

User Manual



1. Go to website www.pndtindore.org 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.

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
COUNSELING CENTRE/ GENETIC LABORATORY GENETIC CLINIC / ULTRASOUND CLINIC / IMAGING CENTRE.**

Owners Information

* Name of Applicant	<input type="text"/>
* Address	<input type="text"/>
Telephone	<input type="text"/> (e.g 0231123456)
Fax	<input type="text"/> (e.g 0231123456)
Mobile	<input type="text"/> (e.g 999999999)
* Email	<input type="text"/> (e.g admin@savethebabygirl.com)

Centre Information

* PNDT Centre Registration No	<input type="text"/>
* Date of Issue	<input type="text" value="DD/MM/YYYY"/>  (e.g.15/09/2000)
Facility to Registered	i) <input type="checkbox"/> Genetic Counseling Centre ii) <input type="checkbox"/> Genetic Laboratory iii) <input type="checkbox"/> Genetic Clinic iv) <input type="checkbox"/> Imaging Centre v) <input type="checkbox"/> Ultrasound Clinic
* Name of Centre	<input type="text"/>
* Address	<input type="text"/>
Telephone	<input type="text"/> (e.g 0231123456)
Fax	<input type="text"/> (e.g 0231123456)
* Mobile	<input type="text"/> (e.g 999999999)
* Email	<input type="text"/> (e.g admin@savethebabygirl.com)
Type of Ownership	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Co-Operative <input type="radio"/> Company <input type="radio"/> Other <input type="text" value="If other specify here"/>
* Type of Institution	<input type="text" value="select"/> 

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

Facilities & Equipments Information

Specify Pre-natal diagnostic procedures/tests for which approval is sought:

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

a) Invasive
i) Amniocentesis ii) Chromosomal iii) Chorionic villi aspiration iv) Biochemical v) Molecular St

b) Non Invasive Ultrasonography

* Equipment available with the make and model of each equipment list [Click here to attach](#)

a) Facilities available in the Counseling Centre | If available specify here

b) Whether facilities are or would be available in the laboratory /Clinic for following tests? :

i) Ultrasound ii) Amniocentesis iii) Chorionic villi aspiration iv) Foetoscopy v) Foetal biopsy

vi) Cordocentesis

Whether the facilities are available in the Laboratory, clinic for following?

i) Chromosomal studies ii) Biochemical Studies iii) Molecular Studies iv) Perimplantation genetic diag

* Name,Qualifications,experience and registration number of employees [Click here to attach](#)

* State whether the Genetic Counseling Centre/Genetic Laboratory / Genetic Clinic/ Ultrasound Clinic /imaging centre qualifies for registration in terms of requirements laid down in rule 3]

Agree Not agree

Add equipment from this link

Add Radiologist from this link

5. Enter Username and password and click Submit you will get confirmation message of center registration.

DECLARATION

I Shri/Smt./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 (Regulation and Prevention diagnostic techniques of Misuse) Act, 1994 (57 of 1994) and Pre-natal Diagnostic techniques (Regulation and Prevention of Misuse) Rule, 1996.

I also undertake to explain the said Act and Rules to all employees of the Genetic Counseling 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 authorized to sign on
Behalf of the organization to be registered.

Login Information

Username	<input type="text"/>	(e.g. sagar.dr.mahesh)
Password	<input type="text"/>	minimum 6 character in length
Confirm Password	<input type="text"/>	
Email Address	<input type="text"/>	(e.g admin@savethebabygirl.com)
Security Question	<input type="text"/>	If you forget your password we will ask for the answer to your security question
Security Answer	<input type="text"/>	

6. Go to website www.pndtindore.org and click on Login. Enter your username and password to fill online F-Form.