



Health & Family Welfare

Government of NCT of Delhi

PC & PNDDT PORTAL

**Pre-Conception and Pre-Natal Diagnostic Techniques
(Prohibition of Sex Selection) Act, 1994**

Department Of Health And Family Welfare, Government Of NCT Of Delhi

User Manual Guide For Center Registration (FORM A)

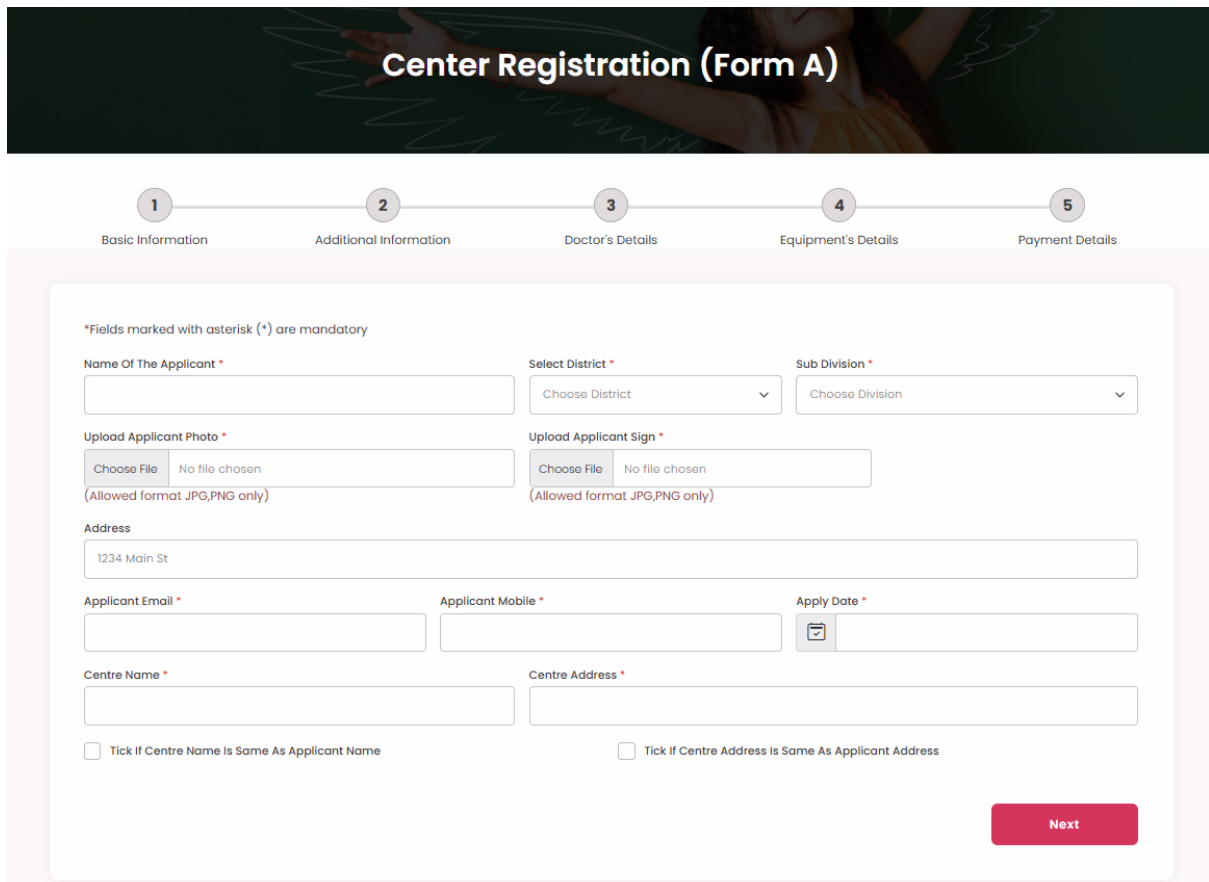
Introduction

This user manual provides step-by-step guidance for completing the Center Registration Form. The form consists of five sequential steps, where each step collects specific information required for successful registration.

To access the registration form, visit: <https://pcpndt.delhi.gov.in/center-registration> or Click on the New Application Tab on the Home page of the <https://pcpndt.delhi.gov.in/> site.



Step 1: Basic Information



Center Registration (Form A)

1 Basic Information 2 Additional Information 3 Doctor's Details 4 Equipment's Details 5 Payment Details

Fields marked with asterisk () are mandatory

Name Of The Applicant * Select District * Sub Division *

Upload Applicant Photo * Upload Applicant Sign *

Address

Applicant Email * Applicant Mobile * Apply Date *

Centre Name * Centre Address *

Tick If Centre Name Is Same As Applicant Name Tick If Centre Address Is Same As Applicant Address

Next

In this step, the applicant needs to provide personal details. Fill in the following fields:

- **Full Name of Applicant** (Mandatory)
- **A Drop down to select District** (Mandatory)
- **A Drop Down to Selected Subdivision** (Mandatory)
- **Applicant Photo (In JPEG, PNG Format)** (Mandatory)
- **Applicant Signature (In JPEG, PNG Format)** (Mandatory)
- **Address** (Mandatory)
- **Email Address** (Mandatory)
- **Contact Number** (Mandatory)
- **Apply Date** (Mandatory)
- **Center Name and Address** (Mandatory)

Since all the details are Mandatory user needs to fill all the data as per the requirement then Click Next to proceed to the next step.

Step 2: Additional Information

1 Basic Information 2 Additional Information 3 Doctor's Details 4 Equipment's Details 5 Payment Details

Fields marked with asterisk () are mandatory

Type of Center Choose Type of Center	Type Of Ownership Of Organisation Individual Ownership	Upload Affidavit * Choose File No file chosen (Allowed format PDF only)
Type Of Institution Govt. Hospital	Facilities available in the counseling center * 	

Previous Next

This step requires details about the center being registered.

Type of Center

Choose Type of Center

- Choose Type of Center
- Genetic Counselling Centre
- Genetic Laboratory
- Genetic Clinic
- Ultrasound /ImagingClinic
- Joint Centre
- Mobile Medical Unit
- IVF/Other Centre

- **Center Type** (Dropdown Selection: Clinic/Lab/Others)
- **Ownership Type** (Dropdown Selection: Private/Partnership/Company/Co-operative/Other)
- **Affidavit Upload Option (Only PDF Format)** (Mandatory)
- **Type Of Institution** (Dropdown Selection: Government/Private/Public/Others)
- **Facilities Available**

Once You select Center Type multiple checkbox will display based in the type of center ,

Based on center facilities select the checkboxes. Click **Next** to proceed.

Step 3: Doctor Information

Center Registration (Form A)

1 Basic Information 2 Additional Information 3 Doctor's Details 4 Equipment's Details 5 Payment Details

Fields marked with asterisk () are mandatory

Note: To add the doctor, fill all the details of the doctor like name, qualification, attachment and then click on the [Save Doctor Details Button](#)

Name *

Upload Photo No file chosen
(Allowed format JPG,PNG only)

Doctor Affidavit* No file chosen
(Allowed format PDF only)

Is PG Degree/Diploma endorsed from Delhi Medical Council (DMC) Yes No

Qualification *

Delhi Medical Council (DMC) Registration No. *

Delhi Medical Council (DMC) Certificate * No file chosen
(Allowed format PDF only)

MBBS Degree Yes No

Upload MBBS degree No file chosen
(Allowed format PDF only)

PG degree/Diploma added in your DMC registration Yes No

Delhi Medical Council (PG DMC) registration No *

Delhi Medical Council (PG DMC) certificate No file chosen
(Allowed format PDF only)

PG Degree/Diploma Yes No

PG Degree/Diploma

PG Degree/Diploma No file chosen
(Allowed format PDF only)

PG Degree/Diploma in Radiology/UltraSonography/Image Scanning Yes No

Experience/Training in Radiology/UltraSonography/Image Scanning Yes No

This step is for entering details of doctors associated with the center.

- **Doctor's Full Name** (Mandatory)
- **Upload Photo** (JPG, PNG format allowed)
- **Doctor Affidavit** (PDF format only, Mandatory)
- **Is PG Degree/Diploma endorsed from Delhi Medical Council (DMC)?** (Yes/No)
- **Qualification** (Mandatory)
- **Delhi Medical Council (DMC) Registration No.** (Mandatory)
- **Upload Delhi Medical Council (DMC) Certificate** (PDF format only, Mandatory)
- **MBBS Degree** (Yes/No)
- **Upload MBBS Degree** (PDF format only)
- **PG Degree/Diploma added in your DMC registration?** (Yes/No)
- **Delhi Medical Council (PG DMC) Registration No.**
- **Upload Delhi Medical Council (PG DMC) Certificate** (PDF format only)

- **PG Degree/Diploma** (Yes/No)
- **PG Degree/Diploma Name**
- **Upload PG Degree/Diploma** (PDF format only)
- **Experience/Training in Radiology/Ultrasonography/Image Scanning** (Yes/No)
- Click **Save Doctor Details** after filling all mandatory fields.
- Click **Add More** to enter multiple doctors.
- Click **Next** after adding all doctors.

Step 4: Machine & Equipment Information

Center Registration (Form A)

1 Basic Information 2 Additional Information 3 Doctor's Details 4 Equipment's Details 5 Payment Details

Fields marked with asterisk () are mandatory

Equipment Name	Machine No	Make	Model	Status	Machine Type
<input type="text" value="Name"/>	<input type="text" value="Machine"/>	<input type="text" value="Make"/>	<input type="text" value="Model"/>	<input type="text" value="--select one--"/>	<input type="text" value="--select one--"/>

Add Equipment
Previous
Next

This step requires details of the medical equipment used in the center.

- **Equipment Name** (Mandatory)
- **Machine Number** (Mandatory)
- **Make** (Mandatory)
- **Model** (Optional)
- **Status** (Dropdown Selection: Sealed/Open/Shifted)
- **Machine Type** (Dropdown Selection: Portable/Fixed)
- Click **Add Equipment** to enter multiple machines/equipment.
- Click **Next** after adding all equipment.

Step 5: Verify & Submit

- Review all the information provided in previous steps.
- If any changes are needed, use the **Back** button to modify details.

- Once done with the changes and information Verify the Captcha.
- Click **Submit** to finalize registration.
- A confirmation message will be displayed upon successful submission.

Additional Notes:

- Fields marked as **Mandatory** must be completed to proceed.
- Uploaded documents should be in **PDF/JPG/PNG format** and should not exceed **limit required**.
- Contact support for any issues faced during registration.

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