

New Revised Reporting Formate of clinics as mandatory record keeping form D, E, F under PC & PNDT Act

Name of District:-

For the month:

Sl. No.	Name of Centre/Clinic/Hospital since inception	Type of Centre/ Clinic/ Hospital	Whether ▪ functioning ▪ Non-functioning ▪ closed ▪ cancelled of registration	▪ Govt. ▪ Private	Total No. of USG Cases done in the month	No. of Non-OBST. USG cases done in the month	No. of OBST. USG cases done in the month	No. of Form D submitted by Genetic Counselling Centre	No. of Form E submitted by Genetic Laboratory	No. of Form F submitted by ▪ Genetic Clinic ▪ Ultrasonography clinic ▪ Imaging Centre	If not submit cause of the non - submission
1	2	3	4	5	6	7	8	9	10	11	12

Signature
Record maintaining person
Dist.:
Date:

Signature
District Appropriate Authority
District
Date

[illegible]