

**FORM OF APPLICATION FOR REGISTRATION OF MANUFACTURER
/RETAILER/ DISTRIBUTOR/ IMPORTER/ DEALER/ TECHNICIAN
DEALING IN ULTRASOUND/ IMAGING MACHINES IN MADHYA PRADESH**

1. Name of the applicant:
2. Residential Address of the applicant:
3. Type of facility to be registered:

(Please specify whether the application is for registration of a manufacturer, retailer, distributor, importer, dealer or technician of Ultrasound /Imaging Machine or any combination of these)

4. Full name and address/addresses of Office / factory of manufacturer, retailer, distributor, importer, dealer or technician of Ultrasound /Imaging Machine with Telephone/Fax number(s)/Telegraphic/Telex/E-mail address (es). :-

5. Type of ownership of Organization (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. Specification of the product / Merchandise / Service for which approval is sought:-

7. Equipments / Services available with the make and model of each equipment or type of repair work undertaken:-

8. Names, qualifications, experience of employees (may be furnished as an enclosure):

9. List of Enclosures:

(Please attach a list of relevant enclosures / supporting documents attached to this application viz.

(1) Light bill/ Telephone bill/ Tax bill for address proof of residence / Office.)

(2) Photo Identity- PAN card/ Passport/ ADHAR/ Voter Id or Election Commission card/ Driving License

(3) Partnership Deed/ Registration of Company/ Firm

Registration Documents

(4) Authorized Dealership certificate/ Documents of

Retailership or any other documents pertaining to their business. Attach the documents which are applicable.

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
aged years, resident of
.....
working as (indicate designation) in
(indicate name of the organization / Firm or repairing station 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.

I also undertake to explain the said Act and Rules to all employees of the
organization / Firm or repairing station 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 is 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 ORGANIZATION SOUGHT TO BE REGISTERED]

ACKNOWLEDGEMENT

The application Form in duplicate for registration of manufacturer, retailer, distributor, importer, dealer or technician of Ultrasound /Imaging Machine by(Name and address of applicant) has been received by the Appropriate Authority, PNDT, on (date)..... for (indicate name of the organisation / Firm or repairing station to be registered)

*The 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.

This acknowledgement does not confer any rights on the applicant for grant of registration.

(.....)

**Signature and Designation of
Appropriate Authority, or authorized
person in the Office of the Appropriate
Authority.**

Date:

Place:

SEAL OF THE APPROPRIATE AUTHORITY