



Price: ` 1

## PERMISSION FOR SCANNING CENTRE APPLICATION FORM

Type of Application:  Fresh  Renewal

### Consumer Details:-

Aadhar Number: \_\_\_\_\_ Applicant Name\*: \_\_\_\_\_

Father Name\*: \_\_\_\_\_ Door No: \_\_\_\_\_ Locality: \_\_\_\_\_

District\*: \_\_\_\_\_ Mandal\*: \_\_\_\_\_ Village/Ward\*: \_\_\_\_\_

Pin code: \_\_\_\_\_ Mobile\*: \_\_\_\_\_ Email: \_\_\_\_\_

### Scanning Center Details:-

Type of Facility\* : \_\_\_\_\_ 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  Chorionievell Aspiration  
 Foetal Biopsy  Cordocentesis Ultra Sound

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\*: \_\_\_\_\_

### 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\*

(\* - Indicates Mandatory)

Applicant's Signature