****

**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 🞏 Chorionievill 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**