

FORMET FOR INSPECTION UNDER PC & PNDD ACT

Date of Inspection.....
Name & Address of Institution

Registration no. Fromto.....

Performing qualified person (Rule (3))

Name.....Qualification.....Experience.....

Registration no. of RMC and it's display Display of Degree/Diploma.....

No. of ultrasound machine Model and make of equipment being used.....

Type of facility registered

GC/GCC/GL or other specify Invasive/ noninvasive

Name of owner

Type of Institution

(Govt./Municipal /Private/ Public/Etc.) hospital specify

Register (Rule 9(1)) Yes/ No.

Availability of form D/E/F/G

Public Information (Rule-17)

Display of notice board Yes/ No

("Disclosure of the sex of the foetus is prohibited under law")

Display of Registration Yes/ NoCopy of the PC&PNDD Act

Maintenance and Preservation of records (Sec. 29 & Rule 9)

Record sending position to A.A. according to law (Each month by 5th of following month) (Rule 9(8)) of the last
..... Month....., Electronic record if any.....

Comment on record

Code of conduct (Rule (18))

Display of name and designation of the performing doctor on the dress worn by him or her 18(8)
.....

Name and designation of the performing doctor on report

Other violation of code of conduct If any

Other violation of the PC& PNDD Act & Rules

Other Information

Institution has registered under MTP act.....If yes how many MTPs have done in last five month.....

What is Sex-Ratio at birth in this institution in last one year.....

Decision of Inspection team

(1) Show cause notice (Sec. 20(1))

(2) Cancellation or Suspension of registration (Sec .20(2))

(3) Cancellation or Suspension of registration (Sec .20(3) Specify the reason of this decision....

(3) Seal and Seizure (Rule 12)

Others

Signature (Witness)
(Name & add.)

Signature

1.

2.

(Concerning Appropriate Authority)