

## AFFIDAVIT

I, \_\_\_\_\_ S/o \_\_\_\_\_ R/o \_\_\_\_\_  
\_\_\_\_\_, do hereby solemnly affirm and declare as under:-

1. That I am proprietor of M/s. \_\_\_\_\_, at \_\_\_\_\_.
2. That I will installed an ultrasound machine in my Laboratory/Clinic/ Nursing Home performing Pre Natal Diagnostic Procedure i.e. ultrasonography.
3. That I have Owner as Radiologist for performing Ultrsonography Lab./ Clinic/Nursing Home.

OR

4. That I will myself being qualified doctor will perform ultrasonography on patients in my Lab/Hospital/Clinic.
5. That I will comply with the provisions made under the PNDT Act, 1994 & Rules 1996.
6. That I will follow instruction issued by the District Appropriate Authority from time to time.
7. That I will neither engage myself and my centre for purpose of Pre Natal Determination of Sex nor shall the sex of foetus be disclosed to anybody.
8. That I will inform the District Appropriate Authority to in case of any change in the Employee, Equipment, Place and Address of the Centre within 30 days of the change-
9. That I will display prominently a notice at the main entrance of the Hospital that “we do not conduct any test or procedure, by whatever name called” for detection of sex of the foetus or for selection of sex before conception in both regional language and English.

Deponent

Verification:-

Verified that the above statement of mine is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Dt.21-12-2012.

Deponent