User Manual

- 1. Go to website <u>www.pndtindore.org</u> and click on center registration on the top.
- 2. Enter the PIN provided to you and click continue.
- 3. You will get the following screen. Fill all the details of your center.

cou	FORM A [See rules 4(1) and 8(1)] (To be submitted in Duplicate) FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF GENETIC NSELING CENTRE/ GENETIC LABORATORY GENETIC CLINIC / ULTRASOUND CLINIC / IMAGING CENTRE.
Owners Information	
* Name of Applicant	
* Address	
Telephone	(e.g 0231123456)
Fax	(e.g 0231123456)
Mobile	(e.g 999999999)
* Email	(e.g admin@savethebabygirl.com)
Centre Information *PNDT Centre Registration No	
* Date of Issue	DD/MM/YYYY
Facility to Registered	i) Genetic Counseling Centre ii) Genetic Laboratory iii) Genetic Clinic iv) Imaging Centre v) Ultrasound Clinic
* Name of Centre	
* Address	
Telephone	(e.g 0231123456)
Fax	(e.g 0231123456)
* Mobile	(e.g 999999999)
* Email	(e.g admin@savethebabygirl.com)
Type of Ownership	OIndividual OPartnership OCo-Operative OCompany OOther If other specify here
* Type of Institution	select

4. Enter Your Equipment and Radiologist details on the following link.

Excilities & Equipments In	aformation
Facilities a Equipments in	normation
Specify Pre-natal diagnostic proc	redures/tests for which approval is sought:
a) Imracino	gin for Genetic Counselling Centre only.
i) Amniocentesis ii) Chrom	osomal iii) Chorionic villi asdporation iv) Biochemical v) Molecular St Add equipment from
b) 🗖 Non Invasive Ultrasonogr	aphy this link
* Equipment available with the ma	ade and model of each equipment list Click here to attach
a) Facilities available in the Couns	seling Centre If available specify here
b) Wether facilities are or would	be available in the laboratory /Clinic for following tests? :
i) 🗆 Ultrasound ii) 🗖 Amniocent	tesis 🗰 🗖 Chorionic villi aspiration 🙌 🗖 Foetoscopy 🗤 🗖 Foetal biopsy
vi) 🗆 Cordocentesis	
Wether the facilities are available	e in the Laboratory, clinic for following?
i) 🗆 Chromosomal studies ii) 🗖	Biochemincal Studies iii) Molecular Studies iv) Perimplantation genetic diag
* Name,Qualifications,experience	e and registration number of employees Click here to attach
* State whether the Genetic Coun requirements laid down in rule 3]	seling Centre/Genetic Laboratory / Genetic Clinic/ Ultrasound Clinic /imaging centre qualifies for registration in terms of
message of cente	er registration.
message of cent	er registration.
I Shri/Smt/Kum./Dr working as (indicate designation) read and understood the Pre-natal (Regulation and Prevention of Misc	er registration. DECLARATION son/daughter/wife ofagedYears resident of in (Indicate name of the organization to be registered)hereby declare that U(Regulation and Prevention diagnostic techniques of Misuse) Act, 1994 (57 of 1994) and Pre-natal Diagnostic techniques use) Rule, 1996.
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6. Go to website <u>www.pndtindore.org</u> and click on Login.Enter your username and password to fill online F-Form.