

FORM-A

(See sub-rule(2) of rule 5)

Form of application for the approval of a place under clause (b) of section-4

Category of approved place:- A or B		
A:	Pregnancy can be terminated up to 12 weeks.	
B:	Pregnancy can be terminated up to 20 weeks.	
Sl.No	DETAILS	HOSPITAL DETAILS
1	Name of the Hospital, Nursing Home, Diagnostic Centre, Clinic. or Place (in capital letters)	
2	Address in full, Phone No & Email ID	
3	Govt. Non- Government/Private/Nursing Home/Other Institutions. & number of Beds.	
4	Doctors Details: KMC Reg.Nos. or MTP Training certificate. (enclose)	
5	State, if the following facilities are available at the place (Yes or No)	
	CATEGORY A:	
i	Gynecological examination/Labour table.	
ii	Resuscitation equipment.	
iii	Sterilization equipment.	
iv	Facilities for treatment of shock, including emergency drugs.	
v	Facilities for transportation, if required.	
	CATEGORY B:	
i	An operational table and Instruments for performing abdominal or gynecological surgery.	
ii	Drugs and parental fluid in sufficient supply for emergency cases.	
iii	Anesthetic equipment, fresuscitation equipment and sterilization equipment.	

Place:

Date

Signature of the owner of Hospital, Nursing Home, Diagnostic Centre, Clinic. Or Place.

CHECK LIST FOR MTP

1. Requisition letter to conduct MTP in your organization
2. KMC Certificates of the Doctor Conducting MTP
 - a) One KMC certificate in case of Category A
 - b) Two KMC Certificates in case of Category B
- 3. Information about the Place and Equipment's available for conducting the MTP as per the category of permission asked**
4. Copy of K.P.M.E Certificate of the organization or Hospital
5. Copy of PCPNDT Certificate.
6. Affidavit by the Organization applying for MTP Registration has all the required **equipment's**, staff and Infrastructure for conducting MTP.

AFFIDAVIT TO WHOM SO EVER CONCERNED

We, ----- Bangalore----- Owner / Represented by Mr.-----
Aged about----- years, do hereby solemnly affirm on oath as follows:-

1. I, submit that I am the Owner of the ----- Pvt. -----, Bangalore-----
2. further submit that the ----- Bangalore Have all the required Equipments, Staff, Doctors and the medicines to conduct the MTP as per MTP Rules and Regulations.
3. I submit that the we will maintain all the records as specified in the Act confidentially and also submit the concerned reports to the Appropriate Authority time to time as per the MTP Rules and Regulations.
4. I am swearing into this affidavit for the information of the authorities concerned. Whatever stated above is true to the best of my knowledge and belief.

Identified by

DEPONENT

Advocate