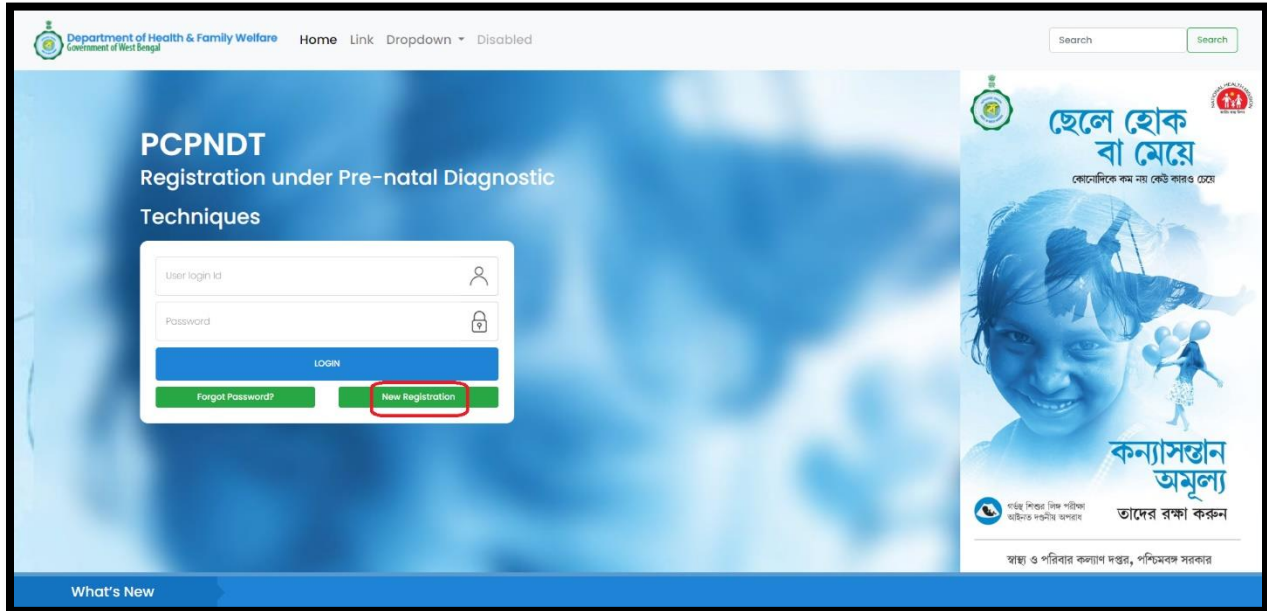
Step 1.1: User will open the PCPNDT from www.wbhealth.gov.in website.



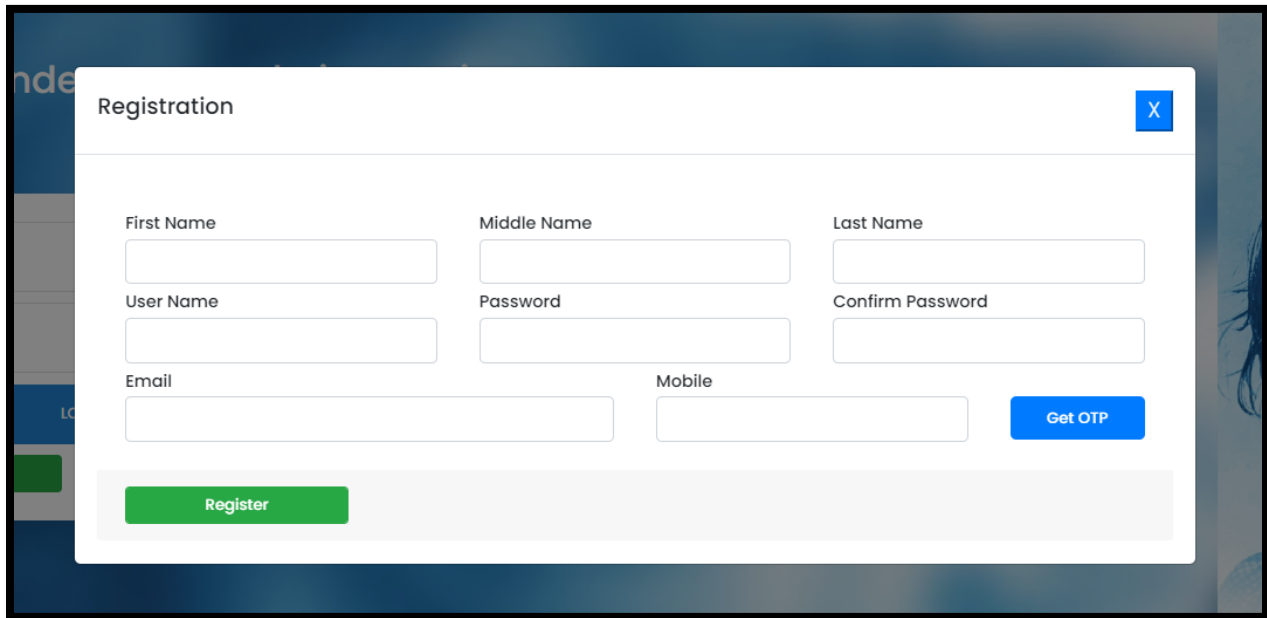
Step 1.2: User will be redirected to the login page of PCPNDT license application.



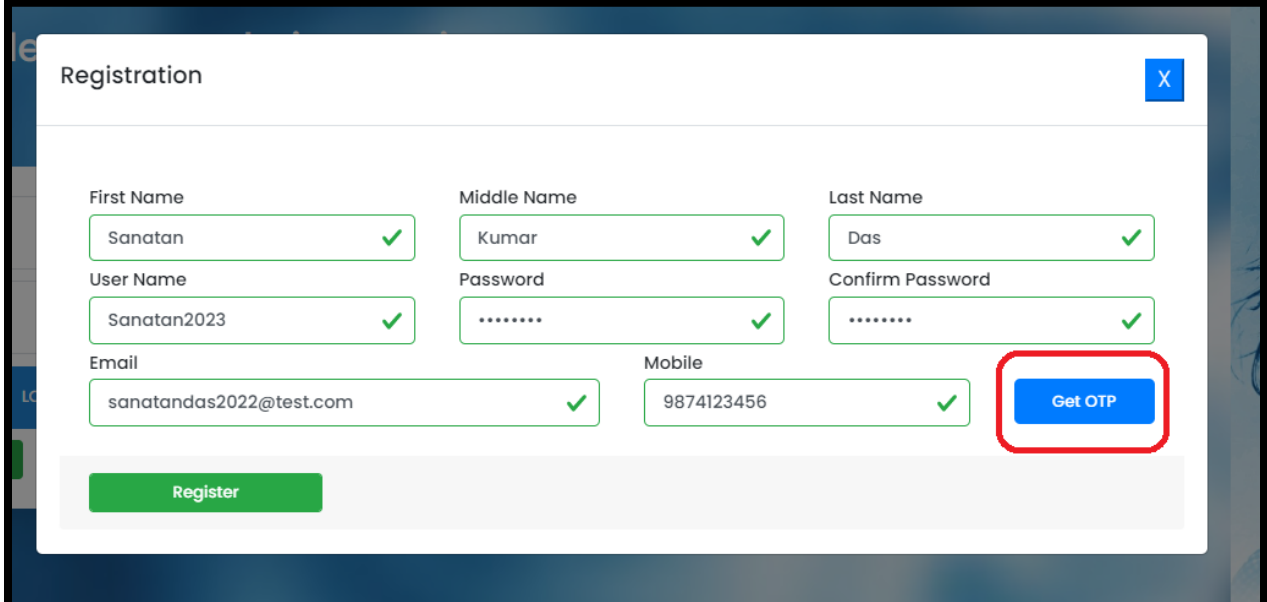
Step 2.1.1: New User will click on 'New Registration' button from the login page of PCPNDT license application.



Step 2.1.2: A popup will arise where User will fill up their details for PCPNDT license registration.



Step 2.1.3: User will enter their name, username, password, confirm the password, email, and mobile number where they will receive the OTP. After entering mobile number, they have to click on 'Get OTP' button.

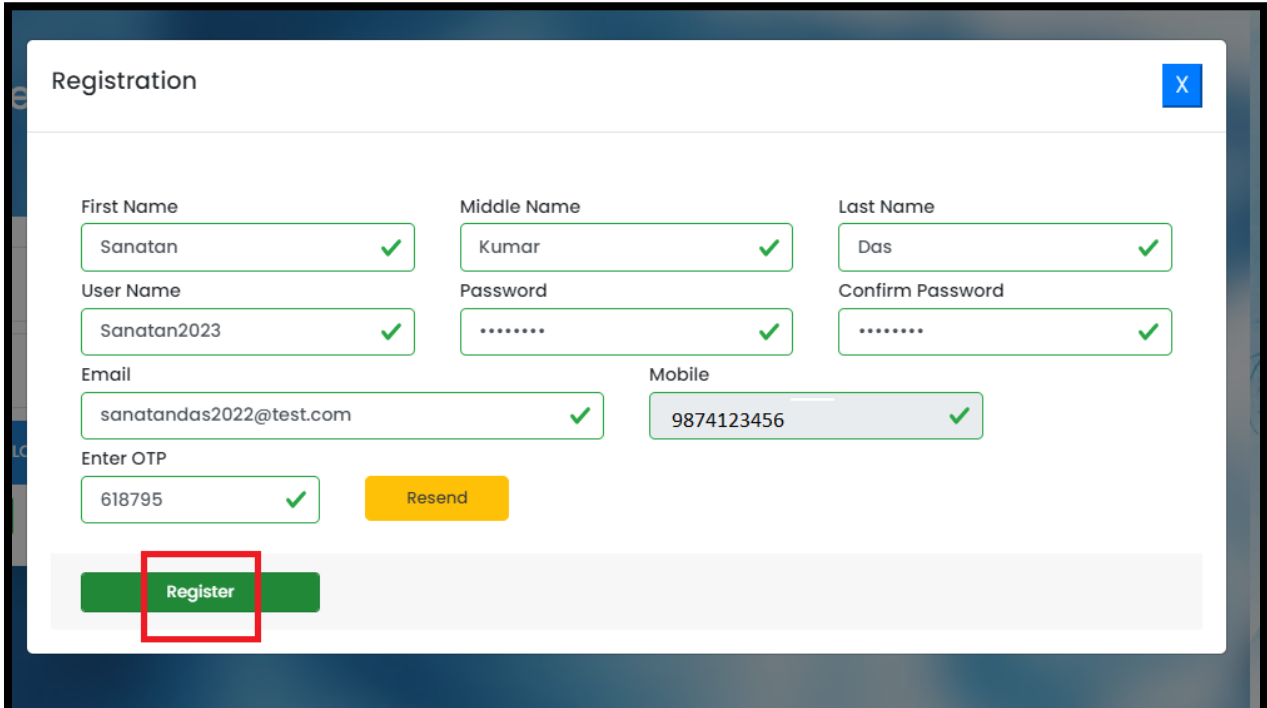


The screenshot shows a registration form titled "Registration" with a close button (X) in the top right corner. The form contains several input fields, each with a green checkmark indicating successful validation:

- First Name: Sanatan
- Middle Name: Kumar
- Last Name: Das
- User Name: Sanatan2023
- Password: [masked]
- Confirm Password: [masked]
- Email: sanatandas2022@test.com
- Mobile: 9874123456

A blue button labeled "Get OTP" is highlighted with a red rectangle. At the bottom of the form is a green button labeled "Register".

Step 2.1.4: After receiving the OTP in their registered mobile number, User will enter the OTP and clicks on 'Register' button.

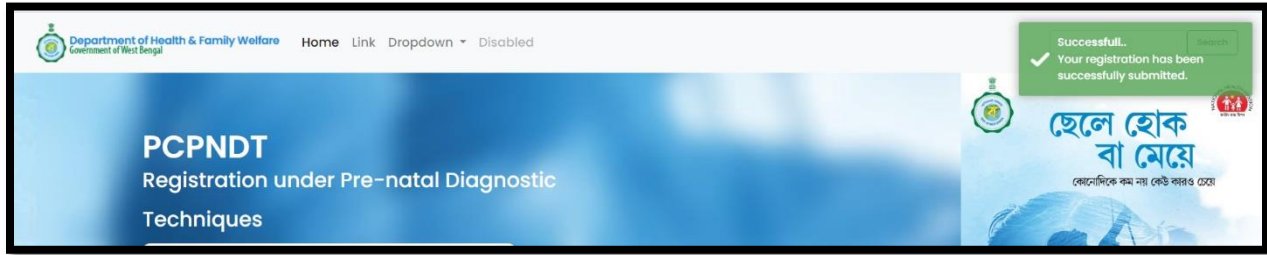


The screenshot shows the same registration form as in Step 2.1.3, but with an additional field for the OTP:

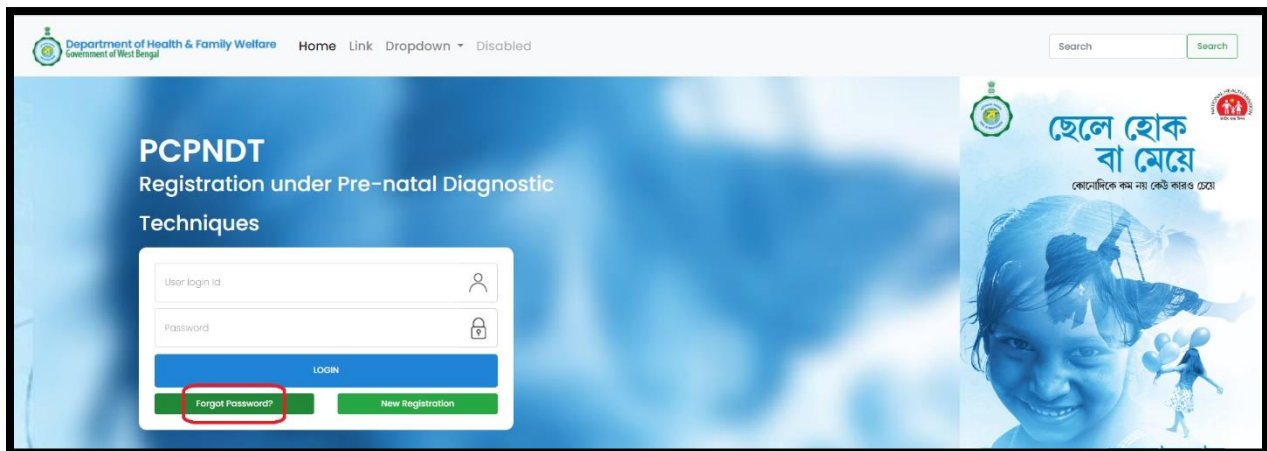
- Enter OTP: 618795

A yellow button labeled "Resend" is located next to the OTP field. The green "Register" button at the bottom is now highlighted with a red rectangle.

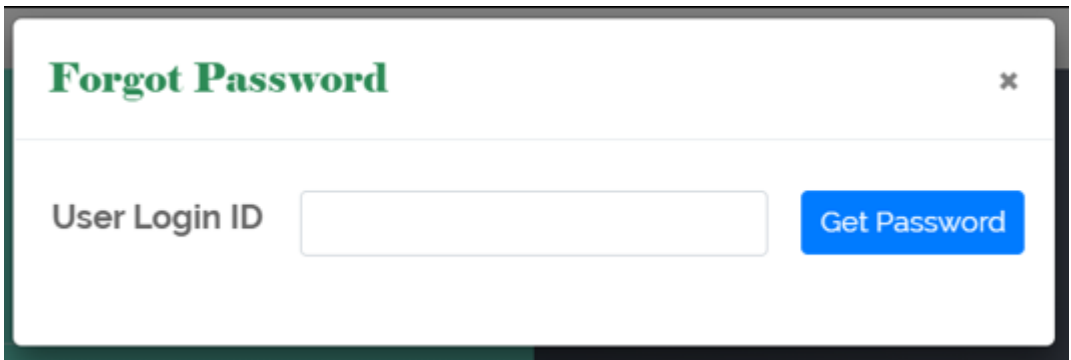
Step 2.1.5: User registration will be completed accordingly, and the page will be redirected to the login page of PCPNDT license.



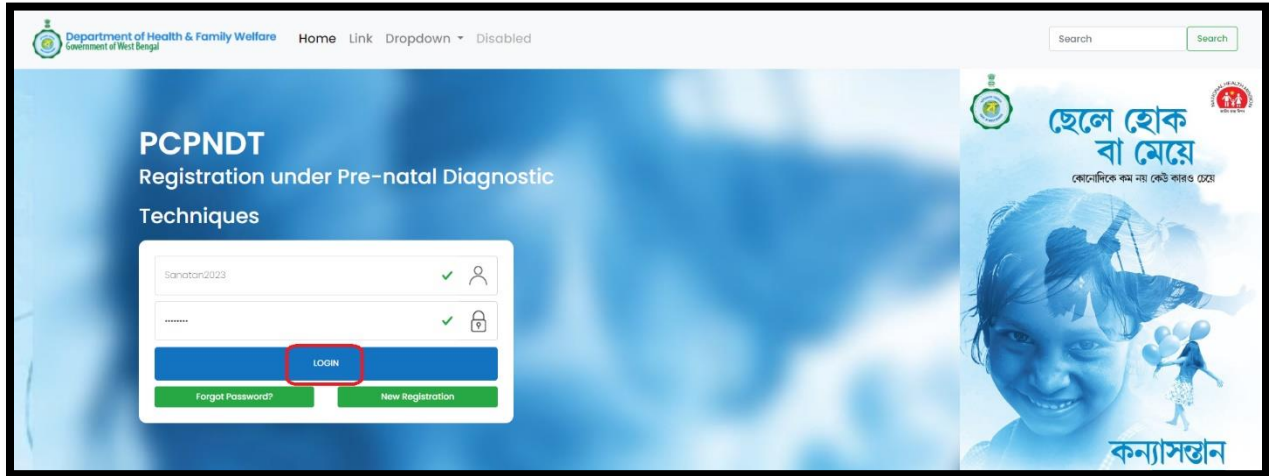
Step 2.2.1: If the existing User forgot their password, they can change the same by clicking on Forgot password button.



Step 2.2.2: A popup will open, User will enter their User Login ID and press 'Get Password' button. An alert arrives that the password has been send to their registered mobile number



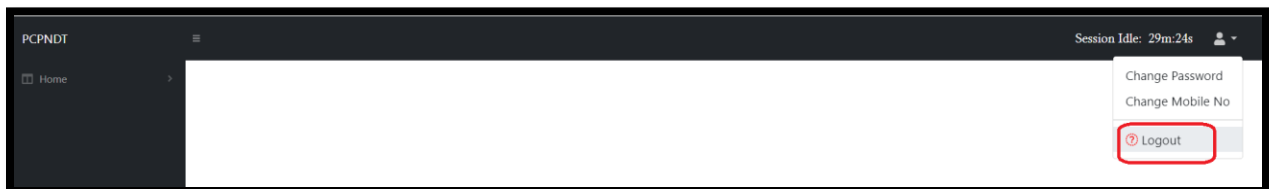
Step 3.1.1: New or Existing User will enter their required user credentials and press login button after entering the captcha code.



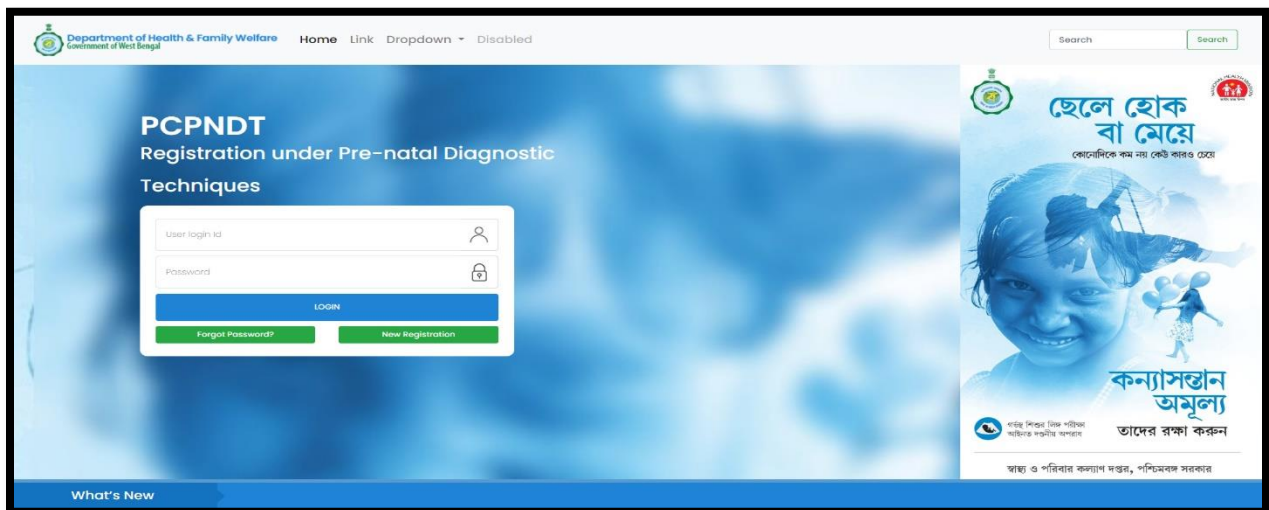
Step 3.1.1: User will be redirected to the Hospital dashboard of PCPNDT License application.



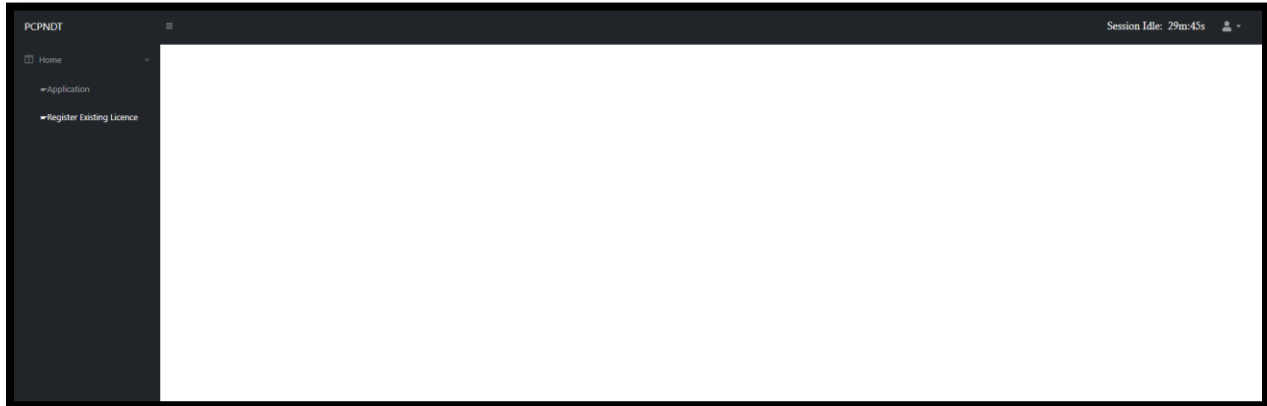
Step 3.2.1: User can any time sign out from the application for that they will click on sign out icon button. A dropdown will arrive; User will click on logout button.



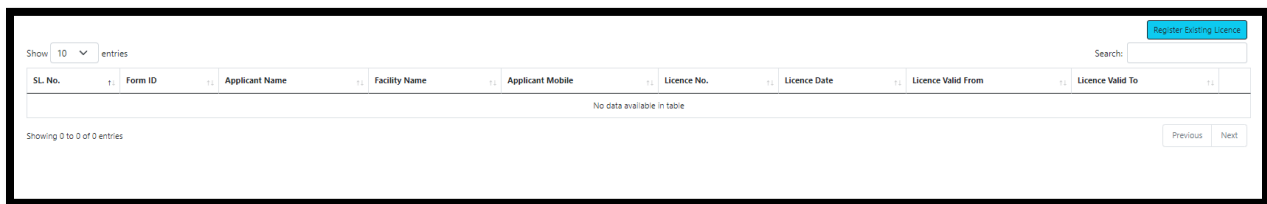
Step 3.2.1: The page will be redirect to the login page of the application.



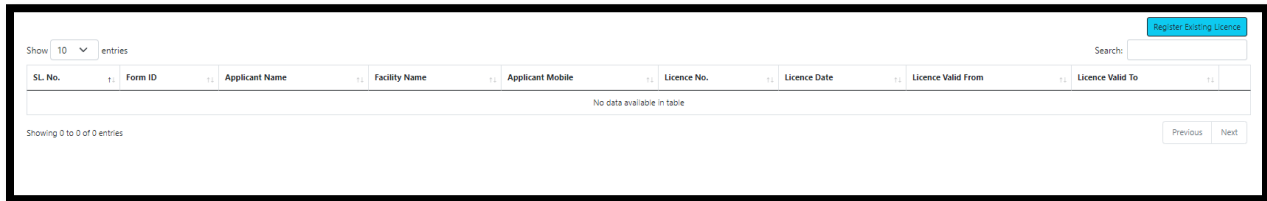
Step 4.1.1: User will click on “Register Existing License” menu from “Home” main menu to update the existing license for Renewal/Post License Application.



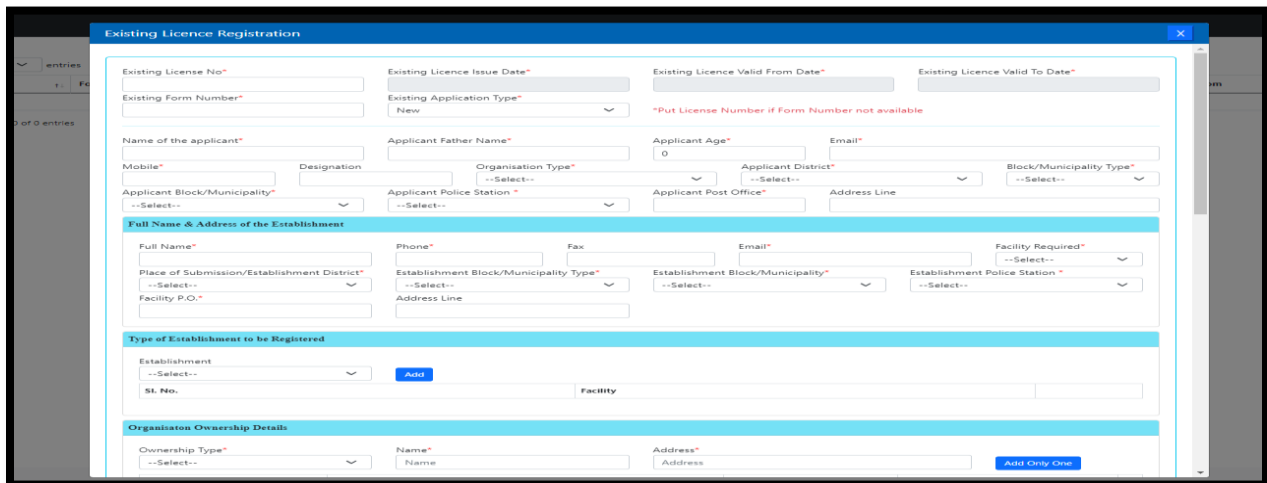
Step 4.1.2: The page will be redirected to the “Register Existing License” page.



Step 4.1.3: User will click on “Register Existing License” button to add existing License Information.



Step 4.1.4: A form will open in a popup to add existing license details.



Step 4.1.5: User will first enter existing license details and the applicant details of that license.

Step 4.1.6: User will next enter details of the establishment and “Facility Required” from the drop down list.

Step 4.1.7: After that they will select type of the establishment to be registered and add in the list as mentioned in the existing license.

Step 4.1.8: User can select multiple type of the establishment to be registered as mentioned in the existing license.

Type of Establishment to be Registered

Establishment:

Sl. No.	Facility	
1.	Imaging Centre	<input type="button" value="Delete"/>
2.	Ultrasound Clinic	<input type="button" value="Delete"/>

Organisaton Ownership Details

Ownership Type*: Name*: Address*:

Sl. No.	Ownership Type	Name	Address

Step 4.1.9: Next they will enter organization ownership details and clicks on 'Add Only One' button.

Organisaton Ownership Details

Ownership Type*: Name*: Address*:

Sl. No.	Ownership Type	Name	Address

Type of Institution:

Step 4.1.10: User will select type of institution.

Organisaton Ownership Details

Ownership Type*: Name*: Address*:

Sl. No.	Ownership Type	Name	Address	
1.	Individual	Swapan Das	10, Fern Road, 700019	<input type="button" value="Delete"/>

Type of Institution:

- Government Hospital
- Municipal/Corporation/Panchayat Run Hospital
- Private Nursing Home
- Private Clinic
- Private Laboratory
- Others
- Military Hospital
- Railway Hospital
- Any other Government Hospital

Step 4.1.11: Next, User have to specify pre natal diagnostic procedure.

Type of Institution
Private Clinic ✓

Specify pre-natal diagnostic procedure for which approval is sought

Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)*
--Select--

Procedure/Test Type
Procedure/Test Sub type

Ultrasound
Foetoscopy
Foetal skin or organ biopsy
Cordocentesis
Any other(Specify)
Chromosomal studies
Biochemical studies
Molecular studies
Amniocentesis
Ultrasonography
Foetoscopy
Chorionic villi aspiration
Chromosomal
Foetal skin or organ biopsy
Biochemical
Cordocentesis
Molecular studies
Any other(Specify)
Procedure/Tests

Serial No.*
Serial no.

Add

Make Model Serial No.

Step 4.1.12: After selecting required pre natal diagnostic procedure, User have to select add button.

Specify pre-natal diagnostic procedure for which approval is sought

Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)*
Ultrasound

Procedure/Test Type
Genetic Clinic

Procedure/Test Sub type
Non-invasive

Add

Sl. No.	Procedure/Test (Leave Blank If Registration Is Sought For Genetic Counselling Centre Only)*	Procedure/Test Type	Procedure/Test Sub Type
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Step 4.1.13: Next, they have to select equipment type for filling the equipment available details.

Equipments Available

Equipment Type*
--Select--

Make*
Make

Model*
Model

Serial No.*
Serial no.

Add

Equipment Type	Equipment Name	Make	Model	Serial No.
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in the laboratory/clinic for the following

Step 4.1.14: After adding all the equipment details they will clicks on add button. User can add multiple equipment if it is mentioned in the existing license.

The screenshot shows the 'Equipments Available' section. It contains four input fields: 'Equipment Type*' (a dropdown menu with 'USG' selected), 'Make*' (text input with '1212121'), 'Model*' (text input with '766716371'), and 'Serial No.*' (text input with '212121212'). An 'Add' button is located to the right of the Serial No. field. Below the form is a table with columns: Sl. No., Equipment Type, Equipment Name, Make, Model, and Serial No.

Step 4.1.15: After filling the equipment details, User will select Procedure & Test from the drop down list, if their facility is available in the laboratory/clinic.

This screenshot shows the 'Equipments Available' form with the 'Add' button clicked. The table below the form now contains one row: Sl. No. 1, Equipment Type USG, Equipment Name, Make 1212121, Model 766716371, and Serial No. 212121212. A red 'Delete' button is visible next to the row. Below this is a section titled 'Whether facilities are available in the laboratory/clinic for the following'. It has a 'Procedure/Tests*' dropdown menu which is open, showing a list of options including Ultrasound, Amniocentesis, Chorionic villi aspiration, Foetoscopy, Foetal biopsy, Cordocentesis, Chromosomal Studies, Biochemical Studies, Molecular Studies, and Preimplantation Genetic Diagnosis. An 'Add' button is next to the dropdown. Below this section are input fields for 'Employee Name*', 'Designation*', and 'Qualification*'. The 'Employee Name' field contains 'Employee name', 'Designation' contains 'Designation', and 'Qualification' is a dropdown menu.

Step 4.1.16: User can add multiple procedure /tests if required. After that they will fill employees information and click on add button. User can add multiple employees as per the employee details mentioned in the existing license.

This screenshot shows the 'Employees Information' section. It contains several input fields: 'Employee Type*' (dropdown with '--Select--'), 'Employee Name*' (text input with 'Employee name'), 'Designation*' (text input with 'Designation'), 'Qualification*' (dropdown with '--Select--'), 'Additional Qualification' (dropdown with '--Select--'), 'Experience(In Years)' (text input with '0'), and 'WBMC Registration No.*' (text input with 'Registration no.'). An 'Add' button is located to the right of the Registration No. field. Below the form is a table with columns: Sl. No., Employee Type, Employee Name, Designation, Qualification, Additional Qualification, Experience(In Years), Registration No., and Aadhar No. The table contains one row: Sl. No. 1, Employee Type Doctor/Sonologist, Employee Name Tarun Kumar Saha, Designation Test Designation, Qualification MBBS, Additional Qualification DGO/DMRD/DCH, Experience(In Years) 4, and Registration No. 12121212323. A red 'Delete' button is visible next to the row.

Step 4.1.17: User have to select 'Qualifies for registration' before submission.

Qualifies for registration in terms of requirements laid down in rule 3

Qualifies for registration*

--Select--

Yes

No

The PCPNDT Licensing Authority never ask Aadhaar as a supporting document for identity proof. Applicant is requested to refrain from submitting or uploading Aadhaar as a supporting document.

Step 4.1.18: Next, User have to upload the old certificate and clicks on submit button.

Qualifies for registration in terms of requirements laid down in rule 3

Qualifies for registration*

Yes

PCPNDT Act & Rules

The PCPNDT Licensing Authority never ask Aadhaar as a supporting document for identity proof. Applicant is requested to refrain from submitting or uploading Aadhaar as a supporting document. The PCPNDT Licensing Authority, West Bengal shall endeavour its best effort to request the applicants to remove Aadhaar from their application. Applicant shall be fully responsible for any violation of the Act/Rules/Order related to Aadhaar in this regard.

S.No	Enclosure Name	Upload Up To Date Documents (maximum file size is 1024 KB)
1	Copy of Existing License*	Choose File demo.pdf

I have read and understood PCPNDT Act & rules and I shall abide by the provision of the Acts & Rules wherever applicable.

Submit

Step 4.1.19: The application will be digitalized accordingly. User can modify the application until the renewal application is processed with the same existing license.

PCPNDT

Home

Show 10 entries

Search

Sl. No.	Form ID	Applicant Name	Facility Name	Applicant Mobile	License No.	License Date	License Valid From	License Valid To	
1	REN/220134	Rakesh Das	Svapann Path Lab	9874563210	USG/PNDT/OD/0024/2023	01/08/2022	01/08/2022	31/07/2027	edit View

Showing 1 to 1 of 1 entries

Previous 1 Next

Successful! 29/06/2024

Register Existing License

Step 4.1.20: User can view the application by clicking on view button.

The screenshot shows the 'Existing Licence Registration' form with the following populated fields:

- Existing Licence No*: USG/PNDT/DD/0024/2023
- Existing Licence Issue Date*: 01/08/2022
- Existing Licence Valid From Date*: 01/08/2022
- Existing Licence Valid To Date*: 31/07/2027
- Existing Form Number*: REN/220134
- Existing Application Type*: New

Applicant Details:

- Name of the applicant*: Rakesh Das
- Applicant Father Name*: Swapan Das
- Applicant Age*: 35
- Email*: rd@test.com
- Mobile*: 9874563210
- Designation: Manager
- Organisation Type*: Private Hospital
- Applicant District*: Kolkata
- Block/Municipality Type*: Municipality
- Applicant Block/Municipality*: KOLKATA MUNICIPAL CORPORATION
- Applicant Police Station*: Ballygunge
- Applicant Post Office*: Ballygunge
- Address Line: 10, Fern Road, 700019

Full Name & Address of the Establishment:

- Full Name*: Swapan Path Lab
- Phone*: 7894561230
- Fax: 0332558798
- Email*: swapan@test.com
- Facility Required*: Imaging Techniques
- Place of Submission/Establishment District*: Kolkata
- Establishment Block/Municipality Type*: Municipality
- Establishment Block/Municipality*: KOLKATA MUNICIPAL CORPORATION
- Establishment Police Station*: Ballygunge
- Facility P.O.*: Ballygunge
- Address Line: 10, Fern Road, 700019

Type of Establishment to be Registered:

Sl. No.	Facility
1.	Imaging Centre
2.	Ultrasound Clinic

Buttons: Add, Delete, Edit, View

Step 4.1.21: User can modify the application by clicking on edit button.

This screenshot is identical to the previous one, showing the 'Existing Licence Registration' form. The 'Edit' button is highlighted in red, indicating the user's intention to modify the application.

Step 4.1.22: After digitization of the old license, if the license number is searched for renewal then the details of the existing license will be populated accordingly.

The screenshot shows the application list table with the following data:

Sl. No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location
1	P/2023/00001	Application is verified & forwarded to DADHS	Current Desic DADHS(admin)	BELLE VUE CLINIC	New Application	16/06/2023	Gautam Nath	Kolkata

Buttons: View, Form A, Payment Receipt

Step 4.1.23: The existing license details fetched from the digitized license number.

Pre-Conception and Pre-Natal Diagnostic Techniques
X

Previous License No	Previous Licence Issue Date	Previous Licence Valid From Date	Previous Licence Valid To Date	Previous Registration No.
USG/PNDT/DD/0024/2023	01/08/2022	01/08/2022	31/07/2027	REN/220134

Name of the applicant*	Applicant Father Name*	Applicant Age*	Email*
Rakesh Das	Swapan Das	35	rd@test.com

Mobile*	Designation	Organisation Type*	Applicant District*	Block/Municipality Type*
9874563210	Manager	Private Hospital	Kolkata	Municipality

Applicant Block/Municipality*	Applicant Police Station *	Applicant Post Office*	Address Line
KOLKATA MUNICIPAL CORPORATION	Ballygunge	Ballygunge	10, Fern Road, 700019

Full Name & Address of the Establishment

Full Name*	Phone*	Fax	Email*	Facility Required*
Swapan Path Lab	7894561230	0332558798	swapan@test.com	Imaging Techniques

Place of Submission/Establishment District*	Establishment Block/Municipality Type*	Establishment Block/Municipality*	Establishment Police Station *
Kolkata	Municipality	KOLKATA MUNICIPAL CORPORATION	Ballygunge

Facility P.O.*	Address Line
Ballygunge	10, Fern Road, 700019

CE Licence (Require Validate to CE Application Number Or CE Licence Number)

CE Licence Number/Applied CE Application Number*	Enter The Number & Validate*
--Select--	<input type="text"/>

Get OTP
Reset

Licence Holder*	Licence Application Date	CE Valid Licence Number*	Licence Validity Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Establishment to be Registered

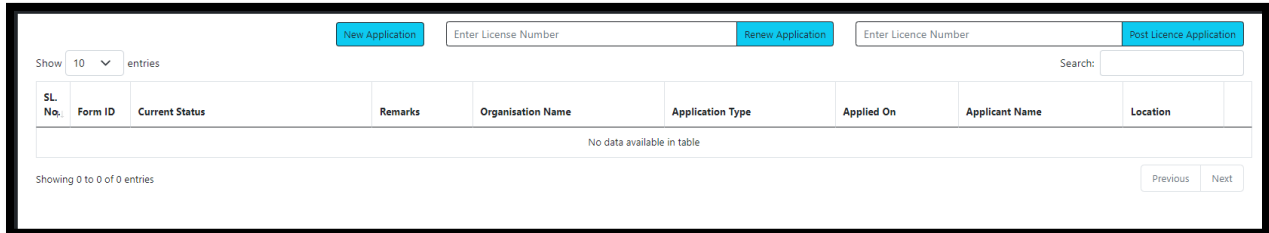
Establishment	Add
--Select--	

Sl. No.	Facility	
1.	Imaging Centre	Delete
2.	Ultrasound Clinic	Delete

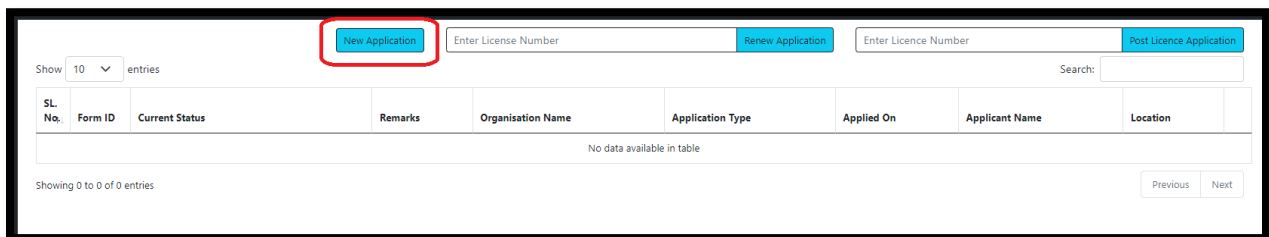
Step 5.1.1: User will click on “Application” menu for “Home” main menu.



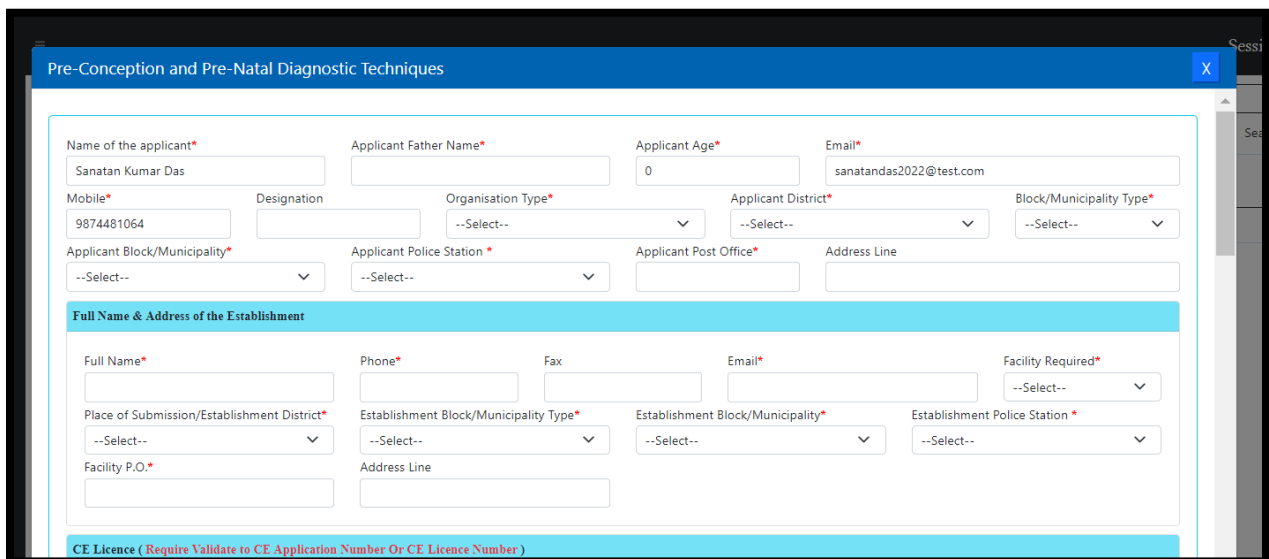
Step 5.1.2: The page will be redirected to the “Application” page. Existing User can view all the previous application below with its status.



Step 5.1.3: New User will click on “New Application” button for posting new application.



Step 5.1.4: A form will open in a popup for new application where applicants’ basic details are populated from the user registration.






Step 5.1.5: Applicant can change the basic details if required. Applicant will enter Applicant’s Father Name, Applicant’s Age & Designation and select **Organization Type** (Private Hospital, Private Nursing Home, Private Facility or Government).

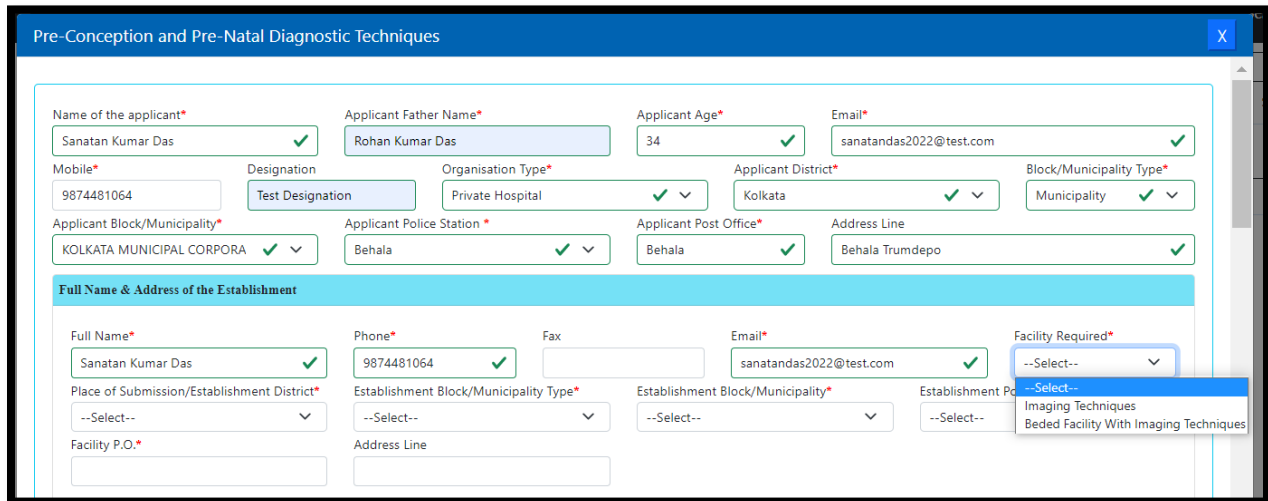
The screenshot shows a web form titled "Pre-Conception and Pre-Natal Diagnostic Techniques". The form contains several input fields and dropdown menus. The "Organization Type" dropdown menu is open, showing options: Private Hospital, Private Nursing Home, Private Facility, and Government. Other fields include Name of the applicant (Sanatan Kumar Das), Applicant Father Name (Rohan Kumar Das), Applicant Age (34), Email (sanatandas2022@test.com), Mobile (9874481064), Designation (Test Designation), Applicant District (dropdown), and Block/Municipality Type (dropdown). Below the main form is a section titled "Full Name & Address of the Establishment" with fields for Full Name, Phone, Fax, Email, Facility Required, Place of Submission/Establishment District, Establishment Block/Municipality Type, Establishment Block/Municipality, and Establishment Police Station.

Step 5.1.6: After selecting Organization Type, User will enter or selects Applicant District, Block/Municipality Type, Applicant Block/Municipality, Applicant Police Station, Applicant Post Office and Address Line.

The screenshot shows the same web form as in Step 5.1.5, but with the "Organization Type" dropdown menu closed and the "Private Hospital" option selected. The "Applicant District" dropdown is now set to "Kolkata", and the "Block/Municipality Type" dropdown is set to "Municipality". The "Applicant Block/Municipality" dropdown is set to "KOLKATA MUNICIPAL CORPORA", the "Applicant Police Station" is set to "Behala", the "Applicant Post Office" is set to "Behala", and the "Address Line" is set to "Behala Trumdepo". All dropdown menus now have green checkmarks indicating they are filled. The "Full Name & Address of the Establishment" section remains empty.

Step 5.1.7: After selecting Address Line, User will enter or selects Full name & Address of the Establishment. They will enter Full Name, Phone, Fax, Email and selects Facility Required (Imaging techniques, Bedded facilities). Charges are auto calculated based on the “Organization type and Facility Required” selection; charges are mentioned below.

-  **For bedded service in Private Hospital or Private Nursing Home charges is INR 35000**
-  **For non-bedded Private Facility charges is INR 25000**
-  **For Government facility charges is INR 0**



The screenshot shows a web application window titled "Pre-Conception and Pre-Natal Diagnostic Techniques". The form is divided into two main sections: "Personal Information" and "Full Name & Address of the Establishment".

Personal Information Section:

- Name of the applicant*: Sanatan Kumar Das ✓
- Applicant Father Name*: Rohan Kumar Das
- Applicant Age*: 34 ✓
- Email*: sanatandas2022@test.com ✓
- Mobile*: 9874481064
- Designation: Test Designation
- Organisation Type*: Private Hospital ✓
- Applicant District*: Kolkata ✓
- Block/Municipality Type*: Municipality ✓
- Applicant Block/Municipality*: KOLKATA MUNICIPAL CORPORA ✓
- Applicant Police Station*: Behala ✓
- Applicant Post Office*: Behala ✓
- Address Line: Behala Trumdepo ✓

Full Name & Address of the Establishment Section:

- Full Name*: Sanatan Kumar Das ✓
- Phone*: 9874481064 ✓
- Fax: (empty)
- Email*: sanatandas2022@test.com ✓
- Facility Required*: --Select-- (dropdown menu is open showing options: Imaging Techniques, Bedded Facility With Imaging Techniques)
- Place of Submission/Establishment District*: --Select--
- Establishment Block/Municipality Type*: --Select--
- Establishment Block/Municipality*: --Select--
- Establishment P.O.*: --Select--
- Facility P.O.*: (empty)
- Address Line: (empty)

Step 5.1.8: After selecting Facility Required, User will enter or selects Place of Submission/ Establishment District, Establishment Block/ Municipality Type, Establishment Block/ Municipality, Establishment Police Station, Facility P.O and Address Line for Establishment. **Note, Place of submission is important as selected District will send the application to the same District Dealing Assistant.**

Next User must provide CE application number or CE license number for verification. User will select CE application number or CE license number from the dropdown and enter the CE license or application number. After entering CE license or application number User will click on Get OTP button.

The screenshot shows a web form titled "Pre-Conception and Pre-Natal Diagnostic Techniques". The form is divided into several sections:

- Applicant Information:** Includes fields for Applicant Block/Municipality (KOLKATA MUNICIPAL CORPORA), Applicant Police Station (Behala), Applicant Post Office (Behala), and Address Line (Behala Trumdepo).
- Full Name & Address of the Establishment:** Includes fields for Full Name (Sanatan Kumar Das), Phone (9874481064), Fax, Email (sanatandas2022@test.com), Facility Required (Bedded Facility), Place of Submission/Establishment District (Kolkata), Establishment Block/Municipality Type (Municipality), Establishment Block/Municipality (KOLKATA MUNICIPAL CORPORA), Establishment Police Station (Behala), Facility P.O. (Behala), and Address Line (Behala Trumdepo).
- CE Licence (Require Validate to CE Application Number Or CE Licence Number):** Includes a dropdown for CE Licence Number/Applied CE Application Number, a text input for Enter The Number & Validate (34225367), a "Get OTP" button, and a "Reset" button. Below this are fields for Licence Holder, Licence Application Date, CE Valid Licence Number, and Licence Validity Date.

Step 5.1.9: OTP will be sent to their CE registered mobile number.

The screenshot shows the same web form as in Step 5.1.8, but with a green notification box overlaid on the right side. The notification box contains the text: "Done. OTP Sent to your mobile number." and "Session Idle: 29m:53s". The form fields are still visible in the background.

Step 5.1.10: User will enter the OTP and clicks on validate button.

Pre-Conception and Pre-Natal Diagnostic Techniques

9874481064 | Test Designation: Private Hospital | Kolkata | Municipality

Applicant Block/Municipality*: KOLKATA MUNICIPAL CORPORA ✓
 Applicant Police Station*: Behala ✓
 Applicant Post Office*: Behala ✓
 Address Line: Behala Trumdepo ✓

Full Name & Address of the Establishment

Full Name*: Sanatan Kumar Das ✓
 Phone*: 9874481064 ✓
 Fax:
 Email*: sanatandas2022@test.com ✓
 Facility Required*: Beded Facility ✓
 Place of Submission/Establishment District*: Kolkata ✓
 Establishment Block/Municipality Type*: Municipality ✓
 Establishment Block/Municipality*: KOLKATA MUNICIPAL CORPOR ✓
 Establishment Police Station*: Behala ✓
 Facility P.O.*: Behala ✓
 Address Line: Behala Trumdepo ✓

CE Licence (Require Validate to CE Application Number Or CE Licence Number)

CE Licence Number/Applied CE Application Number*: CE Licence Number ✓
 Enter The Number & Validate*: 34225367 ✓
 Enter OTP*: 483773
 [Get OTP] [Validate] [Reset]

Licence Holder*:
 Licence Application Date:
 CE Valid Licence Number*:
 Licence Validity Date:

Step 5.1.11: OTP validation will be successful and CE details are populated from the CE license number.

Pre-Conception and Pre-Natal Diagnostic Techniques

9874481064 | Test Designation: Private Hospital | Kolkata | Municipality

Applicant Block/Municipality*: KOLKATA MUNICIPAL CORPORA ✓
 Applicant Police Station*: Behala ✓
 Applicant Post Office*: Behala ✓
 Address Line: Behala Trumdepo ✓

Full Name & Address of the Establishment

Full Name*: Sanatan Kumar Das ✓
 Phone*: 9874481064 ✓
 Fax:
 Email*: sanatandas2022@test.com ✓
 Facility Required*: Beded Facility ✓
 Place of Submission/Establishment District*: Kolkata ✓
 Establishment Block/Municipality Type*: Municipality ✓
 Establishment Block/Municipality*: KOLKATA MUNICIPAL CORPOR ✓
 Establishment Police Station*: Behala ✓
 Facility P.O.*: Behala ✓
 Address Line: Behala Trumdepo ✓

CE Licence (Require Validate to CE Application Number Or CE Licence Number)

CE Licence Number/Applied CE Application Number*: CE Licence Number ✓
 Enter The Number & Validate*: 34225367 ✓
 Enter OTP*: 483773
 [Get OTP] [Validate] [Reset]

Licence Holder*: ABSOLUTE DIAGNOSTIC CENTRE
 Licence Application Date: 2020-10-20
 CE Valid Licence Number*: 34225367
 Licence Validity Date: 2023-11-17

Valid licence
 Licence Number Verified Successfully.

Location
 Previous Next

Step 5.1.12: Next User will select 'Type of Establishment to be Required' and clicks on ADD button.

Pre-Conception and Pre-Natal Diagnostic Techniques

Full Name* Sanatan Kumar Das ✓ Phone* 9874481064 ✓ Fax Email* sanatandas2022@test.com ✓ Facility Required* Bedded Facility ✓

Place of Submission/Establishment District* Kolkata ✓ Establishment Block/Municipality Type* Municipality ✓ Establishment Block/Municipality* KOLKATA MUNICIPAL CORPOF ✓ Establishment Police Station* Behala ✓

Facility P.O.* Behala ✓ Address Line Behala Trumdepo ✓

CE Licence (Require Validate to CE Application Number Or CE Licence Number)

CE Licence Number/Applied CE Application Number* CE Licence Number ✓ Enter The Number & Validate* 34225367 ✓ Get OTP Enter OTP* 483773 Validate Reset

Licence Holder* ABSOLUTE DIAGNOSTIC CENTRE Licence Application Date 2020-10-20 CE Valid Licence Number* 34225367 Licence Validity Date 2023-11-17

Type of Establishment to be Registered

Establishment Ultrasound Clinic ✓ Add

Sl. No.	Facility

Whether registered under MTP Act?* Yes No Whether registered under Surrogacy Act?* Yes No
 Whether registered under ART Act?* Yes No

Step 5.1.13: User can select multiple 'Type of Establishment to be Required'. After that User will select "Whether registered under MTP Act? (Yes / No)" and select "Whether registered under Surrogacy Act? (Yes / No)". Next They will select "Whether registered under ART Act? (Yes / No)" if Yes, they will select "Under ART Act".

Type of Establishment to be Registered

Establishment Imaging Centre ✓ Add

Sl. No.	Facility	
1.	Ultrasound Clinic	Delete
2.	Imaging Centre	Delete

Whether registered under MTP Act?* Yes No Whether registered under Surrogacy Act?* Yes No
 Whether registered under ART Act?* Yes No if Yes, Under ART Act* --Select--

- Select--
- ART Bank
- ART Clinic - Level 1
- ART Clinic - Level 2

Total Establishment Fee

Step 5.1.14: Total fees are auto populated based on the organization type selection. Next, User will enter Organization Ownership Details which includes Ownership Type, Name, Address and click on Add only one button.

Total Establishment Fee

Total Fee
35000

Organisation Ownership Details

Ownership Type* ✓ Name* ✓ Address*

Sl. No.	Ownership Type	Name	Address

Step 5.1.15: After adding ‘Organization Ownership Details ‘User can add only one details. Multiple ‘Organization Ownership Details ‘are not allowed. User can delete the existing and add a new ‘Organization Ownership Details ‘if required. Next, they will enter Type of institution and add “Specify pre-natal diagnostic procedure for which approval is sought” section.

Organisation Ownership Details

Ownership Type* ✓ Name* ✓ Address* ✓

Sl. No.	Ownership Type	Name	Address
1.	Partnership / LLP	Rakesh Sharma	Test Address

Type of Institution
 ✓

Specify pre-natal diagnostic procedure for which approval is sought

Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)* ✓ Procedure/Test Type Procedure/Test Sub type

Sl. No.	Procedure/Test (Leave Blank If Registration Is Sought For Genetic Counselling Centre Only)*	Procedure/Test Type	Procedure/Test Sub Type

Step 5.1.16: After adding “Specify pre-natal diagnostic procedure for which approval is sought” section User will add ‘Equipment Available’. User can add multiple ‘Equipment Available’ as per availability and it is one of the main parts for generating PCPNDT license.

Specify pre-natal diagnostic procedure for which approval is sought

Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)* ✓ Procedure/Test Type Procedure/Test Sub type

Sl. No.	Procedure/Test (Leave Blank If Registration Is Sought For Genetic Counselling Centre Only)*	Procedure/Test Type	Procedure/Test Sub Type
1.	Ultrasound	Genetic Clinic	Non-invasive

Equipments Available

Equipment Type* ✓ ✓ Make* ✓ Model* ✓ Serial No.* ✓

Sl. No.	Equipment Type	Equipment Name	Make	Model	Serial No.

Step 5.1.17: After adding 'Equipment Available' User will add 'Procedure Test'. User can add multiple 'Procedure Test' as per availability.

Equipments Available

Equipment Type* ✓ Make* ✓ Model* ✓ Serial No.* ✓

Sl. No.	Equipment Type	Equipment Name	Make	Model	Serial No.	
1.	USG		2112121	131313	123112212	<input type="button" value="Delete"/>

Whether facilities are available in the laboratory/clinic for the following

Procedure/Tests* ✓

Sl. No.	Procedure/Tests*	
1.	Ultrasound	<input type="button" value="Delete"/>

Step 5.1.18: After adding 'Procedure Test' User will add Employee information. User can add multiple 'Employee information' as per availability and it is another main parts for generating PCPNDT license.

Whether facilities are available in the laboratory/clinic for the following

Procedure/Tests* ✓

Sl. No.	Procedure/Tests*	
1.	Ultrasound	<input type="button" value="Delete"/>

Employees Information

Employee Type* ✓ Employee Name* ✓ Designation* ✓ Qualification* ✓

Additional Qualification ✓ Experience(In Years) ✓ WBMC Registration No.* ✓

Sl. No.	Employee Type	Employee Name	Designation	Qualification	Additional Qualification	Experience(In Years)	Registration No.	Aadhar No.	
1.	Doctor/Sonologist	Ranjit Sarkar	Sonologist	D. M. L. T.	DGO/DMRD/DCH	3	1212121212		<input type="button" value="Delete"/>

Step 5.1.19: After adding 'Employee information' User will select 'Qualifies for Registration'.

Employees Information

Employee Type* ✓ Employee Name* ✓ Designation* ✓ Qualification* ✓

Additional Qualification ✓ Experience(In Years) ✓ WBMC Registration No.* ✓

Sl. No.	Employee Type	Employee Name	Designation	Qualification	Additional Qualification	Experience(In Years)	Registration No.	Aadhar No.	
1.	Doctor/Sonologist	Ranjit Sarkar	Sonologist	D. M. L. T.	DGO/DMRD/DCH	3	1212121212		<input type="button" value="Delete"/>

Qualifies for registration in terms of requirements laid down in rule 3

Qualifies for registration* ✓

PCPNDT Act & Rules

The PCPNDT Licensing Authority never ask Aadhaar as a supporting document for identity proof. Applicant is requested to refrain from submitting or uploading Aadhaar as a supporting document. The PCPNDT Licensing Authority, West Bengal shall endeavour its best effort to request the applicants to remove Aadhaar from their application. Applicant shall be fully responsible for any violation of the Act/Rules/Order related to Aadhaar in this regard.

Step 5.1.20: User will upload all the required document and clicks on submit button.

S.No	Enclosure Name	Upload Up To Date Documents
1	Copy of Trade License*	Choose File demo.pdf ✓
2	Affidavit of Declaration of Applicant	Choose File No file chosen
3	Sketch Map of USG Room and Surroundings	Choose File No file chosen
4. Land Or Premises:		
4.1	Ownership Deed MOU*	Choose File demoform1.pdf ✓
4.2	Lease/Rental Agreement of the premises*	Choose File pdf-sample.pdf ✓
5	Copy of CE License if issued or receipt of application for CE license*	Choose File demo.pdf ✓
6	N.O.C. of Fire (Application & Affidavit)*	Choose File demoform1.pdf ✓
7	N.O.C./Application & Affidavit from WBPCB (consent to establish & consent to operate)*	Choose File demo.pdf ✓
8	Agreement with CBWTF (BMW)*	Choose File demo.pdf ✓
9	Updated Property Tax (Commercial)*	Choose File pdf-sample.pdf ✓
10. Man Power Details:		
10.1	Updated WBMC Registration of doctors*	Choose File demo.pdf

9	Updated Property Tax (Commercial)*	Choose File pdf-sample.pdf ✓
10. Man Power Details:		
10.1	Updated WBMC Registration of doctors*	Choose File demo.pdf ✓
10.2	Photo ID proof of doctor/female attendant*	Choose File demoform1.pdf ✓
10.3	ApPOINTment & Acceptance Letter of appointment by the doctor/female attendant*	Choose File pdf-sample.pdf ✓
10.4	Declaration stating adherence to PCPNDT Act & Rules*	Choose File demoform1.pdf ✓
11	Residential address (with P.O., P. S., Ward no. and Pincode), Mobile No.,Email, ID proof of the License and letter of authority of the applicant if applicant is authorized on behalf of the license.	Choose File No file chosen
12	List of names of all present Sonologist and Female Attendant with qualification,experience,update WBMC Reg. no., Date of joining and signature in given column Documents.	Choose File No file chosen
13	Machine Details	Choose File No file chosen
14	Installation paper of all machines*	Choose File demoform1.pdf

I have read and understood PCPNDT Act & rules and I shall abide by the provision of the Acts & Rules wherever applicable.

Step 5.1.21: Application will be submitted accordingly.

✓ Session Idle: 29m:44s
Successful..

Show entries Search:

SL. No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000016	Application Form Submit		Sanatan Kumar Das	New Application		Sanatan Kumar Das	Kolkata	<input type="button" value="View"/> <input type="button" value="Form A"/> <input type="button" value="Edit"/> <input type="button" value="Payment"/>

Showing 1 to 1 of 1 entries

Step 5.1.22: Applicant can view or edit their application until they are final submitted. Next User will click on payment button.

Show entries Search:

SL. No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000017	Application Form Submit		Sanatan Kumar Das	New Application		Sanatan Kumar Das	Kolkata	<input type="button" value="View"/> <input type="button" value="Form A"/> <input type="button" value="Edit"/> <input type="button" value="Payment"/>

Step 5.1.23: A popup will arrive with the 'to be paid payment details'. User will click on 'Proceed to Pay' button.

PCPNDT : Payment Request Confirmation

Applicant Name	Sanatan Kumar Das
Applicant Mobile	9874481064
Form Number	P/2023/000017
Facility Name	Sanatan Kumar Das
Facility Email	sanatandas2022@test.com
Facility Address	Behala Trumdepo, Kolkata
Application Type	New
Amount	35000.00

In case the amount is deducted from your bank account, please wait for next two working days, to know the correct status of your payment. Please check your status on a regular basis. If the amount is not deducted, then you need to make payment again.

Step 5.1.24: The page will be redirected to the payment option where user will pay the amount with the following payment option such as Credit Card, Debit Card and so on.

Step 5.1.25: After successful payment user will be redirected to the application status page.

[New Application](#)

[Renew Application](#)

[Post Licence Application](#)

Show entries Search:

SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000016	Application Form Submit		Sanatan Kumar Das	New Application		Sanatan Kumar Das	Kolkata	View Form A Edit Final Submit

Showing 1 to 1 of 1 entries
[Previous](#)
[1](#)
[Next](#)

Step 5.1.26: For previewing the printed view of the application User will click on Form A option.

[New Application](#)

[Renew Application](#)

[Post Licence Application](#)

Show entries Search:

SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000016	Application Form Submit		Sanatan Kumar Das	New Application		Sanatan Kumar Das	Kolkata	View Form A Edit Final Submit

Showing 1 to 1 of 1 entries
[Previous](#)
[1](#)
[Next](#)

Step 5.1.27: Printed view of the application while clicking on Form A.

2/9/23, 5:50 PM Form A

FORMS PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) RULES, 1996
FORM A
[Refer rules 4(1) and 8(1)]
(To be submitted in Duplicate with supporting documents as enclosures)
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 : Sanatan Kumar Das
(Indicate name of the organisation sought to be registered)

2. Address of the applicant : Bihala Trandepo

3. Full Name & Address Of The Facility :

Full Name	Address	Telephone	Fax	Telegraph	Email
Sanatan Kumar Das	Bihala Trandepo	9874481064			sanatan2023@rediffmail.com

4. CE License :

CE License/Application Number	License Holder	License Application Date	CE Valid License Number	License Validity Date
34225367	ABSOLUTE DIAGNOSTIC CENTRE	2020-10-20	34225367	2023-11-17

5. Type of Establishment to be Registered

Sl. No	Facility
1	Ultrasound Clinic
2	Imaging Centre

Whether registered under MTP Act? : YES
Whether registered under Surrogacy Act? : YES
Whether registered under ART Act? : YES If Yes, Under ART Act : ART Bank

6. Type of Ownership Organisation Details :

Ownership Type	Name	Address
Partnership / LLP	Rakesh Sharma	Test Address

7. Type Of Institution : Private Nursing Home Other Details :

8. Specific pre-natal diagnostic procedures/test for which approval is sought.
(Leave blank if registration is sought for Genetic Counselling Centre Only)

Sl.No	Procedures/Test
1	Ultrasound

9. Equipments Available Details :

Equipment Type	Equipment Name	Make	Model	Equipment Serial No
USG		2112121	111313	12311212

164.164.119.167:8085/FormA/FormAppop21010?formType=0&mode=view 1/3

2/9/23, 5:50 PM Form A

10. (a) Facilities available in the Counselling center, (b) Whether facilities are available in the laboratory/clinic for the following tests:

Sl.No	Procedures/Test
1	Ultrasound

11. Employee Details :

Sl. No.	Employee Type	Employee Name	Designation	Qualification	Additional Qualification	Experience (Years)	Registration No.	Aadhar No.
1.	Doctor/Sonologist	Ranjit Sankar	Sonologist	D. M. L. T.	DGO/DMRD/DCH	3	1212121212	

12. State whether the Genetic Counselling Centre / Genetic Laboratory / Genetic Clinic / Ultrasound Clinic / Imaging centre qualifies for registration (Yes/in terms of requirements laid down in rule 3.

13. For renewal applications only:
(a) Registration No. :
(b) Date of issue and date of expiry of existing certificate of registration.

14. List of Enclosures :
(Please attach a list of enclosures / supporting documents attached to this application.)

Sl.No	List of Enclosures
1	Copy of Trade License
2	Lease/Rental Agreement of the premises
3	Copy of CE License if issued or receipt of application for CE license
4	N.O.C. of Fire (Application & Affidavit)
5	N.O.C./Application & Affidavit from WBPCB (consent to establish & consent to operate)
6	Updated WBMC Registration Of Doctors
7	Photo ID proof of doctor/female attendant
8	Appointment & Acceptance Letter of appointment by the doctor/female attendant
9	Ownership Deed/MOU
10	Agreement with CBWTF (BMW)
11	Updated Property Tax (Commercial)
12	Declaration stating adherence to PCPNDT Act & Rules
13	Installation paper of all machines

Date :
Place : Kolkata

SIGNATURE
Name, designation and signature of the person authorized to sign on behalf of the organisation to be registered.

164.164.119.167:8085/FormA/FormAppop21010?formType=0&mode=view 2/3

2/9/23, 5:50 PM Form A

DECLARATION

I, Sh./Smt./Kum./Dr. **Sanatan Kumar Das** son/daughter/wife of **Rakesh Sharma**, aged **34** years resident of **Kolkata** working as (indicate designation) **Test Designation** in (indicate name of the organisation to be registered) **MIDNAPORE DIAGNOSTICS PRIVATE LIMITED** 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 **Sanatan Kumar Das** in respect of which registration is sought and to ensure that Act and Rules are fully complied with.

Date :
Place : Kolkata

SIGNATURE
Name, designation and signature of the person authorized to sign on behalf of the organisation to be registered.

[SEAL OF THE ORGANISATION SOUGHT TO BE REGISTER]

ACKNOWLEDGEMENT
[Refer 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* / Ultrasound Clinic* / Imaging Centre* by (Name and address of applicant) has been received by the Appropriate Authority On (date).

Date :
Place : Kolkata

SIGNATURE
Signature and Designation of Appropriate Authority, or authorised person in the Office of the Appropriate Authority.

164.164.119.167:8085/FormA/FormAppop21010?formType=0&mode=view 3/3

Step 5.1.28: After completion of entire application process User will click on Final Submit button.

The screenshot shows the application dashboard with the following elements:

- Buttons: New Application, Renew Application, Post Licence Application
- Search: Enter Licence Number
- Table with columns: SL. No., Form ID, Current Status, Remarks, Organisation Name, Application Type, Applied On, Applicant Name, Location
- Row 1: 1, P/2023/000016, Application Form Submit, Sanatan Kumar Das, New Application, Sanatan Kumar Das, Kolkata
- Row actions: View, Form A, Edit, Final Submit (highlighted with a red box)
- Footer: Showing 1 to 1 of 1 entries, Previous, 1, Next

Step 5.1.29: A popup will open with the declaration of the filled-up application.

The screenshot shows the 'PCPNDT: Final Submit Confirmation' popup window with the following details:

SL.No.	Subject	Details	Status	Remarks
1	Fee Details	No Pending Amount	Completed	OK
2	Enclosure Details	All Documents Uploaded	Completed	OK
3	Employee Details	Number of Employees mentioned: 1	Completed	OK
4	Equipment Details	Number of Equipment mentioned: 1	Completed	OK
5	Lab Facility Details	Number of Lab Facility mentioned: 1	Completed	OK
6	Ownership Details	Number of Lab Owner mentioned: 1	Completed	OK
7	Procedure Details	Number of Procedure mentioned: 1	Completed	OK

Below the table, there is a declaration box:

I have Uploaded all valid requisite documents. If any of the uploaded document is found incorrect or not valid as on date, this application liable to be rejected with forfeiture of the deposited amount.

Step 5.1.30: User will accept the declaration and click on final submit.

SL.No.	Subject	Details	Status	Remarks
1	Fee Details	No Pending Amount	Completed	OK
2	Enclosure Details	All Documents Uploaded	Completed	OK
3	Employee Details	Number of Employees mentioned: 1	Completed	OK
4	Equipment Details	Number of Equipment mentioned: 1	Completed	OK
5	Lab Facility Details	Number of Lab Facility mentioned: 1	Completed	OK
6	Ownership Details	Number of Lab Owner mentioned: 1	Completed	OK
7	Procedure Details	Number of Procedure mentioned: 1	Completed	OK

I have Uploaded all valid requisite documents. If any of the uploaded document is found incorrect or not valid as on date, this application liable to be rejected with forfeiture of the deposited amount.

Final Submit

Step 5.1.31: The application will be final submitted successfully.

PCPNDT

Home

Show 10 entries

New Application Enter License Number Renew Application Enter Licence Number Post Licence Application

Search:

Session Idle: 29m:58s
Successful
 P/2023/000016

Step 5.1.32: The application will be sent to Dealing Assistant (DA) of selected District.

New Application Enter License Number Renew Application Enter Licence Number Post Licence Application




Show 10 entries Search:

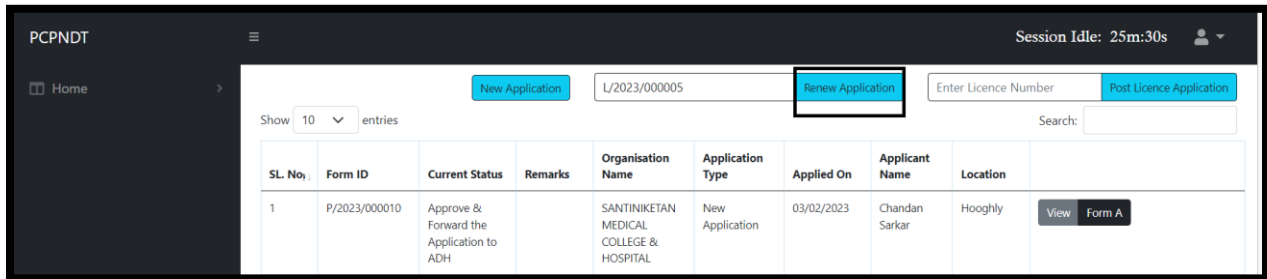
SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000016	Application Form Submit		Sanatan Kumar Das	New Application	09/02/2023	Sanatan Kumar Das	Kolkata	View Form A

Showing 1 to 1 of 1 entries Previous 1 Next

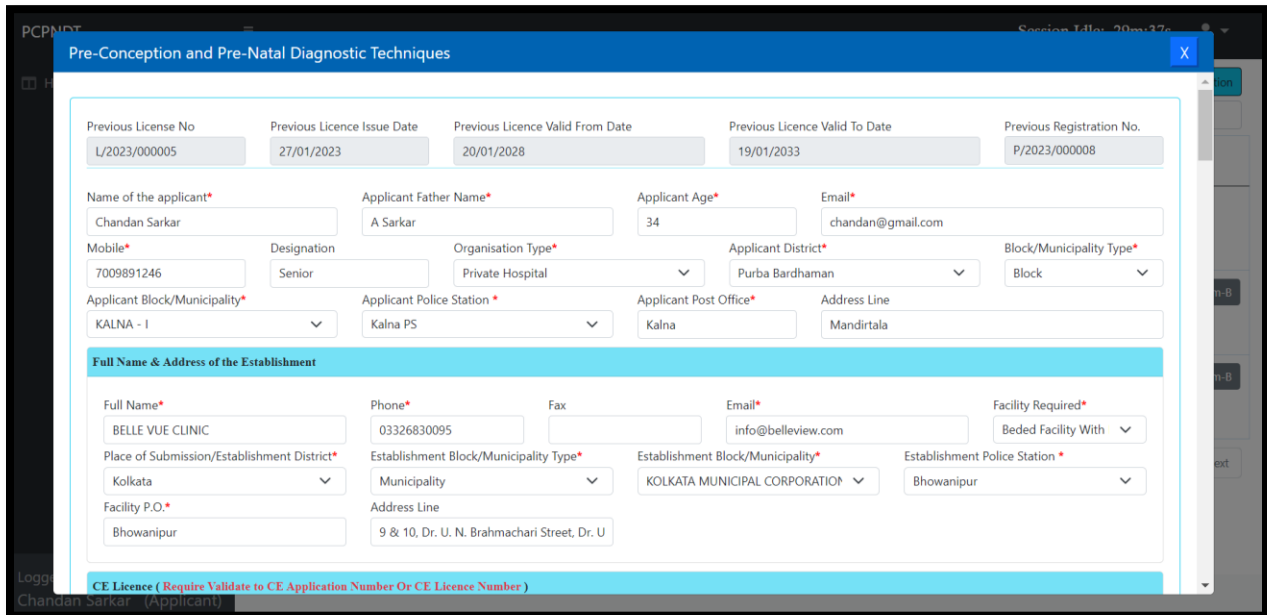
Step 5.2.1: User will click on “Application” menu for “Home” main menu for renewal of their existing PCPNDT license. The page will be redirected to the “Application” page. Existing User can view all the previous application below with its status.

To make the renewal application, User must enter their existing license number and click on ‘Renew Application’ button. Renewal fees clause are mentioned below.

-  **If the renewal application is completed before one month of the license expiry, then user must pay half of the total license fees**
-  **If the renewal application is completed in between the last 30 days of the license expiry, then user must pay total license fees.**
-  **If the renewal application is completed after one day of the license expiry, then the license will be expired, and User must apply for new license.**



Step 5.2.2.1: User details will be fetched from the license number.



Step 5.2.2.2: Below are the rest of the fetched data from previous license number.

The screenshot shows the 'Pre-Conception and Pre-Natal Diagnostic Techniques' form. The 'CE Licence' section is highlighted in light blue and contains the following information:

- CE Licence (Require Validate to CE Application Number Or CE Licence Number)**
- CE Licence Number/Applied CE Application Number*: 34232270
- CE Licence Number: [Dropdown]
- Enter The Number & Validate*: [Input field]
- Get OTP: [Button]
- Reset: [Button]
- Licence Holder*: BELLE VUE CLINIC
- Licence Application Date: 2022-02-16
- CE Valid Licence Number*: 34232270
- Licence Validity Date: 2025-03-28

The 'Type of Establishment to be Registered' section includes:

- Establishment: [Dropdown]
- Add: [Button]
- Sl. No.: [Input field]
- Facility: [Input field]
- Whether registered under MTP Act?: Yes No
- Whether registered under ART Act?: Yes No
- Whether registered under Surrogacy Act?: Yes No
- If Yes, Under ART Act*: ART Clinic - Level 1 [Dropdown]

The 'Total Establishment Fee' section shows a Total Fee of 17500.00.

Step 5.2.3.1: User will select the 'Organization Ownership Type'.

The screenshot shows the 'Organisaton Ownership Details' section of the form. The 'Ownership Type' dropdown menu is open, showing the following options:

- Select--
- Select--
- Individual
- Partnership / LLP
- Private Limited Company
- Public Limited Company
- Society / Trust
- Government

The form also shows the 'Total Establishment Fee' section with a Total Fee of 17500.00.

The 'Specify pre-natal diagnostic procedure for which approval is sought' section includes:

- Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)*: [Dropdown]
- Procedure/Test Type: [Input field]
- Procedure/Test Sub type: [Input field]
- Add: [Button]

Step 5.2.3.2: After selecting Organization Ownership type, User will enter the Name and address of the Owner of the Organization. 'User can add only one details of owner. Multiple 'Organization Ownership Details 'are not allowed. User can delete the existing and add a new 'Organization Ownership Details 'if required.

The screenshot shows the 'Organisaton Ownership Details' section of the form. The 'Ownership Type' dropdown is set to 'Private Limited Company'. The 'Name' and 'Address' fields are filled with 'Chandan Sarkar' and 'Kalna, Purba Bardhaman' respectively. The 'Add Only One' button is highlighted.

The 'Type of Institution' dropdown is set to 'Private Clinic'.

The 'Specify pre-natal diagnostic procedure for which approval is sought' section is partially visible at the bottom.

Step 5.2.3.3: Next User will select the type of the Institution.

Pre-Conception and Pre-Natal Diagnostic Techniques

Organisaton Ownership Details

Ownership Type* ✓ Name* ✓ Address* ✓ Add Only One

Sl. No.	Ownership Type	Name	Address	
1.	Private Limited Company	Chandan Sarkar	Kalna, Purba Bardhaman	Delete

Type of Institution ✓

--Select--
 Government Hospital
 Municipal/Corporation/Panchayat Run Hospital
Private Nursing Home
 Private Clinic
 Private Laboratory
 Others
 Military Hospital
 Railway Hospital
 Any other Government Hospital

Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)* Procedure/Test Type Procedure/Test Sub type Add

Leave Blank If Registration Is Sought For Genetic Counselling Procedure/Test Type Procedure/Test Sub Type

Step 5.2.4.1: After selecting the type of the Institution, User will specify the diagnostic procedure.

Pre-Conception and Pre-Natal Diagnostic Techniques

✓

Specify pre-natal diagnostic procedure for which approval is sought

Procedure/ Test (Leave blank if registration is sought for Genetic Counselling Centre only)* Procedure/Test Type Procedure/Test Sub type Add

Leave Blank If Registration Is Sought For Genetic Counselling Procedure/Test Type Procedure/Test Sub Type

Procedure/Test Type	Procedure/Test Sub Type	
Genetic Clinic	Non-invasive	Delete
Procedure /Test	Non-invasive	Delete
Procedure /Test	Invasive	Delete

Model* Serial No.* Add

Model Serial no.

Equipment Name	Make	Model	Serial No.	
USG	2022	VBT90IJHTY	102299802	Delete
CT Scan	2023	NHYUPO	12000089	Delete
MRI	2023	BNY78/B	10088790	Delete

Procedure/ Test (Leave blank if registration is sought for Genetic Counselling Centre only)*
 --Select--
 --Select--
 Ultrasound
 Foetoscopy
 Foetal skin or organ biopsy
 Cordocentesis
 Any other(Specify)
 Chromosomal studies
 Biochemical studies
 Molecular studies
 Amniocentis
 Ultrasonography
 Foetoscopy
 Chorionic villi aspiration
 Chromosomal
 Foetal skin or organ biopsy
 Biochemical
 Cordocentesis
 Molecular studies
 Any other(Specify)

Step 5.2.4.2: Next User can add multiple diagnostic procedure.

Pre-Conception and Pre-Natal Diagnostic Techniques

✓

Specify pre-natal diagnostic procedure for which approval is sought

Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)* ✓ Procedure/Test Type Procedure/Test Sub type Add

Sl. No.	Procedure/Test (Leave Blank If Registration Is Sought For Genetic Counselling Centre Only)*	Procedure/Test Type	Procedure/Test Sub Type	
1.	Foetoscopy	Genetic Clinic	Non-invasive	Delete
2.	Ultrasonography	Procedure /Test	Non-invasive	Delete
3.	Molecular studies	Procedure /Test	Invasive	Delete

Step 5.2.4.3: If required, user can delete the diagnostic procedure.

Specify pre-natal diagnostic procedure for which approval is sought

Procedure/Test (Leave blank if registration is sought for Genetic Counselling Centre only)* ✓

Procedure/Test Type ✓

Procedure/Test Sub type

Sl. No.	Procedure/Test (Leave Blank If Registration Is Sought For Genetic Counselling Centre Only)*	Procedure/Test Type	Procedure/Test Sub Type	
1.	Foetoscopy	Genetic Clinic	Non-invasive	Delete
2.	Ultrasonography	Procedure /Test	Non-invasive	Delete
3.	Molecular studies	Procedure /Test	Invasive	Delete
4.	Chrorionic villi aspiration	Procedure /Test	Invasive	Delete

Equipments Available

Step 5.2.5.1: After adding “Specify pre-natal diagnostic procedure for which approval is sought” section User will select ‘Equipment type’.

Equipments Available

Equipment Type* ✓

Make* ✓

Model* ✓

Serial No.*

Sl. No.	Equipment Type	Equipment Name	Make	Model	Serial No.	
1.	USG	USG	2022	VBT90UHTY	102299802	Delete
2.	CT Scan	CT Scan	2023	NHYUPO	12000089	Delete
3.	MRI	MRI	2023	BNY78(B)	10089790	Delete
4.	Color Doppler	Color Doppler	2023	UBN509N	10000008928	Delete

Step 5.2.5.2: User can add multiple as per availability. ‘Equipment Available’

Equipments Available

Equipment Type* ✓

Make* ✓

Model* ✓

Serial No.*

Sl. No.	Equipment Type	Equipment Name	Make	Model	Serial No.	
1.	USG	USG	2022	VBT90UHTY	102299802	Delete
2.	CT Scan	CT Scan	2023	NHYUPO	12000089	Delete
3.	MRI	MRI	2023	BNY78(B)	10089790	Delete
4.	Color Doppler	Color Doppler	2023	UBN509N	10000008928	Delete

Step 5.2.5.3: If required, user can delete the ‘Equipment Available’

Equipments Available

Equipment Type* ✓

Make* ✓

Model* ✓

Serial No.* ✓

Sl. No.	Equipment Type	Equipment Name	Make	Model	Serial No.	
1.	USG	USG	2022	VBT90UHTY	102299802	Delete
2.	CT Scan	CT Scan	2023	NHYUPO	12000089	Delete
3.	MRI	MRI	2023	BNY78(B)	10089790	Delete
4.	Color Doppler	Color Doppler	2023	UBN509N	10000008928	Delete
5.	Echo		2023	UBN2023	11111111	Delete

Step 5.2.6.1: After adding 'Equipment Available' User will add 'Procedure Test'. User can add multiple as per availability.

Whether facilities are available in the laboratory/clinic for the following

Procedure/Tests*

--Select--

Procedure/Tests*	
Ultrasound	<input type="button" value="Delete"/>
Foetoscopy	<input type="button" value="Delete"/>
Foetal biopsy	<input type="button" value="Delete"/>
Molecular Studies	<input type="button" value="Delete"/>

Ultrasound
 Amniocentesis
 Chorionic villi aspiration
 Foetoscopy
 Foetal biopsy
 Cordocentesis
 Chromosomal Studies
 Biochemical Studies
 Molecular Studies
 Preimplantation Genetic Diagnosis

Step 5.2.6.2: If required, user can delete the 'Procedure Test'

Whether facilities are available in the laboratory/clinic for the following

Procedure/Tests*

--Select--

Sl. No.	Procedure/Tests*	
1.	Ultrasound	<input type="button" value="Delete"/>
2.	Foetoscopy	<input type="button" value="Delete"/>
3.	Foetal biopsy	<input type="button" value="Delete"/>
4.	Molecular Studies	<input type="button" value="Delete"/>
5.	Biochemical Studies	<input type="button" value="Delete"/>

Step 5.2.7.1: After adding 'Procedure Test' User will select Employee type

Employees Information

Employee Type*

--Select--

Employee Name*

Designation*

Qualification*

Experience(In Years)

Additional Experience(In)

Step 5.2.7.2: After selecting 'Employee type' User will add other sections. User can add multiple 'Employee information' as per availability

Employees Information

Employee Type*
Female Attendant ✓

Employee Name*
Ratna Deb ✓

Designation*
DEO ✓

Qualification*
H.S. ✓

Additional Qualification
6 months course/CBA ✓

Experience(In Years)
Experience

Aadhar No.*
1212121212 ✓

Add

Sl. No.	Employee Type	Employee Name	Designation	Qualification	Additional Qualification	Experience(In Years)	Registration No.
1.	Doctor/Sonologist	Dr Santanu Mukherjee	DMRD	MBBS	DGO/DMRD/DCH	20	67890
2.	Doctor/Sonologist	Dr Ajay Talukdar	DGO	MBBS	DGO/DMRD/DCH	15	189209
3.	Female Attendant	Asha Ghosh	Nurse	B.Sc.(Nursing)	6 months course/CBA	10	
4.	Doctor/Sonologist	Dr Amitava Banerjee	MD	MBBS	DNB (Radio Diagnosis / G&O / Pediatrics)	15	10098
5.	Female Attendant	Puja Tiwari	Nurse	B.Sc.(Nursing)	CBET	3	

Qualifies for registration in terms of requirements laid down in rule 3

Step 5.2.7.3: If required, user can delete the 'Employee information'

Employees Information

Employee Type*
--Select-- ✓

Employee Name*
Employee name ✓

Designation*
Designation ✓

Qualification*
--Select-- ✓

Additional Qualification
--Select-- ✓

Experience(In Years)
0

Aadhar No.*
Aadhar no. ✓

Add

Sl. No.	Employee Type	Employee Name	Designation	Qualification	Additional Qualification	Experience(In Years)	Registration No.	Aadhar No.	
1.	Doctor/Sonologist	Dr Santanu Mukherjee	DMRD	MBBS	DGO/DMRD/DCH	20	67890		Delete
2.	Doctor/Sonologist	Dr Ajay Talukdar	DGO	MBBS	DGO/DMRD/DCH	15	189209		Delete
3.	Female Attendant	Asha Ghosh	Nurse	B.Sc.(Nursing)	6 months course/CBA	10		456718902345	Delete
4.	Doctor/Sonologist	Dr Amitava Banerjee	MD	MBBS	DNB (Radio Diagnosis / G&O / Pediatrics)	15	10098		Delete
5.	Female Attendant	Puja Tiwari	Nurse	B.Sc.(Nursing)	CBET	3		564718909824	Delete
6.	Female Attendant	Ratna Deb	DEO	H.S.	6 months course/CBA	0		1212121212	Delete

Step 5.2.8: After adding 'Employee information' User will select 'Qualifies for Registration'.

Pre-Conception and Pre-Natal Diagnostic Techniques
X

Qualifies for registration in terms of requirements laid down in rule 3

Qualifies for registration*

Yes
✓
▼

--Select--

Yes

No

PCPNDT Act & Rules

The PCPNDT Licensing Authority never ask Aadhaar as a supporting document for identity proof. Applicant is requested to refrain from submitting or uploading Aadhaar as a supporting document. The PCPNDT Licensing Authority, West Bengal shall endeavour its best effort to request the applicants to remove Aadhaar from their application. Applicant shall be fully responsible for any violation of the Act/Rules/Order related to Aadhaar in this regard.

S.No	Enclosure Name	Upload Up To Date Documents		
1	Copy of Trade License*	Choose File	No file chosen	View
2	Affidavit of Declaration of Applicant	Choose File	No file chosen	
3	Sketch Map of USG Room and Surroundings	Choose File	No file chosen	
4. Land Or Premises:				
4.1	Ownership Deed MOU*	Choose File	No file chosen	View
4.2	Lease/Rental Agreement of the premises*	Choose File	No file chosen	View

Step 5.2.9.1: User will upload all the required document.

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their application. Applicant shall be fully responsible for any violation of the Act/Rules/Order related to Aadhaar in this regard.

S.No	Enclosure Name	Upload Up To Date Documents		
1	Copy of Trade License*	Choose File	demo.pdf ✓	View
2	Affidavit of Declaration of Applicant	Choose File	No file chosen	
3	Sketch Map of USG Room and Surroundings	Choose File	No file chosen	
4. Land Or Premises:				
4.1	Ownership Deed MOU*	Choose File	demo.pdf ✓	View
4.2	Lease/Rental Agreement of the premises*	Choose File	demo.pdf ✓	View
5	Copy of CE License if issued or receipt of application for CE license*	Choose File	demo.pdf ✓	View
6	N.O.C. of Fire (Application & Affidavit)*	Choose File	demo.pdf ✓	View
7	N.O.C./Application & Affidavit from WBPCB (consent to establish & consent to operate)*	Choose File	demo.pdf ✓	View
8	Agreement with CBWTF (BMW)*	Choose File	demo.pdf ✓	View
9	Updated Property Tax (Commercial)*	Choose File	demo.pdf ✓	View
10. Man Power Details:				

Step 5.2.9.2: After uploading all the required document, User will click on submit button

Pre-Conception and Pre-Natal Diagnostic Techniques

9	Updated Property Tax (Commercial)*	Choose File	demo.pdf ✓	View
10. Man Power Details:				
10.1	Updated WBMC Registration of doctors*	Choose File	demo.pdf ✓	View
10.2	Photo ID proof of doctor/female attendant*	Choose File	demo.pdf ✓	View
10.3	Appointment & Acceptance Letter of appointment by the doctor/female attendant*	Choose File	demo.pdf ✓	View
10.4	Declaration stating adherence to PCPNDT Act & Rules*	Choose File	demo.pdf ✓	View
11	Residential address (with P.O., P. S., Ward no. and Pincode), Mobile No., Email, ID proof of the License and letter of authority of the applicant if applicant is authorized on behalf of the license.	Choose File	No file chosen	
12	List of names of all present Sonologist and Female Attendant with qualification, experience, update WBMC Reg. no., Date of joining and signature in given column Documents.	Choose File	No file chosen	
13	Machine Details	Choose File	No file chosen	
14	Installation paper of all machines*	Choose File	demo.pdf	View

I have read and understood PCPNDT Act & rules and I shall abide by the provision of the Acts & Rules wherever applicable.

Step 5.2.10: Application will be submitted accordingly.

The screenshot shows the PCPNDT application management interface. At the top, there is a navigation bar with 'Home' and a session status indicator 'Session Idle: 29m:52s Successful...'. Below the navigation bar, there are buttons for 'New Application' and 'Renew Application', along with input fields for 'Enter Licence Number' and 'Post Licence Application'. The main content area displays a table of applications with columns for SL No., Form ID, Current Status, Remarks, Organisation Name, Application Type, Applied On, Applicant Name, and Location. The table contains four entries. The first entry (SL No. 1) has buttons for 'View', 'Form A', 'Edit', and 'Payment'. The second entry (SL No. 2) has buttons for 'View' and 'Form A'. The third and fourth entries (SL No. 3 and 4) have buttons for 'View', 'Form A', and 'Certificate Form-B'. Below the table, there is a pagination control showing 'Showing 1 to 4 of 4 entries' and buttons for 'Previous', '1', and 'Next'. At the bottom left, it says 'Logged in as: Chandan Sarkar (Applicant)'.

SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000018	Application Form Submit		BELLE VUE CLINIC	Renewal Application		Chandan Sarkar	Kolkata	View Form A Edit Payment
2	P/2023/000010	Approve & Forward the Application to ADH		SANTINIKETAN MEDICAL COLLEGE & HOSPITAL	New Application	03/02/2023	Chandan Sarkar	Hooghly	View Form A
3	P/2023/000008	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	Renewal Application	25/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B
4	P/2023/000004	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	New Application	20/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B

Step 5.2.11: Applicant can view or edit their application until they are final submitted. Next User will click on payment button

This is a close-up screenshot of the application table from the previous image. The 'Payment' button for the first entry (SL No. 1) is highlighted with a red circle. The table structure is the same as in the previous screenshot.

SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000018	Application Form Submit		BELLE VUE CLINIC	Renewal Application		Chandan Sarkar	Kolkata	View Form A Edit Payment
2	P/2023/000010	Approve & Forward the Application to ADH		SANTINIKETAN MEDICAL COLLEGE & HOSPITAL	New Application	03/02/2023	Chandan Sarkar	Hooghly	View Form A

Step 5.2.12: A popup will arrive with the 'to be paid payment details'. User will click on 'Proceed to Pay' button.

The screenshot shows a modal window titled "PCPNDT : Payment Request Confirmation" with a close button (X) in the top right corner. The modal contains a table with the following details:

Applicant Name	Chandan Sarkar
Applicant Mobile	7009891246
Form Number	P/2023/000018
Facility Name	BELLE VUE CLINIC
Facility Email	info@bellevue.com
Facility Address	9 & 10, Dr. U. N. Brahmachari Street, Dr. U. N. Brahmachari Street, Circus Avenue, Shakespeare Sarani, Kolkata
Application Type	Renew
Amount	17500.00

Below the table, there is a red text instruction: "In case the amount is deducted from your bank account, please wait for next two working days, to know the correct status of your payment. Please check your status on a regular basis. If the amount is not deducted, then you need to make payment again."

At the bottom center of the modal, there is a green button labeled "Proceed to Pay".

Step 5.2.13: A popup will arrive with the 'to be paid payment details'. User will click on 'Proceed to Pay' button.

This screenshot is identical to the one above, showing the "PCPNDT : Payment Request Confirmation" modal with the same payment details table and instructions. The key difference is that the green "Proceed to Pay" button at the bottom center is highlighted with a red circle, indicating the user's next action.

Step 5.2.14: The page will be redirected to the payment option where user will pay the amount with the following payment option such as Credit Card, Debit Card and so on

Step 5.2.15: After successful payment user will be redirected to the application status page.

[New Application](#) [Renew Application](#) [Post Licence Application](#)

Show entries Search:

SL. No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000018	Application Form Submit		BELLE VUE CLINIC	Renewal Application		Chandan Sarkar	Kolkata	View Form A Edit Final Submit
2	P/2023/000010	Approve & Forward the Application to ADH		SANTINIKETAN MEDICAL COLLEGE & HOSPITAL	New Application	03/02/2023	Chandan Sarkar	Hooghly	View Form A
3	P/2023/000008	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	Renewal Application	25/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B
4	P/2023/000004	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	New Application	20/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B

Showing 1 to 4 of 4 entries [Previous](#) [1](#) [Next](#)

Step 5.2.15: For previewing the printed view of the application User will click on Form A option

New Application Renew Application Post Licence Application

Show 10 entries Search:

SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000018	Application Form Submit		BELLE VUE CLINIC	Renewal Application		Chandan Sarkar	Kolkata	View Form A Edit Final Submit
2	P/2023/000010	Approve & Forward the Application to ADH		SANTINIKETAN MEDICAL COLLEGE & HOSPITAL	New Application	03/02/2023	Chandan Sarkar	Hooghly	View Form A
3	P/2023/000008	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	Renewal Application	25/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B
4	P/2023/000004	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	New Application	20/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B

Showing 1 to 4 of 4 entries Previous 1 Next

Step 5.2.16: After completion of entire application process User will click on Final Submit button.

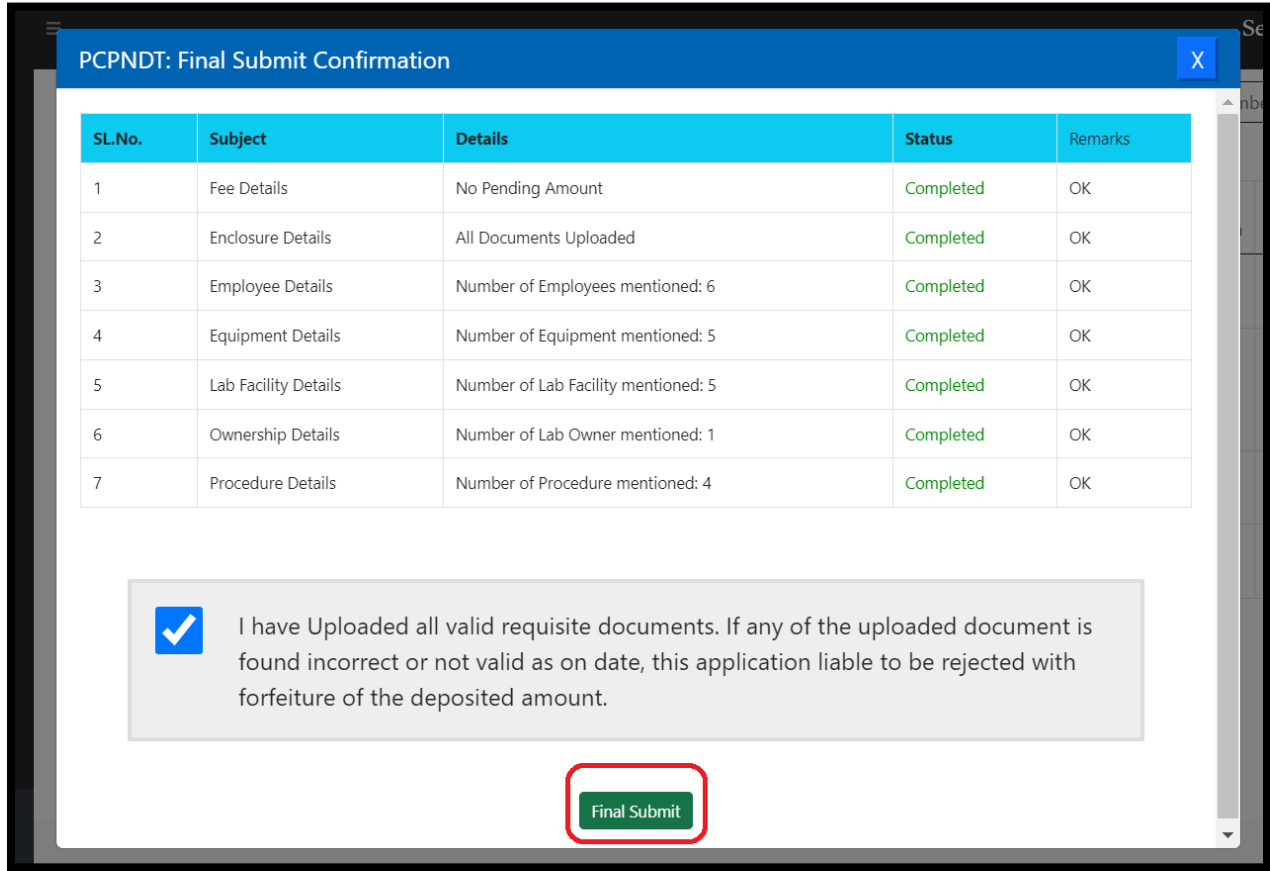
New Application Renew Application Post Licence Application

Show 10 entries Search:

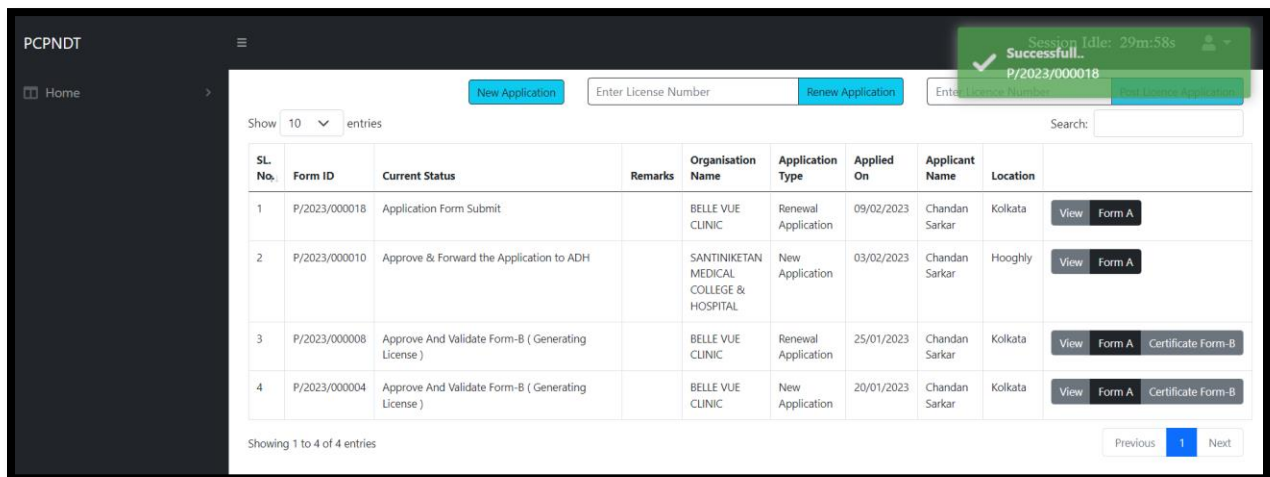
SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000018	Application Form Submit		BELLE VUE CLINIC	Renewal Application		Chandan Sarkar	Kolkata	View Form A Edit Final Submit
2	P/2023/000010	Approve & Forward the Application to ADH		SANTINIKETAN MEDICAL COLLEGE & HOSPITAL	New Application	03/02/2023	Chandan Sarkar	Hooghly	View Form A
3	P/2023/000008	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	Renewal Application	25/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B
4	P/2023/000004	Approve And Validate Form-B (Generating License)		BELLE VUE CLINIC	New Application	20/01/2023	Chandan Sarkar	Kolkata	View Form A Certificate Form-B

Showing 1 to 4 of 4 entries Previous 1 Next

Step 5.2.17: A popup will open with the declaration of the filled-up application. User will accept the declaration and click on final submit.

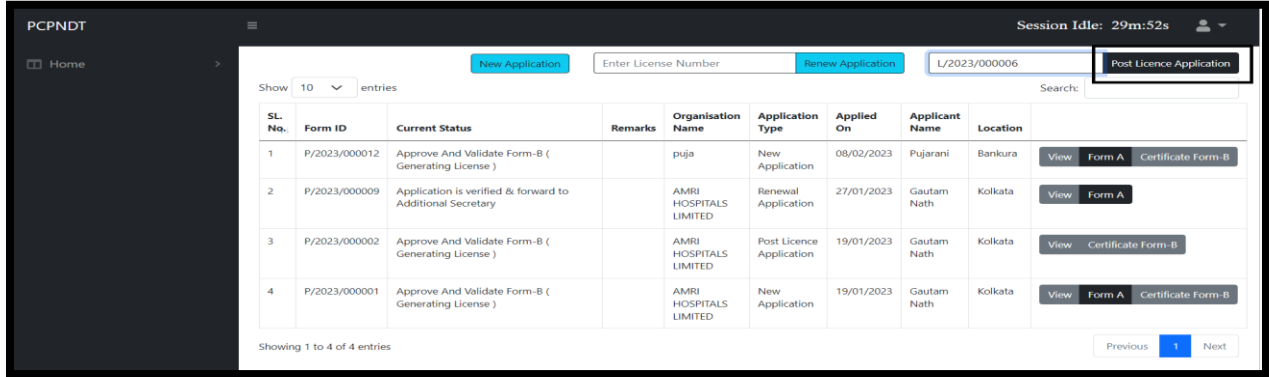


Step 5.2.18: The application will be final submitted successfully. The application will be sent to Dealing Assistant (DA) of selected District.

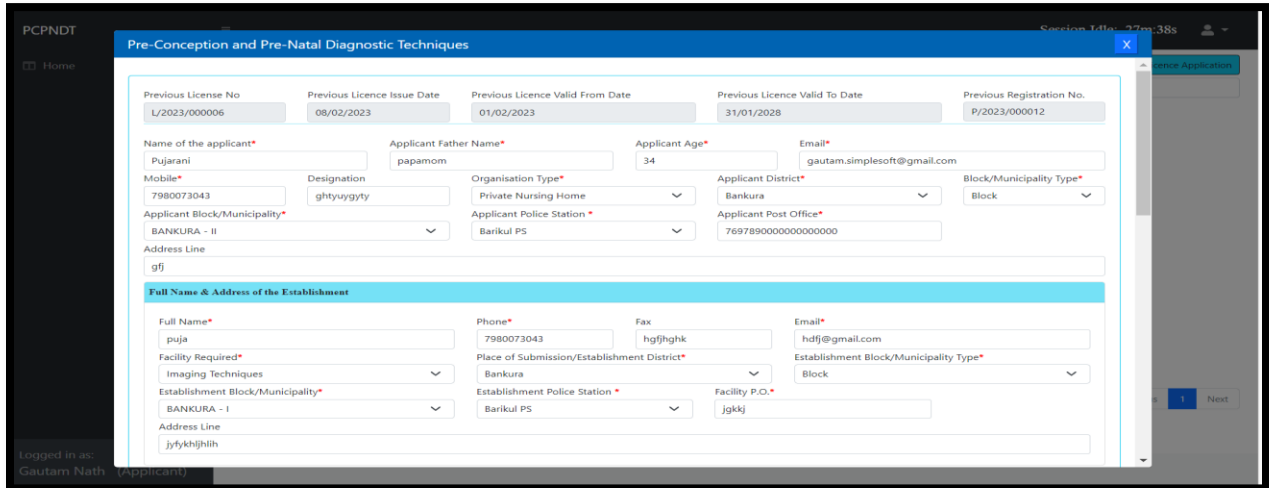


Step 5.3.1: User will click on “Application” menu for “Home” main menu for ‘Post License application’ of their existing PCPNDT license. The page will be redirected to the “Application” page. Existing User can view all the previous application below with its status.

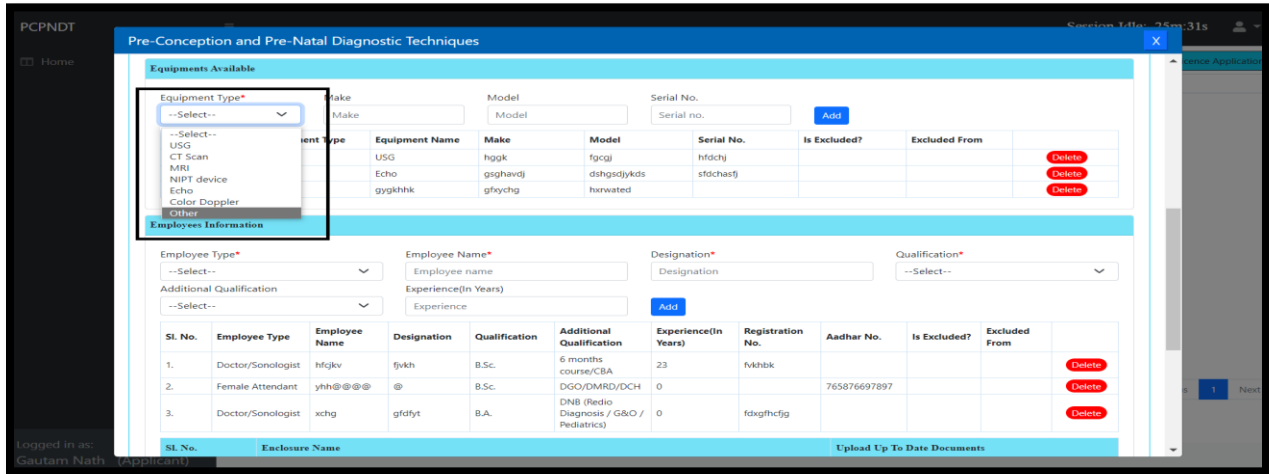
To apply post license application, User must enter their existing license number and click on ‘Post License application’ button.



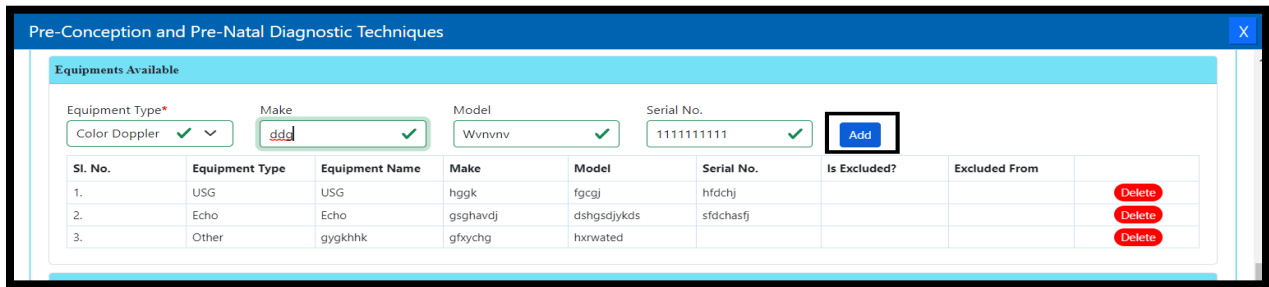
Step 5.3.2: User details will be fetched from the license number.



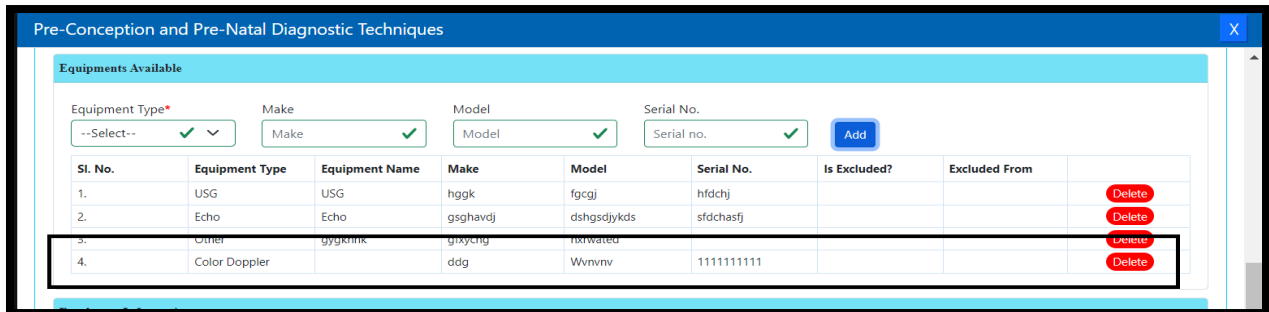
Step 5.3.3.1: User will select 'Equipment type'.



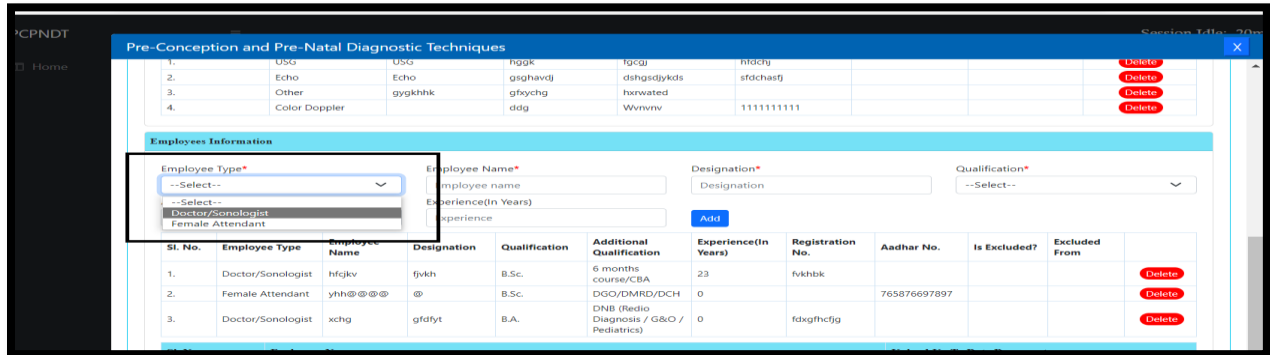
Step 5.3.3.2: User can add multiple as per availability. 'Equipment Available'.



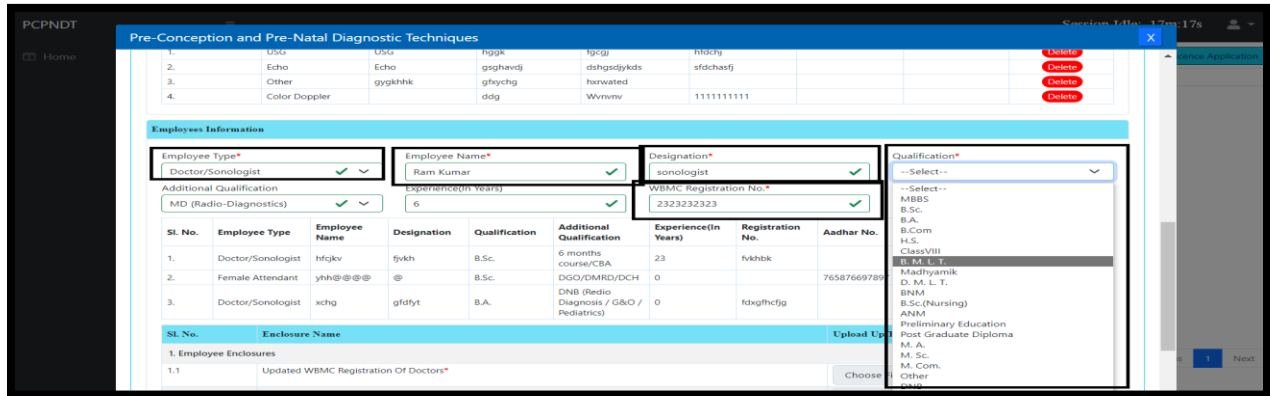
Step 5.3.3.3: If required, user can delete the 'Equipment Available'.



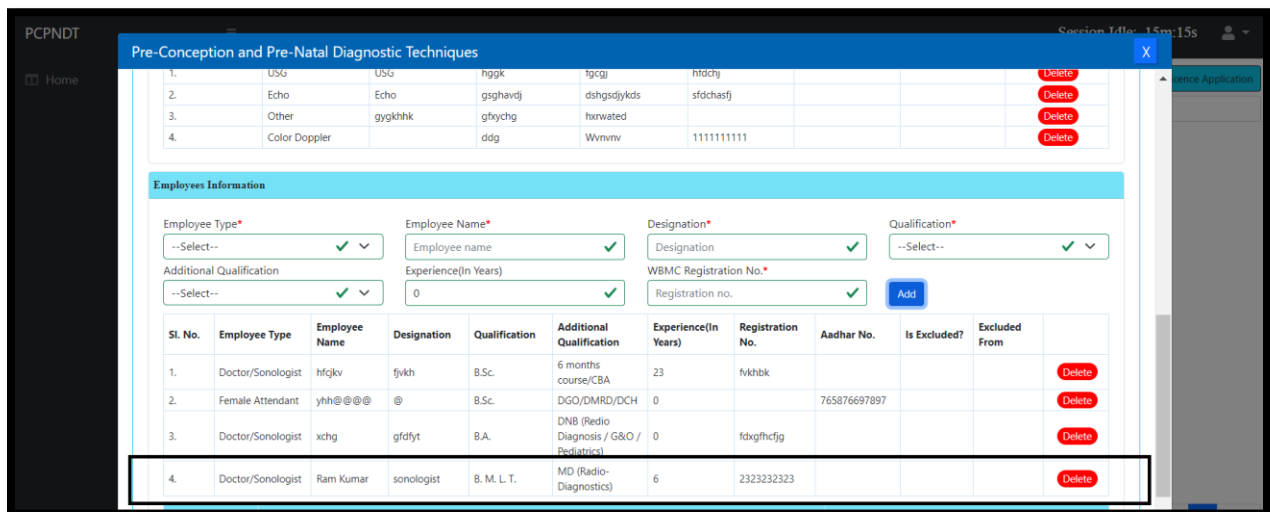
Step 5.3.4.1: After adding 'Equipment available' User will select Employee type.



Step 5.3.4.2: After selecting 'Employee type' User will add other sections. User can add multiple 'Employee information' as per availability.



Step 5.3.4.3: If required, user can delete the 'Employee information'.



Step 5.3.5: User will upload all the required document. After uploading all the required document, User will click on submit button.

Sl. No.	Enclosure Name	Upload Up To Date Documents
1. Employee Enclosures		
1.1	Updated WBMC Registration Of Doctors*	Choose File demo.pdf ✓
1.2	Photo ID proof of doctor/female attendant*	Choose File demo.pdf ✓
1.3	Declaration stating adherence to PCPNDT Act & Rules*	Choose File demo.pdf ✓
2. Equipment Enclosures		
2.1	Installation paper of all machines*	Choose File demo.pdf ✓
2.2	Affidavit format of Machine Inclusion / Deletion*	Choose File demo.pdf ✓
2.3	NOC from concern DA*	Choose File demo.pdf ✓

Submit

Step 5.3.6: After clicking on the submit button, a pop up will be on the screen for verifying the entered details and confirm it. After confirming you can't change the details.

Sl. No.	Name	Qualification	Years	No.	From	
1.	Doctor/Sonologist	B.Sc.	23			Delete
2.	Female Attendant	B.Sc.	0	765876697897		Delete
3.	Doctor/Sonologist	B.A.	0			Delete
4.	Doctor/Sonologist	B. M. L. T.	0			Delete

The action requires confirmation

Please verify the entered details and then submit. After confirmation you cant change the details. Want to submit?

Confirm **Cancel**

Submit

Step 5.3.7: Application will be submitted accordingly.

✔ Session Idle: 29m:55s
Successful..

SL No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000019	Application Form Submit		puja	Post Licence Application	09/02/2023	Pujarani	Bankura	View
2	P/2023/000012	Approve And Validate Form-B (Generating License)		puja	New Application	08/02/2023	Pujarani	Bankura	View Form A Certificate Form-B
3	P/2023/000009	Application is verified & forward to Additional Secretary		AMRI HOSPITALS LIMITED	Renewal Application	27/01/2023	Gautam Nath	Kolkata	View Form A
4	P/2023/000002	Approve And Validate Form-B (Generating License)		AMRI HOSPITALS LIMITED	Post Licence Application	19/01/2023	Gautam Nath	Kolkata	View Certificate Form-B
5	P/2023/000001	Approve And Validate Form-B (Generating License)		AMRI HOSPITALS LIMITED	New Application	19/01/2023	Gautam Nath	Kolkata	View Form A Certificate Form-B

Showing 1 to 5 of 5 entries

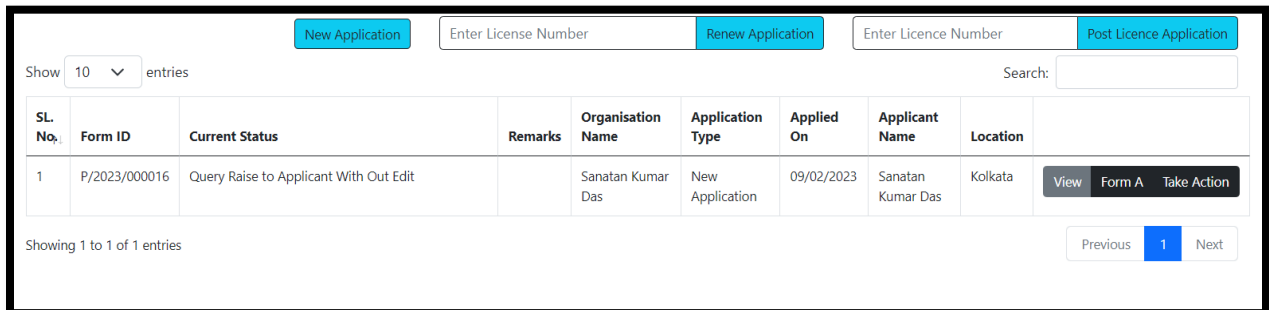
Previous **1** Next

Step 5.4.1: User will click on “Application” menu for “Home” main menu for checking any query received from any higher authorities of PCPNDT.

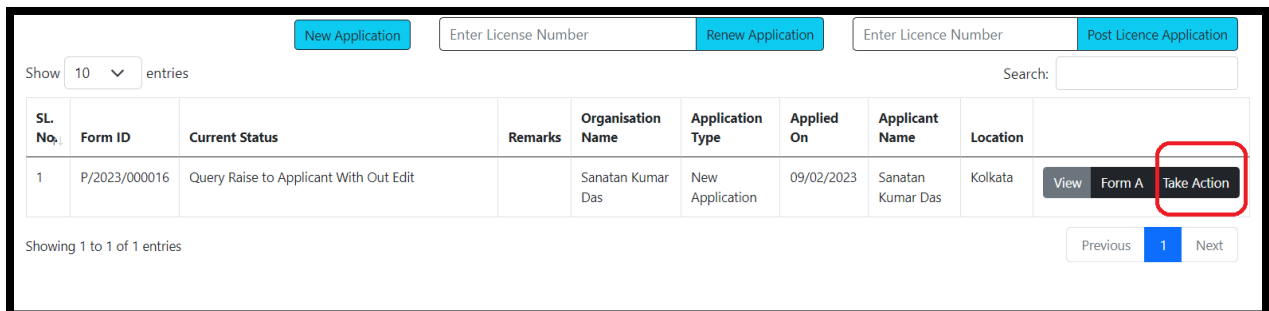


Step 5.4.2: The page will be redirected to the “Application” page. User can view all the previous application below with its status. If the current status is posted as “Query raise to Applicant” then they will have to respond the query as soon as possible. There are 2 types of query raise

- ✚ Query raised without edit: Response required from User without modifying the application. In such case application edit option will not be activated, just User can view the application and response the query from ‘take action’ button.
- ✚ Query raised with allow edit: Response required from User with the application modification in some section. In such case application edit option are activated, just User can edit the application and response the query from ‘take action’ button accordingly.



Step 5.4.3: User will click on ‘Take action’ button.



Step 5.4.4: A popup will open for query response from applicant.

Step 5.4.5: User will select the action and reply to the response in remarks section. After replying to the entire query, they will click on submit button.

SL. No.	Activity	Remarks	Inspection Info	Action Taken Date-Time
1	DADHS Raised Query to Applicant	Query Raised by DADHS		13/02/2023 4:45PM

Step 5.4.6: Response to the higher authority will be successful.

Step 5.4.6: Post response, the take action button will be disappear.

New Application Enter License Number Renew Application Enter Licence Number Post Licence Application

Show 10 entries Search:

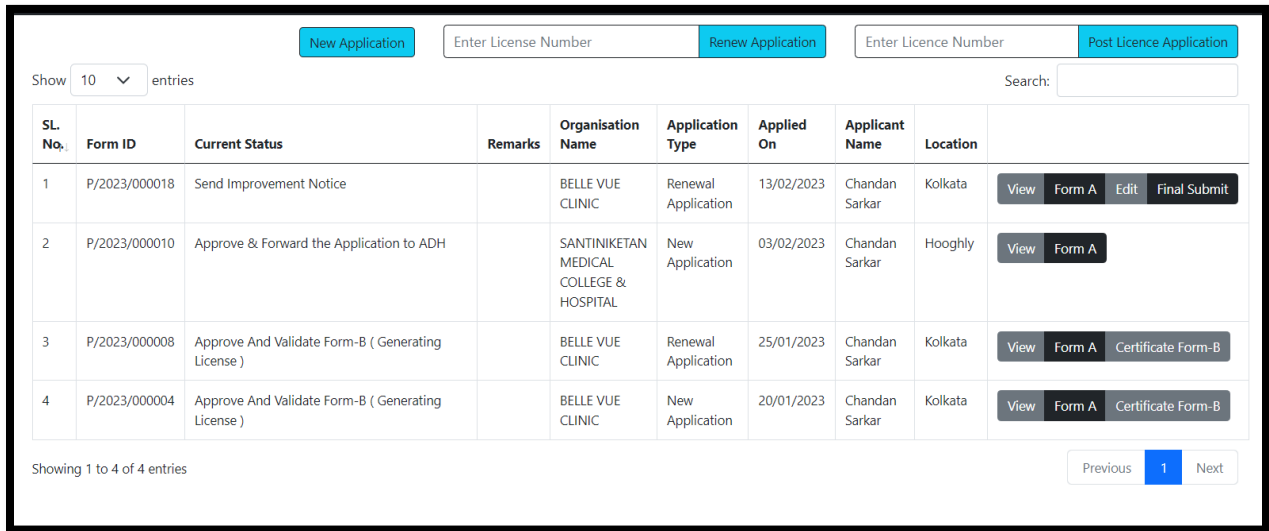
SL. No.	Form ID	Current Status	Remarks	Organisation Name	Application Type	Applied On	Applicant Name	Location	
1	P/2023/000016	Reply to DADHS		Sanatan Kumar Das	New Application	09/02/2023	Sanatan Kumar Das	Kolkata	View Form A

Showing 1 to 1 of 1 entries Previous 1 Next

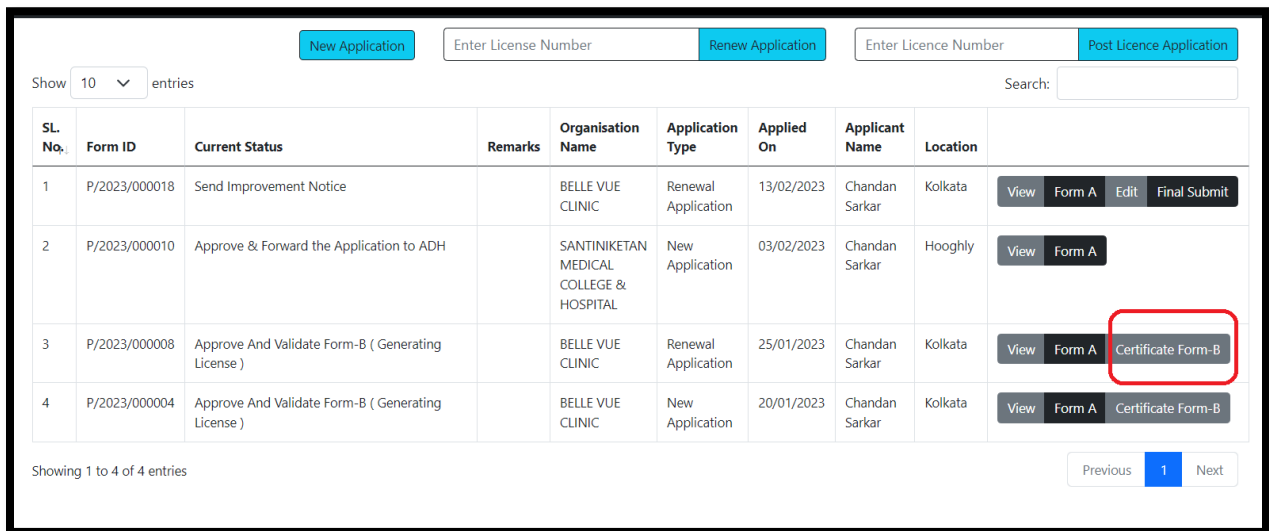
Step 5.5.1: User will click on “Application” menu for “Home” main menu for downloading the signed Certificate Form-B.



Step 5.5.2: The page will be redirected to the “Application” page.



Step 5.5.3: User will select the application and click on ‘Certificate Form-B’.



Step 5.5.4: The certificate will be downloaded accordingly.



Step 5.5.5: User will print the certificate. The validity of certificate will be for 5 years.

