

USER MANUAL FOR MANUFACTURER REGISTRATION PROCESS

pcpndt.mponline.gov.in/Home/Home.aspx#

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT)

गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग का पता लगाना **दण्डनीय अपराध** है।
लिंग परीक्षण की शिकायत जिला समुचित / राज्य समुचित अधिकारी को की जा सकती है।

Manufacturer Registration
Dealer/Distributor/Importer/Manufacturer/Refurbisher/Retailer List
Registration Payment Receipt

Track Your Application
Application No. 6 + 3 = Captcha
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Manufacturer Registration

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Application Form For Registration Of Manufacturer /Retailer/Distributor/Importer/Dealer/Technician/Dealing In Ultrasound/Imaging Machines in Madhya Pradesh

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT)

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Government of Madhya Pradesh
Department of Health and Medical Education

APPLICATION FORM FOR REGISTRATION OF MANUFACTURER /RETAILER /DISTRIBUTOR/IMPORTER/DEALER /TECHNICIAN DEALING IN ULTRASOUND /IMAGING MACHINES IN MADHYA PRADESH

* Fields Marked with * are Mandatory

Applicant Details			
Applicant Name *	Test		
Type Of Facility to be Registered: *	<input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Retailer <input type="checkbox"/> Distributor <input checked="" type="checkbox"/> Importer <input type="checkbox"/> Refurbisher <input type="checkbox"/> Dealer <input type="checkbox"/> Technician of Ultrasound/Imaging Machine		
Residential Address			
Plot No/House No/Flat No	Ganj basoda		
State	MADHYA PRADESH	District	Vidisha
Tehsil	Basoda	Pin Code	464221
Mobile No	9999999999	Email Id	test@gmail.com

TAGORE

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pcpndt.mponline.gov.in/FORMS/ManufacturerRegistration.aspx?NotificationId=c2RmNzh3M2hzNzhkZjZlOHhk%3d

☒ Please Click Here, if office address is same as the residential address

Plot No/House No/Flat No *	Ganj basoda		
State	MADHYA PRADESH	District *	Vidisha
Tehsil *	Basoda	Pin Code *	464221
Mobile No *	9999999999	Email ID *	test@gmail.com

Organization Details

Type Of Ownership Of Organization *	Individual
-------------------------------------	------------

Product Details

Product's Specification *

☒ Colour Dopplers ☐ Other

☒ UltraSound Scanners

Approval Sought For *	Description
<input checked="" type="checkbox"/> Product	Test.....
<input checked="" type="checkbox"/> Merchandise	test.....
<input checked="" type="checkbox"/> Services	test.....
<input type="checkbox"/> Others (Specify)	

Equipments/Services available with the Make and Model


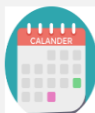

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S.No	Machine Type *	Company Name *	Model Name *	Type of Repair work Undertaken *
1	Test	Test	Test	Test

List Of Employees And Dealers



Sno	Employee Name *	Employee Experience *	Employee Designation *	Employee Qualification *
1	Test	Test	Test	Test

List Of Enclosure

1. Light Bill/Telephone Bill/Tax Bill for Address Proof of Residence/office *	<input type="button" value="Choose File"/> call.jpg .JPG Format of upto 200 kB	
2. Photo Identity-Pan Card/Passport/Aadhar/Voter Id OR Election Commission Card/Driving License *	<input type="button" value="Choose File"/> call.jpg .JPG Format of upto 200 kB	
3. Partnership Deed/Registration Of Company/Firm Registration Documents *	<input type="button" value="Choose File"/> call.jpg .JPG Format of upto 200 kB	

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3. Partnership Deed/Registration Of Company/Firm Registration Documents*	<input type="button" value="Choose File"/> call.jpg JPG Format of upto 200 kB	
4. Authorized Dealership certificate/Documents *	<input type="button" value="Choose File"/> call.jpg JPG Format of upto 200 kB	

Declaration

I, Test of aged years resident of working as (indicate designation) in (indicate name of the Organization/Firm or Repairing station to be registered) hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sec selection) Act, 1994 (57 of 1994) and the Pre-Natal Diagnostic Techniques (Prohibition of Sec selection) Rules 1996. I, also undertake to explain the said Act and Rules to all the employees of the 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 is true & correct.

Place: Date: 10/09/2025 Designation: Name of authorized person:

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Manufacturer Registration Form
Submit

Declaration

I, Test of test aged years resident of working as (indicate designation) in (indicate name of the Organization/Firm or Repairing station to be registered) hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sec selection) Act, 1994 (57 of 1994) and the Pre-Natal Diagnostic Techniques (Prohibition of Sec selection) Rules 1996. I, also undertake to explain the said Act and Rules to all the employees of the 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 is true & correct.

Place: Date: 10/09/2025 Designation: Name of authorized person:

Fee

Fee	₹ 0.00	Portal Charge	₹ 250
Total Fee	₹ 250		

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PROCEED TO PAYMENT

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REGISTRATION OF MANUFACTURER /RETAILER /DISTRIBUTOR/IMPORTER/DEALER /TECHNICIAN
DEALING IN ULTRASOUND /IMAGING MACHINES IN MADHYA PRADESH

Application No : * Application No

Captcha : * 8 + 3 = Answer

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Receipt For Registration Of Manufacturer /Retailer/
Distributor/ Importer/ Dealer/ Technician Dealing in
ultrasound/ Imaging machines in Madhya Pradesh