

APPLICATION FORM
(To be filled in capital letters only)

To

The Chairperson- State Appropriate Authority-cum-
Director General Health Services, Haryana
Sector-6,Panchkula

FORM OF APPLICATION FOR REGISTRATION OF MANUFACTURERS, RETAILERS, DISTRIBUTORS, IMPORTERS, DEALERS, REFUBRISHERS AND TECHNICIANS ETC. DEALING IN SALE,DISTRIBUTE,RENT, BUYBACK , REPAIR OR AUTHORIZE THE USE OF ULTRASOUND MACHINE OR IMAGING MACHINE OR SCANNER OR ANY OTHER EQUIPMENT CAPABLE OF DETECTING SEX OF THE FOETUS DEALING IN THE STATE OF HARYANA.

(To be submitted in duplicate with Supporting documents as enclosure)

1. Name of the applicant :
(Indicate name of the Organization /Individual seeking registration)
2. Official Address of the Organization /Individual :
3. Type of facility to be registered :

(please specify whether the application is for registration of a manufacturers, retailers, distributors, importers, dealers, refubrishers and technicians etc. dealing in sale, distribute, rent, buyback , repair or authorize the use of ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus dealing in the state of haryana. or any combination of these)

- 4 Full name and address/addresses of office/ factory of manufacturers, retailers, distributors, importers, dealers, refurbishers and technicians etc. dealing in sale, distribute, rent, buyback , repair or authorize the use of ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of the foetus, with Telephone/Fax number(s)/Telegraphic/Telex/E-mail address(s)

5. Type of ownership (individual ownership/partnership/company/co-operative/any other to be specified). In case type of organization is other than individual ownership, furnish copy of articles of association and names and addresses of other persons responsible for management, as enclosure.—

- 6 Specify Sales/Service or both of the Equipment for which approval is to be sought:-

- 7 In order to verify the genuineness of Organizations and Companies, list of the Dealers/ Seller/ in any other form presently working in Haryana State may be furnished (as an enclosure) at the time of Registration.

- 8 Facilities available:-
 - Sale

- Buyback
- Purchase
- Repair
- Any Other (specify) :

9 List of addresses of all the billing centres to be enclosed at the time of Registration.

10. List of Enclosures:

(Please attach following list of relevant enclosures / supporting documents attached to this application.

- Electricity bill/ Telephone bill/ Tax bill for address proof of residence / Office.
- Photo Identity- PAN card/ Passport/ ADHAR/ Voter Id or Election Commission card/ Driving Licence
- Partnership Deed/ Registration of Company/ Firm Registration Documents
- Authorized Dealership/Retailership/Repair centre documents

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*All the documents/enclosures are to be self attested.

Date:-

Place:

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