

## FORM - A

### FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF A GENETIC COUNSELLING CENTRE / GENETIC LABORATORY / GENETIC CLINIC / ULTRASOUND CLINIC / IMAGING CENTRE

1. Name of the applicant :  
(Including 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 / Ultra Sound Clinic / Imaging Centre or any combination of these)
4. Full name and address / addresses of Genetic Counseling Centre / Genetic Laboratory / Genetic Clinic / Ultra Sound Clinic / Imaging Centre with Telephone / Fax number(s) / Telegraphic / Telex / E-Mail address(s).
5. Type of ownership of Organisation (individual ownership / partnership / company / co-operative / any other to be specified). In case 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.
6. Type of Institution (Govt. Hospital / Municipal Hospital / Public Hospital / Private Hospital / Private Nursing Home / Private Clinic / Private Laboratory / any other to be stated).
7. Specific pre-natal diagnostic procedures / tests for which approval is sought
  - a) Invasive : Amniocentesis / Chorionic villi aspiration / Chromosomal / Biochemical Molecular studies.
  - b) Non-Invasive : UltrasonographyLeave 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).
9. a) Facilities available in the Counseling Centre.
  - b) Whether 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) Cordocentesis
  - c) Whether facilities are available in the Laboratory / Clinic for the following tests:-
    - i) Chromosomal Studies
    - ii) Biochemical Studies
    - iii) Molecular Studies
    - iv) Preimplantation genetic diagnosis.

10. Names, qualification, experience and registration number of employees (may be furnished as an enclosure).

11. 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.

12. For renewal applications only:

- a) Registration No.
- b) Date of issue and date of expiry of existing certificate or registration.

13. List of Enclosures:

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

Date:

Place:

Name, designation and signature of the person authorized to sign on behalf of the organisation to be registered.

#### DECLARATION

I, Sh./ Smt / 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 counseling  
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 authorized to sign on behalf of the organisation to be registered.