

¹FORM A

[(Refer rules 4(1) and 8(1)]

(To be submitted in Duplicate with supporting document enclosures

Application for registration or renewal of a genetic counseling centre/genetic laboratory/
genetic clinic/ultrasound clinic/imaging centre

1. Name of the applicant
(Indicated 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 thereof)
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/Email address (es)
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 address of
other person responsible for management, as enclosure
6. Type of Institutions (Govt. Hospital/Management/Municipal Hospital/Public Hospital/
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 Counseling Centre only
8. Equipment available with the make and model of each equipment (List to be attached
on a separate sheet)

1. Substituted vide GSR 109 (E), dt. 1-2-2003, w.e.f. 14-2-2003.

9. (a) Facilities available in the Counseling Centre
- (c) Whether facilities are or would be available in the Laboratory/Clinic for the the following test:
 - (i) Ultrasound
 - (ii) Amniocentesis
 - (iii) Chorionic villi aspiration
 - (iv) Foetoscopy
 - (v) Foetal Biopsy
 - (vi) Cordocentesis

Whether facilities are available in the Laboratory/Clinic for the following:

- (i) Chromosomal studies
 - (ii) Biochemical studies
 - (iii) Molecular studies
 - (iv) Preimplatation genetic diagnosis
10. Names qualification experience and registration number of employee (may be furnished as an enclosure)
 11. State whether the Genetic Consoling Centre/Genetic Laboratory/Genetic Clinic/ultrasound clinic/imaging centre¹ qualifies for registration in term of requirement laid down in rule 3
 12. For renewal application only:
 - a. Registration No.
 - b. Data of issue and date of expiry of existing certificate of registration
 13. List of Enclosures
(Please attach la list of enclosures/supporting documents attached to this application.)

Date:

Place:

(.....)

Name, designation and signature of the person

Authorised to sign on behalf of the organization to be registered.

¹ Strike out whichever is not applicable or not necessary. All enclosures are to be authenticated by signature of the applicant

DECLARATION

I, Sh./Smt./Kum./Dr.....son/daughter/wife ofaged..... Years
resident of working as (indicate designation)..... in (indicate
name of the organisation to be registered) Diagnostic Techniques (Regulation and
Prevention of Misuse) Act, 1994 (57 of 1994)² and the Pre-natal Diagnostic Techniques
(Regulation and Prevention of Misuse) Rules, 1996³

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
Authorised to sign on behalf of the organization to be registered

² Read as "The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection)
Act, 1994 (57 of 1994)"

³ Read as "The Pre-conception and Pre-natal Diagnostic (Prohibition of Sex Selection) Rules, 1996"

[SEAL OF THE ORGANIZATION SOUGHT TO BE REGISTERED]

ACKNOWLEDGEMENT

[Refer rules 4(2) and 8(1)]

The application in Form A in duplicate for grant*/renewal* registration of Genetic Counseling Centre*/ Genetic Laboratory*/Genetic Clinic*/ Ultrasound 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 following documents mentioned in the list of enclosures are not actually enclosed.

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

(.....)

Signatures and Designation of Appropriate Authority
or authorised person in the
Office of the Appropriate Authority

Annex 2

Affidavit under Rule 4(1) of the PCPNDT Act (Submitted along with application for registration)

I _____ S/o _____ aged about years, owner of
(Clinic name/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 whatever 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 _____ 201

DEPONENT