

## SOP FOR PC&PNDT SERVICE

- Open the portal (<https://edistrict.odisha.gov.in>) in your favourite web browser .
  
- Register in the portal for creating a login account. It is a **one time process** for availing all services under edistrict portal.
  - ***Steps to follow for registering in the portal***
  - You must have a valid email ID and mobile no for registration into the system. If you do not have it then create a valid email ID and arrange a mobile no.
  - Click on the Services icon (Top right of the page). You will be redirected to the **“Register Yourself”** icon along with list of services available in the portal. Click on Register Yourself icon. One pop-up menu will appear. Enter all the required information and validate it. The system will send one email OTP and mobile OTP to your respective email ID and Mobile Number.
  - Enter the email OTP and mobile OTP received by you and submit. Once it is successful your login account is created.

**[Refer the screen shot for registering into the system]**

**Full Name**

**Email Id**

**Mobile No.**

**Password**

**State**



- Once the registration is over, click on the certificate you want to apply. A new window will open. Click on apply for services. Then click on online. Enter your login credentials (i.e.either with your registered email ID or Mobile Number). After successful login the application form will appear.
- **Steps for submitting Application Form**
  - Fill the application Form. (Refer below for a sample application form).
  - Verify the data. (Edit if required).
  - Attach the Annexure Documents.
  - Submit the application form.
  - On successful submission an Acknowledgement slip will be generated which will be available in your view application status. It can be downloaded and printed for offline reference.
  - A SMS conformation containing application reference number will be send to the applicant mobile number mentioned in the form.

- You can track the status of the application in “***Track Application Status***” section.
- A SMS will send to the applicant after issue / reject of the application.
- Applicant can download the certificate from “Track Application Status”.

### **Annexure Documents Required**

#### **For Fresh Application**

- Owner Applicant ID Proof
- Sketch map of Unit & Ultrasound Room
- Affidavit of performing doctor
- Affidavit by the owner
- Photocopy of Performing doctor’s Educational Certificate
- Certificate in support of staff engaged
- ID proof of Doctor
- Photocopy of the Clinical Establishment Act
- Copy of MTP Registration (If any)
- Photocopy of quotations invoice / purchase bill / make and model for machine (Optional)
- No Objection Certificate (in case of Govt. Doctor)

#### **For Renewal**

- Owner Applicant ID Proof
- Sketch map of Unit & Ultrasound Room
- Affidavit of performing doctor
- Affidavit by the owner
- Photocopy of quotations invoice / purchase bill / make and model for machine
- Photocopy of Performing doctor’s Educational Certificate
- Certificate in support of staff engaged
- ID proof of Doctor
- Photocopy of the Clinical Establishment Act
- Copy of MTP Registration (If any)
- Previous Form B (Registration Certificate)
- No Objection Certificate (in case of Govt. Doctor)

### **For Re-Apply**

- Owner Applicant ID Proof
- Sketch map of Unit & Ultrasound Room
- Affidavit of performing doctor
- Affidavit by the owner
- Photocopy of Performing doctor's Educational Certificate
- Certificate in support of staff engaged
- ID proof of Doctor
- Photocopy of the Clinical Establishment Act
- Copy of MTP Registration (If any)
- Photocopy of quotations invoice / purchase bill / make and model for machine (Optional)
- Previous Form C (In case application has been rejected earlier)
- No Objection Certificate (in case of Govt. Doctor)

### **For Registered (Form B Issued )**

- Owner Applicant ID Proof
- Sketch map of Unit & Ultrasound Room
- Affidavit of performing doctor
- Affidavit by the owner
- Photocopy of quotations invoice / purchase bill / make and model for machine
- Photocopy of Performing doctor's Educational Certificate
- Certificate in support of staff engaged
- ID proof of Doctor
- Photocopy of the Clinical Establishment Act
- Copy of MTP Registration (If any)
- Previous Form B (Registration Certificate)
- No Objection Certificate (in case of Govt. Doctor)

### **For Applied (From B to be Issued)**

- Owner Applicant ID Proof
- Sketch map of Unit & Ultrasound Room
- Affidavit of performing doctor
- Affidavit by the owner
- Photocopy of quotations invoice / purchase bill / make and model for machine
- Photocopy of Performing doctor's Educational Certificate
- Certificate in support of staff engaged
- ID proof of Doctor
- Photocopy of the Clinical Establishment Act
- Copy of MTP Registration (If any)
- Previous Form B (Registration Certificate)
- Counterfoil (proof of payment)
- No Objection Certificate (in case of Govt. Doctor)

### **Payment Details**

- For Government Hospital, There will be no Application fees.
  
- **For Fresh Application**
  - If the Applicant selects more than one options in Type of Facility to be Registered, then Application fees will Rs 35000.00
  - If the Applicant selects only one option in Type of Facility to be Registered, then Application fees will Rs 25000.00
  
- **For Renewal**
  - If the Applicant selects more than one options in Type of Facility to be Registered, then Application fees will Rs 17500.00
  - If the Applicant selects only one option in Type of Facility to be Registered, then Application fees will Rs 12500.00
  
- **If any other option is selected in Application type field, then there will be no Application Fees.**

FORM A  
[See Rule 4(1) and 8(1)]

FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF A GENETIC COUNSELLING CENTRE / GENETIC LABORATORY / ULTRASOUND CLINIC / IMAGING CENTRE

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**Application Type**

Application Type \*  Type of Facility to be Registered \*  Genetic Counselling Centre  Genetic Laboratory  Genetic Clinic  Ultrasound Clinic  Imaging Centre

Status of Centre \*

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**1. Name and Address of the Applicant**

Name of the Applicant \*  Address of the Applicant \*  District \*  Block \*

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**2. Full name and Address of Genetic Counselling / Genetic Laboratory / Genetic Clinic**

Name \*  Address \*  District \*  E-Mail \*  Mobile Number \*

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**3. Type of Ownership of Organization**

Type of Ownership \*  Name \*  Address \*  Type Of Institution \*

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**4. Specific Pre-Natal Diagnostic Procedure / Tests for which Approval is sought**

**Invasive**  Amniocentesis  Chorionic Villi Aspiration  Chromosomal studies  Biochemical studies  Molecular Studies

**Non-Invasive**  Ultrasonography

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**5. Equipments Available With Make and Model of each equipments (List to be attached)**

Equipments	Make *	Model *	Company *	Date Of Purchase *
	<input type="text" value="XXXX"/>	<input type="text" value="www"/>	<input type="text" value="aaaa"/>	<input type="text" value="08/02/2021"/>

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**6. Facilities Available**

Facilities Available In The Counselling Centre

Whether Facilities are or would be available in the Laboratory / Clinic for the following Tests  Ultrasound  Amniocentesis  Chorionic villi Aspiration  Foetoscopy  Foetal Biopsy  Cordocentesis

Whether facilities are available in the laboratory / Clinic for the following  Chromosomal Studies  Biochemical Studies  Molecular Studies  Pre-implantation Genetic Diagnosis

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**7. Employees Details**

Qualification Details	Name *	Qualification *	Designation *	Experience *	Registration Number *
	<input type="text" value="SAT JENA"/>	<input type="text" value="mbbs"/>	<input type="text" value="DOCTOR"/>	<input type="text" value="6"/>	<input type="text" value="reg56"/>

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**8. Genetic Counselling**

State Whether the Genetic Counselling Centre / Genetic Laboratory / Genetic Clinic / Ultrasound Clinic / Imaging Centre qualifies for Registration in terms of requirements laid down in Rule 3 \*

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**Declaration**

I, Sh. / Smt. / Kum. / Dr. \*  Son / Daughter / Wife of \*  Working as ( Indicate Designation ) \*  aged \*  years resident \*  In (indicate name of the organization to be registered ) \*

hereby declare that I have read and understood the Pre-natal Diagnostic Techniques ( Regulation and Prevention of Misuse ) Act 1994 ( 87 of 1994) and the Pre-natal Diagnostic Techniques ( Regulation and Prevention of Misuse ) Rules 1996.

I Agree \*

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**Apply To Office**

To


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**Additional Details**

Apply to the Office \*

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Word verification



Please enter the characters shown above