

User Manual

For

**PCPNDT
Applicant**

Health and Family Welfare Department

Government of West Bengal

Annexure I

Implement a system that allows online application submission, payment and tracking of status without the need for a physical touch point for document submission for new Permission for Application for Registration or Renewal of Registration of Genetic Counselling Centre/Genetic Laboratory/Genetic Clinic/Ultrasound Clinic/Imaging Centre and mandate that all applications are submitted online.

URL:

Online Single Window System: New Application Form for Permission for Registration or Renewal of Registration of Genetic Counselling Centre/Genetic Laboratory/Genetic Clinic/Ultrasound Clinic/Imaging Centre

Supporting Documents Details:

Sl.No.	Description	Page No.
1.	Login Details Page	3
2.	Single Window Services and Submission of Forms	4
3.	Tracking of Application	11
4.	Payment Method	12
5.	Form – A Certificate	14
6.	Form – B Certificate	15

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Login Details:

Online System for Permission for use of Application for Registration or Renewal of Registration of Genetic Counselling Centre/Genetic Laboratory/Genetic Clinic/Ultrasound Clinic/Imaging Centre.

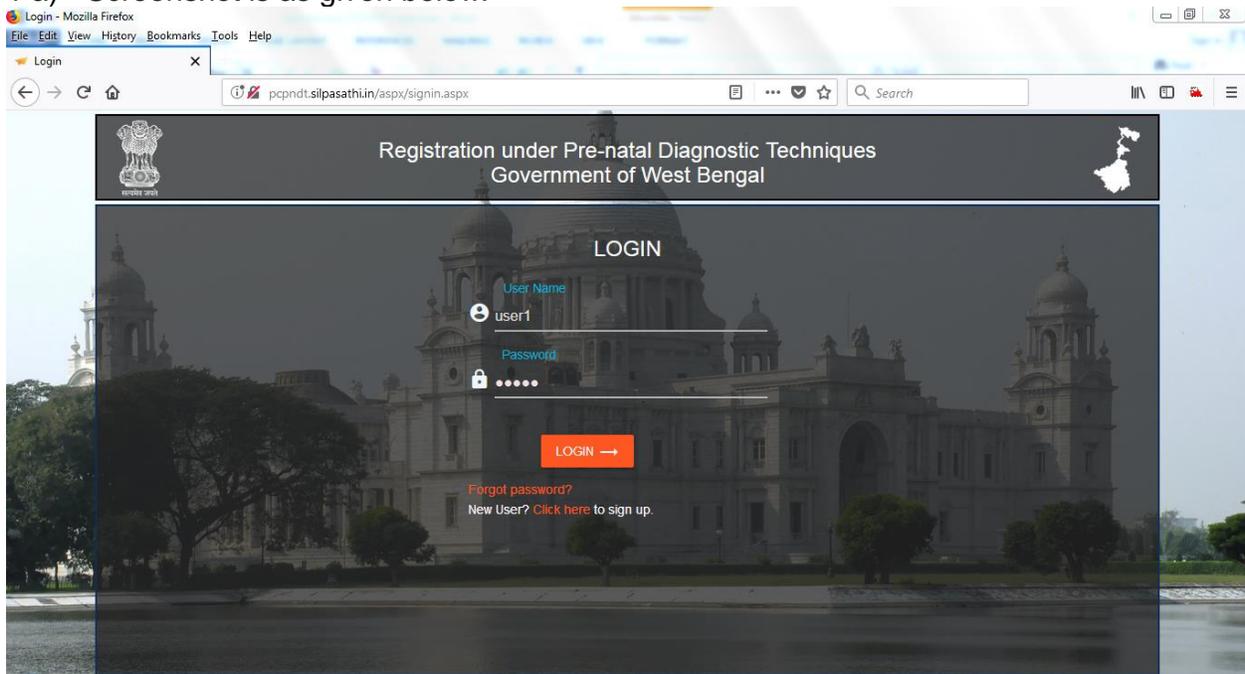
Online Single Window System: URL:pcpndt.silpasathi.in

Click on Apply Online link that take you to the link given below

URL for Online System for New Application: pcpndt.silpasathi.in

1. Log in on the login page (else create new user and then log in)

1 a) - Screenshot is as given below:



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Single Window Services and Submission of Form:

Page that appears after log-in (Screenshot is as given below):

1 b) - Screenshot is as given below:

The screenshot shows the PC-PNDT application dashboard. The page title is "Applications to be processed". There is a search bar and a navigation menu with options: Renewal, **New**, and Renew. The table below lists two applications:

Sr. No.	Details	Status	Updated Date
1	Form Id:PCPNDT-000005 Application Type: New Applied On: 13/Nov/2017 Applicant Name: Ajay Sanghvi Location: Kolkata Payment Edit/View History Form A	Current Desk :DDHS(admin) Current remarks :Application Submitted to DDHS(admin)	13/Nov/2017
2	Form Id:PCPNDT-000002 Application Type: New Applied On: 03/Aug/2017 Applicant Name: fdcghj Location: Alipurduar Payment Edit/View History Form A	Current Desk :Dispatch Current remarks :Application Submitted to Dispatch	03/Aug/2017

Then Click on “New” icon for New Application Registration or if it is for Renewal click on “Renewal” icon

On Clicking on New icon, application form opens, where details are required to be filled in by the applicant

(Screenshot is as given below)

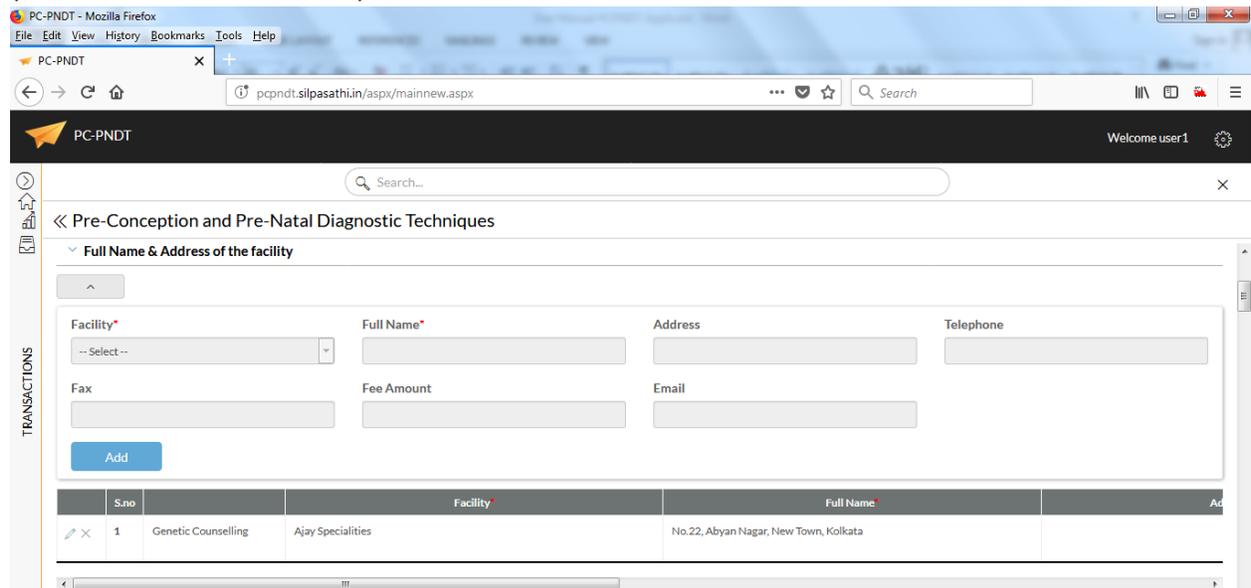
The screenshot shows the application form for "Pre-Conception and Pre-Natal Diagnostic Techniques". The form contains the following fields:

- Registration of State Medical Council: PCPNDT-000005
- Name of the applicant*: Ajay Sanghvi
- E-Mail*: kumartkmurali@gmail.com
- Mobile*: 9713869281
- Address Of The Applicant*: No.22, Aryan Nagar, New Town, Kolkata
- DOB: 03/11/1980
- Designation: Proprietor
- Organisation*: Ajay Specialities
- Resident: No.18, New Town, Kolkata
- Place of submission*: Kolkata
- Relationship: Son
- Name Of Relation: Amit Sanghvi

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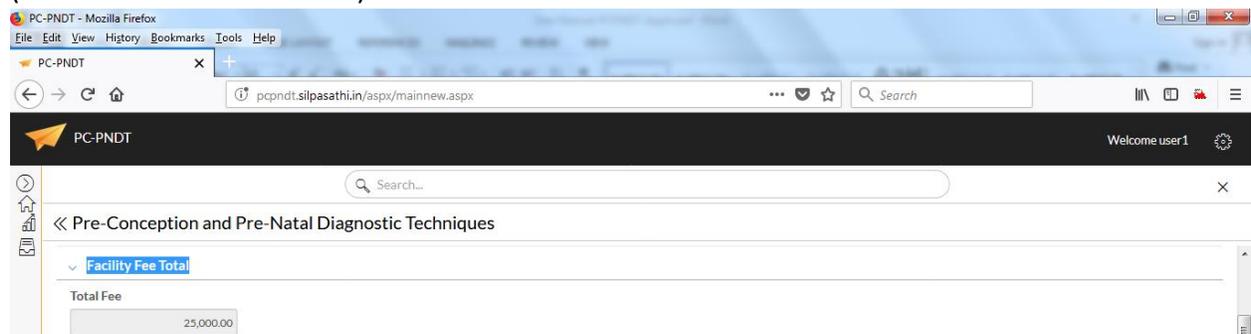
Details of Full Name & Address of the facility to be filled.

(Screen Shot Given Below :)



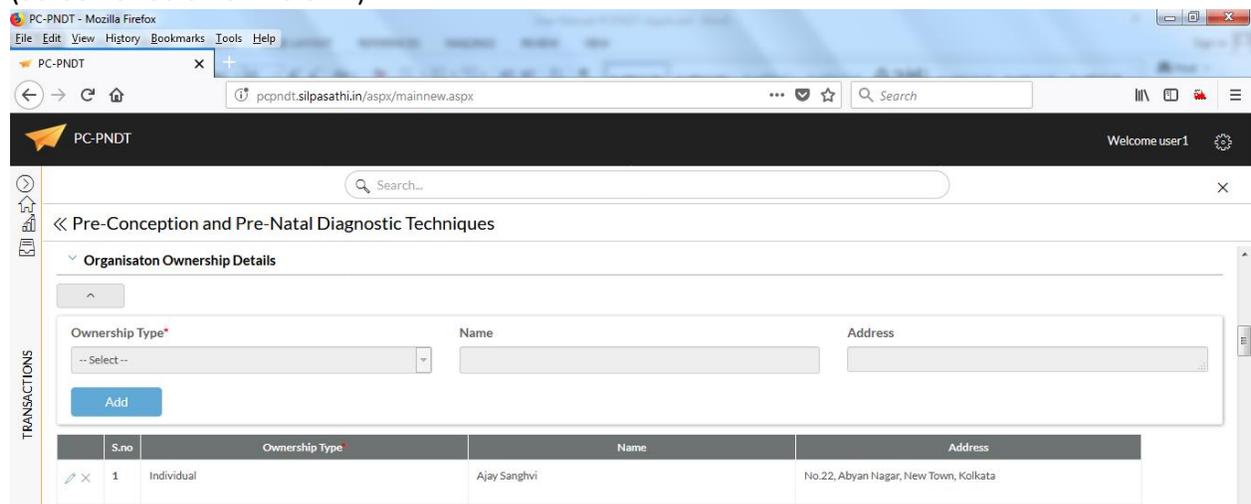
Facility Fee Total To Filled

(Screen Shot Given Below :)



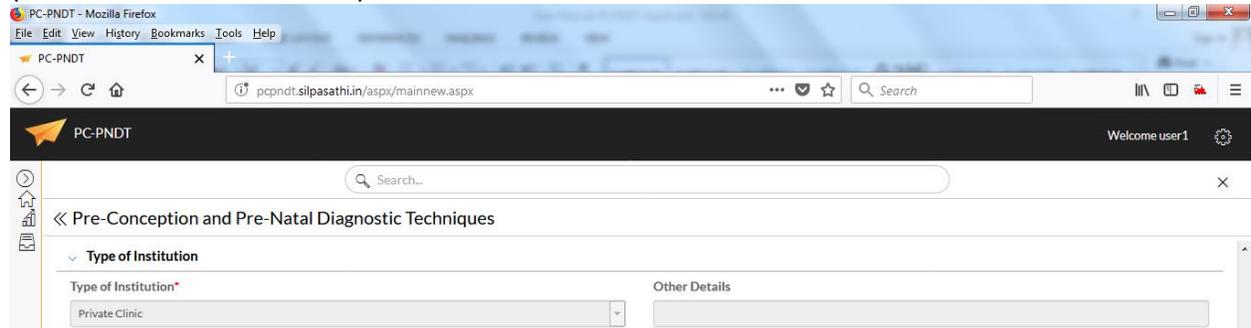
Organization Ownership Details to be filled

(Screen Shot Given Below :)

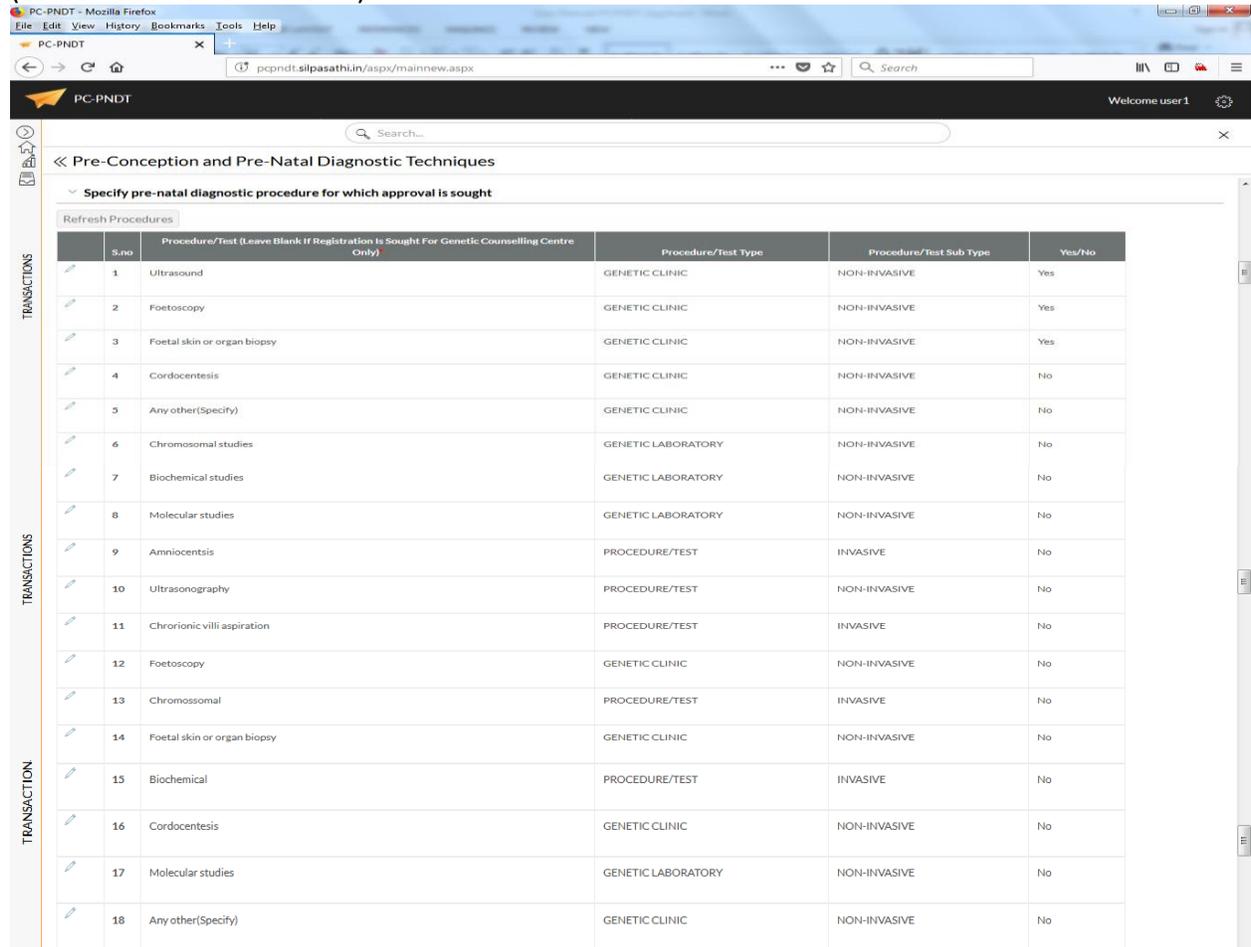


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Type of Institution Details to be filled (Screen Shot Given Below :)



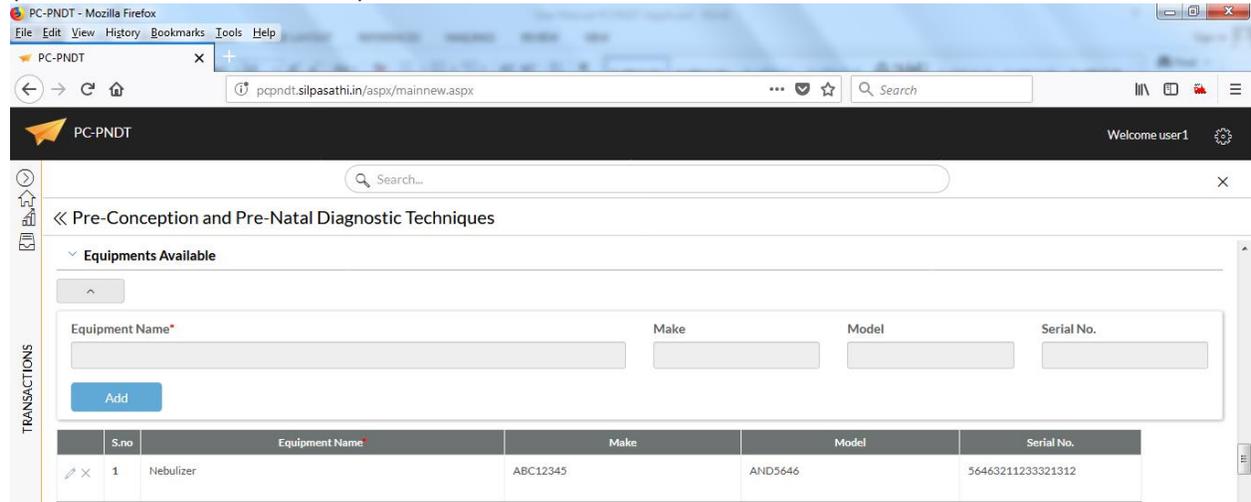
Specify pre-natal diagnostic procedure for which approval is sought (Screen Shot Given Below :)



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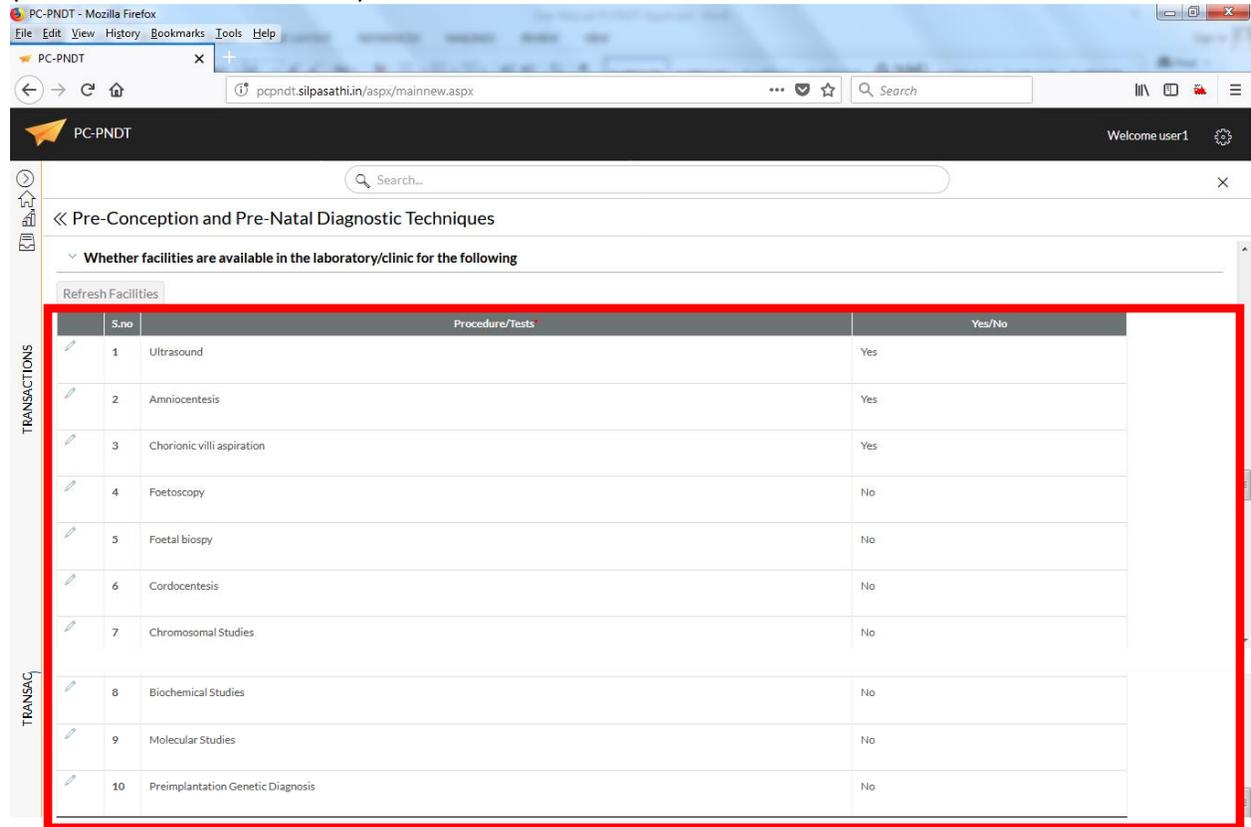
Equipment's Available List to be filled

(Screen Shot Given Below :)



Whether facilities are available in the laboratory/clinic for the following to be filled

(Screen Shot Given Below :)



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Employee Information Details to be filled

(Screen Shot Given Below :)

The screenshot shows the PC-PNDT web application interface. The browser address bar displays 'pcpndt.silpasathi.in/asp/mainnew.aspx'. The page title is 'Pre-Conception and Pre-Natal Diagnostic Techniques'. Under the 'Employees Information' section, there is a form with the following fields: Name* (text input), Qualification* (dropdown menu with '-- Select --'), Additional Qualification (dropdown menu with '-- Select --'), Experience(In Years) (text input), and Registration No. (text input). Below the form is an 'Add' button. A table below the form lists the employee details:

S.no	Name	Qualification	Additional Qualification	Experience(In Years)	Registration No.
1	Amit Sanghvi	MBBS	MD(Radio-diagnostics)	5	MB65465465

Qualifies for registration in terms of requirements laid down in rule 3 to be filled

(Screen Shot Given Below :)

The screenshot shows the PC-PNDT web application interface. The browser address bar displays 'pcpndt.silpasathi.in/asp/mainnew.aspx'. The page title is 'Pre-Conception and Pre-Natal Diagnostic Techniques'. Under the 'Qualifies for registration in terms of requirements laid down in rule 3' section, there is a form with the following field: Qualifies for registration* (dropdown menu with 'Yes' selected).

Challan/DD Details to be filled

(Screen Shot Given Below :)

The screenshot shows the PC-PNDT web application interface. The browser address bar displays 'pcpndt.silpasathi.in/asp/mainnew.aspx'. The page title is 'Pre-Conception and Pre-Natal Diagnostic Techniques'. Under the 'Challan/DD Details' section, there is a form with the following fields: Account No* (text input with value 46546465321321654654465464), Challan/DD No* (text input with value 4654646454), Challan Date* (text input with value 13/11/2017), IFCS* (text input with value AND65451), Bank Name* (text input with value Andhra Bank), and Bank Address* (text input with value No.23, New Town Road, Kolkata).

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The application contains relevant Supporting Documents to be attached as shown in the screen shot below:

(Screen Shot Given Below :)

PC-PNDT - Mozilla Firefox
File Edit View History Bookmarks Tools Help
PC-PNDT
pcpndt.silpasathi.in/asp/mainnew.aspx
Welcome user1

Search...

Pre-Conception and Pre-Natal Diagnostic Techniques

List of Enclosures

To Attachment

Enclosure Name* Upload Document

Add

S.no	Enclosure Name	Upload Document
1	Copy of Trade License.	1.jpg
2	Affidavit of Declaration of Applicant.	2.pdf
3	Receipt of D/D of Rs. 25,000 or 35,000/- (as applicable) in favour of Joint DHS(Accounts)-PNDT.	3.jpg
4	Sketch Map of USG Room and Surroundings.	4.jpg
5	5 Ownership/ Agreement/ Rental Documents of the premises .	1.jpg
6	Copy of CE License if issued or receipt of application for CE license.	2.pdf
7	Residential address(with P.O., P.S., Ward no. and Pincode), Mobile No., Email, ID proof of the License and Letter of authority of the applicant if applicant is authorized on behalf of the license.	3.jpg
8	List of names of all present Sonologist and Female Attendant with qualification, experience, update WBMC Reg. no., Date of joining and signature in given column Documents	4.jpg

3. Then click on 'Save to Submit All Details'

4. On clicking Save to submit all details, Application number is generated

(In this case PCPNDT-000005)

Screenshot is as given below:

PC-PNDT - Mozilla Firefox
File Edit View History Bookmarks Tools Help
PC-PNDT
pcpndt.silpasathi.in/asp/mainnew.aspx
Welcome user1

Search...

Applications to be processed

search here Renewal New Open 1-2 of 2

Sr. No.	Details	Status	Updated Date
1	Form Id: PCPNDT-000005 Application Type: New Applied On: 13/Nov/2017 Applicant Name: Ajay Sanghvi Location: Kolkata Payment Edit/View History Form A	Current Desk :DDHS(admin) Current remarks :Application Submitted to DDHS(admin)	13/Nov/2017
2	Form Id: PCPNDT-000002 Application Type: New Applied On: 03/Aug/2017 Applicant Name: fdcghj Location: Alipurduar Payment Edit/View History Form A	Current Desk :Dispatch Current remarks :Application Submitted to Dispatch	03/Aug/2017

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4. There are hyperlinks such as

- View/Edit:** This link is for editing the application when the Department returns the application for corrections in the application form.
- History:** This link is for knowing the status of the application.
- Payment:** This link is for making the payment through **Bill Desk**(The system will automatically calculate the amount to be paid)
- Payment Receipt:** This link is for Downloading the Payment Receipt Generated by the system on the applicant makes the payment.
- Form A:** This link is for downloading the Filled Application form by the Applicant.
- Form B:** This links if for downloading the Certificate Issued by the Department for starting the Clinic

Screenshot is as given below:

The screenshot shows a web browser window with the URL pcpndt.silpasathi.in/asp/mainnew.aspx. The page title is "PC-PNDT" and the user is logged in as "Welcome user1". The main content area is titled "Applications to be processed" and contains a table with the following data:

Sr. No.	Details	Status	Updated Date
1	Form Id: PCPNDT-000005 Application Type: New Applied On: 13/Nov/2017 Applicant Name: Ajay Sanghvi Location: Kolkata Payment Edit/View History Form A	Current Desk :DDHS(admin) Current remarks :Application Submitted to DDHS(admin)	13/Nov/2017
2	Form Id: PCPNDT-000002 Application Type: New Applied On: 03/Aug/2017 Applicant Name: fdcghj Location: Anuppur Payment Edit/View History Form A	Current Desk :Dispatch Current remarks :Application Submitted to Dispatch	03/Aug/2017

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Tracking:

5. The status of the application can be checked by clicking the 'History' hyperlink (for Tracking and Monitoring).

(Screenshot is as given below):

PCPNDT - Mozilla Firefox

File Edit View History Bookmarks Tools Help

PCPNDT x +

pcpndt.silpasathi.in/asp/mainnew.aspx

PCPNDT Welcome user1

Search...

Applications to be processed

search here Renewal New Open 1-2 of 2

Sr. No.	Details	Status	Updated Date
1	Form Id: PCPNDT-000005 Application Type: New Applied On: 13/Nov/2017 Applicant Name: Ajay Sanghvi Location: Kolkata Payment Edit/View History Form A	Current Desk :DDHS(admin) Current remarks :Application Submitted to DDHS(admin)	13/Nov/2017
2	Form Id: PCPNDT-000002 Application Type: New Applied On: 03/Aug/2017 Applicant Name: fdcghj Location: Alipurduar Payment Edit/View History Form A	Current Desk :Dispatch Current remarks :Application Submitted to Dispatch	03/Aug/2017

PCPNDT - Mozilla Firefox

File Edit View History Bookmarks Tools Help

PCPNDT x +

pcpndt.silpasathi.in/asp/mainnew.aspx

PCPNDT Welcome user1

Search...

History

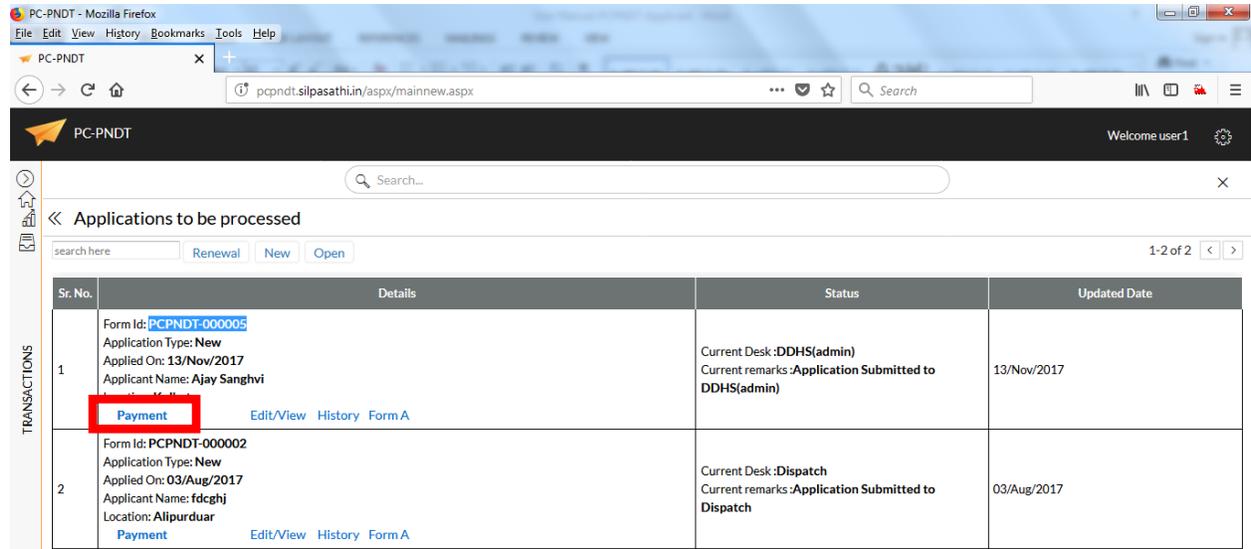
search here Print Excel 1-11 of 11

Details	Date	User Type	Remarks
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	13/Nov/2017	DDHS(admin)	
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	DADHS(admin)	Forw.DADHS
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	Dealing Assistant	Forw.DA
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	DADHS(admin)	Forw.DADHS
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	DDHS(admin)	Forw.DDHS
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	Dealing Assistant	Forw.DA
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	DADHS(admin)	DADHS
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	DDHS(admin)	Forw.DDHS
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	DADHS(admin)	Forw. DADHS
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	Dealing Assistant	Forw.DA
Form Id: PCPNDT-000005 Applicant Name: Ajay Sanghvi Registration Type: New Applied On: 13/Nov/2017	07/Dec/2017	Applicant	License Issued

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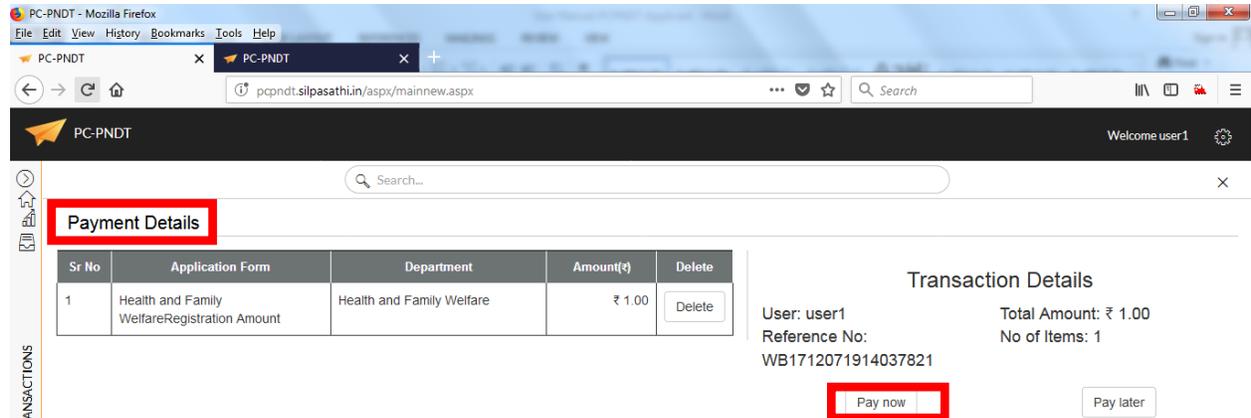
Once Applicant Fill all the details required in the application form, Click on the Payment Hyperlink

Screenshot is as given below:



7. On clicking Payment hyperlink, the amount to be paid appears with 'Pay Now' option

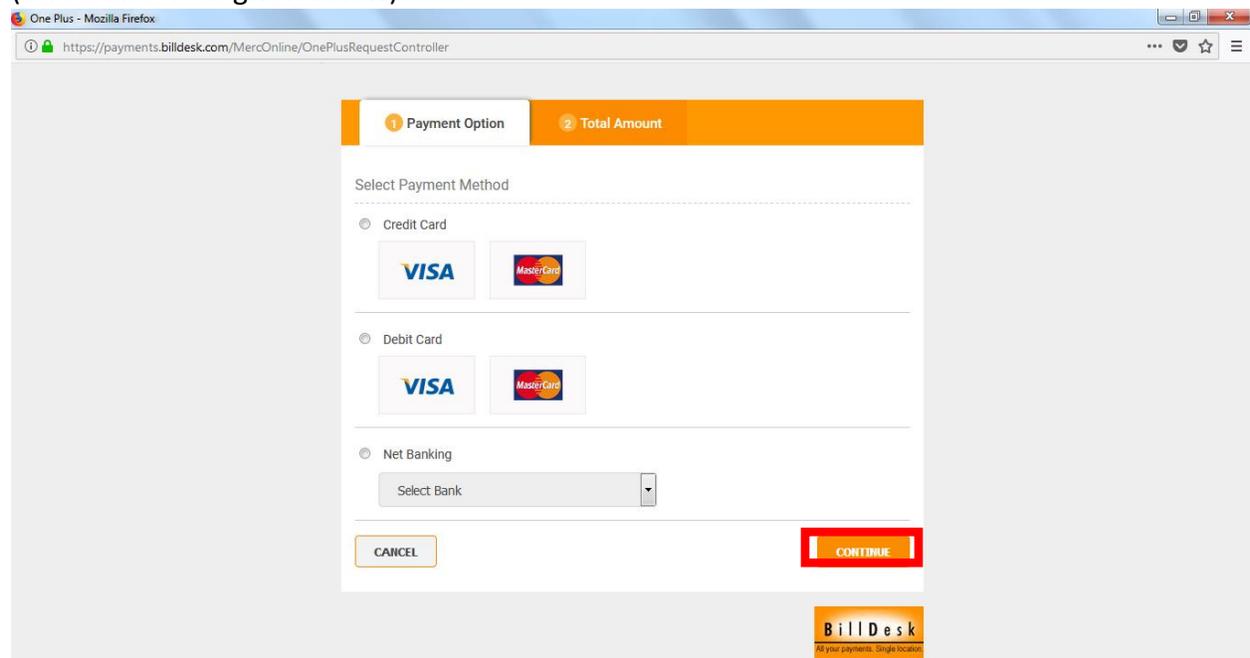
(Screenshot is as given below):



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8. On clicking the 'Pay Now' button, select the method of payment (Credit Card or Debit Card) the following screen appears with payment options and Gateway for payment may now be chosen

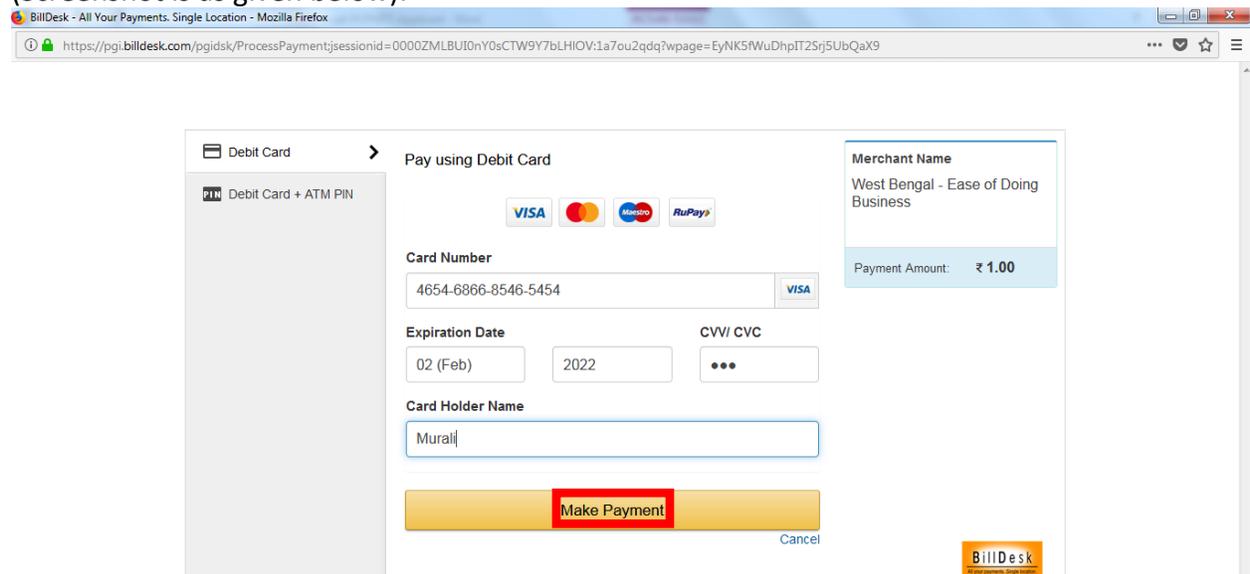
(Screenshot is as given below):



The screenshot shows a web browser window with the URL <https://payments.billdesk.com/MercOnline/OnePlusRequestController>. The page has two tabs: "1 Payment Option" (active) and "2 Total Amount". Under "Select Payment Method", there are three radio button options: "Credit Card", "Debit Card", and "Net Banking". Under "Credit Card" and "Debit Card", there are buttons for "VISA" and "MasterCard". Under "Net Banking", there is a "Select Bank" dropdown menu. At the bottom, there are "CANCEL" and "CONTINUE" buttons. The BillDesk logo is visible at the bottom right.

9. Click on 'Make Payment' to proceed to pay through selected method

(Screenshot is as given below):



The screenshot shows a web browser window with the URL <https://pgi.billdesk.com/pgidsk/ProcessPayment?sessionId=0000ZMLBUi0nY0sCTW9Y7bLHIOV:1a7ou2qdq?wpage=EyNK5fWuDhpIT2Sj5UbQaX9>. The page is titled "Debit Card" and "Pay using Debit Card". There are logos for "VISA", "MasterCard", "RuPay", and "Debit Card + ATM PIN". The "Card Number" field contains "4654-6866-8546-5454". The "Expiration Date" field shows "02 (Feb)" and "2022". The "CVV/ CVC" field has three dots. The "Card Holder Name" field contains "Murali". At the bottom, there is a "Make Payment" button and a "Cancel" link. On the right, a box shows "Merchant Name: West Bengal - Ease of Doing Business" and "Payment Amount: ₹ 1.00". The BillDesk logo is visible at the bottom right.

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11. Sample payment receipt for online application (generated through the online system after Payment is made)

(Screenshot is as given below):

Payment Details	
Application Id	Applicant Name
PCPNDT-000005	Ajay Specialities
Service Name	Health and Family Welfare Registration Amount
Reference NO	WB1712071926150603_1
Reference Id	LHMP5868679273_1
Transaction ID	LHMP5868679273
Transaction Date	07 Dec 2017
Amount	1.00
Payment Status	PGS10001-Success

Form A: Application Form Entered by the applicant

(Screenshot is as given below):

FORM A PRE-CONCEPTION AND PRE-NATAL DIAGNOSIS/POSTNATURAL (PROVISION OF SEX SELECTION) RULES, 1994
FORM A

(Refer rules 4(1) and 6(1))
(To be submitted in duplicate with supporting documents as mentioned)
APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION
OF A GENETIC COUNSELLING CENTRE/GENETIC LABORATORY
GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

1. Name of the applicant: Ajay Sanghvi
(Insert name of the institution sought to be registered)

2. Address of the applicant: No.22, Aiyar Nagar, New Town, Kolkata

3. Type of facility to be registered:
1. Genetic Counselling

4. Full Name & Address of the Facility:

Facility	Full Name	Address	Telephone	Fax	Telegraph	Email
Genetic Counselling	Ajay Specialities	No.22, Aiyar Nagar, New Town, Kolkata	842298332	0442298332		ajay@ajayur@ps.in

5. Type of Ownership (Organisation Details):
Ownership Type: Private
Name: No.22, Aiyar Nagar, New Town, Kolkata

6. Type of Institution: Private Clinic
Other Details:

7. Specific pre-natal diagnostic procedure/test for which approval is sought.
(Where state of registration is sought for Genetic Counselling Centre only)
[Bio] Procedure/Test:

8. Equipments available details:
Equipment Available: Make: Model:
Name: ABC12345 Make: ANDROMED Model: ANDROMED

9. (a) Facility available for: An Ultrasonic, X-ray,
(b) Whether facilities are available in the laboratory/clinic for the following tests:
Step: Procedure/Test:
1. Laboratory:
2. Antinuclear:
3. Chromosome preparation

10. Employee Details:

Name	Qualification	Experience (in Years)	Registration No.
Ajay Sanghvi	MBBS	12	UP00001005

11. State whether the Genetic Counselling Center / Genetic Laboratory / Genetic Clinic / Ultrasound Clinic / Imaging Center is registered for registration (Specify form of registration) with your state.
12. (a) Category of application only:
(b) Registration No.:
(c) Date of issue and date of expiry of existing certificate of registration.
13. List of Enclosures:
(Refer Attach 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)

14. List of Enclosures:
1. Copy of Trade License
2. Affidavit of Declaration of Applicant
3. Receipt of USG of Rs. 15,000 or 15,000 (as applicable) in favour of State
4. Stamp Map of USG Room and Surroundings
5. Ownership Agreement/ Rental Document of the premises
6. Copy of CE License if issued or receipt of application for CE license
7. Residential address (with P.O., P.S., and pin code) of Principal Investigator, Name, Email, ID proof of the Licensee and
8. Letter of authority of the applicant if applicant is authorized on behalf of the licensee
9. List of names of all present Investigator and Principal Investigator with qualifications, registration, and date
10. SMC Reg. No. Date of joining and signature in given column Documents.

Date: 11.15.2017
Place: Kolkata

Name, designation and signature of the person authorized to sign on behalf of the organization to be registered.

DECLARATION

I, the undersigned, Ajay Sanghvi, Director of Aiyar Nagar, New Town, Kolkata, hereby declare that the information furnished in this application is true and correct to the best of my knowledge and belief and I am not aware of any facts or circumstances which may render the information furnished in this application false or misleading. I further declare that I am not aware of any facts or circumstances which may render the information furnished in this application false or misleading. I further declare that I am not aware of any facts or circumstances which may render the information furnished in this application false or misleading.

Date: 11.15.2017
Place: Kolkata

Name, designation and signature of the person authorized to sign on behalf of the organization to be registered.
(SEAL OF THE ORGANISATION SOUGHT TO BE REGISTERED)

(SEAL OF THE ORGANISATION SOUGHT TO BE REGISTERED)

ACKNOWLEDGEMENT
(Refer rules 4(2) and 6(2))

The application in Form A is registered on date: / / 2017. The applicant is Genetic Counselling Center / Genetic Laboratory / Genetic Clinic / Ultrasound Clinic / Imaging Center. The date of issue and date of expiry of the certificate of registration is as mentioned in the application. A copy of the certificate of registration is being issued to the applicant. The fee of Rs. 10000/- is received from the applicant. The fee of Rs. 10000/- is received from the applicant. The fee of Rs. 10000/- is received from the applicant.

Date: 11.15.2017
Place: Kolkata

Signature and Designation of Appropriate Authority, as mentioned herein to the Office of the Appropriate Authority

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Once the applicant submits the application, the application will be scrutinized by the department at various levels and when the application is approved, the applicant can download Form – B

(Screenshot is as given below):

Sr. No.	Details	Status	Updated Date
1	Form Id: PCPNDT-000005 Application Type: New Applied On: 13/Nov/2017 Applicant Name: Ajay Sanghvi Location: Kolkata Edit/View History Form A Form B	Current Desk :Applicant Current remarks :License Issued	07/Dec/2017
2	Form Id: PCPNDT-000002 Application Type: New Applied On: 03/Aug/2017 Applicant Name: fdcghj Location: Alipurduar Payment Edit/View History Form A	Current Desk :Dispatch Current remarks :Application Submitted to Dispatch	03/Aug/2017

Final Certificate:

(Screenshot is as given below):

FORM B
(Refer rules 873 and 875)
CERTIFICATE OF REGISTRATION
(To be submitted in duplicate)

1. In pursuance of the powers conferred on me under sub-rule 19(1) of the Pre-natal Diagnostic Techniques (Regulation and Restriction of Misuse) Act, 1994 (ST of India), by the Government of India, I hereby grant registration to the Genetic Counseling Centre / Genetic Laboratory / Genetic Clinic / Laboratory/ Imaging Centre named below for availing of Genetic Counselling / Pre-natal Diagnostic Procedure / Pre-natal Diagnostic Tests (including any other procedure) for a period of five years ending on 07/12/2022.

2. The registration is granted subject to the following conditions: (i) The certificate will be valid for the period of five years from the date of issue of the certificate and the holder of the certificate shall be responsible for re-verification of the Certificate of Registration within the expiry of the last period of the year upon their procedure.

A. **Ajay Sanghvi** s/o **Dr. J. Sanghvi**, New Town, Kolkata of the Genetic Counseling Centre / Genetic Laboratory / Genetic Clinic / Laboratory/ Imaging Centre.

B. Pre-natal diagnostic procedures approved for (Genetic Clinic):
Non-invasive
1. Ultrasound
2. Forensic
3. Fetal sex or organ biopsy
4. Cordocentesis
5. Any other (Specify)

C. Pre-natal diagnostic test approved for (Genetic Laboratory):
1. Biochemical studies
2. Chromosomal studies
3. Molecular studies

3. Model and make of equipments being used (any change is to be intimated to the Appropriate Authority under rule 12):

Equipment	Model	Make	Serial
Neulizer	ANDS646	ABC12345	6646321123332

4. Register No. PC8017PNDT068603 dated.

5. Period of validity 07/12/2022 of order Certificate of Registration (For renewal Certificate of Registration only)

Date : 11.13.2017
Place : KOLKATA

Issued on 07/12/2017 © 07/12/2022
To be valid and to be used in accordance of
the appropriate Authority
(GENA)

Thus, applicant provided the License issued for Opening a Clinic under the Government Norms.