

APPLICATION FORM

(To be filled in capital letters only)

To,

The Chairperson-State Appropriate Authority, Rajasthan

Swasthiya Bhawan Jaipur.

'FORM OF APPLICATION FOR REGISTRATION OF MANUFACTURERS, IMPORTERS, RETAILERS, DISTRIBUTORS, DEALERS, ETC.' DEALING IN SALE, DISTRIBUTE, BUYBACK, OF ULTRASOUND MACHINE OR IMAGING MACHINE OR SCANNER OR ANY OTHER EQUIPMENT CAPABLE OF DETECTING SEX OF THE FOETUS DEALING IN THE STATE OF RAJASTHAN.

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

1. Name of the applicant :
(indicate name of the Organization/Individual seeking registration)

2. Official Address of the Organization/Individual :

3. Type of facility to be registered :
(please specify whether the application is for registration of a manufacturers, importers, retailers, distributors, dealers, etc. dealing in sale, distribute, buy back of Ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus dealing in the state of Rajasthan or any combination of these)

4. Full name and address/addresses of office/factory of manufacturers, importers, retailers, distributors, dealers, etc. dealing in sale, distribute, buyback of ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus, with Telephone/Fax number(s)Telegraphic/Telex/E-mail address(s)

5. Type of ownership (individual ownership/partnership/company/co-operative/any other to be specified). In case type of organization is other than individual ownership, furnish copy of articles of association and names and addresses of other persons responsible for management, as enclosure,-

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

7. In order to verify the genuinity of Organizations and Companies, list of the Dealers/Seller/in any other form presently working in Rajasthan State may be furnished (as an enclosure) at the time of Registration.

8. Facilities available :-

- Sale
- Buyback
- Purchase
- Any Other (specify) :

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

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.
- Photo Identity- PAN card/ Passport/ADHAR/Voter Id or Election Commission card/ Driving Licence.
- Partnership Deed/Registration of Company/Firm Registration Documents.
- Authorized Dealership/Retailer ship documents.
- * All the documents/enclosures are to be duly self attested.

11. Details of application fee-Demand Draft No..... Date.....In favour of
Rajasthan State Health Society (PCPNDT) Amount of rupees.....

Date :-

Place :-

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

DECLARATION

I, Sh./Smt./Kum./Dr.....son/daughter/wife of
..... , agedyears, 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 to be
registered.**

[SEAL OF THE ORGANISATION/INDIVIDUAL SOUGHT TO BE REGISTERED]

Acknowledgement

The application Form in duplicate for registration of manufacturers, importers, retailers, distributors, dealers, etc. dealing in sale, distribute, buyback of ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus by (Name & address of applicant).....for (Name & address of the Organization/Individual) has been received in the O/o Chairman State Appropriate Authority Rajasthan, Swasthya Bhawan, Jaipur, Rajasthan on (date).....

*The State 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
Chairperson, State Appropriate Authority, or
Project Director (PCPNDT) or
authorized person on his/her behalf.

Date :-

Place :-

