

APPLICATION FORM

(To be filled in capital letters only)

To

The Appropriate Authority PCPNDT-cum
Director Health & Family Welfare,
Chandigarh Administration
Chandigarh.

FORM OF APPLICATION FOR REGISTRATION OF MANUFACTURES, RETAINERS, DISTRIBUTORS, IMPORTERS, DEALERS, REFUBRISHERS AND TECHNICIANS ETC. DEALING IN SALE, DISTRIBUTE, RENT, BUYBACK, REPAIR OR AUTHORIZE THE USE OF ULTRASOUND MACHINE OR IMAGING MACHINE OR SCANNER OR ANY OTHER EQUIPMENT CAPABLE OF DETECTING SEX OF THE FOETUS DEALING IN THE U.T. CHANDIGARH.

(To be submitted in duplicate with supporting documents as enclosure)

1. Name of the Applicant

(Indicate name of the Organization/Individual seeking the registration)

2. Official Address of the Organization/Individual :

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.....

3. Type of facility to be registered

.....

(please specify whether the application is for registration of a manufactures, retailers, distributors, importers, dealers, refurbishers and technicians etc. dealing in sale, distribute, rent, buyback, repair or authorize the use of ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus dealing the U.T.Chandigarh. Or any combination of these)

4. Full name and address/addresses of office/factory of manufacturers, retailers, distributors, importers, dealers, refurbishers and technicians etc. dealing in sale, distribute, rent buyback, repair or authorize the use of **ultrasound** machine or imaging machine or scanner or any other equipment capable of detecting sex of the

foetus. with Telephone /Fax number (s)/Telephonic/Telex/E-mail address(s).....
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5. Type of ownership (individual ownership/partnership/company/ Cooperative /any other to be specified). In case of type organization is other than individual ownership, furnish copy of articles of association and names and address of other persons responsible for management, as enclosure.....

6. Specify Sales/Service or both of the Equipment for which approval is to be sought: -
.....
.....

7. In order to verify the genuinely of Organizations and Companies .list of the Dealer/Seller/ in any other form presently working in U.T.Chandigarh may be furnished (as an enclosure) at the time of Registration.

8. Facilities available :-
- Sale
 - Buyback
 - Purchase
 - Repair
 - Any Other (specify):

9. List of addresses of all the billing centres to be enclosed at the time of Registration.
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.....

10 List of Enclosures :
(Please attach following list of relevant enclosures/supporting documents attached to this application

- Electricity bill/Telephone bill/Tax bill for address proof of residence /Office/

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- Photo Identity-PAN Card / Passport/ ADHAR/ Voter ID or Election Commission card/ Driving Licence.
 - Partnership Deed/Registration of Company/Firm Registration Documents.
 - Authorized Dealership/Retailership/Repair centre documents
 - All the documents/enclosures are to be self attested.

Date:-

Place:

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

DECLARATION

1. I, Sh./Smt./Kum/Dr.....son/daughter/Wife
of.....aged.....years, resident
of.....
.....working as (indicate designation)
.....

(Indicate name of the Organization/ Individual to be registered) hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014.)

I also undertake to explain the said Act and Rules to all employees of the Organization / Individual in respect of which registration is sought and to ensure that Act and Rules are fully complied with.

I affirm that all information given in this application are true & correct

Date:

Place:

**Name, designation and signature of the person
authorized to sign on behalf of the organization
/individual to be registered.**

(SEAL OF THE ORGANISATION / INDIVIDUAL SOUGHT TO BE

REGISTERED)

ACKNOWLEDGEMENT

The application From is duplicate for registration of manufacturers, retailers, distributors, importers, dealers, refurbishers and technicians etc. dealing in sale, distribute, rent, buyback, repair or authorized the use of ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus by (Name & address of applicant)

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.....for.....
..... (Name & address of the Organization /Individual) has been received in the O/o District Family Welfare Bureau on behalf of Appropriate Authority –cum PCPNDT, Chandigarh Administration, Sector-22, Chandigarh on (date)

- **The U.T. Chandigarh Appropriate Authority reserves the right to sanction or reject the application for registration. Also the right of cancellation of registration will be at the sole discretion of the Appropriate Authority.**

**Name and Signature of The
Chairperson, U.T. Chandigarh
Appropriate Authority or
authorized person his/ Her behalf**