

FORM A

[See Rules 4(1) and (1)

(To be submitted in Duplicate)

FORM OF APPLICATION FOR REGISTRATION OR RENEWAL

OF REGISTRATRIION OF A GENETIC COUNSELLING CENTRE/

GENETIC LABORATORY/GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

1. Name of the Applicant. :
 (Indicate name of the organisation
 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
 Counselling Centre/Genetic Laboratory /
 Genetic Clinic/Ultrasound Clinic/Imaging Centre.....
5. Telephone
 Fax number(s)
 Telegraphic/Telex/E- mail addresses.....
6. Type of ownership of Organisation
 (individual ownership/ partnership/ company/ co-operative /any other to be specified).
 In case of type of organisation is other than individual ownership, furnish copy of articles of
 association and names and addresses of other persons responsible for management ,as
 enclosure.)
7. Type of institution
 (Govt Hospital/Municipal Hospital/Public Hospital/Private hospital/Private nursing
 home/Private clinic/Private laboratory/any other to be stated)
8. Specific pre-natal diagnostic procedures/ tests for which approval is sought
 Invasive
 (i)Amniocentests/chorionic villaspriation/
 chromosomal/biochemical/molecular studies.
 (ii) Non-Invasive Ultrasonography
 (Leave blank if registration is sought for genetic Counselling Centre only.)
9. Equipment available with the make and model
 of each equipment
 (List to be attached on a separate sheet)
10. (a) Facilities available in the Counselling Centre.
 (b) Which 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)Cordocenteis
- (c) Which facilities are available in the Laboratory.,Clinic for the following.
- (i)Chromosomal studies
 - (ii)Biochemical studies
 - (iii)Molecular studies
 - (iv)Preimplantation genetic diagnosis.

11. Names, qualifications, experience and
 registration number of employees i.e.....
 radiologist,sonologist,technitians
 (may be furniesh as enclosure)

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

13. For renewal application 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 enclosure/supporting documents attached to this application.
 Date :
 Place

(.....)

Name , Designation and Signature of the person
 authorised to sign on behalf of the organisation
 to be registered.

DECLARATION

I,Shri/Kum/Dr.....son
/daughter /wife of.....aged.....years resident of
.....working as (indicate designation)
.....in (Indicate name of the organisation 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 Counselling Centre/ 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 organisation to be registered

AFFADAVIT

- (i) I/we shall not conduct any test or procedure, by whatever name called, for selection of sex before or after conception or for detection or sex of foetus except for diseases specified in Section 4(2) nor shall the sex of foetus be disclosed to any body ; and
- (ii) I/we shall display prominently a notice that I shall not conduct any technique test or procedure etc. by whatever name called for detection of sex of foetus or for selection of sex before or after conception.

(.....)
Name , Designation and Signature of the person authorised
to sign on behalf of the organisation to be registered.

Declaration by the Radiologist/Sonologist

This is to certify that I undersigned

Dr.....

Am possessing post graduate degree,.....

declare to visit center for the purpose of ultrasonography ,

if the centre gets recognition for the said purpose by concerned authorities.

My Visiting timings are as follows

.....

(.....)

Name and Signature of the Radiologist/Sonologist