



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



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 Chorionie vill 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 Clinics/Ultra Sound Clinics/Imaging Centers Qualifies for

Registration in terms of requirements laid down in Rule 3*: 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