

PERMISSION FOR SCANNING CENTRE APPLICATION FORM

Type of Application: ☐ Fresh ☐ Renewal

Consumer Details:-

Aadhar Number: _____ Applicant Name*: _____

Father Name*: _____ Door No: _____ Locality: _____

State*: _____ District*: _____ Mandal*: _____

Village/Ward*: _____

Pin code: _____ Mobile*: _____ Email: _____

Scanning Center Details:- Type of Facility*: ☐ Select Genetic Counseling centre ☐ Genetic lab ☐ Genetic Clinic

☐ Ultra Sound Clinic ☐ Imaging centre ☐ Other

Name of Scanning Centre*: _____ Door No: _____ Locality: _____

District*: _____ Mandal*: _____ Village/Ward*: _____

Pin Code: _____

Type of Ownership of Organization*: ☐ Individual ☐ Partnership

Test for which Approval is Sought*: ☐ Invasive ☐ Non-Invasive

No of Scanners*: ☐ Single ☐ Multiple

Please Select the Facilities Available in Lab/Clinic for Tests*: ☐ Ultra Sound ☐ Amniocentesis ☐ Chorionie vill Aspiration
☐ Foetal Biopsy ☐ Cordocentesis

Any other: _____

Please Select the Facilities Available in Lab/Clinic for Studies*: ☐ Chromosomal Studies ☐ Biomedical Studies
☐ Molecular Studies ☐ Preimplantation Genetic Diagnosis

Whether the Genetic Counseling Centre/Genetic Lab/Genetic Clines/Ultra Sound Clinics/Imaging Centers Qualifies for Registration in terms of requirements laid down in Rule3*: ☐ Yes ☐ No

Registration Number* (In case of Renewal): _____ Date of Issue*: _____

Date of Expiry*: _____ (Registration No, Date of Issue, Date of expiry is for Renewal)

Bank Details:-

Bank Name*: _____ Branch Name*: _____

Account No*: _____ IFSC Code*: _____

Informant Details:-

Informant Name*: _____

Informant Relation*: _____ Informant Mobile*: _____

Documents List: - (Upload All Documents in PDF Format)

☐ Application Form *

☐ Furnish Copy of association and name and address (in case of type of organization is other)

☐ Enclosure of Name, Qualification, Experience, Reg. no of all the Employees*

☐ Affidavit*

Applicant's Signature