

**DECLARATION**

I, Sh./Smt./Kum./Dr .....son/daughter/wife of  
..... , aged ..... years, resident of .....  
.....  
working as (indicate designation) .....

(Indicate name of the Organization / Individual to be registered) hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014.)

I also undertake to explain the said Act and Rules to all employees of the Organization / Individual in respect of which registration is sought and to ensure that Act and Rules are fully complied with.

I affirm that all information given in this application are true & correct.

**Date:**

**Place**

**Name, designation and signature of the person  
authorized to sign on behalf of the Organization /  
Individual to be registered**

**[SEAL OF THE ORGANISATION/ INDIVIDUAL SOUGHT TO  
BE REGISTERED]**