



Price: ` 1

## 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