‘FORM A’

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

(To be submitted in Duplicate with supporting documents are enclosures)

**FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF GENETIC COUNCELLING CENTRE / GENETIC LABORATORY/GENENTIC CLINIC / ULTRASOUND/IMAGING CENTRE**

1. Name of the Applicant :

(Indicate name of the organization sough to be registered)

1. Address of the Applicant :
2. 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)

1. Full name and address/addresses of Genetic Counselling Centre / Genetic laboratory / Genetic Clinic / Ultrasound Clinic / Imaging Centre with Telephone / Fax number(s) Telegraphic/Telex/e – Mail address(s)
2. Type of ownership of organization (individual ownership / partnership / company / cooperative 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.
3. Type of Institution (Govt. Hospital / Municipal Hospital / Public Hospital / PrivateHospital / Private Nursing Home/Private Clinic/Private Laboratory/ any other to be stated)
4. Specific pre-natal diagnostic procedures/test for which approval is sought.
5. Invasive Amniocentesis/Chorionic villi aspiration/ Chromosomal Biochemical / Molecular studies.
6. Non – Invasive Ultrasonography

Leave blank if registration is sought for Genetic Counseling Centre only.

1. Equipment available with the make and model of each equipment (List to be attached on a separate sheet) :
2. (a) Facillities available in the Counselling Centre

 (b)Whether facilities are or would be available in the Laboratory ? Clinic for the

 Following test:-

1. Ultrasound
2. Amniocentesis
3. Chrionoc villi aspiration
4. Foetoscopy
5. Foetal biopsy
6. Cardocentesis

(c) Whether facilities are available in the Laboratory/Clinic for the following:-

 (i) Chromosomal Studies

 (ii) Biochemical studies

 (iii) Molecular studies

 (iv) Preimplantation genetic diagnosis

1. Names, qualification, experiences and registration number of employees (may be furnished as an enclosure) :
2. 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]
3. For renewal applications only :
4. Registration No.
5. Date of issue and date of expiry of existing certificate of registration.
6. List of Enclosure :

 (Please attach a list of enclosures/supporting documents attached to this application)

Dated: \_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Place: \_\_\_\_\_\_\_\_\_\_ Name, designation and signature of

 The person authorized to sign on behalf

 Of the organization to be registered

**DECLARATION**

I, Sh./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 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 Councelling Centre/ Genetic Laboratory/ Genetic Clinic/ Ultrasound Clinic/ Imaging Centre in respect of which registration is sough and to ensure that Act and Rules are fully compiled with.

Date :

Place : (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Name, designation and signature of the

 Person authorized t sign on behalf of the

 Organization to be registered.

 (SEAL OF ORGANIZATION SOUGH TO BE REGISTERED)

**Affidavit under Rule 4(1) of the PC & PNDT Rules 1996**

**(Submitted along with application for registration)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged\_\_\_\_\_ about years, owner / Manager of (Clinic name / address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby solemnly affirm and declare as under that

1. The Genetic Centre / Laboratory / Clinic / Combination owned / manage 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 / mamage by me shall display a notice that we do not conduct any technique, test or procedure for detection of sex of foetus or for selection of sex before and after conception.

 **DESPONENT**

**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

  **DESPONENT**