

## FORM A

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

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

### 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  
(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 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 organization 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
    - (i) amniocentesis/ chorionic villi aspiration/ chromosomal/ biochemical/ molecular studies
  - (b) Non-Invasive Ultrasonography  
Leave blank if registration is sought for Genetic Counselling 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 Counselling 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) CordocentesisWhether facilities are available in the Laboratory/ Clinic for the following:
    - (i) Chromosomal studies
    - (ii) Biochemical studies
    - (iii) Molecular studies

(iv) Preimplantation genetic diagnosis

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

11. State whether the Genetic Counselling Centre/Genetic Laboratory/Genetic Clinic/ultrasound clinic/imaging centre <sup>1</sup> 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 of 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 .....  
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 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*

[SEAL OF THE ORGANISATION SOUGHT TO BE REGISTERED]

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<sup>1</sup> Strike out whichever is not applicable or not necessary. All enclosures are to be authenticated by signature of the applicant.

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**ACKNOWLEDGEMENT**  
[See Rules 4(2) and 8(1)]

**The application in Form A in duplicate for grant\*/renewal\* of registration of Genetic Counselling Centre\*/Genetic Laboratory\*/Genetic Clinic\*/Ultrasound Clinic\*/Imaging Centre\* by ..... (Name and address of applicant) has been received by the Appropriate Authority ..... On (date).**

\* The list of enclosures attached to the application in Form A has been verified with the enclosures submitted and found to be correct.

**OR**

\*On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.

This acknowledgement does not confer any rights on the applicant for grant or renewal of registration.

(.....)  
Signature and Designation of  
Appropriate Authority, or authorized  
person in the Office of the  
Appropriate Authority.

Date:  
Place:

**SEAL**

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\*Strike out whichever is not applicable or necessary.