PC-PNDT - FORMAT FOR MAINTENANCE OF RECORD OF REGISTRATION AT DISTRICT PC-PNDT CELL

DISTRICT
SUB DIVISION

S.No	Name of Centre	Type of Centre	Registered on	Renewal Date	Owner of Centre	Name of Sonologis/Radiologist/ Gynecologist etc	Qualification
1	2	3	4	5	6	7	8

PC-PNDT - FORMAT FOR MAINTENANCE OF RECORD OF Complaints / FIR / Seal & Seizure / etc. AT DISTRICT PC-PNDT CELL

DISTRICT	
SUB DIVISION	

S.No	Name of Centre & Owner	Name of Person/Doctor against whom complaint / FIR has been lodged	Registered On	Detail of Complaint/FIR	Details of seal & Seizure	Any Other Action (Information to RMC)
1	2	3	4	5	6	7

PC-PNDT - FORMAT FOR MAINTENANCE OF RECORD OF ACCOUNT INFORMATION AT DISTRICT PC-PNDT CELL

DISTRICT	YEAR:	2008-09

SUB DIVISION

S.No	Budget Head	Received from State PCPNDT Cell	Expenditure	Details	Remarks
1	2	3	4	5	6
8	Innovations/PPP/NGO				
8.1	8.1 PNDT & Sex Ratio				
8.1.1	8.1.1 Operationalise District PC-PNDT Cell				
8.1.2	8.1.2 Orientation of Programme managers and services providers on PC& PNDT Act.				Two workshops per district per year
8.1.3	8.1.3 Monitoring of Sex Ratio at Birth				
8.1.4	8.1.4 Other PNDT activities (please specify) IEC				

PC-PNDT - FORMAT FOR MAINTENANCE OF RECORD OF ACCOUNT INFORMATION u/s 5(2) AT DISTRICT PC-PNDT CELL

DISTRICT	Name of Bank with A/c No
	S.B./Current Account
SUR DIVISION	

S.No		Received		Expenditure				
	Received from Amount		Total	8	Innovations/PPP/NGO	Detail of Exp.		
	Centre							
				8.1	8.1 PNDT & Sex Ratio			
				8.1.1	8.1.1 Operationalise District PC-			
					PNDT Cell			
				8.1.2	8.1.2 Orientation of Programme			
					managers and services providers on			
					PC& PNDT Act.			
				8.1.3	8.1.3 Monitoring of Sex Ratio at			
					Birth			
				8.1.4	8.1.4 Other PNDT activities (please			
					specify) IEC			

Note: - Details of other activities like Health Mela/Panchayat Samiti/Other Departments

PC-PNDT - FORMAT FOR ADVISORY COMMITTEES AT DISTRICT PC-PNDT CELL

DISTRICT	
SUB DIVISION	

S.No	Ι	Detail of Adviso	ry Committee Members	Date of Meeting	Decision Taken	Action Taken
1			2	3	4	5
	S. No.	Name	Kind of Membership			
	1.		Gynaecologist / obstetrician			
	2.		Medical Geneticists			
	3.		Pediatrician			
	4.		Legal Expert			
	5.		Officer from the Information & Publicity Deptt. of State Govt.			
	6.		Social Worker			
	7.		Social Worker			
	8.		Social Worker			

PC-PNDT - FORMAT FOR MAINTENANCE OF RECORD FORMAT FOR AUDIT OF FORM F AT DISTRICT PC-PNDT CELL

DISTRICT
SUB DIVISION

S.N	Name of the patient along with Husband/Father's name	Date	Age	Registration No.	Address	Name of Referring Doctor	Indications for PNDT	No. of children with sex	Nature of Procedure (Invasive/No n invasive)	Particulars of Performing Doctor	Report	Was MTP advised/ cause
1	2	3	4	5	6	7	8	9	10	11	12	13