

Speed Post.

GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
GN-29, SECTOR-V, SALT LAKE
SWASTHYA BHAVAN : KOLKATA-91

DO(A)

[Signature]
Dated 17/7/13 2013

No. CEO-011/13 / A 4826



With approval of Commissioner, Deptt. of Health & Family Welfare, Director of Health Services and ex-officio Secretary, Deptt. of Health & Family Welfare & State Advisory Committee PC-PNDT, Govt. of West Bengal, first meeting of the District Advisory Committee, Kolkata (under PC-PNDT Rule 1996 with subsequent amendment) will be held on 31.7.13 at 2.30 PM.

Following members are requested to attend.

1. Chief Health Officer – K MUHO – as Chairperson.
2. ADHS (Clinical Establishment) – as Member.
3. DFWO, Kolkata – as Member.
4. Dr. Gopi Krishna Bandyopadhyay – Radiologist, Abinash Dutta Maternity Home – as Member.
5. Dr. Sanyasi Ghosh – Pediatrician, (MO, SNCU), Abinash Dutta Maternity Home – as Member.
6. Dr. Priyadarshi Kundu – Gynaecologist & Obstetrician, RMO, CNMC&H, Kolkata, now posted at MR Bangur Hospital, Kolkata - as Member.
7. Joint Secretary(Law) is requested to nominate one officer from his Deptt.
8. Director, Information & Cultural Affair Deptt. is requested to nominate one officer from his Deptt.
9. DPO, ICDS, Kolkata – as Member.
10. Smt. Koely Roy, - National Alliance for Women Organisation – as Member.
11. Hon'ble Mayor, Kolkata Municipal Corporation is requested to nominate two Councilors as Members.
12. Additional DHS(Accounts) – as Member.
13. Project Director, SUDA – as Member.
14. President, Indian Medical Association, Kolkata Br. or his nominated representative as Member.
15. President, Indian Medical Association, Behala Br. or his nominated representative as Member.
16. President, Indian Medical Association, Tollygunj Br. or his nominated representative as Member.

Thanking you,

[Signature]
16/7/13

Dr. Atanu Banerjee
DADHS(Admn.) &
Member Convener
District Advisory Committee,
Kolkata

Dr. Banerjee - 9433902785

To

Project Director, SUDA

9 LGUS Bhawan.

HC - Block

Sec - III

Bidhanagar

K.7-91

Towards a Stronger Implementation
of
Pre - Conception & Pre - Natal
Diagnostic Techniques
(Prohibition of Sex Selection) Act



भारत का राजपत्र

The Gazette of India

असाधारण

EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (I)

PART II—Section 3—Sub-section (I)

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

सं. 290]

नई दिल्ली, बृहस्पतिवार, जून 2, 2011/ज्येष्ठ 12, 1933

No. 290]

NEW DELHI, THURSDAY, JUNE 2, 2011/JYAISTHA 12, 1933

स्वास्थ्य तथा परिवार कल्याण मंत्रालय
अधिसूचना

नई दिल्ली, 31 मई, 2011

सा.का.नि. 426(अ).—गर्भधारण-पूर्व और प्रसवपूर्व निदान तकनीक (लिंग चयन निषेध) अधिनियम, 1994 (1994 का 57) की धारा 32 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए केन्द्रीय सरकार एतद्वारा गर्भधारण-पूर्व और प्रसवपूर्व निदान तकनीक (लिंग चयन निषेध) नियम, 1996 में निम्नलिखित संशोधन करती है, नामतः :—

1. (1) ये नियम गर्भधारण-पूर्व और प्रसव-पूर्व तकनीक अधिनियम (लिंग चयन निषेध) संशोधन नियम, 2011 कहे जाएंगे।
(2) ये नियम सरकारी राजपत्र में प्रकाशित होने की तारीख से लागू होंगे।

2. गर्भधारण-पूर्व और प्रसव-पूर्व निदान तकनीक (लिंग चयन निषेध) नियम, 1996 में, नियम 11 में, उप-नियम (2) के लिए, निम्नलिखित नियम प्रतिस्थापित किए जाएंगे, नामतः :—

“(2) सक्षम प्राधिकारी या प्राधिकृत अधिकारी किसी संगठन द्वारा उपयोग किए जाने वाले किसी अल्ट्रासाउंड मशीन, स्कैनर या अन्य उपकरण, भ्रूण के लिंग की पहचान करने वाली मशीन को सील और बंद कर सकता है यदि संगठन ने अधिनियम के तहत स्वयं पंजीकरण नहीं करवाया है। ऐसे संगठनों की ये मशीनें जब्त कर ली जाएंगी और अधिनियम की धारा 23 के प्रावधानों के अनुसार कार्रवाई की जाएगी।”

[फा. सं. 24026/60/2008-पीएनटीडी]

अनुराधा गुप्ता, संयुक्त सचिव

टिप्पण : मूल अधिसूचना दिनांक 1 जनवरी, 1996 के सा.का.नि. 1(अ), के तहत भारत के राजपत्र में प्रकाशित की गई थी और दिनांक 14 फरवरी, 2003 और सा.का.नि. 109(अ) के तहत संशोधित की गई।

2052 GI/2011

MINISTRY OF HEALTH AND FAMILY WELFARE
NOTIFICATION

New Delhi, the 31st May, 2011

G.S.R. 426 (E).—In exercise of the powers conferred by Section 32 of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994), the Central Government hereby makes the following amendments to the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, namely :—

1. (1) These Rules may be called the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Amendment Rules, 2011.
(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, in Rule 11, for sub-rule (2), the following rule shall be substituted, namely :—

“(2) The Appropriate Authority or the officer authorised by it may seal and seize any ultrasound machine, scanner or any other equipment, capable of detecting sex of foetus, used by any organization if the organization has not got itself registered under the Act. These machines of such organizations shall be confiscated and further action shall be taken as per the provisions of the Section 23 of the Act.”

[F.No. 24026/60/2008-PNNTD]

ANURADHA GUPTA, Jt. Secy.

Note:—The Principal Notification was published in the Gazette of India vide G.S.R. 1 (E), dated 1st January, 1996 and amended, vide Notification No. G.S.R. 109(E), dated 14th February, 2003.



भारत का राजपत्र

The Gazette of India

असाधारण

EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (i)

PART II—Section 3—Sub-section (i)

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

सं. 57]
No. 57]नई दिल्ली, बृहस्पतिवार, फरवरी 9, 2012/माघ 20, 1933
NEW DELHI, THURSDAY, FEBRUARY 9, 2012/MAGHA 20, 1933

स्वास्थ्य और परिवार कल्याण मंत्रालय

(स्वास्थ्य और परिवार कल्याण विभाग)

अधिसूचना

नई दिल्ली, 7 फरवरी, 2012

सा.का.नि. 80(अ).— गर्भधारण पूर्व और प्रसव-पूर्व निदान तकनीक (लिंग चयन का प्रतिषेध) अधिनियम, 1994 की धारा 32 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, केन्द्र सरकार एतद्वारा गर्भधारण पूर्व और प्रसव पूर्व निदान तकनीक (लिंग चयन का प्रतिषेध) नियमावली, 1996 में निम्नलिखित और संशोधन करती है अर्थात्:-

1. (1) इन नियमों को गर्भधारण पूर्व और प्रसव-पूर्व निदान तकनीक (लिंग-चयन का प्रतिषेध) संशोधन-नियमावली, 2012 कहा जाएगा।

(2) ये नियम सरकारी राजपत्र में उनके प्रकाशन की तारीख को प्रभावी होंगे।

2. प्रसव-पूर्व निदान तकनीक (लिंग चयन का प्रतिषेध) नियमावली, 1996 (इसके बाद उक्त नियमावली के रूप में संदर्भित) के नियम 2 में खंड (च) के पश्चात् निम्नलिखित खंडों को अंतःस्थापित किया जाएगा, अर्थात्:-

'(छ) "मोबाइल मेडिकल यूनिट" से एक मोबाइल वाहन अभिप्रेत है बुनियादी विशेषज्ञ सेवाओं के जरूरतमंद रोगियों के लिए विशेषज्ञता सुविधाएं मुहैया करवाती है और समूचे देश में विशेषतया अल्पसेवित क्षेत्रों में स्वास्थ्य परिचर्या सुविधा केन्द्रों में बेहतर पहुंच और घर पर स्वास्थ्य सेवाओं के समान वितरण की व्यवस्था करती है'।

'(ज) "मोबाइल जेनेटिक क्लीनिक" से एक मोबाइल मेडिकल यूनिट अभिप्रेत है जहां भ्रूण के लिंग का निर्धारण करने में सक्षम अल्ट्रा साउंड मशीन या इमेजिंग मशीन अथवा स्कैनर या अन्य सुवाह्य उपकरण का उपयोग किया जाता है या जिसमें गर्भावस्था के दौरान लिंग का पता लगाने अथवा गर्भधारण पूर्व लिंग का चयन करने की क्षमता है।

2. उक्त नियमावली में, नियम 3 क के पश्चात् निम्नलिखित नियम अंतः स्थापित किया जाएगा, अर्थात्:-

3 ख (1) सुवाह्य मशीनों का नियमन:- सुवाह्य अल्ट्रासाउण्ड मशीन अथवा अन्य किसी सुवाह्य मशीन अथवा यंत्र जिसकी गर्भाधान पूर्व लिंग के चयन अथवा गर्भावस्था के दौरान लिंग की जांच करने की क्षमता हो, को केवल निम्नलिखित स्थितियों में उपयोग की अनुमति दी जाएगी, अर्थात्:-

(क) सुवाह्य मशीन का उस परिसर के भीतर जिसके लिए यह पंजीकृत हो, अंतरंग रोगियों को सेवाएं उपलब्ध कराने के लिए उपयोग;

(ख) अन्य स्वास्थ्य एवं चिकित्सा सेवाएं प्रदान करने वाले सचल चिकित्सा एकक के भाग के रूप में ;

स्पष्टीकरण.- इस उप-नियम के प्रयोजनार्थ, अभिव्यक्ति "स्वास्थ्य एवं चिकित्सा सेवाएं" से सचल चिकित्सा एकक द्वारा उपलब्ध कराई जाने वाली सेवाएं अभिप्रेत हैं जिनमें निम्नलिखित को शामिल किया जा सकता है, अर्थात्:-

(i) रोग निवारक

(क) जटिल मामलों को रेफर करना;

(ख) क्षयरोग, मलेरिया, कुष्ठ रोग, काला आजार एवं अन्य स्थानीय रूप से स्थानिकमारी वाले संचारी रोगों एवं अतिरक्तदाब, मधुमेह, मोतियाबिंद मामलों इत्यादि सरीखे गैर-संचारी रोगों का शुरू में पता लगाना;

(ग) छोटी-मोटी शल्य चिकित्सा प्रक्रियाएं और टांके लगाना;

(घ) ओ एंड जी विशेषज्ञ, बाल चिकित्सक एवं कायचिकित्सक सरीखी विशेषज्ञ सेवाएं;

(ii) प्रजनन एवं बाल स्वास्थ्य सेवाएं

(क) प्रसव पूर्व जांच एवं संबंधित सेवाएं;

(ख) जटिल प्रसवों को रेफर करना;

(ग) संस्थागत प्रसवों का संवर्धन;

(घ) प्रसवोपरांत जांच;

(ङ) प्रतिरक्षण क्लीनिक;

(च) बचपन की आम बीमारियों का उपचार;

(छ) जननमार्गीय संक्रमण अथवा यौन संचारित संक्रमणों का उपचार;

(ज) जीवन शैली शिक्षा, परामर्शन, छोटी-मोटी बीमारियों के उपचार सरीखी किशोर परिचर्या;

(iii) परिवार नियोजन सेवाएं

(क) बच्चों में अंतर रखने और स्थायी विधि के लिए परामर्शन;

(ख) गर्भनिरोधकों का वितरण;

(iv) नैदानिक

- (क) हीमोग्लोबिन, पेशाब की जांच सरीखी जांच सुविधाएं;
 (ख) कुष्ठ रोग, क्षय रोग अथवा स्थानिकमारी वाले रोगों का नैदानिक रूप से पता लगाना;
 (ग) कैंसर आदि की जांच;

(v) विशेषीकृत सुविधाएं एवं सेवाएं

- (क) एक्स-रे;
 (ख) ई.सी.जी.;
 (ग) अल्ट्रासाउंड जांच;

(vi) आपदा या महामारी या जन स्वास्थ्य आपातकाल या दुर्घटनाओं आदि के समय में आपातकाल सेवाएं और परिचर्या।

(2) सचल जेनेटिक क्लिनिक द्वारा प्रदान की जाने वाली सेवाओं का विनियमन

(क) अल्पसेवित जनसंख्या द्वारा स्वास्थ्य परिचर्या सेवाओं तक बेहतर पहुंच के लिए शहरी मलिन बस्तियों या ग्रामीण या दूर दराज या पहाड़ी या दुर्गम क्षेत्रों में अन्य स्वास्थ्य एवं चिकित्सीय सेवाओं का एक पैकेज प्रदान करते हुए सचल चिकित्सीय एकक के एक भाग के रूप में एक सचल जेनेटिक एकक प्रसव पूर्व नैदानिक तकनीकों का संचालन करेगा एवं प्रदान करेगा।

(ख) किसी भी परिस्थिति में मशीन का प्रयोग भ्रूण के लिंग निर्धारण के लिए नहीं किया जाएगा।

(ग) केवल प्रसवपूर्व नैदानिक सुविधाएं प्रदान करने वाले स्टैंड एलोन सचल अल्ट्रासाउंड एकक प्रतिबंधित है।

(घ) नैदानिक सेवाएं प्रदान करने वाला सचल चिकित्सीय एकक के पास रोगियों को सुविधाएं प्रदान करने के लिए पर्याप्त स्थान होगा।

3. उक्त नियमों में नियम 4 में उप नियम (ii) के बाद निम्नलिखित उप-नियम अन्तःस्थापित किया जाएगा, अर्थात्

"(iii) एक जेनेटिक क्लिनिक के पंजीकरण में एक सचल चिकित्सीय एकक के एक भाग के रूप में प्रसवपूर्व नैदानिक सुविधाएं प्रदान करने वाला प्रत्येक सचल जेनेटिक क्लिनिक का पंजीकरण भी शामिल होगा और ऐसा वाहन ही मोबाईल जेनेटिक एकक के रूप में पंजीकृत होगा।

4. उक्त नियमों में नियम 6 में उप-नियम (2) के बाद निम्नलिखित उप-नियमों को अन्तःस्थापित किया जाएगा, अर्थात् :-

"(2) क (क) पंजीकरण के प्रमाणपत्र की एक प्रति को पंजीकृत सचल चिकित्सीय एकक द्वारा वाहन में एक सुस्पष्ट स्थान पर प्रदर्शित करना होगा।

(ख) ऐसे एकक के पंजीकरण प्रमाणपत्र में निम्नलिखित को स्पष्ट रूप से विनिर्दिष्ट किया जाएगा:-

- (i) इसके संचालन का क्षेत्र जो कि किसी भी स्थिति में इसके जिले के परे नहीं होगा जिसमें यह पंजीकृत हुआ है।
- (ii) संस्थापित की गई सुवाह्या मशीनों और वाहन में प्रयोग की जा रही मशीनों की संख्या।
- (iii) सुवाह्या मशीन का निर्माण वर्ष एवं मॉडल संख्या।
- (iv) वाहन की पंजीकरण संख्या।
- (v) सचल चिकित्सीय एकक के लिए सेवा प्रदानकर्ता का पूरा पता।

2(ख) प्रसव-पूर्व नैदानिक जांच करने के लिए उपयोग किया जाने वाला सुवाह्य उपकरण मोबाइल मेडिकल यूनिट का एक अभिन्न भाग होगा, ऐसे उपकरण का ऐसी इकाई से बाहर किसी भी परिस्थिति में उपयोग नहीं किया जाएगा।

2(ग) वाहन के खराब हो जाने की स्थिति अथवा किसी अन्य कारण जिसकी वजह से मोबाइल यूनिटों को जेनेटिक क्लीनिक की तरह उपयोग में नहीं लाया जा सकता है, तब उपयुक्त प्राधिकारी को सात दिनों की अवधि के भीतर सूचित करना होगा।

5. उक्त नियमों के नियम 9 के उप-नियम (1) में "जेनेटिक क्लीनिक" शब्दों को "जेनेटिक क्लीनिक सहित मोबाइल जेनेटिक क्लीनिक" शब्दों से प्रतिस्थापित किया जाएगा।

6. उक्त नियमों के नियम 9 के उप-नियम (4) में "जेनेटिक क्लीनिक" शब्दों के लिए "जेनेटिक क्लीनिक सहित मोबाइल जेनेटिक क्लीनिक" शब्दों से प्रतिस्थापित किया जाएगा।

[फा. सं. एन-24026/60/2008]

अनुराधा गुप्ता, संयुक्त सचिव

टिप्पण : मुख्य सूचना को भारत के राजपत्र में दिनांक 1 जनवरी, 1996 की सा.का.नि. 1(अ) के तहत प्रकाशित किया गया था तथा दिनांक 14 फरवरी, 2003 की अधिसूचना संख्या सा.का.नि. 109(अ) के तहत संशोधित किया गया था।

MINISTRY OF HEALTH AND FAMILY WELFARE**(Department of Health and Family Welfare)****NOTIFICATION**

New Delhi, the 7th February, 2012

G.S.R. 80(E).— In exercise of the powers conferred by section 32 of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994), the Central Government hereby makes the following further amendments to the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996 namely :-

1. (1) These rules may be called the **Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Amendment Rules, 2012.**

(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996 (herein after referred to as the said rules) in rule 2, after clause (f), the following clauses shall be inserted, namely: -

'(g) "Mobile Medical Unit" means a mobile vehicle which provides specialised facilities for the patients, requiring basic specialist services and provides improved access to healthcare facilities and equitable distribution of health services at the doorsteps, across the country, especially in the underserved areas'.

'(h) "Mobile Genetic Clinic" means a mobile medical unit where ultrasound machine or imaging machine or scanner or other equipment capable of determining sex of the foetus or a portable equipment which has the potential for detection of sex during pregnancy or selection of sex before conception is used'.

2. In the said rules, after rule 3A, the following rule shall be inserted, namely:-

"3B (1). Regulation of portable machines- The use of portable ultrasound machine or any other portable machine or device which has the potential for selection of sex before conception or detection of sex during pregnancy shall be permitted only in the following conditions, namely :-

(a) the portable machine being used, within the premises it is registered, for providing services to the indoor patients ;

(b) as part of a mobile medical unit, offering a bouquet of other health and medical services;

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Explanation.- For the purpose of this sub-rule, the expression "other health and medical services" means the host of services provided by the mobile medical unit which may include the following, namely:-

(i) Curative

- (a) Referral of complicated cases;.
- (b) Early detection of TB, Malaria, Leprosy, Kala-Azar and other locally endemic communicable diseases and non communicable diseases such as hypertension diabetes, cataract cases etc;
- (c) Minor surgical procedures and suturing;
- (d) Specialist services such as O and G Specialist, Paediatrician and Physician;

(ii) Reproductive and Child Health Services

- (a) Ante natal check up and related services;
- (b) Referral for complicated pregnancies;
- (c) Promotion of institutional deliveries;
- (d) Post-natal check up;
- (e) Immunization clinics;
- (f) Treatment of common childhood illness;
- (g) Treatment of Reproductive Tract Infection or Sexually Transmitted Infections;
- (h) Adolescents care such as lifestyle education, counselling, treatment of minor ailments.

(iii) Family Planning Services

- (a) Counselling for spacing and permanent method;
- (b) Distribution of contraceptives

(iv) Diagnostic

- (a) Investigation facilities like haemoglobin, urine examination;
- (b) Clinical detection of leprosy tuberculosis or endemic diseases;
- (c) Screening of cancer etc.

(v) Specialised facilities and services

- (a) X-ray;
- (b) ECG;
- (c) Ultrasound test

(vi) Emergency services and care in times of disaster or epidemic or public health emergency or accidents etc'.

(2).Regulation of services to be offered by Mobile Genetic Clinic-

(a) A Mobile Genetic Clinic shall operate and offer pre-natal diagnostic techniques, only as part of a Mobile Medical Unit offering a bouquet of other health and medical services, in urban slums or rural or remote or hilly or hard to reach areas for improved access to health care services by underserved populations.

(b) The machine under no circumstances shall be used for sex determination of the foetus

(c) The stand alone mobile ultrasound clinic offering only pre-natal diagnostic facilities are prohibited.

(d) The mobile medical unit offering diagnostic services shall have adequate space for providing the facilities to patients".

3. In the said rules, in rule 4, after sub-rule (ii), the following sub-rule shall be inserted, namely:-

"(iii) - The registration of a genetic clinic shall also include the registration of each and every mobile genetic clinic offering pre-natal diagnostic facilities as part of a medical mobile unit and such a vehicle has to be registered as a mobile genetic unit".

4. In the said rules, in rule 6, after sub-rule (2), the following sub-rules shall be inserted, namely:-

"(2) A(a) One copy of the certificate of registration shall be displayed by the registered mobile medical unit inside the vehicle at a conspicuous place.

(b) The certificate of registration for such unit, shall clearly specify the following :-

(I) the area of its operation, which shall not exceed the district wherein it is registered;

(II) the number of portable machines installed and being used in the vehicle;

(III) the make and model number of the portable machine;

(IV) the registration number of the vehicle;

(V) full address of the service provider for the mobile medical unit".

(2)B. The portable equipment used for conducting pre-natal diagnostic test shall be an integral part of the mobile medical unit and such equipment shall not be used outside such unit under any circumstances.

(2)C. In case of a breakdown of the vehicle or for any other reason due to which the registered unit cannot be used as a Genetic Clinic, the Appropriate Authority has to be informed within a period of seven days.

5. In the said rules, in rule 9, in sub-rule (1), for the words "Genetic Clinic" the words "Genetic Clinic including a Mobile Genetic Clinic" shall be substituted.

6. In the said rules, in rule 9, in sub-rule (4), for the words "Genetic Clinic" the words "Genetic Clinic including a Mobile Genetic Clinic" shall be substituted.

[F. No. N. 24026/60/2008]

ANURADHA GUPTA, Jt. Secy.

Note : The principal notification was published in the Gazette of India vide G.S.R. 1(E), dated the 1st January, 1996 and amended, vide notification No. G.S.R. 109(E), dated the 14th February, 2003.



AMENDMENTS TO THE PC & PNDD RULES, 1996

Workshop for State Appro. Auth. & Nodal Officers

27th -28th February, 2012

Anuradha Vemuri

Director(PNDD),MOHFW

SUPREME COURT DIRECTIONS

4th May 2001

- Implement PNDD Act with all vigor and zeal.
- Review and monitor the implementation of the Act.
- Regular Submission Of QPR
- Notify DAA, DAC
- Prompt action against all violators under the Act.

31st March 2003

- Ultrasound machine seller should furnish sales report to SAA.
- Publish annual reports at centre/ state level
- Appropriate authorities should maintain the records of all meetings of the Advisory Committees
- The National Monitoring And Inspection Committee should conduct periodic inspections till the Act is effectively implemented.
- Public would have access to the records maintained by different bodies constituted under the Act

AMENDMENT TO RULE 11 (2) of PC & PNDT RULES

- Rule 11(2) under the Act has been amended vide GSR. 426(E) dated 31st May, 2011

Earlier Rule 11(2)	Amended Rule 11(2)
<p>The Appropriate Authority or the officer authorized by it may seal and seize any ultrasound machine, scanner or any other equipment, capable of detecting sex of foetus, used by any organization if the organization has not got itself registered under the Act. These machines of the organizations may be released if such organization pays penalty equal to five times of the registration fee to the Appropriate Authority concerned and gives an undertaking that it shall not undertake detection of sex before or after conception.</p>	<p>The Appropriate Authority or the officer authorized by it may seal and seize any ultrasound machine, scanner or any other equipment, capable of detecting sex of foetus, used by any organization if the organization has not got itself registered under the Act. These machines of such organizations shall be confiscated and further action taken as per the Section 23 of the Act. (Non-registration)</p> <p>*Section 23 provides for punishment upto 3 years imprisonment and fine upto Rs. 50,000/</p>

KEY ISSUES DELIBERATED IN THE 18TH MEETING OF THE CENTRAL SUPERVISORY BOARD

- Medical Council of India (MCI) has proposed the minimum criteria regarding qualifications, training, accreditation of training institutes and the content of training, in determining who should be recognized as qualified to undertake ultrasound tests & valid registration under the PNDT Act.
- Amendment with regard to regulation of portable Ultrasound equipment to curb their widespread misuse
- Multiple registrations of doctors at ultrasound facilities
- Increase in Registration fee of facilities/clinics registered under the PNDT Act.

Contd...

- Amendment to Rule 13 of the PNDR Rules
- Monitoring of disposal/sale of second hand/re-assembled ultrasound machines.
- MCI to take steps to suspend/cancel registration of doctors convicted under the Act.
- Professional bodies would evolve a code of conduct for their members to ensure they don't indulge in illegal sex determination and sex selection and enforce it strictly. They should also convey information about violations to the Appropriate Authorities.

AMENDMENT to RULE 3(1) (b) OF THE PC & PNDR RULES

	Existing Provisions in PC & PNDR and Rules	Proposed Amendment
1	Rule 3(1) (b) states that Any person having adequate space and being or employing a sonologist, imaging specialist, radiologist or registered medical practitioner having post graduate degree or diploma or six months training or one year experience in sonography or image scanning.	Any person having adequate space and being or employing a sonologist, imaging specialist, radiologist or registered medical practitioner having post graduate degree or diploma or six months training in the manner as may be prescribed.

Qualifications of USG service providers

- Radiologist having Post Graduate Qualification in Radiology/ Imaging Sciences, as specified in the schedule I/II/III of the IMC Act of 1956. (Modified because of different PG degrees and their nomenclature in different states)
- II. Ob/ Gyn. having Post Graduate Qualification in Ob./ Gyn., as specified in the schedule I/II/III of the IMC Act of 1956.
- III. DNB qualification in Radiology /Obs/Gyn, as equated and as per provisions of the Medical Council of India for equivalence.
- IV. MBBS graduate from recognized University in India or any other foreign medical graduate qualification recognized by the Medical Council of India with Six (6) months of Obs/Gyn ultrasound training at any Govt. recognized teaching institute

Contd.

- Teachers in Radiology and Obs/Gyn department of medical colleges would be considered as 'Sonologist' and therefore deemed to be registered under the PC & PNDT Act. Hence radiologist and Gynecologist with PG qualification do not require any further training to be eligible to perform USG under the provisions of the PCPNDT Act.

The Names of recognized Institutions state-wise to be notified.

- The training centre should be a Govt. recognized teaching institution. As such it should have the requisite infrastructural facilities, equipment / machinery & trained faculties. The recognition and monitoring of various teaching & training centres will be done by respective State Government and the list of such appropriate centres will be notified by respective State Government.
- It will be mandatory for the existing training centres to apply to the state authority for recognition of their centres within four (4) months of these amendments in the PC-PNDT Act. It will be the responsibility of State Governments to display the list of all such training centres recognized for the purposes of training within six months of these amendments in the PC-PNDT Act.

Contd...

- The above changes would be implemented prospectively and doctors who have already been granted registration under the PC-PNDT Act on the basis of 6 months training or experience would require to take a competency based exam for continuation of their registration on a retrospective basis.
- CSB further decided that a committee would re-evaluate the proposed 300 hour syllabus with a view to make it more broad-based so as to impart comprehensive skills on ultrasonography rather than limit the skills to Obs./Gynae only.
- The Committee would also outline a uniform framework for accreditation of training institutes by States including competency based evaluation.

TRAINING

- Any MBBS graduate will be eligible for training in Ob./Gyn. USG at such Govt. recognized teaching centers. Such a trained MBBS graduate (without post-graduate qualification) will then be entitled to practice Ob./Gyn. USG.
- Radiologists, with approved post graduate qualification by Medical Council of India /NBE do not require any additional training to conduct any ultrasound examinations. Gynecologists & Obstetricians also do not need to undergo training as ultrasound training is part of their curriculum.

AMENDMENT TO RESTRICT REGISTRATION OF DOCTORS

Registration of Radiologists

- Registration of a radiologist/sonologist with ultrasound clinics to be restricted to a maximum of 2 clinics/facilities within the district
- Working hours to be clearly specified in the registration itself.
- Number of hours which the Registered Medical Practitioner would be present in each clinic would be specified clearly.

AMENDMENT TO INCREASE REGISTRATION FEE

Increase in Registration fee of Bodies/Clinics

Enhancement in Registration fee for bodies under Rule 5 of the PNDT Rules 1996, conditions for renewal, remaining unchanged.

Every application for registration under Rule 4 shall be accompanied by an application fee of-

- (a) Rs. 25,000 for Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre.
- (b) Rs. 35,000 for an institute, hospital, nursing home, or any place providing jointly the service of a Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, Ultrasound Clinic or Imaging Centre or any combination thereof.

AMENDMENT TO RULE 13 OF THE PNDT RULES

Rule 13	Existing Provision	Amendments Approved by CSB
Intimation of changes in employees, place or equipment	Every Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre shall intimate every change of employee, place, address and equipment installed, to the Appropriate Authority within a period of thirty days of such change	Every Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre shall intimate every change of employee, place, address and equipment installed, to the Appropriate Authority at least 30 days in advance of the expected date of such change, and seek issuance of a new certificate with the changes duly incorporated.

AMENDMENTS TO REGULATE PORTABLE USG EQUIPMENT

Regulation of portable machines

The use of portable ultrasound machine or any other portable machine/device which has the potential for selection of sex before conception or detection of sex during pregnancy is to be permitted only in the following two conditions-

- Portable machine being used within the premises it is registered, for providing bedside services to the patients.
- As part of a mobile medical unit, offering a bouquet of other health and medical services.

Regulation of services to be offered by Mobile Genetic Clinics

- (1) A Mobile Genetic Clinic as defined under the explanation to Section 2d of the said act shall operate and offer pre natal diagnostic techniques only as part of a Mobile Medical Unit offering a bouquet of other health and medical services in urban slums/rural/ remote /hilly/ hard to reach areas for improved access to health care services by underserved populations.
- (2) The machine under no circumstances will be used for sex determination of the foetus, as mentioned under Section 6 of the said Act.
- (3) Stand alone mobile ultrasound clinics offering only prenatal diagnostic facilities are prohibited.
- (4) The mobile medical unit offering diagnostic services shall have adequate space for providing the facilities to patients, with requirement of equipment and qualifications of the employees remaining same as enumerated under Rule 3.

THANK YOU

DRAFT (WORK IN PROGRESS)

For Limited Circulation Only

**PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES
(PROHIBITION OF SEX SELECTION) ACT, 1994**

A TRAINING GUIDEBOOK FOR APPROPRIATE AUTHORITIES

**PRODUCED BY
LEK LADKI ABHIYAN**

With financial assistance from
United Nations Population Fund

This training handbook is the outcome of various training workshops on Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, conducted for 'Appropriate Authorities' by UNFPA and *Lek Ladki Abhiyan*. The objective of this handbook is to enable the Appropriate Authorities to effectively

implement the PCPNDT ACT. We are presenting this handbook in order to help ~~trap~~
~~those who conduct Sex Determination Tests, catch them red handed, and prosecute them~~
~~under the law~~ In this handbook, we have tried to provide answers to the frequently
asked questions by participants from various workshops conducted so far.

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Implementation of the Pre-Conception and Pre-natal Diagnostic Techniques
(Prohibition of Sex Selection) Act, 1994

TRAINING GUIDEBOOK

By

Lek Ladki Abhiyan

Dalit Mahila Vikas Mandal, Satara

With financial assistance from

United Nations Population Fund

In a society plagued by the retrograde belief that an heir to the family should only be a son, you are actively taking a position that the birth of a girl is as welcome. You have shown respect to the woman, honoured her, you have striven to change the regressive, patriarchal society, you are working towards an important objective of transforming this society's

outlook. This effort of yours is truly an inspiration to others. It gives us immense pleasure to honour people like you.

Ad. Varsha Deshpande

Acknowledgements

This handbook is an honest attempt at helping those organisations, activists, government representatives, doctors, lawyers and Appropriate Authorities who are working towards implementation of Pre conception and Pre Natal Diagnostic Techniques (Prohibition of Sex selection) Act.

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(Legal vetting and editing of English translation is underway)

- Ad. Varsha Deshpande
'Lek Ladki Abhiyan'

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CHAPTER 1: FOREWORD

Women have always had to fight to prove their equal status with men in the world, without a single exception. Even in a country like England, where democracy is believed to have originated, women had to fight for the right to vote for 300 years. But India is a country born out of amusing contradictions. It is the only nation in the world where a book called '*Manusmruti*' was written and it decided how a caste based society functions with its politics, economics and our culture following it to the core. One verse from the *Manusmruti*, reads: '*Na stree swatantryam arhati.*' meaning, 'no woman deserves freedom.' It was on this principle that our patriarchal family structures are formed. Many reformists reiterated that woman be treated as a human being and tried to evoke a sense of 'self' in women. These reformists include Ishwarchandra Vidyasagar, Raja Rammohan Roy, Mahatma Phule, Savitribai Phule, Maharshi Karve and Shahu Maharaj.

In the freedom struggle, it was Mahatma Gandhi who first made available a political platform for women. During the 'Quit India' movement in 1942, when all the male leaders of the movement were under arrest, it was women leaders like Sarojini Naidu, Aruna Asaf Ali who spearheaded the movement. Dr Babasaheb Ambedkar, born a Dalit, endured severe caste based abuse at the hands of the society; became the Chairperson of the Drafting Committee of the constitution of our Republic. It was only then that women and Dalits were guaranteed equality in the Constitution. On the first page of our Constitution, it is guaranteed that no discrimination will be made in this country on the basis of religion, caste and sex and all would get equal opportunity for development. During the 63 years of freedom, many plans, acts and regulations were made that were beneficial to women. For the first time in its history, a woman became the President of India and a fundamental question arose: What to do with the word '*Rashtrapati*' (President) which in itself is a masculine term! On the one hand, many developmental tasks and reforms are undertaken for the welfare and upliftment of women. On the other, however, the patriarchal society is constantly conspiring to eradicate the existence of women with the aid of scientific technologies in this modern age. Our country is one that does not respect women, hates them and treats them as subordinate to men. Men take pride in subjugating women using violence and discrimination.

Sex Determination Test is one of the fallouts of all this. Using modern techniques such as Ultrasonography, thousands of girls have been prohibited from being born. More than 36 thousand doctors are actively involved in this criminal act and this trade of sex determination has crossed the mark of rupees 1500 crore. Sex determination and selection are result of the ugly alliance between profit making doctors and son preference in society. It has now become of immense importance to act on and curb such illegal practices.

CHAPTER 2: NEED OF THE ACT AND HISOTRY

Dr Sanjeev Kulkarni first conducted a survey of 200 Ultrasonography Centres and abortion clinics in Mumbai. He wrote a brief article based on the findings of the survey and showed that the MTP Act is being misused to abort a foetus after determining sex with the help of diagnostic techniques illegally. Ten years from 1975 to 1985 were observed as 'United Nations Decade of Women' throughout the world. In these ten years, many issues and questions related to women came onto mainstream platforms. Concerns were raised in this period about the falling sex ratio in India and the rest of Asia. After Dr Sanjeev Kulkarni's research findings and the publication of his article, many voluntary organisations put pressure on the Government of Maharashtra to come up with an Act to prevent sex determination and selection techniques. The state of Maharashtra became the first state to make such an Act. In 1988, an Act against Sex Determination was formulated. However, only a few cases were registered under this Act. Even after this Act was made, organisations working towards implementation of this Act had some reservations. Under the provisions of this Act, the pregnant woman was made the prime accused. Although all these procedures are performed on the woman's body, in our society, no woman is free to make any such decision for herself. A woman can neither select her partner nor can she decide when to give birth or how many children does she want. She cannot decide which birth control methods or contraceptives she should use. Even if she has a health related complaint, she can't take decisions regarding treatment. Marriage is an inevitable and inescapable reality for her. In our society, marriage is looked upon as means of conceiving heirs to the family possessions, especially sons. Thus, when the Act, accused the mother as a prime suspect in preventing her daughter from being born, women's organisations protested.

Concerns about the falling sex ratio were raised at the national level and in 1994, an Act was formulated based on the Maharashtra Act of 1988. It was called Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994. It became Pre-conception & Pre Natal Diagnostic Techniques) after making some amendments. Yet, the situation did not change much. Act was not used much.

In 2001 census, there were predictions that more than half the illiterates of the world would be in India alone. To prove that this was not the case, the Census Commission of India initiated the process of segregating the 0 - 6 age group. The group that is neither literate nor

illiterate was segregated from the census. During this process, the Commission noticed that the number of girls was lower than boys in certain states and districts. For the first time in the history of the population census of India, a special report, called 'Missing Girls' was published. We see that the poor and backward communities and the rural and illiterate people are held responsible for various problems around us. But this belief was questioned by the Commission while publishing the report 'Missing Girls.' It stated that this particular issue is not peculiar to 'BIMARU' states (Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh). The states that were responsible for this sudden fall in sex ratio were Punjab, Haryana, Delhi, Gujarat, Tamil Nadu and Maharashtra, the so called 'developed states' of the country. In Maharashtra, it is not in Konkan, Vidarbha or Marathwada but Western Maharashtra. It was prevalent in the Sugar and Dairy belt: Satara, Sangli, Kolhapur, Solapur, Jalgaon, Ahmednagar and Aurangabad. The fall was more acute in these districts, which are considered to be developed, politically influential, with relatively better private or government healthcare and a higher number of higher caste and educated populations. In the drought-prone districts, where farming depends on women's labour; the number of girls has not declined. In places where agriculture is based on cash crops, where higher education is available, where high castes are congregated, where dowry is still a status symbol, where medical facilities and technologies are easily available; the sex ratio has fallen rapidly. Based on the findings of this report, MASUM and CEHAT, two voluntary organisations in Maharashtra along with Sabu George filed a Public Interest Litigation in the Supreme Court of India. In 2003, few amendments were made in PNDT Act of 1994 and a revised act was introduced.

SALIENT FEATURES OF THE ACT

The Act made in 1994 was known as **The Pre-natal Diagnostic Techniques Act (PNDT)**, which was changed to **Pre Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Rules, 2003**. With technological advances, techniques such as **IVF, Test Tube Baby** were used to artificially create embryos in laboratories, where selecting sex was possible. Legal experts considered all these factors before making changes to the Act in order to prevent sex determination and selection.

In our country, all crimes related to women or criminal offences are first registered with the police and then produced before the court of law after making enquiries. But as the contravention of this Act is related to the medical field, police were deliberately kept away

from the implementation of this Act. Appropriate Authorities were appointed at District and Corporation level.

Earlier, the pregnant woman used to be the prime accused in the event of a contravention of the Act. After amendments, the Act states that the pregnant woman should not be made an accused. This provision made possible sting operations to catch doctors red handed, by using women as decoys. Since the female foetus against whom the crime is being perpetrated is still in the womb and hence cannot make a complaint to the authorities, certain provisions were made in the Act to enable lay people, journalists and voluntary organisations to file a complaint in the form of Public Interest Litigation at the First Class Magistrate in case of a contravention of the Act. Until now, we could file Public Interest Litigation only in the High Court. This Act gave lay persons a window of opportunity to by making courts at the *Taluka* level accessible in such cases. The most important feature of this Act is the provisions to prosecute the culprits on the basis os records and other such evidence taking in view the medical and technical nature of the Act. This is where the real strength of this Act lies.

CHAPTER 3: IMPORTANT SECTIONS IN THE ACT AND RULES

The name of this Act is Pre-Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Rules, 2003. This Act prohibits sex determination and selection of the foetus before birth. It forbids the use of any available technology used to determine the sex of the foetus and prevent abortion after sex determination.

In this handbook, we are going to interpret and understand different Sections and Rules of this Act in simple terms. This Act has been divided in 8 Chapters of Sections and 9 Chapters of Rules. It has been divided in Sections from 1 to 34 and Rules from 1 to 19.

There are three main objectives of this Act.

- 1) To bring all Ultrasonography Centres, Genetic Laboratories and Counselling Centres that can carry our sex determination tests under the purview of this Act
- 2) To keep a close watch on these centres and build a system for scrutiny.
- 3) To register criminal cases on those who carry out sex determination and selection tests and thus violate the Act.

SECTION 3 B, RULE 3 A (1) No company can sell Ultrasonography machines or other such equipment to an unregistered centre.

RULE 3 A (2) The company is to provide the government with a list of names and the addresses of those who have bought such equipment or machines from them, every three months.

RULE 3, A (3) The users of these machines or equipment are to submit affidavits stating 'the machine/equipment shall not be used for detection of sex of foetus or selection of sex before or after conception'.

SECTION 4 (3)PROVISIO As per the rules and regulations laid down by the Rules and Sections, the owner and operator of the Ultrasonography Centre will maintain all the

information about the concerned woman in the prescribed format. If there are any lapses in the information, they will be charged for violating Section 5 and 6. The burden to proof will lie on them.

SECTION 5(2) A,B,C

A pregnant woman on whom Ultrasonography is to be performed should be counselled beforehand. A consent letter in her mother-tongue, signed by her should be obtained from her in the prescribed format, stating to the effect that she wants the Ultrasonography to ensure good health of her foetus and not for sex determination. It is binding on the operators that the consent letter is in her mother-tongue or in a language that she understands. It is also binding to give one copy of the letter to the concerned woman.

RULE 10 (1) (A)

Before performing the Ultrasonography, the doctor has to provide a declaration stating that 'he/she has neither detected nor disclosed the sex of foetus of the pregnant woman to anybody' with correct date and time.

SECTION 6

Doctors or their representatives at Ultrasonography Centres, Genetic Laboratories and Genetic Counselling Centres are forbidden to inform the sex of the foetus with any sign, remarks or actions.

SECTION 17

Rules are laid for the Appropriate Authorities and their advisory committees. The government is responsible to appoint one or more Appropriate Authorities after publishing in the government gazette. In Maharashtra Civil Surgeons, Medical Superintendents in rural areas and Medical Officers of Municipal Corporations are appointed as Appropriate Authorities under this Act. The notification of their appointment is published in the

government gazette as Appropriate Authorities. To assist these Appropriate Authorities in the implementation of the Act, there is an Advisory committee of 7 members including the Appropriate Authorities. The committee should consist of 3 members from the medical field, an obstetrician, a gynaecologist, a paediatrician, medical geneticist, a legal expert, an Information Officer, three social workers (preferably women).

RULE 15

It is mandatory to hold a meeting of the advisory committee every two months.

SECTION 18

About the registration of Ultrasonography Centres:

1. No Ultrasonography Centre, Genetic Laboratory or Genetic Counselling Centre is allowed to operate without registration.
2. An application is to be submitted to the Appropriate Authorities in the prescribed format (Form A) along with the fee for registration.

RULE 4-1-(2) & 17(1)

It is mandatory to display a board at the Ultrasonography Centre stating that 'They do not conduct any procedure or test for Sex determination.'

RULE 5-1 & 2

The fee to be paid for the registration of a Counselling Centre or a Genetic Laboratory is rupees 3000/- and for the registration of an Ultrasonography Centre operating in a Nursing Hospital, the fee shall be rupees 4000/-. It is binding to send the acknowledgement and the decision within 90 days of receiving such an application. The registration fee is to be deposited in a separate bank account by Appropriate Authorities and is to be used only for the implementation of the said Act.

SECTION 19(4)RULE 6-2

Certificate of Registration of the Ultrasonography Centre shall be displayed in a visible place.

RULE 6-6

Certificate of Registration of the Ultrasonography Centre is non-transferable.

RULE 6-7

For any change in the place, ownership, management, machines of the Ultrasonography Centre, Genetic Counselling Centre, Genetic Laboratory, a separate application for registration to be submitted.

RULE 7

The registration of Ultrasonography Centre, Genetic Laboratory, Counselling Centre shall be valid for 5 years.

RULE 8

In case of applying for the renewal of registration, it is mandatory for the centre to apply 30 days before the expiry of the existing registration.

SECTION 19 (1)(2)

The Ultrasonography Centre, Genetic Laboratory, Counselling Centre shall be registered only after a thorough inquiry by the Advisory Committee. During the inquiry, if the centre is found in conflict with the norms, application shall be rejected with a unanimous decision of the Advisory Committee after hearing the applicant.

SECTION 20

To suspend the Certificate of Registration

1. Appropriate Authorities could themselves or on the basis of a complaint could issue a Show Cause Notice to an Ultrasonography Centre citing legitimate reasons.
2. Appropriate Authorities with the guidelines of the Advisory Committee could suspend the registration of an Ultrasonography Centre, Genetic Laboratory,

Counselling Centre briefly or permanently without holding any biases or prejudices after the centre is found to have contravened the terms of the Act.

3. Without following the Section 1 and 2, the Appropriate Authorities could suspend without issuing a notice the Registration of an Ultrasonography Centre, Genetic Laboratory, Counselling Centre in the public interest.

SECTION 21

Appeals

Concerned parties could appeal against the decision of Appropriate Authorities to the State Authorities and further to the Central Authorities.

SECTION 22

Advertisement of sex determination and selection procedures is prohibited. It is prohibited to advertise sex determination test and selection through a published pamphlet, dialogue or S.M.S, phone, internet. Advertisement includes any notice, circular, label, or wrapper, etc.

SECTION 22 (3)

Crime and Penalties

1. For the first instance of a contravention of the Act, any Ultrasonography Centre, Genetic Laboratory, Counselling Centre that is found to have contravened the Act, shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees. Any subsequent conviction shall be punishable with imprisonment which may extend to five years and with fine which may extend to fifty thousand rupees.
2. The name of the registered medical practitioner shall be reported by the Appropriate Authority to the State Medical Council concerned for taking

necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of and on conviction for removal of his/her name from the register of the Council for a period of five years for the first offence and permanently for the subsequent offence.

3. The family members of women seeking sex determination and selection shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to fifty thousand rupees for the first offence and for any subsequent offence with imprisonment which may extend to five years and with fine which may extend to one Lakh rupees.

SECTION 24

SECTION 25

No case shall be filed against the pregnant woman.

Whoever contravenes any of the provisions of this Act or any rules, for which no penalty has been elsewhere provided in this Act, shall be punishable with imprisonment for a term which may extend to three months or with fine, which may extend to one thousand rupees or with both and in the case of continuing contravention with an additional fine which may extend to five hundred rupees for every day during which such contravention continues after conviction for the first such contravention.

SECTION 27

Under the purview of the Act, every contravention is a Cognizable, non-bailable, non-compoundable offence.

SECTION 28 (1)

- (A) Appropriate Authorities or their representatives shall file the case as complainants.

(1B) Any individual or organisation can file a complaint after serving a 15 days' notice to the Appropriate Authorities.

(2) Case shall be registered at the First Class Magistrate.

SECTION 29

(1) The Ultrasonography Centres, Genetic Laboratories, Counselling Centres shall maintain all the documents, charts, forms, approval letters, and other material in the prescribed format as per the Registration Act for the period of two years. After a case has been filed, they are to maintain all the paperwork until a verdict is made.

(2) All this paperwork should be made available to the Appropriate Authorities or their representatives when they demand for inspection.

SECTION 29, RULE 9(2,3,4)

As per this Section, Ultrasonography Centre shall submit Form F, Genetic Laboratory should submit Form E and Counselling Centre should submit Form D.

RULE 9(5)

Appropriate Authorities are bound to submit all information regarding the registered centres as per Form H.

RULE 9 (6)

All papers shall be maintained for two years in case a criminal case is registered.

RULE 9 (8)

All Ultrasonography Centres, Genetic Laboratories, Counselling Centres shall submit a report of examination of all their patients to the Appropriate Authorities in the prescribed format before 5th of every month.

RULE 17/1

It is legally binding to display a board stating to the effect that 'Sex determination test is not performed here' in English and the local language at every Ultrasonography Centre.

RULE 17/2

It is legally binding to keep a copy of this Act in English and in the local language at the Ultrasonography Centre, Genetic Laboratory, Counselling Centre.

RULE 17/3

Appropriate Authorities are legally bound to make available information about Ultrasonography Centres, Genetic Laboratories, Counselling Centres, reports, details of any action taken as well as make all information public for the people from time to time and make it available for experts.

SECTION 30

- (1) In case of a contravention of the Act at an Ultrasonography Centre, Genetic Laboratory, Counselling Centre; the Appropriate Authorities hold a legal right to raid the premises of such centres and seize and seal all papers, equipment and machines at the centre.
- (2) Action should be taken as per the Code of Criminal Procedure, 1973.

RULE 11

Concerned parties should make available to the Appropriate Authorities the centre, all equipment and papers for examination at all times.

SECTION 31

No criminal case shall be registered against the Appropriate Authorities in case they take action for the implementation of the Act. They shall have complete legal protection.

Important Instructions for Appropriate Authorities

After the Ultrasonography machine is sealed by the Appropriate Authorities for contravention of the Act; under no circumstances are they to remove the seal on their own. Only the court reserves that right. In case of contravention of this Section, action may be taken against Appropriate Authorities under Section 25 of this Act.

It is legally binding on the Appropriate Authorities to hold the meeting of Advisory Committee once in two months. No delay shall be made in this regard. If the delay is made, the Act would be found to have been contravened under Rule 15 of the Act.

Upon discovering the contravention of the Act, Appropriate Authorities should immediately file a criminal case against the concerned parties. If no action is taken as per the examination report, criminal case may be filed against the Appropriate Authorities under Section 25.

It is legally binding on the Appropriate Authorities to declare the information and reports related to Ultrasonography Centres, Genetic Laboratories, Counselling Centres and information related to any action taken against the violators in the public interest. They are legally bound to register all the Ultrasonography machines in Civil Hospitals and rural health centres in the prescribed format and submit it. In case of a failure to do so, a case of contravention of the Act shall be registered against them.

Appointment of the Appropriate Authorities is made in the Government Gazette by Notification.

Under Section 30, Appropriate Authorities are given complete protection during any action against a centre. According to Section 30, they are authorized to examine Ultrasonography Centres, Genetic Laboratories and Genetic Counselling Centres, carry out inquiries and seize the equipment. As per Section 28 (1A) Appropriate Authorities are to file the case as Complainants at the First Class Magistrate after making a thorough investigation of the said contravention. Section 20 (1) empowers the Appropriate Authorities to issue show cause notices. This means that Appropriate Authorities are legally as capable as the Civil Judges as per the Law. They do not require approaching police for the implementation of this Act. However, they can seek police protection if such a need arises.

CHAPTER 4: REGISTRATION PROCESSES OF ULTRASONOGRAPHY CENTRES

It is mandatory for Appropriate Authorities to list all Ultrasonography Centres in the region and get them registered as per Sections 18 and 19, Rules 4, 5, 6, 7, 8. Appropriate Authorities shall accept applications in the prescribed format according to Form A as mentioned in Section 18. It should be acknowledged in the prescribed format. If an application is found to have been submitted without complete paperwork, the applicant shall be informed that the incomplete application will not be accepted. This shall be done in the prescribed format.

Registration certificate should be given as per Form B. Name and Type of the centre, details of registration (number etc), detailed information regarding the machines (model and full description of all machines and Probes) should be written on the registration certificate. Duration, term and the date of the registration shall be clearly mentioned. Registration number should be issued.

Rejected applications shall be informed as per Form C. Form C is applicable both to new registrations as well as renewal. In the Form C, detailed information should be given as to why an application for registration / renewal is rejected in the prescribed format. The application is required to be submitted to the office of the Appropriate Authorities along with a Cheque / Demand Draft without which the application is incomplete.

As per Section 19 (1), the application shall be checked thoroughly and then put before the Advisory Committee as required by the Act for a resolution to be made for the approval. Registration certificate shall be issued to the concerned party as per Form B.

As per Section 19 (2), if a centre is found to be ineligible for registration or renewal, it shall be put before the Advisory Committee for discussion and resolution to reject the application citing reasons in the prescribed format (Form C).

As per Section 19 (3), certificate for registration and renewal should be issued only after receiving the fee and in the time mentioned in the prescribed format of the Act.

As per Section 19 (4), Registration Certificate shall be displayed in a conspicuous place in all centres.

Rule 4 (1) : Sex determination test will not be performed at this centre

Rule 4 (2) : It is mandatory to have a Declaration in the prescribed format stating to the effect that nobody will be informed of the sex of the foetus through any method and situation.

It is mandatory to display a notice stating 'Sex determination and selection test is not performed here' at such a centre. It is mandatory to attach a Declaration with the application form.

As per **Rule 5 (1) (A)** the registration fee for Ultrasonography Centre / Genetic Laboratory / Genetic Counselling Centre is rupees 3000/- and

As per **Rule 5 (1) (B)** the registration fee for Ultrasonography Centre / Genetic Laboratory / Genetic Counselling Centre in a Hospital, Organisation, Nursing Home or in any other place is rupees. 4000/-.

As per **Rule 5 (2)** fee shall be accepted only in the form of a Demand Draft. This fee is to be deposited in the bank account opened in the name of Appropriate Authorities for PC and PNDT Act and should be used for the implementation of the Act.

As per **Rule 6 (1)** it is mandatory for the Appropriate Authorities to put the application before the Advisory Committee for consideration after a thorough investigation.

As per **Clause 19 (4), Rule 6 (2)** : two copies of the registration certificate shall be issues as per the advice of the Advisory Committee in the prescribed format 'B.' It is mandatory to display one copy at the centre.

As per **Rule 6 (3)** based on the advice of the Advisory Committee, Appropriate Authorities may reject an incomplete application for registration of a Ultrasonography Centre that does not conform to the Act.

As per **Rule 6 (4)** Appropriate Authorities shall visit the centre for inspection only after informing the applicant in advance.

As per **Rule 6 (5)** it is mandatory to issue the certificate within 90 days of receiving the application in the form of Form 'B.' In case of rejection, the applicant should be informed in the stipulated time in the form of Form 'C.'

As per **Rule 6 (6)** the registration certificate is non-transferrable. In case of change of ownership, management, or the closure of the centre, original documents shall be obtained by the Appropriate Authorities.

As per **Rule 6 (7)** in the event of a change of ownership or management, the new owner or management shall apply afresh for registration.

As per Rule 7 registration certificate should be issued for a period of 5 years.

As per **Rule 8 (1)** application for renewal should be accepted as per Form 'A.' The new application should be accepted 30 days before the expiry of the registration period.

As per **Rule 8 (2)** the process of renewal should be the same as the process of fresh registration.

As per **Rule 8 (3)** if needed, a form can be rejected after hearing the applicant, and seeking advice from the Advisory Committee as per Form 'C' by Appropriate Authorities.

As per **Rule 8 (4)** the fee of renewal should be half of the fee charged for new registrations.

As per **Rule 8 (5)** after receiving the letter of rejection of renewal of a centre, the concerned party should return the original certificate of registration to the Appropriate Authorities.

As per **Rule 8 (6)** if the applicant is not informed of the decision within 90 days of submitting the application for renewal, the registration is deemed to be renewed.

CHAPTER 5: RULES REGARDING ULTRASONOGRAPHY MACHINES

SECTION 3(B)

& RULE 3(A)(1)

Sale or use of machines at an unregistered place is prohibited by the law. Selling, lending, renting, authorising, handing over any such machine is prohibited.

SECTION 3(A)(2)

An individual or a company that sells / provides such machines is bound by the law to provide Appropriate Authorities of the Centre / State every three months with the list of their customers as well as details of the machines sold / provided.

The individual buying such a machine is bound by the law to submit a Declaration guaranteeing that the said machine will not be used for sex determination test.

RULE 12(2)

In the event of a contravention of the Act the Appropriate Authorities are authorised by this Act to seize and seal the registered / unregistered Ultrasonography Centre where the contravention has taken place / Genetic Laboratory / Genetic Counselling Centre after making a *Panchnama*. All centres are bound to notify the Appropriate Authorities 30 days in advance before selling / moving any machine / equipment.

The definition of Ultrasonography Centre / Genetic Laboratory / Genetic Counselling Centre includes Portable Ultrasound Machine and other machines / places that can perform sex determination test.

Registration Certificate shall be issued in Format B and as per Colum 3, it is binding to provide details whether there is one machine or more than one.

RULE 3(A)

REGISTRATION

A centre is registered in the name of the machine. It implies that after making inspection of the place, technical experts and

machines, approval is given to the Ultrasonography Centre / Genetic Laboratory / Genetic Counselling Centre. There may be multiple machines at a centre. But every machine must be registered on the certificate. In the event of a discovery of an unregistered machine at the centre, a criminal case may be filed against the said centre. The company also is to be named as an accused in the case.

RULE 12(2)

During the action taken against a centre the machine shall be seized and sealed as a Material Object and submitted to the court after making an application. In case the seized and sealed machine at the centre is used by breaking the seal, the case has to be filed again.

It is important that the accused does not get hold of the machine from the court for any reason. If the court decides to return the machine, an appeal should be made immediately. The machine should not be de-sealed until a decision on the appeal is made. Under no circumstances shall the Appropriate Authorities de-seal or return the machine. That right belongs to the Court alone.

In case of a contravention of the Act, the machine shall be seized / sealed. After making sure that a contravention has indeed taken place, a criminal case is to be filed and a court order shall be followed.

SECTION 23

If the sealed machine is returned without a court order, the Appropriate Authorities and the Advisory Committee can be considered guilty of contravention of the law.

CHAPTER 6: HOW TO INSPECT ULTRASONOGRAPHY CENTER / GENETIC LABORATORY / GENETIC COUNSELLING CENTRE?

FOLLOWING THINGS NEED TO BE EXAMINED DURING INSPECTION OF A CENTRE.

(1) Is a board on display? – Rule 17 (1)

- In a conspicuous place
- In the Ultrasonography room, near the machine

TEXT ON THE BOARD

Sex Determination is a criminal offence by the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act. The penalty for doctors performing this test includes rigorous imprisonment up to 3 years and fine of rupees. 10,000/-. For the family members demanding the test the punishment includes up to 5 years of rigorous imprisonment and fine of rupees 50,000/-. The pregnant woman will not be charged with criminal offence.

(2) Is a copy of the Act available at the centre? – Rule 17 (2)

- In Local Language – For visitors
- In English – For doctors

(3) Is the Registration Certificate displayed in a conspicuous place? – Rule 6 (2)

What to check in the Registration Certificate?

1. Term of the Registration Certificate
2. Name and educational qualification of the authorised person
3. Information about the Ultrasonography machine
4. The number of machines and details

(4) Is Form 'F' submitted? – Section 29 (A), Rule 9 (8)

See whether,

- 19 columns are filled as per the Act?

- copy of the form F (including the complete information about the pregnant woman) is sent to the AA before the 5th of every month?
- consent letter of the woman is obtained in the local language?
- a Declaration is submitted by the doctor/s with time and date?
- referral records are maintained?

(5) Tally 'F' with the OPD Register.

After the inspection, if any lapses are found, write a complaint in a legal language and submit it to the First Class Magistrate as per Section 23. Before that, as per 30, complete the legal procedure of Search and Seize the Record.

Inspection:

As per **Section 17 (4) (E)** Appropriate Authorities hold the right to take action against suspicious centres after they are found to have contravened the Act upon inspection carried out by Appropriate Authorities on their own or after receiving a complaint against such a centre.

As per **Section 20 (1)** Appropriate Authorities shall issue a show cause notice on their own or after receiving a complaint. In the notice they will ask for an explanation as to why the registration of the said centre should not be suspended / cancelled.

As per **Section 20 (2)** after giving sufficient time following a show cause notice, the matter should be put before the Advisory Committee and upon confirmation of any contravention of the Act, the registration of such a Ultrasonography Centre / Genetic Laboratory / Genetic Counselling Centre should be suspended / cancelled.

It has not been mentioned that after a specific period, the Appropriate Authorities should intimate them if suspension has been cancelled.

Although **Section 20 (1) and (2)** requires the Appropriate Authorities to serve notice, they hold the right to suspend the Registration of any centre after citing reasons for doing so in the public interest. They are not bound to serve a notice for such suspension.

CHAPTER 7: SEARCH AND SEAL

- SECTION 30(2), RULE 12 Appropriate Authorities hold to right to visit and inspect any Ultrasonography Centres / Genetic Laboratory / Genetic Counselling Centre that are suspected to have contravened the Act and search and seize all registers, documents, machines and other equipment, computer, printer, recording camera, registration certificates, all receipts and documents related to the Ultrasonography machine.
- SECTION 30(1) The search and seal procedures are to follow the Code of Criminal Procedure, 1973.
- SECTION 31 For any action taken under the provisions of the Act, no criminal case can be filed against the Appropriate Authorities anywhere. They are protected under the law as police and judges.
- RULE 11(1) It is mandatory for owners / operators / doctors to allow the Appropriate Authorities to conduct searches in registered / unregistered hospital, home, vehicle, shop, etc. and make available all documents, machinery, equipment for seizure.
- RULE 11(2) The government of India has deleted Rule 11(2). Under this rule, the Appropriate Authorities could de-seal centres and machines. These rights are taken away from them. Under no circumstances shall these be seals be removed unless there is a court order. Any such action will result in the contravention of the Act.
- SECTION 30(2) Search and seal shall be carried out as per the Code of Criminal Procedure. Advice shall be sought from the legal expert in the Advisory Committee. Help shall also be sought from *Tahsildar* and *Prant Adhikari* who are appointed as Appropriate Authorities.

RULE 12 (1,2,3)

In the presence of two persons acting as *Panch*, all documents, Ultrasonography machines and other equipment used to carry out sex determination test should be seized. They should be sealed at the time of seizure. All the notebooks, documents, registers, certificates, advertisements, equipment, machines, all that can be used as evidence (after an investigation) should be seized after a search. All materials should be seized as per the Law after a *Panchnama*. All the procedure shall be followed before independent but dependable *Pachhs*.

CHAPTER 8: HOW TO REGISTER A CRIMINAL CASE?

- Procedure of Search and Seal shall be completed as per the rules.
- Check carefully if the *Panchnama* is written as per the prescribed format that conforms to the Code of Criminal Procedure.
- *Panchs* should be trustworthy. They should be asked to sign only after making sure they are aware of the seriousness of the issue.
- Acknowledgement of any seized material should immediately be given to the accused.
- Letter of suspension should immediately be given to the concerned Ultrasonography Centre. Statements should be taken from the co-accused who might have assisted the prime accused.
- Statements of the decoy woman, witnesses should also be recorded along with others.
- All evidence; written (case papers), technical (Audio CD), (VCD), (Recordings), reports, prescription related to the decoy woman and witnesses should be obtained in original.
- Notice should be issued to the doctor, agent, hospital, owner of the machine, dealer to appear as witness if their testimony seems to be necessary. Their offices/clinics should be inspected at the time of a visit. Their statements should be recorded and the procedure of seizure should be carried out as per the Code of Criminal Procedure.
- After visiting the concerned centre, Visit Report and Inspection Report should be prepared.
- If possible, media should be intimated about the matter immediately.
- A criminal case should be filed after completion of all investigation, inspection, seizure, recording of statements, *Panchnama*, etc.
- Urgent meeting of the Advisory Committee should be called for. The matter should be kept before the Committee for its decision and a resolution should be passed for the filing a criminal case. Resolution for suspension of the Ultrasonography Centre should also be passed.
- Notification should be submitted to the court along with the application in original.
- Separate application should be made regarding the machine, other seized materials which should be handed over to the court.

- Suspension letter of the centre, *Panchnama*, record of statements, application to file a criminal case, all seized material should be handed over to the public prosecutors for their reference.
- All this procedure should be followed under the presence and guidance of the legal expert in the Advisory Committee / Assistant Public Prosecutor / District Public Prosecutor / Special Public Prosecutor.
- Case should be registered and a case number should be obtained. Case should be registered only at the First Class Magistrate's court by the Appropriate Authorities as the Complainant.
- Since this offence is non-bailable, the defendants' lawyers should be made aware of the gravity of the case and any attempt to seek bail should be opposed.
- Care should be taken that the machine is not released. Machine should not be returned.
- Care should be taken that the court does not order the release of the machine. If it does so, appeals should be made but the machine should not be released.
- It should be noted that this case is considered as a Criminal case.
- Appropriate Authorities themselves or their representatives should be present at the hearing. Co-operation should be extended to the public prosecutor. It is the responsibility of the Appropriate Authorities to ensure that all the evidence is presented before the court in an accurate manner.
- It is the responsibility of the Appropriate Authorities to maintain a daily diary of the case.
- It is mandatory to submit all materials, statements, *Panchnama* in original as part of the case.
- Failure to file a case, submitting incomplete paperwork, submitting Xerox copies is inappropriate and shall be considered as help being extended to the accused.
- The crime is of a serious nature and thus should be handled with utmost care and sincerity. If the court / witnesses note any lapses, Appropriate Authorities might land themselves in trouble.
- Care should be taken to keep the addresses of the decoy woman / witnesses confidential. It is of importance to keep their identities and addresses secret in order to resist any attempts by the accused to pressurise them or bribe them.

- Police protection / help should be sought by Appropriate Authorities during the procedure. Urgent or pre-planned police protection can be obtained by submitting an application.
- During the trial as well the Appropriate Authorities can seek police protection for themselves as well as for the witnesses.
- All expenses of the trial should be paid from the account of the PC and PNDT Act. Approval of the Advisory Committee should be obtained from time to time before / after the trial for the expenses.
- Once the charges are framed, application for the suspension of the doctor should be submitted to the State Medical Council along with an attested copy of the framed charges.
- Make sure that the charges are framed including all the evidence, statements, Rules and Sections. If need be, in case of any desired changes; put in a request to make changes by submitting an application of charge frame alteration.

CHAPTER 9: HOW TO HANDLE A COMPLAINT?

- After receiving a complaint, all investigations should be made and original documents should be taken in possession and an acknowledgement of the said documents should be given to the complainant.
- If the complaint is anonymous / in the form of a phone call / on a website, all details such as phone numbers, time of the complaint, date should be noted and recorded.
- A raid should be carried out on the basis of the complaint on the registered / unregistered centre or make investigations under the pretext of routine investigations. Investigations should be completed as per the Rules and a inspection report should be prepared.
- If a centre is found to have contravened the law, its registration should be suspended immediately as per Rules and search and seal should be completed.
- Statements should be recorded. *Panchnama* should be prepared after gathering evidence.
- Procedure should be completed as per the law and a case should be filed at the First Class Magistrate.
- Statement and the complaint should be filed as evidence. Complainant should be registered as the witness for the prosecution.
- If the complaint has been received by the Appropriate Authorities as a 15 days' notice by an organisation, journalist or an individual, as per Section 28 (B) (1) the Appropriate Authorities should take action based on the complaint within 15 days of receiving it. Failing to do so could result in assumption that they are helping the accused.
- As per Section 24, no action shall be taken against the pregnant woman. She is protected under the law.
- As per Section 23, anyone who contravenes the Act shall be punished which may extend to 3 years of rigorous imprisonment and a fine which may extend to rupees 10,000/-.

CHAPTER 10 : HOW TO UNDERTAKE A STING OPERATION AND CATCH DOCTORS RED HANDED?

1. Choose a trustworthy woman who is 14 to 22 weeks pregnant. Explain the gravity of the situation and prepare her to lay the trap accordingly.
2. Take permission from her relatives (husband, mother in law, mother). They should also be counselled.
3. An affidavit from the woman should be obtained stating that she is ready to take part in laying such a trap. Note the numbers on the currency notes to be used. These are to be mentioned in the affidavit. Give these currency notes to the decoy woman or the witness.
4. Prepare two witnesses to accompany the woman.
5. Keep an audio-video system handy if possible. Check beforehand if the pregnant woman and the witness can operate it correctly. They should be comfortable in using these. It is important to avoid any confusion in this regard.
6. Keep ready three main witnesses and two inspectors. They should be friendly enough with each other to work as a team, with excellent nonverbal communication. They should be trained so as to gather and collect evidence, have a good knowledge of the Act and learn how to lay a trap.
7. Appropriate Authorities should be available close by where the Sting is to take place.
8. (If needed) phone numbers of a nearby police station and officers should be kept handy. Police protection should be sought in case it is needed.
9. Upon learning that the Sting has been successful, Appropriate Authorities should take the accused in their custody.
10. See to it that the accused is not able to make phone calls to anybody. All his phones and other contacts should be switched off.
11. Search for the currency notes, verify and record after a *Panchnama*.
12. Take a statement from the accused after inquiry.
13. Statements from the co-accused (other paramedical staff, agent, PRO) should also be taken.
14. The centre should be thoroughly inspected and all important documents in the case should be seized and sealed.

15. All authorised, unauthorised machines should be taken into custody after sealing them. After a *Panchnama*, the accused should be given an acknowledgement of all seized machines and documents.
16. Inspection report should be fully prepared. The entire premises, house, garage, hospital should be thoroughly searched for an unregistered machine.
17. At the place of the crime, statements of the pregnant woman and the witnesses should be recorded and all the evidence in the form of audio, video cassettes should be taken into custody. The pregnant woman and the witnesses should be given copies of their statements and cassettes.
18. If the audio and video recording is done, a CD should be made and handed over to the court without making any changes to the contents. The entire dialogue should be transcribed on paper and submitted along with the case.
19. News reporters should be given all the information at the place of the crime. The video camera should be kept running during the investigation.
20. All documents such as Certificate of Registration (both in original), board, form 'F', affidavit of the pregnant woman, doctor's declaration, OPD register, birth register, a copy of the Act, referral slips, documents related to registration, documents related to the Ultrasonography machine should be seized. All the exchange of letters with the Appropriate Authorities should be taken into custody. Statements of any suspicious patients, relatives that are found on the place should also be recorded along with their addresses and contact information. They should be called during the investigation if needed.
21. After making sure that investigation has been carried out thoroughly, a case should be registered in the court after discussing the matter with lawyers.
22. As the Appropriate Authority is the complainant, she / he or a representative should be present at all times for the hearing of the case.

CHAPTER 11: HOW TO OBTAIN HELP FROM ADVISORY COMMITTEE FOR IMPLEMENTATION OF ACT?

The Advisory Committee is a Statutory Body made by the PC and PNDT Act and not a self-governing committee.

SECTION 17(5)

The Union government or the State government shall appoint an advisory committee to offer help and advice the Appropriate Authorities for the implementation of the Act. One of the members of the committee shall be appointed as the chairperson to oversee the implementation of the Act.

SECTION 17(6)

In the Committee there should be

1. Three experts from the field of medicine. Obstetrician, gynaecologist, paediatrician, genetic expert (not government health officers),
2. Law expert (not a public prosecutor),
3. Information Officer,
4. Three social activists. At least one of them should be working for a women's organisation.

SECTION 17(7)

No person endorsing or performing sex determination test should be appointed on the committee.

CALUSE 17(8), RULE 15

A meeting of the committee shall be called any time. But it is mandatory to hold a meeting once in every two months.

RULE 6(2)

The Committee is to advise on, discuss and pass a resolution regarding approving or rejecting the registration or renewal of a centre, objecting to or approving the suspension / approval of a centre.

SECTION 17(4)(A)

Appropriate Authorities are to take action as per the advice of the Advisory Committee.

Appropriate Authorities can empower any other people to perform their duties to by giving them a letter of authorisation after recording the date, place and time.

An inspection mechanism should be formed by giving the members of the Advisory Committee the rights and making teams of two members each with identity cards and distributing the centres amongst the teams for inspection.

Instead of just approving registrations, the Advisory Committee should contribute to investigation. This helps make the Committee responsible and active.

An effective investigative mechanism helps make centres fear the law. It also eradicates any possibilities of Appropriate Authorities indulging in any corrupt practices.

It is easier to maintain pressure on the centres if publicly influential individuals are appointed on the committee and their participation in the investigations helps maintain the weight of the Law.

A format should be made for inspection.

The centre specific project report that is as per the format should be taken for discussion in the meetings of the Committee. The direction of further action should be decided as per the Act after discussing the matter in the committee.

Members who remain absent for three consecutive meetings should be removed from the Committee.

Experts can be called to these meetings as invitees. However, they cannot participate in important procedures, presenting resolutions.

Appropriate Authorities can implement the PC and PNDT Act more effectively and carry out investigations with better results and with more transparency when the Advisory Committee is made strong and active. Members of the Committee should also be included during a decoy or a raid. This ensures that the witnesses are non-governmental but statutory members and hence will not turn on the prosecution.

Members of the Committee should be appointed without coming under any political pressure and only individuals who are known to have sound knowledge of the issue, experience, courage and who feel attached to the issue should be selected.

Appointment of the members should be made as per the Law. The committee should also work under the purview of the Law. It should be seen that no resolutions would be passed that come in conflict with the Act. If that is the case, members, along with the Appropriate Authorities would be found to have contravened the Act and be eligible for prosecution under Section 23.

CHAPTER 12 : PC AND PNDDT ACT AND GENETIC LABORATORIES /
COUNSELLING CENTRES / FERTILITY CENTRES

It is mandatory for Genetic Laboratory / Counselling Centre / Fertility Centres.

SECTION 18(1)(3)(4)(5) Like Ultrasonography Centres, registration of Genetic Laboratories/ Counselling Centres / Fertility Centres is mandatory.

SECTION 19(4) It is mandatory to display the Certificate of Registration.

SECTION 20(1)(2)(3) Appropriate Authorities hold the right to suspend / cancel registration of Genetic Laboratories/ Counselling Centres / Fertility Centres after showing a show cause notice or without showing such a notice upon receiving a complaint/ in the public interest.

RULE 5(1)(A) Fee for Genetic Laboratories/ Counselling Centres / Fertility Centres shall be rupees 3000/-.

RULE 9(1) All records of the procedures taking place at Genetic Laboratories/ Counselling Centres / Fertility Centres should be maintained as per the prescribed format.

It is mandatory to maintain all the information of the patients visiting Genetic Counselling Centres in Form 'D' and provide monthly information to the Appropriate Authorities before 5th of every month.

It is mandatory to maintain all the information of the patients visiting Genetic Laboratories in Form 'E' and provide monthly information to the Appropriate Authorities before 5th of every month.

RULE 9(6)

Genetic Laboratories/ Counselling Centres / Fertility Centres shall maintain every record for two years. In case of a legal action, all records shall be maintained until a verdict is delivered.

Procedures of inspection of Registration and action for Genetic Laboratories/ Counselling is the same as that of Ultrasonography Centre. Only the form that is kept at those places is different, because the information of patients and procedures are of a different nature.

RULE 10(1)

As per For G it is mandatory to maintain the permission letter of the patient and doctor's affidavit in the prescribed format and send it to the Appropriate Authorities regularly.

Advisory Committee and Appropriate Authorities should not ignore 'such' a centre. Just like Ultrasonography Centres it is mandatory to follow and seek all information regarding Genetic Laboratories/ Counselling Centres / Fertility Centres. It is possible conduct a 'decoy' at such places.

CHAPTER 13 : FORMATS

1. UNDERTAKING

I, Age.....years
Residing at

.....
hereby state that I am a resident of the address mentioned above and am months pregnant. I am ready to go as a Decoy Case in order to help the Pre-natal Diagnostic Techniques Act to put a stop female foeticides and help maintain the balance of nature. I hold dear to me my foetus which may be a son or a daughter. Under no circumstances will I go under a sex determination test using Pre-natal Diagnostic Techniques to abort my foetus. I will not violate the provisions of the Pre-conception and Pre-natal Diagnostic Techniques Act.

I accept the gift that nature has graced me with. I am providing this undertaking in order to help the Pre-conception and Pre-natal Diagnostic Techniques Act on my free will.

The details of the notes that are given to me to give the doctor in order to help the Pre-natal Diagnostic Techniques Act are as follows:

Serial Number

Amount

Place

Date

Signature of the woman writing the undertaking

2. NOTICE

To

Hon Appropriate Authority
(Pre-natal Diagnostic Techniques Act)

..... Rural Health Centre / Civil Hospital / Municipal
Corporation

Taluka District

Subject: Regarding action to be taken as per Pre-natal Diagnostic Techniques Act.

Dear Sir / Madam

I / My representative.....
found the following lapses vis-à-vis Pre-natal Diagnostic Techniques Act at the
..... Ultrasonography Centre when we visited it for the
purpose of inspection.

A person other than the approved expert / doctor was found to have been operating the machine.	RULE 3 (1)
Lapses were found vis-à-vis the purchase of the Ultrasonography machine.	RULE 3 (2) B 3 A (1,2,3)
A) No board in English / Marathi was displayed as per in the prescribed format	RULE 17 (1)
B) The board in English / Marathi displayed was incomplete. No copy of the Act was found at the centre.	RULE 17 (4)

<ul style="list-style-type: none"> a) Form F not submitted b) Letter of permission not obtained from the patient c) No undertaking of the doctor 	SECTION 29 RULE 9 (4)
<ul style="list-style-type: none"> a) Ultrasonography Centre is unregistered. b) Period of registration of the Ultrasonography Centre has expired 	RULE 19 (3,4)
<ul style="list-style-type: none"> a) Ownership / Operator of the Ultrasonography machine is changed b) Expert is changed c) Management is changed d) Ultrasonography machine is changed e) The place of the machine is changed f) The address of the Ultrasonography Centre is changed 	<p>RULE 6 (6,7)</p> <p>RULE 18 (2,4)</p>
Monthly report is not regularly submitted.	SECTION 29 RULE 9 (8)

The above mentioned lapses were found at the centre. According to Section 23 (1) an individual who contravenes any of the provisions of this Act or Rules made thereunder shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees. As per Section 23 (1) immediate legal action should be taken against the owner of the said Ultrasonography Centre. The Ultrasonography machine in the said Ultrasonography Centre should be seized and sealed. Registration of the said Ultrasonography Centre should be immediately suspended and a criminal case should be filed in the court as per Section 28 (1) after recording statements of all the accused and preparing the paperwork as per the legal procedure.

Kindly consider this letter as a 15 days' notice as per Section 28 (1) B and if you fail to act on this notice by not initiating a legal action against the said Ultrasonography Centre under 15 days as per Section 28 (1) A, a criminal case will be filed in the court of law against the owner / operator of the said Ultrasonography Centre and you for affording protection unto the said owner / operator. Kindly take note of the same. -

Yours Sincerely

Copy

1. District Appropriate Authority..... Civil Hospital
2. State Appropriate Authority, Pune
3. Chairperson, State Supervisory Board, Mumbai
4. Chairperson, Central Supervisory Board, Delhi
5. **National Evaluation and Inspection Board, Delhi**

3.

FORMAT OF THE SHOW CAUSE
NOTICE

The Appropriate Authority can file a complaint in the court of Law on the basis of a complaint received by it, against an Ultrasonography Centre, Genetic Counselling Centre, Genetic Laboratory without serving a notice. If found necessary, show cause notice may be issued. Or else, on the basis of the evidence, the Appropriate Authorities may directly file a complaint in the court and suspend the registration of the centre.

The format of the Notice is as follows:

To
Name --
Address --
Name of Centre
Registration Number --

Subject : Show Cause Notice under Sections 3 and 18 of the PC and PNDDT ACT.

Sir/Madam,

The officers inspecting the your centre on date found the following lapses at your centre

- 1)
- 2)

You were found present at the time of inspection. Doctor was found to be performing Ultrasonography on the pregnant woman namely You presented some documents before the Inspection Committee stating to the effect that all documents are maintained by you. You also mentioned that Dr visits your laboratory with his portable Ultrasonography machine on receiving your telephonic message for performing Ultrasonography.

You have given a detailed statement regarding this before the Inspection Committee. However, as per the available documents, your statement and the lapses found by the

Inspection Committee and its report about the same, you were found to have been assisting in the conduct of pre-natal diagnostic techniques for the purpose of determination of the sex of the foetus which is found in contravention of the PC and PNDT ACT. You are hereby issued a showcause notice under Section 3, 5, 18 and 29 with Rule 20 and 9 of the PC and PNDT ACT. You may respond to the notice within 7 days of receiving the notice as to why legal action may not be taken against you.

Notice delivered on

Place
Date

Sd/-
Appropriate Authority

4. FORMAT OF A COMPLAINT TO BE FILED

IN THE COURT OF FIRST CLASS MAGISTRATE AT

CASE NO. /2011

BETWEEN

DR.....

APPROPRIATE AUTHORITY/MEDICAL OFFICER

..... HOSPITAL

ADDRESS

.....

AND

.....

..... ACCUSED

.....

CRIMES:

1. Pregnant woman was informed of the sex of the foetus. – Section 3 A (6)
2. No copy of the PC and PNDT ACT was found at the Ultrasonography Centre. – Rule 17 (2)
3. Form F not submitted. – Section 19, Rule 9 (4)
4. Doctor had not undersigned an undertaking. – Rule 10 (1A)
5. No permission obtained from the pregnant woman. – Section 5
6. Report not submitted to Appropriate Authorities on time. – Rule 9 (8)
7. Unapproved doctor was found performing Ultrasonography. – Rule 6 (6) (7)
8. Referral slip not maintained. – Rule 9 (4)

9. Record required by the Act not maintained. – Section 29 (1) (9) and Rule 48 (3) (Provisio).

PENALTY FOR THE CRIME: A\$ PER SECTION 23, 25, 26 AND 29 OF THE PC and PNDT ACT.

Nature of the case:

1. I, Dr functioning as the District Health and Family Welfare officer of the Hospital have been appointed as the Appropriate Authority of Taluka / District under The Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) as per Chapter V.

2. While performing my duty -

.....
.....
.....

A. (Event of crime with date, time, place, names of individuals with address)

B.

C.

3. On Date Time from to I seized and sealed the Ultrasonography machine under a *Panchnama* after recording the statements of the pregnant woman and her companions.

4. Recorded the statement of the accused Dr

CONTRAVENTION OF THE ACT WAS FOUND AS FOLLOWS:

1. Pregnant woman was informed of the sex of the foetus. – Section 3 A (6)

2. No copy of the PCPNDT ACT was found at the Ultrasonography Centre. – Rule 17 (2)
3. Form F not submitted. – Section 19, Rule 9 (4)
4. Doctor had not undersigned an affidavit. – Rule 10 (1A)
5. No permission obtained from the pregnant woman. – Section 5
6. Report not submitted to Appropriate Authorities from time to time. – Rule 9 (8)
7. Unapproved doctor was found performing Ultrasonography. – Rule 6 (6) (7)
8. Referral slip not maintained. – Rule 9 (4)
9. Record required by the Act not maintained. – Section 29 (1) (9) and Rule 48 (3) (Provisio).

The above mentioned accused
 have been found to have contravened the law in the above mentioned manners found from
 the witnesses and the inspection of the centre. They have been discovered to have
 contravened the provisions of the PC and PNDT Act. I request that justice be delivered in the
 light of all the evidence presented before the court. On the basis of the evidence, the accused
 should get the maximum penalty
 as per Sections 23, 25, 26, 29 of the PC and PNDT ACT.

LIST OF WITNESSES

1.
2.
3.

Complaint delivered on

Place
 Date

Sd/-
 Appropriate Authority

(Seal)

5. PANCHNAMA

On Date in Tanka
District..... Address
Appropriate Authority, Shri / Smt
Medical Officer, Health Centre /
Hospital....., Taluka.....

District in a legal action taken as per the provisions of PC and
PNDT ACT 2003, seized the following documents, files, registers, cases in the presence of
Referees (Panchas).

1. Total amount paid by the patient – Rupees./-
Serial Numbers of Notes - Rupees.

2. Form 'F' Registers :Nos.

Beginning with patient

.....

from date to date

3. Consent, Declaration Registers

Beginning with patient

.....

from date to date

4. Other files, OPD Registers, Other Registers

5. Registration Certificate

Valid from Date to

6. Ultrasonography Machines: Nos.

Name of the Manufacturer

Model No.

Other Information

7. Probe No.

8. Keyboard

All items as listed above were taken into custody on Date
and the acknowledgement of the same was given to the concerned Doctor.
.....

Place

Date

Panch 1. Signature

(Name, Address)

Panch 2. Signature

(Name, Address)

In the presence of Medical Officer

..... Hospital

I received acknowledgement of the items seized.

Signature of accused

Doctor

Name

Date

'Lek Ladki Abhiyan' has been actively working on various levels of society. The implementation of the Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act has become of utmost importance. Understanding the meaning of the Act and realising the immense scope of its power and its implementation by Appropriate Authorities and the administration would certainly result in greater success in nabbing criminals and preventing the menace of Sex Determination and Selection.

This handbook is written for this very purpose. It would help various voluntary organisations as well as Appropriate Authorities.

Check list for survey of registered ultra sonography clinics

Date and time of visit: _____

Name/s/designation of members of the team:

1. _____
2. _____
3. _____

Name of the clinic: _____

Address, Tel, E-mail (if available): _____

Name of the clinic owner: _____

A. Information about USG clinic

S.N.	Things to be seen/checked	Observations
1	Is your clinic registered under PC-PNDT Act	Yes/No
1.1.	If yes: Date of registration (date - month - year)	
1.2.	Registration certificate number	
1.3.	Date of renewal	
1.4.	Was the renewal done within time (within date of expiry of original registration)	Yes/No
1.5.	Was renewal certificate obtained within 90 days of expiry of original registration	Yes/No
1.6.	Is the certificate of renewal of registration available	Yes/No/under process
2.	Category under which the clinic is registered (genetic counseling center, genetic laboratory, genetic counseling and testing center, ultra sonography center, combination if any -- specify)	
3.	How many ultra sound machines are there in your clinic	
3.1.	What is the brand (make) of machine/s	
3.2.	Are there any unused machine/s in your clinic	Yes/No
3.2.1.	If yes, what is their current status (mention in brief)	
3.3.	Have you purchased any new/additional machine after registration	Yes/No

S.N.	Things to be seen/checked	Observations
3.3.1.	If yes, has the AA (Appropriate Authority) been informed about this	Yes/No
3.3.2.	If yes, is there entry of new machine in the registration certificate	Yes/No
4	Do you have a portable USG machine	Yes/No
4.1.	If yes, is the vehicle/s in which portable machine/s is/are carried is/are registered	Yes/No
4.2.	Does the clinic has a separate registration certificate for portable machine	Yes/No
4.3.	How is the portable machine is used (In the vehicle, in the hospital, at patient's house, at another clinic/hospital, Any other, please specify)	
5.	Who is operating registered machine/s (name/s & qualification	
5.1.	Is the copy of the qualification certificate of the doctor operating the machine is exhibited on the wall at prominent place	Yes/No
5.2.	Is the copy of valid registration certificate of state medical council for the doctor/s operating machine/s is displayed on the wall at prominent place	Yes/No
5.2.	Is the doctor operating machine fulfills qualification as per PC-PNDT Act	Yes /NO
5.2.1.	If no, what are the gaps?	
5.3.	Whether same machine and name of operating doctor is reflected in the registration certificate	Yes /NO
5.3.1.	If no, what is the difference?	
6.	Does all information reflected in the registration certificate tallies with above information	Yes / NO
6.1.	If No, what is the difference	
7.	Does your clinic also provide MTP services	Yes/NO
7.1.	If yes, is the center registered under MTP Act	Yes/NO
7.1.1.	If yes, check registration certificate	Available/Not Available
8.	Is the center performing ultrasonography on:	
8.1.1.	Pregnant women only	Yes/No
8.1.2.	Pregnant and other women for various reasons	Yes/NO
8.1.3.	All clients including pregnant women	Yes/NO
8.1.4.	All clients excluding pregnant women	Yes/NO

B. Things to be observed at clinic

S.N.	Things to be observed	Observations
1.	PCPNDT Registration certificate displayed at a prominent place	Yes/No
2.	MTP Registration certificate displayed at a prominent place	Yes/No/Not applicable
3.	If not displayed at prominent place, where it is displayed	
4.	Display of board stating – detection of the sex of the foetus is not done here and it is a legal offence. (In bold letters, in two languages- Local and English) at prominent place	Yes /NO
5.	Are there any direct/indirect evidences of display, communicating that sex selection facilities are available at this center	Yes/NO
5.1.	If yes, make a note of it (if possible, take photographs)	
6.	Copy of the PCPNDT Act is available at clinic	Yes/NO
7.	IEC material available if any in the clinic for the clients on sex selection: posters/pamphlets/reading material	Yes/NO
7.1.	If yes, specify briefly	

C. Review of records

1. Has the center submitted monthly reports to district AA on 5th of every month for last three months and acknowledgement is available: Yes/No

2. Does the clinic maintain a separate ANC register for the clients coming for USG: Yes/No

2.1. If yes: does it contain name of the client, age, complete address, number of issues with their ages, name of the referring doctor, reasons for USG, duration of pregnancy: Yes/No

2.2. If No, what are the missing gaps in the register:

2.3. Does record of ANC register and of Form F tally with each other ; Yes/No

2.4. If : "NO" what are major deviations:

D. Review of Form F (take out all form F for last three months of the current year for scrutiny)

1. Total Form "F" reviewed:
2. Is this number coincides with the report submitted for those months: Yes/No . If no give details:
3. Does this figure tallies with ANC register: Yes/No, If No give details:

E. Form "F" Major observations:

S.N.	Contents	Blank (No)	Incomplete information (No)	Written correctly (No)	Remarks
1	Patient's name and her age				
2	Number of children with sex of each child				
3	Husband's/fathers name				
4	Full postal address with telephone no, if any				
5	Referred by - full name and address of the doctor(s) or self referral				
6	Last menstrual period mentioned				
6.1.	weeks of pregnancy mentioned				
7	History of genetic/medical disease if any				
7.1.	Basis of above diagnosis - Clinical/Bio-chemical/Cytogenic/Other (radiological, ultrasonography, etc, specify) mentioned				
8	Indication for prenatal diagnosis mentioned				
8.1.	Indication for diagnosis is out of 23 indications mentioned in the Act				
9	Name and registration No. of gynecologist/radiologist/ certified RMP performing USG is mentioned				
9.1.	Does this name tallies with name on registration				

	certificate				
10	Name of the non- invasive procedure mentioned				
11	If invasive procedure carried out name of invasive procedure mentioned				
S.N.	Contents	Blank (No)	Incomplete information (No)	Written correctly (No)	Remarks
12	Results of prenatal diagnostic procedure/ultrasonography written				
13	Date/s on which the procedure carried out written correctly				
14	For each invasive procedure, correctly filled in consent form is available				
15	For non-invasive procedure correct declaration of pregnant woman is available				
16	Correctly filled in declaration form by the doctor conducting procedure is available				
17	Was there any mention of MTP advised/conducted				
18	If yes, what were the reasons mentioned				
19	If MTP conducted in the same clinic date on which MTP conducted is mentioned				
20	Are MTP records maintained properly as per MTP registered Act				
21	Name/signature and Registration number of Gynecologist/Radiologist/Director of clinic is mentioned.				

Note: On the basis of observations with the help of this check list, monitoring team will prepare a note, which will be signed by AA or authorized signatory and will be sent to concerned center for corrective actions.

Note:

1. During supervisory visit, if the team finds pregnant women awaiting sonography test or who have just done sonography test, the team will interview such 2-4 women (a separate interview schedule is being prepared)
2. Out of the total forms, the team will randomly select 10% forms for home visits for reconfirmation, and to assess outcome of present pregnancy.

Checking of other hospital records:

Check the receipt book of the payments received from the clients (as majority of the clients want to claim expenses on their health and on investigations done, for which they demand receipts of payments made to a clinic) from last three months. From the office copy of the receipt book, find out how many receipts have been given for ultrasonography for last three months. From the names, counter check "Form F" of such clients. Note gaps/discrepancies observed. This could give excellent indirect evidence on contraventions of the Act.

F. Interview with 2-3 clients (if available at the time of visit) waiting for USG screening

Note: Such interviews will have to be conducted very carefully and tactfully, using all your communications and interpersonal communications skills. Ask general questions to the clients for her to open up, and then start interview. Do not explain purpose of the interview; try to collect all information in the interview schedule through informal talk. While conducting interview, do not simultaneously make entries in the form. Ask your colleague to note down responses. Conduct interview in most informal, casual and friendly manner, so that the client does not try to hide any information. Especially, if the client has previous girl child, keep a watch on body language and gestures of persons accompanying client, especially when husband or in-laws are accompanying with client. This could give interviewer some clues about the hidden purpose for USG. Do not abruptly conclude interview. Take this opportunity to communicate few important and related health messages to her. It may be possible that some clients may not speak any thing or share any thing with you in spite of your best possible approach and skills. Do not force such clients to give interview.

S.N.	Questions	Responses
1.	Name of the client	
2.	Detail Address	
3.	Husband's or father's name	
4.	* Name/s of accompanying persons and their relations with pregnant woman	
5.	Number of children	Male/s: with\` age/s:

		Female/s: with age/s:
6.	Date of LMP	
7.	No. Of weeks pregnant	
8.	Referred By: name and address of referring doctor	
9.	Have you come for the first time in this clinic for USG	Yes/No
9.1.	If No. when did you come previously for USG or did USG and how many times USG was done for this pregnancy	
10.	Reason for coming/referral	
11.	Did you go for USG during your last pregnancy	yes/No
11.1.	If yes - how many times	
11.2.	If yes -- what were the reason/s for doing USG	
12.	History of abortion/s in the past	
12.1.	If yes - who did it	
12.2.	If yes - when abortion/MTP was done (weeks of pregnancy)	
12.3.	What was/were the reason/s for abortion/MTP	
13	Are you aware if sex of the foetus during USG screening is communicated here?	Yes/No
13.1.	If yes who told you about this information	
14.	Are you aware that sex determination is a crime and is punishable under the Act	Yes/No
14.1.	If yes - from where did you got this information	
15.	Will you now ask the doctor to tell about sex of the foetus during your USG	Yes/No
15.1.	Why yes or no	
16.	If having previous girl child/s: ask, will you want only a male child this time	Yes/whatever
16.1.	If yes - why	

G. Interview with client/s (if available at the time of visit) who has/have just come out of the USG room after screening.

S.N.	Questions	Responses
1.	Name of the client	
2.	Detail Address	

3.	Husband's or father's name	
4.	* Name/s of accompanying persons and their relations with pregnant woman	
5.	Number of children	Male/s: with age/s:
		Female/s: with age/s:
6.	Date of LMP	
7.	No. Of weeks pregnant	
8.	Referred By: name and address of referring doctor	
9.	Have you come for the first time in this clinic for USG	Yes/No
9.1.	If No. when did you come previously for USG or did USG and how many times USG was done for this pregnancy	
10.	Reason/s for coming/referral	
11.	Did you go for USG during your last pregnancy	yes/No
11.1.	If yes - how many times	
11.2.	If yes -- what were the reason/s for doing USG	
12.	History of abortion/s in the past	
12.1.	If yes - who did it	
12.2.	If yes - when abortion/MTP was done (weeks of pregnancy)	
12.3.	What was/were the reason/s for abortion/MTP	
13.	Did the doctor or clinic staff ask you some questions and fill in some form before your USG screening (Form F)	Yes/No
14.	Did the doctor or clinic staff explain before screening that you are not interested to know sex of the foetus and asked you to sign a form	Yes/No
15.	During screening procedure, did you or persons accompanying with you ask the doctor about sex of the foetus	Yes/No
15.1.	If response to question No. 15 is yes -- Then what was the response of the doctor	
16.	Did the doctor communicate you sex of the foetus	Yes/No
16.1.	If response to question No. 16 is yes -- how did the doctor communicate	
17.	Did the doctor communicate you findings of USG screening	Yes/No
17.1	If yes - what did the doctor communicate	

18.	Did the doctor advice you for MTP, if any	Yes/No
18.1.	If yes - name of the doctor	
18.2.	If response to question No. 18 is yes - will you go for MTP	Yes/No/will decide later
18.3.	If response to question No. 18.2 is yes - What are the reasons that you want to terminate this pregnancy	
19	Were you aware if sex of the foetus during USG screening is communicated in this clinic	Yes/No
19.1.	If yes who told you about this information	
20	Are you aware that sex determination is a crime and is punishable under the Act	Yes/No
20.1.	If yes - from where did you got this information	
21.	Even if it is a crime, will you still go for MTP	Yes/No/will decide later
22.	If having previous girl child/s: ask, will you want only a male child this time	Yes/whatever
23.	If yes - why	

H. Interview with client/s through home visits(10% of Form F randomly selected with priority on selection of forms of those clients who have come for ultrasonography and have 1-2 girls only):

Total Form "F" selected for home visit:

From the address Number of clients who could be traced:


No. of clients who could be interviewed:

S.N.	Questions	Responses	Match with entries in Form "F"
1.	Name of the client		Yes/No
2.	Detail Address		Yes/No
3.	Husband's or father's name		
4.	Number of children	Male/s: with age/s: Female/s: with age/s:	
5.	Date of USG screening done (date mentioned in Form F)		xxx
6.	Date of home visit/interview		xxx
6.	Date of LMP		Yes/No
7.	No. Of weeks pregnant		Yes/No

8.	Outcome of pregnancy	continued/terminated	xxx
9.	If terminated - what was the reason		xxxxx
9.1.	How many days after USG, pregnancy was terminated		xxxxx
9.2.	Who performed MTP		xxxxx
10.	For recent USG, who referred you: name and address of referring doctor		Yes/No
11	Did you visit for the first time in this clinic for USG during this pregnancy	Yes/No	xxxx
11.1.	If No. when did you come previously for USG or did USG and how many times USG was done for this pregnancy		xxxxx
12.	Reason/s for referral for USG		Yes/No
13.	Did you go for USG during your last pregnancy (if applicable)	Yes/No	xxxxx
13.1.	If yes - how many times		
13.2.	If yes -- what were the reason/s for doing USG		
14.	History of abortion/s in the past		
14.1.	If yes - who did it		
14.2.	If yes - when previous abortion/MTP was done (weeks of pregnancy)		
14.3.	What was/were the reason/s for previous abortion/MTP		
15.	Did the doctor or clinic staff ask you some questions and fill in some form before your USG screening (Form F)	Yes/No	Yes/No
16.	Did the doctor or clinic staff explain before screening that you are not interested to know sex of the foetus and asked you to sign a form	Yes/No	Yes/No
17.	During screening procedure, did you or persons accompanying with you ask the doctor about sex of the foetus	Yes/No	
17.1.	If response to question No. 15 is yes -- Then what was the response of the doctor		
18.	Did the doctor communicate you sex of the foetus	Yes/No	
18.1.	If response to question No. 18 is yes -- how did the doctor communicate		
19.	Did the doctor communicate you findings of USG screening	Yes/No	Yes/No
19.1	If yes - what did the doctor		Yes/No

	communicate		
20.	Did the doctor advice you for MTP	Yes/No	Yes/No
20.1.	If yes - name of the doctor		
19	Were you aware if scx of the foetus during USG screening is communicated in this clinic	Yes/No	
19.1.	If yes who told you about this information		
20	Are you aware that sex determination is a crime and is punishable under the Act	Yes/No	
20.1.	If yes - from where did you got this information		
21.	Even if it is a crime, will you still go for MTP	Yes/No/will decide later	
22.	If having previous girl child/s: ask, will you want only a male child this time	Yes/whatever	
23.	If yes - why		

IMPLEMENTATION OF PC & PNDT ACT AND RULES



QUESTIONS And Answers

(Answers are based on personal experience and subject to interpretation of the law)

Dr. V.K. Goyal
Ex State Nodal Officer
PC & PNDT Act, Govt. Of Punjab

Q Can a person buy a machine by submitting an affidavit and apply for registration simultaneously. Registration at times takes too long.

A Under Rule 3 (a), it is essential for the center to be registered prior to sale/ distribution/supply/rent-out/authorization of use of ultrasound/imaging machines.

Q Are same Rules applicable for Govt. facilities also ?

A Act & Rules in totality are applicable for Govt. facilities also

Q Does an IVE/ART center require registration? Similarly, one may not be doing scans for pregnant women, then, what are PC & PNDT Act requirements?

A Registration is mandatory under clause 2 (i), (j), (k) & section 18 of the act. in case Genetic laboratory is functioning, record on form-E has to be maintained. in case the center does not entertain scan for pregnant women, it has to display prominently accordingly and may furnish undertaking to this effect to the AA. in case violation is detected, action under the Act will be taken.



Q Does a portable machine require a separate registration? Why is the machine not allowed to be used in a patient's home in case of emergency?

A Registration is granted for the center and not for the machine and accordingly cannot be used at any other place which is not registered.



Q Is it necessary that the application for renewal of registration be made before the registration lapses? What is wrong with requesting renewal soon after the expiry?

A Renewal of registration is granted under Rule no. 8 and application has to be made 30 days prior to expiry of registration. once the date expires, the place automatically becomes unregistered and action can accordingly be taken.

Q Can the center submit the monthly report in consolidated table instead of individual forms F ?

A No, record keeping of USG has to be on form F as per Rule no 9(4) & copies of individual form F have to be submitted to the AA every month.

Q Are Govt US centers also to be checked thoroughly for record keeping etc. ?

A Yes, law is same.

Q If the Ultra-sonologist doesn't sign form F on the day of scan & report itself & incomplete forms are detected & he/she pleads that he/she will signs it later on, is it offence ?

A Yes, complete record keeping including signatures of ultra-sonologist is mandatory as per Rule no. 9(4).

Q Can record-keeping be treated as a minor offence as advocated by the Ultra-sonologist?

A No. Under the Act and Rules, deficiency in record keeping is violation of section 4 (3)(V) proviso, section 29 & Rule no 9. No offence is considered a minor offence under the Act



Q Is it mandatory in the act to maintain a patient's register in addition to form F and other forms? There is no prescribed format for the register. Do the details in the register and the form have to tally?

A Record on a register showing serial no., names and addresses of men and women, names of spouse or father and date of procedure has to be kept under rule no. 9 (1). One can maintain these columns in an ordinary register. There is no requirement of maintaining a patient's register for Non-PNDT cases. The details have to tally in both.

Q How should the AA scrutinize the forms F received from the centers every month ?

A I) At random, check if all columns of the form are filled & duly signed by the patient & the Ultrasonologist especially check the forms of suspected centers.

II) At random, gather Photostat copies of USG reports of some centers from Anti-natal clinics in Govt Hospitals as well as Pvt. Nursing homes & check if corresponding form F are available or not.



Q The experience and qualifications criteria for ultra-sonography are not clearly stated in the Act and Rules and there is confusion among AAs? Please clarify.

A The matter is learnt to be under consideration of the MOHFW and MCI. Deliberations on this held during the recent CSB and proposed amendments in Rules will be shared by the ministry shortly

Q How to deal with complaints of harassment made by the centers to the SAA when some action has been contemplated by the DAA against the center?

A In case the DAA has taken action under section 20, ask the center to file an appeal under Rule no 19 to the SAA.



Q At the time of inspection, can the AA seal the machine without a show cause notice? Shouldn't one get a chance to explain?

A Under section 20 (3), the AA can take action in public interest by suspension of registration of the center and automatically once the registration is suspended, the machine will be sealed for the period of suspension.

Q Can an AA constitute teams for unlimited period for inspection of US centers?

A No. Only a person (Officer) specifically authorized for a specific day for a specific day & specific centers by the AA can inspect the centers.

Q What does the law say about use of decoy patients?

A There is no direct reference to decoy operations in the PC-PNDT Act and Rules. Since the crime of SD and SS is conducted with mutual consent of family, the ultra-sonologist, there is no complainant / evidence, therefore the Govt. or AA can take help of sting operations and decoy patients under section 17 (4) (e).

Q What action needs to be taken against Govt. run US centers which do not maintain proper record as per Act & Rules

A Action as per Act & Rules has to be taken.



Q How to proceed when violation of both MTP as well as PC & PNDT Act is detected at one center/place?

A FIR has to be filed for violation of the MTP Act & a court case has to be filed for violation of the PC & PNDT Act separately.

Q What is the responsibility of AAs in implementation of the Act & Rules?

A The AAs have to perform function (Duties) under section 17(4) & are accountable for enforcement of the Act & Rules in the area of jurisdiction.

Q Can any action be taken against AA, Who doesn't perform the assigned functions under the Act?

A Yes, Govt. can initiate administrative action under section 17(4) of the Act.

Q What should be done if an AA is pressurized by a leader/influential person/officer for shielding an US center found violating the Act/Rules ?

A The AA is accountable for implementing the Act & Rules. He/she is mandated to initiate due penal action under intimation to higher authorities.



Q From whom should the AA seek legal opinion?

A The AA can seek opinion from the legal member of the Advisory Committee. The AA can also hire a private lawyer for specific court cases, if required

Q In the absence of complainant, every US centre can be considered to be violating the Act & Rules. What is the remedy ?

A Very few doctors (ultra-sonologists) are indulging into SD but bring a bad name to the whole fraternity. Objective of the PC & PNDT Act is to stop SD/SS and aim is not to harass the medical community. Gather information of suspected centers from field and from health functionaries & keep a close watch specifically on the working of suspected centers.



Q Is there any time frame for checking the US/Genetic centers ?

A No time frame is specified in the Act/Rules; however the AA needs to check every center at least once in each quarter & send the report to State HQ.

Q Can an authorized person suspend or cancel the registration under section 20 of the Act ?

A No, only AA has the authority.

Q If charges are framed by the court, should the registration of the center be suspended?

A Discuss the case in the meeting of the Adv. Committee & consider suspension of the registration until the final decision on the case by the court.



Q Can the AA increase/decrease the period of suspension of registration awarded under section 20(1) or 20(3) of the Act ?

A The AA cannot change the punishment on his/her own. It can be considered by the Appellate Authority if an appeal has been filed by the erring center.

Q Can the Appellate Authority at District or State level keep the appeal pending beyond 60 days of receipt ?

A No, as per Rule no. 19(3) each appeal has to be disposed of within 60 days of receipt.

Q During inspection of the centers, under which clause of the Act/Rules, the AA should proceed ?

A The AA or authorized person should usually proceed under Rule no. 11 & spot memo prepared at the time of inspection should clearly indicate inspection under Rule no. 11. It is a good practice to write the deficiencies detected during inspection in the spot memo, which should be signed there & then by the AA/Authorized person & Ultra-sonologist/owner of the center.

Memo

Q If action against an erring center has been taken under section 20, can a court case also be launched or not ?

A Yes, court case can also be launched simultaneously along with suspension of registration under Section 20(1) or 20(3).



Q Can an Ultra-sonologist conduct USG as a self referred case or a self-referral?

A The Ultra-sonologist can conduct self referral USG only if, the said Doctor is running an OPD & also examines pregnant women. He/she has to keep a separate obstetrical checkup record of the Pregnant Woman (PW) examined in his/her clinic. He/she cannot perform USG of PW on the request of patient or relative mentioning the case as self referral or referred by the patient herself

Q What could be some of the roles to be assigned to the State Nodal Officers ?

- A**
- i) To help & assist the DAAs in implementation of the Act & Rules
 - ii) To assist the SAA in State level administrative tasks related to Act implementation
 - iii) Monthly review of performance of DAAs
 - iv) Keep a liaison with associated NGO's
 - v) Gather information of centers suspected of conducting SD/SS from various sources.
 - vi) Conduct surprise State led inspections along with DAAs
 - vii) Liaison with MOHFW

ANY OTHER QUESTIONS
PLEASE?



“मंगला, गीता, गायत्री हैं बेटियाँ
सीता, सत्या, सावित्री हैं बेटियाँ
दुर्गा, लक्ष्मी, सरस्वती हैं बेटियाँ”

बेटियों को केवल पूजना ही नहीं, बघाना है.
उन्हें सबकी लाइली लक्ष्मी बनाना है।

No. H/SFWB/HR-06 2012 P1-12/A 3458

Date 07/05/2013

Modified Circular

In partial modification of the circular of the Deputy Director of Health Services (Administration), Government of West Bengal and the Licensing Authority under PC & PNDT Rules of the KMC Area, bearing no. A 3788 dated 26.06.2012 regarding implementation of the amendment dated 4th June 2012 of PC & PNDT rules of Govt. of India, this is to inform all concerned that the Division Bench of the Hon'ble High Court of Delhi has passed an ad interim stay order on the application of amendments of Rule 3(3) and Rule 13 which has been communicated by the Director (PNDT), Govt. of India to all the State Authorities vide No. 12017 / 09/2012-PNDT dated 16th Oct'2012. The stay order passed by the Hon'ble High Court of Delhi on 19.09.2012 are noted below.

- (a) The Court has issued an ad interim stay on the amendment of Rule 3(3) of the PC & PNDT rules. That is, one sonologist may attend more than two USG Clinic as before.
- (b) On the issue of Rule 13 of the PC & PNDT Rules, the bench has directed that an interim arrangement quo Rule 13 be made wherein for every change in place, equipment and address, an advance notice of seven days be given to the Appropriate Authority and for every change in employee, information can be given within 7 days of such change. A delay on the part of the licensing Authority in incorporating the change and the re-issuing the PC PNDT license would not prevent the concerned clinics from effecting the change in place / address / equipment after a lapse of seven days and to continue with their activities.

It may be noted that there is no stay to implement the amendment made for Rules 5 regarding new rates of application fees of Rs. 25000/- and 35000/- respectively.

All the licensees having registration from the Deputy Director of Health Services (Admn.), for KMC area are informed herewith through the website of the Health Department, the Office notice board and by other means to obey the order of the Hon'ble High Court.

✓ Deputy Director of Health Services
(Admn.), West Bengal.

Date 07/05/2013

No. H/SFWB/HR-06 2012 P1-11/A 3458/1(4)
Copy for information :-

- (1) Dr. Santanu Sen, Hony. State Secretary, L.M.A., Bengal State Branch, 11/3, Dr. Biresh Guha Street, Kolkata - 700 017.
- (2) Dr. Tapan Dhibar, Hony. Secretary, Indian Radiological and Imaging Association, West Bengal Branch, 6, Park Side Road, Kolkata- 700 026.
- (3) The Officer-In-Charge, IT Cell, to upload this circular in the Website of Health Department.
- (4) The Notice Board of the Office of Deputy Director of Health Services (Admn.) West Bengal

✓ Deputy Director of Health Services
(Admn.), West Bengal.

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USG, Echo, MRD.

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DIRECTORATE OF HEALTH SERVICES
GOVERNMENT OF WEST BENGAL
SWASTHYA BHAVAN
GN-29, SECTOR-V, SALT LAKE,
KOLKATA - 700091.

Memo No. CEO- 208 /2015/A - 2687,

Date: 16 /05 / 2016

CIRCULAR

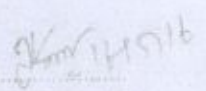
In pursuance of PC&PNDT- Kolkata Dist. Appropriate Authority (Kolkata DAA) and Dist. Advisory Committee (Kolkata DAC) meeting held in May 2016, a fresh Kolkata DIMC (Dist. Inspection and Monitoring Committee) is constituted with the following Member Officers (Government and non-Government), with request to undertake DIMC visits to various USG clinics/ Genetic Clinics and Labs in collaboration with members of selected NGOs.

For each Inspection Team on a day, an Order would be issued by the Kolkata DAA authorizing the names of the DIMC members to act on behalf of the Kolkata DAA. The DADHS (Admin)-cum- Nodal Officer (Kolkata DAA) may be contacted for such orders.

The names included in the Kolkata DIMC Member List may be modified from time to time depending on available officers from various departments and posts.

Selected NGOs (given below) would contact individual members on a round-robin system:

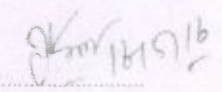
1. **Child In Need Institute (CINI-Urban) [for KMC wards 1 - 70],**
Office: 53, Rafi Ahmed Kidwai Road, Kolkata - 700016.
(Office ph. 033-40058935, 8013642631- Mrs. Smriti Acharya)
2. **Anjana Ghosh Memorial Social Welfare Trust- Purba Medinipur [for KMC wards 71-144],**
local office: 319-B, Strand Road, P.O. Nawabganj, Ichapur, Dist. North 24 Parganas.
(Ph. 8017072211- Mr. Pijush Kanti Ghosh).


O.S.O. & Dy.DHS (Admin)
And Chairman, Kolkata DAA
Swasthya Bhavan, Kolkata.

Copy forwarded for information and necessary action to:

1. The D.H.S. and e.o. Secretary, Govt. of West Bengal, Swasthya Bhavan, Kolkata-91.
2. The C.F.W and M.D.- NHM, Govt. of West Bengal, Swasthya Bhavan, Kolkata-91.
3. The Addl. DHS (Admin), (Dr. A. K. Sarkar), Swasthya Bhavan, Kolkata-91.
4. The Jt. DHS (FW) & SFWO, (Dr. Sikha Adhikary), Swasthya Bhavan, Kolkata-91.
5. The Jt. DHS & CHO, KMUHO -cum- Chairman, Kolkata DAC.
6. The Jt. DHS (Accounts), (Sri S.C. Chakraborty), Swasthya Bhavan, Kolkata-91.
7. The Jt. Secretary (Law), (Sri Ananda Kr. Mukherjee), Swasthya Sathi, Kolkata -91.
8. The Dy. DHS (Admin), (Dr. Tanima Mandal), Swasthya Bhavan, Kolkata-91.
9. The Dy.DHS (Legal), (Sri Kaustav Mookherjee), Swasthya Sathi, Kolkata-91.

10	Dr. Umesh Basu	DDHS (KDS)
11	Dr. Bhusan Chakraborty	ADHS (SH)
12	Dr. Tushar Acharya	ADHS (CE)
13	Dr. Biplab Kanti Dasgupta	ADHS (P&D)
14	Dr. Samarendra Kr. Sharma	ADHS (MERT)
15	Dr. Apurush Bandopadhyay	ADHS (EPI)
16	Dr. Nisith Baran Mondal	ADHS (AI)
17	Dr. Manikanchan Saha	ADHS (P)
18	Dr. Prasanta Biswas	ADHS (IBD)
19	Dr. Raghavesh Mazumder	ADHS (Cadre)
20	Dr. Ranajit Ghosh	ADHS (Training)
21	Dr. Subir Kirtania	ADHS (Food Safety)
22	Dr. Siddhartha Niyogi	ADHS (Oph.)
23	Dr. Nitya Gopal Ojha	ADHS (TB)
24	Dr. Nirmal Kr. Saha	ADHS (Filaria)
25	Dr. Manabendra Ghosh	Epidemiologist (IBD)
26	Dr. S. S. Saha	ADHS (NCD-I)
27	Dr. Kartick Ch. Mandal	Entomologist (NVBDCP)
28	Dr. Santosh Kr. Roy	ADHS (MCTI)
29	Dr. Kajal Kr. Mandal	Principal, H&FW Training C
30	Dr. Debasish Roy	Epidemiologist (PH)
31	Mrs. Koely Roy	National Alliance of Women's Organization
32	Prof. Dr. Rezaul Karim	Radiology Dept. SDMC&H, Kolkata
33	Dr. Gopikisor Gangopadhyay	M.D., Radiology, Abinash Dutta M.H.
34	Dr. Rina Ghosh	IMA Tollygunj
35	Dr. Sibani Goswami	Project Officer, SUDA
36	Dr. Subrata Ray	DADHS (Admin)
37	Dr. Subrata Sensarma	DADHS (P&E)
38	Dr. Sandip Sanyal	DADHS (HA)
39	Dr. Tapan Saha	SNO-NUHM
40	Dr. Sajal Biswas	DFWO-Kolkata
41	Dr. Saswati Nag	DMCHO-Kolkata
42	Dr. Mangala Prasad Roy	ZMO (Presidency Div.)
43	Dr. Bikash Ch. Mandal	Epidemiologist - KMUHO
44	Dr. Ranjit Kr. Dey	Asst. Epidemiologist - KMUHO
45	Smt. Smriti Acharya	CINI-Urban representative
46	Sri Pijush Kanti Ghosh	Anjana Ghosh MSWT representative


 O.S.D. & Dy.DHS (Admin)
 And Chairman, Kolkata DAA
 Swasthya Bhavan, Kolkata.