

## Standard Operating Procedure and Checklist

<b>Name of Department</b>	Directorate of Health Services (Maternal Child Health and Family Welfare), Health and Family Welfare department
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### Application Type: Registration

#### A. Standard Operating Procedure for Applicant

<b>Application for</b>	<b>Registration under PC&amp;PNDT Act, 1994 (Amended subsequently) (For 5 years) &amp; its Renewal</b>
<b>Application Type</b>	Registration
<b>Mandatory supporting documents required(enclosures)</b>	<ol style="list-style-type: none"> <li>1. Affidavit</li> <li>2. Radiologist/sonologist education certificate</li> <li>3. Radiologist/sonologist training certificate</li> <li>4. Radiologist/sonologist Medical Council registration certificate</li> <li>5. Quotation of Machine/Performa/Invoice from authorized dealer/Manufacturer</li> <li>6. Declaration by the authorized signatory of the organization to be registered (as per template in application form)</li> <li>7. An undertaking to the effect that the centre/clinic shall display prominently a notice that they do not conduct any technique, test or procedure etc, for detection of sex of foetus or for selection of sex before or after conception</li> <li>8. Valid clinical establishment registration certificate under the Meghalaya nursing rules  In case type of Ownership at Sl.no.5 of application form is Company</li> <li>9. Furnish copy of articles of association and names and addresses of other persons responsible for management, as enclosure In case type of Ownership at Sl.no.5 of application form is partnership</li> <li>10. Furnish Partnership deed as enclosure In case type of Ownership at Sl.no.5 of application form is a Trust</li> <li>11. Furnish relevant document related to the trust as enclosure In case type of Ownership at Sl.no.5 of application form is Cooperative Society</li> <li>12. Society (Registration Certificate) In case, if serial number of make and model for equipment is mentioned: (If Yes in Sl.no.8)</li> <li>13. Attach the purchase invoice which clearly mentions 'serial number of make and model'.</li> <li>14. Proof of Payment of Registration Fees</li> </ol>

<p><b>Process description</b></p>	<ul style="list-style-type: none"> <li>➤ <b>Step 1:</b> Submission of online application along with supporting documents to District Medical &amp; Health Officer (DMHO) and payment of applicable fees.</li> <li>➤ <b>Step 2:</b> DMHO forwards to District MCH officer, who reviews the application and forwards it to District PC&amp;PNDT consultant</li> <li>➤ <b>Step 3:</b> DMHO informs applicant about the inspection visit</li> <li>➤ <b>Step 4:</b> DMHO then reviews the application and forwards to Director Health Services (MCH&amp;FW)</li> <li>➤ <b>Step 5:</b> Director Health Services (MCH&amp;FW) forwards the application to Joint Director Health Services (MCH&amp;FW) cum State Nodal officer</li> <li>➤ <b>Step 6:</b> Joint Director Health Services (MCH&amp;FW) reviews the application and place it to State Advisory Committee</li> <li>➤ <b>Step 7:</b> State Advisory Committee reviews the application and forwards it to State Appropriate Authority</li> <li>➤ <b>Step 8:</b> State Appropriate Authority reviews the application and decides on approval, clarification or rejection</li> <li>➤ <b>Step 9:</b> Director (MCH&amp;FW) issues registration certificate, which can be downloaded by applicant</li> <li>➤ <b>Step 10:</b> Applicant downloads the registration certificate</li> <li>➤ <b>Step 11:</b> Applicant shares the serial number of model and make of equipment to Director</li> <li>➤ <b>Step 12:</b> Director issues revised registration certificate, which can be downloaded by applicant</li> <li>➤ <b>Step 13:</b> Applicant downloads the registration certificate</li> </ul>
<p><b>Procedure for Fees payment</b></p>	<p><b>Fee for Registration:</b> Fees to be deposited in the Bank before applying and proof to be uploaded as enclosure along with the application.</p> <p><b>Bank Name: State Bank of India</b>  <b>Branch: Shillong</b>  <b>Account holder Name: Director of Health Services (MCH&amp;FW)</b>  <b>Account No. 36693215182</b>  <b>IFSC Code: SBIN0000181</b></p> <p>Determination of fee for Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre is as follows:  A. Rs. 25,000 for Private Clinic/Private laboratory  B. Rs. 35,000 for Govt. Hospital/Municipal Hospital/Private Hospital /Private Nursing Home/ any other to be stated</p>
<p><b>List of Reference Documents</b></p>	<p>The Pre-conception and Pre-Natal Diagnostic (Prohibition of Sex Selection) Act, 1994 and Rules 1996</p>
<p><b>Timeline for completing the process</b></p>	<p>70 working days from date of receipt of application (Rule 18A Sub Rule 4(i))</p>
<p><b>Checking of Application Status</b></p>	<p>Application status can be tracked through Single window portal</p>
<p><b>Departmental Workflow</b></p>	<p>Online Application &gt;Office of the DMHO&gt;Review of application/enclosures by District MCH office&gt;Review by District PC&amp;PNDT consultant&gt;Inspection Visit &gt;DMHO forwards application to Director of Health Services (MCH &amp; FW) &gt; Joint Director of Health Services (MCH &amp; FW) reviews the application &gt; State PC&amp;PNDT</p>

consultant reviews the application > Joint Director of Health Services (MCH & FW) places the application with State Advisory Committee > Review by State Advisory Committee and application forwarded to State Appropriate Authority > Director issues certificate to applicant > Applicant downloads the certificate > Applicant shares the serial number with Director > Director issues revised certificate to applicant

B. Inspection Format:

PRE REGISTRATION SURVEY

Name of the Officer with Designation (authorized by the Dist. Appropriate Authority to conduct the survey)

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Name of the Clinic/Hospital with address	Name of the owner with address and contact number	Copy of the PCPNDT Act is available at clinic	Display of board at prominent place stating - <u>“detection of the sex of the foetus is not done here and it is a legal offence”</u> . (In bold letters, in two languages - Local and English)	IEC material available, if any, in the clinic for the clients on female foeticide selection: posters/pamphlets/reading material	Printed copies of Form F and declaration forms available	Whether the gynaecologist / radiologist / sonologist is registered with other USG facility, if yes name of the USG facility	Remarks
1	2	3	4	5	6	7	8

District:

Date and time of visit:-

Signature of the surveyor

## Application Type: Renewal

### A. Standard Operating Procedure for Applicant

Application for	Registration under PC&PNDT Act, 1994 (Amended, 2003) (For 5 years) & its Renewal
Application Type	Renewal
Mandatory supporting documents required (enclosures)	<ol style="list-style-type: none"> <li>1. Last issued certificate (Form B)</li> <li>2. Affidavit</li> <li>3. Radiologist/sonologist education certificate</li> <li>4. Radiologist/sonologist training certificate</li> <li>5. Radiologist/sonologist Medical Council registration certificate</li> <li>6. Quotation of Machine/Performa/Invoice from authorized dealer/Manufacturer</li> <li>7. Declaration by the authorized signatory of the organization to be registered (as per template in application form)</li> <li>8. An undertaking to the effect that the centre/clinic shall display prominently a notice that they do not conduct any technique, test or procedure etc, for detection of sex of foetus or for selection of sex before or after conception</li> <li>9. Valid clinical establishment registration certificate under the Meghalaya nursing rules</li> </ol> <p style="margin-left: 40px;">In case type of Ownership at Sl.no.5 of application form is Company</p> <ol style="list-style-type: none"> <li>10. Furnish copy of articles of association and names and addresses of other persons responsible for management, as enclosure</li> <li style="margin-left: 40px;">In case type of Ownership at Sl.no.5 of application form is partnership</li> <li>11. Furnish Partnership deed as enclosure</li> <li style="margin-left: 40px;">In case type of Ownership at Sl.no.5 of application form is a Trust</li> <li>12. Furnish relevant document related to the trust as enclosure</li> <li style="margin-left: 40px;">In case type of Ownership at Sl.no.5 of application form is Cooperative Society</li> <li>13. Society (Registration Certificate)</li> <li style="margin-left: 40px;">In case, if serial number of make and model for equipment is mentioned: (If Yes in Sl.no.8)</li> <li>14. Attach the purchase invoice which clearly mentions 'serial number of make and model'.</li> <li>15. Proof of Payment of Renewal Fees</li> </ol>
Process description	<ul style="list-style-type: none"> <li>➤ <b>Step 1:</b> Submission of online application along with supporting documents to District Medical &amp; Health Officer (DMHO) and payment of applicable fees.</li> <li>➤ <b>Step 2:</b> DMHO forwards to District MCH officer, who reviews the application and forwards it to District PC&amp;PNDT consultant</li> <li>➤ <b>Step 3:</b> DMHO informs applicant about the inspection visit</li> <li>➤ <b>Step 4:</b> DMHO then reviews the application and forwards to Director Health Services (MCH&amp;FW)</li> <li>➤ <b>Step 5:</b> Director Health Services (MCH&amp;FW) forwards the application to Joint Director Health Services (MCH&amp;FW) cum State Nodal officer</li> <li>➤ <b>Step 6:</b> Joint Director Health Services (MCH&amp;FW) reviews the application and place it to State Advisory Committee</li> </ul>

	<ul style="list-style-type: none"> <li>➤ <b>Step 7:</b> State Advisory Committee reviews the application and forwards it to State Appropriate Authority</li> <li>➤ <b>Step 8:</b> State Appropriate Authority reviews the application and decides on approval, clarification or rejection</li> <li>➤ <b>Step 9:</b> Director (MCH&amp;FW) issues registration certificate, which can be downloaded by applicant</li> <li>➤ <b>Step 10:</b> Applicant downloads the registration certificate</li> <li>➤ <b>Step 11:</b> Applicant shares the serial number of model and make of equipment to Director</li> <li>➤ <b>Step 12:</b> Director issues revised registration certificate, which can be downloaded by applicant</li> <li>➤ <b>Step 13:</b> Applicant downloads the registration certificate</li> </ul>
<b>Procedure for Fees payment</b>	<p><b>Fee for Renewal:</b>Fees to be deposited in the Bank before applying for renewal and proof to be uploaded as enclosure along with the application.</p> <p><b>Bank Name: State Bank of India</b>  <b>Branch: Shillong</b>  <b>Account holder Name: Director of Health Services (MCH&amp;FW)</b>  <b>Account No. 36693215182</b>  <b>IFSC Code: SBIN0000181</b></p> <p>Determination of fee for Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre is as follows:</p> <p>A. Rs. 12,500 for Private Clinic/Private laboratory</p> <p>B. Rs. 17,500 for Govt. Hospital/Municipal Hospital/Private Hospital /Private Nursing Home/ any other to be stated</p>
<b>List of Reference Documents</b>	The Pre-conception and Pre-Natal Diagnostic (Prohibition of Sex Selection) Act, 1994 and Rules 1996
<b>Timeline for completing the process</b>	70 working days from date of receipt of application
<b>Checking of Application Status</b>	Application status can be tracked through Single window portal
<b>Departmental Workflow</b>	Online Application >Office of the DMHO>Review of application/enclosures by District MCH office>Review by District PC&PNDT consultant>Inspection Visit > DMHO forwards application to Director of Health Services (MCH & FW) > Joint Director of Health Services (MCH & FW) reviews the application > State PC&PNDT consultant reviews the application > Joint Director of Health Services (MCH & FW) places the application with State Advisory Committee > Review by State Advisory Committee and application forwarded to State Appropriate Authority > Director issues certificate to applicant > Applicant downloads the certificate > Applicant shares the serial number with Director > Director issues revised certificate to applicant

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District:

Date and time of visit:-

Signature of the surveyor