

**THE PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES
(PROHIBITION OF SEX SELECTION) ACT, 1994**



**Answers to
Frequently
Asked
Questions**

A Handbook for
MEDICAL PROFESSIONALS



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Diagnostic Techniques
(Prohibition of Sex Selection) Act, 1994

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सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India
New Delhi



Center for Enquiry Into
Health and Allied Themes



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FOREWORD

Declining number of girls in the population is a matter of great concern to us. The Population Census data indicate that the child sex ratio is adverse for girls and this could lead to serious socio-cultural problems and population imbalances in the country.

One of the reasons attributed to the lesser number of girls in the age group (0-6) is the practice of female foeticide. In order to check this evil practice, the Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act, 1994 is being implemented in the country. The Act prohibits sex-selection before or after conception and regulates the use of pre-conception & pre-natal diagnostic techniques so that these are not misused for sex selection.

In the implementation of the PC & PNDT Act, we have different stakeholders including the Appropriate Authorities who implement the Act, medical practitioners who operate the diagnostic centres and the general public who seek the services who have different types of questions in their mind about the provisions and applications of the PC & PNDT Act. Accordingly, three sets of Frequently Asked Questions have been developed separately for each of these groups. I hope these booklets will help all concerned in understanding the issues in their right perspective and also help them in the effective implementation of the PC & PNDT Act.

Naresh Dayal

(NARESH DAYAL)
Secretary to the Govt. of India



सम्पर्क से पहले सोचो, एच आईवी/एडस से बचो **HIV/AIDS : Prevention is better than cure**

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NOTE : The information contained in the FAQs has been simplified and appropriate reference has been made to the PC & PNDT Act and Rules. For fuller details regarding various sections of the Act, kindly refer to the enclosed CD containing the Handbook on PC& PNDT Act and Rules with Amendments (Revised edition) of the Ministry of Health and Family Welfare, Government of India.

The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994



Acknowledgement : Dr Hemant Morparia

Sex selection is possible only because you say YES.
Say NO instead and the world will change with you.

Introduction

As members of a profession which has a privileged status and has bestowed on us a position of honour, it is our ethical responsibility to ensure that no one from our profession indulges in unethical and unlawful practices. The Pre-Natal Diagnostic Techniques Act 1994– and its subsequent amendment in 2003 as the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC & PNDT Act) were not brought into force because common people were resorting to sex selection, but because the medical fraternity made it possible and easy for them to do so.

Abandoning their moral responsibility to the tenets of our profession, a few doctors, radiologists, sonologists and geneticists took advantage of the discriminatory social practice of son-preference and daughter-aversion. But each time they made a profit, there were many losers – the country, our profession, the girl child.

Thus the medical community, which has the potential to play a major role in eradicating sex selection (which for all practical purposes just means eliminating our daughters), has instead contributed to its prevalence. With these unethical practices multiplying, the medical profession has been under severe pressure to respond to the situation.

Several bodies representing the medical fraternity immediately took up the issue, making the fight against this practice a part of their agendas.

The Federation of Obstetric & Gynaecological Societies of India (FOGSI) Resolution 2002

In keeping with its principled stand against sex selective abortions, FOGSI condemns the use of procedures to pre-select sex without a valid medical indication as these promote an unfair and abhorrent bias on the basis of gender.

Resolution Adopted by Central Council, IMA in Patna meeting held on 26-29th December 2006

IMA expresses its concern over the declining female child sex ratio in the country and its adverse consequences on the society.

Prenatal sex determination needs to be strongly condemned. Members of the Association are advised to desist from such illegal unethical and antisocial practice of prenatal sex determination.

IMA is committed to work on this issue proactively, for its contribution to reversal of declining child sex ratio and ensuring a gender balanced and healthy society.

IMA resolves that national, state and district branches:-

- Will constitute Monitoring Cell for curbing female foeticide at all levels with representatives of ultrasonologists, gynaecologists, senior practitioners & public representatives.
- Will continue to sensitize doctors at different forums on this issue especially on gender, legal, ethical and rights dimensions being compromised by perpetuation of this heinous crime.
- Will initiate voluntary monitoring on legitimate use of sonography techniques by registered centers, through identification volunteer monitors and further held in preventing misuse of technology.
- Will constitute local traveling faculty on this issue to build capacities for the members maintaining USG machines so that their establishments are PC-PNDT Act complaint.
- Will collaborate with Appropriate Authorities for effective implementation of PC-PNDT Act.
- Will engage with civil society groups/members by constitution of "Doctors forum Against Sex Selection" (DASS) to get information on erring members and garner support to curb illegal practice.

National IMA will provide necessary guidance to the branches to act on implementation of this resolution

Dr. Sharda Jain
Chairperson

Dr. Dharam Prakash
Hony. Joint Secretary

Social Context

May you be the mother of a hundred sons!

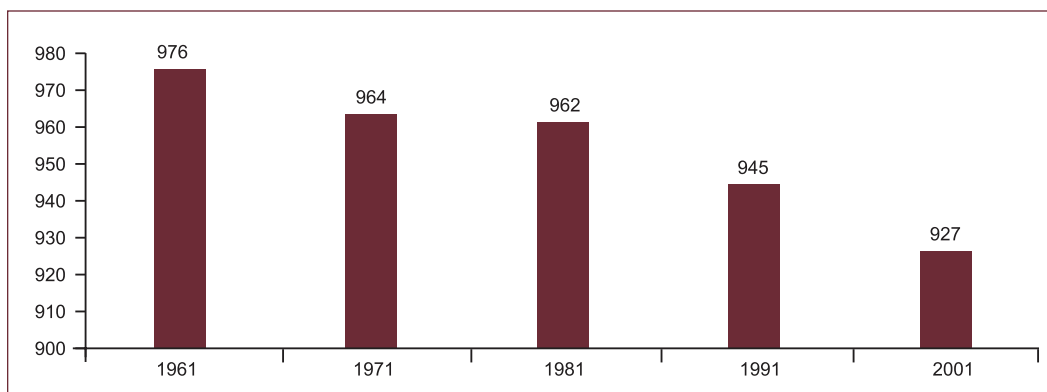
The popularity of sex determination tests in India has its roots in the strong son-preference which, to a large extent, has the sanction of religion, tradition and culture. India has a legacy of biases against the girl child, as illustrated by continuing discrimination in receiving health and nutrition or also education. Today advanced technology provides sophisticated methods of sex selection, which has led to a drastic fall in the child sex ratio through sex selective elimination of the girl child before birth. Clinics and medical professionals offering these tests for the purpose of sex selection blatantly advertise: "Spend only Rs. 500 now, save Rs. 500,000 (on dowry) later."

1. Declining Sex Ratios across States



Child Sex Ratio statistics in the 0-6 age group for the last four decades show a continuous decline, with the sharpest fall from 1981 onwards. The chart below illustrates how many girls there are in the country for every 1000 boys in the given period.

The fall to 927 in the 2001 census (from 945 in 1991) has been alarming, especially since the country seems to be registering an upward growth in other areas. This clearly indicates that economic prosperity and education have no bearing on the sex ratio – or, in other words, in changing the traditional preference for sons over daughters. Today, the north-western States, where sex determination clinics first made their presence felt, have the lowest child sex ratios. Census 2001 reveals that rich States like Punjab and Haryana have deplorable child sex ratios – 798 and 820 respectively. Other States to register a drastic decline in the child sex ratio are Gujarat, Delhi, Himachal Pradesh. Salem in southern India, is one of the worst districts in the country in terms of child sex ratio, despite being the fifth most prosperous district in Tamil Nadu. In Maharashtra, the child sex ratio has declined from 946:1000 in 1991 to 917:1000 in 2001. In eight districts in Maharashtra the child sex ratio is below 900 girls per 1000 boys. Even Mumbai has shown a decline from 942 in 1991 to 898 in 2001. It is worth noting that in most States it is the better off districts which have the most adverse child sex ratios, thus confirming the assertion that the economically better off are the leaders in this new form of discrimination against the girl child.



Source: India Census Reports of respective years



Other Trends

According to a recent study undertaken in Mehsana district in Gujarat and Kurukshetra district in Haryana, with the support of HealthWatch Trust, the last births had a stronger preponderance of boys than all other births. More than twice as many boys as girls were reported among the last births by most groups of women. There were more than 240 males for every 100 girls in the last births among those women who belonged to upper castes, whose families were landed and who were literate (L Visaria 2003, 'Sex selective abortions in the state of Gujarat and Haryana; some empirical evidence, Health Watch Trust, New Delhi). This distortion was very likely due to the use of sex selection techniques which helped parents get rid of unwanted daughters, or due to avoiding having children once the minimum desired numbers of sons were born. In either case, the preference for sons was evident. The Gujarat and Haryana study also noted that as the birth order increased, the preponderance of male children increased. Although the sex ratio of the first birth was greater than the normal acceptable range of 104-107 boys per 100 girls, by the time women had their third or higher parity child, the chance of that being a male birth was greater by 30 to 50 per cent. The preponderance of boys among the second and the third child was much greater for women who were educated beyond primary level, who were not engaged in any economic activity or who reported themselves as housewives, who belonged to upper castes and those whose families were landed. The finding provides information on who is most likely to ensure the birth of a son perhaps through sex selective techniques. It also sheds further light on fact that education of women itself may not empower them sufficiently or ensure their say in decision-making, unless, they are gainfully employed to support themselves.

Variation of 0-6 Child Sex Ratios across Districts

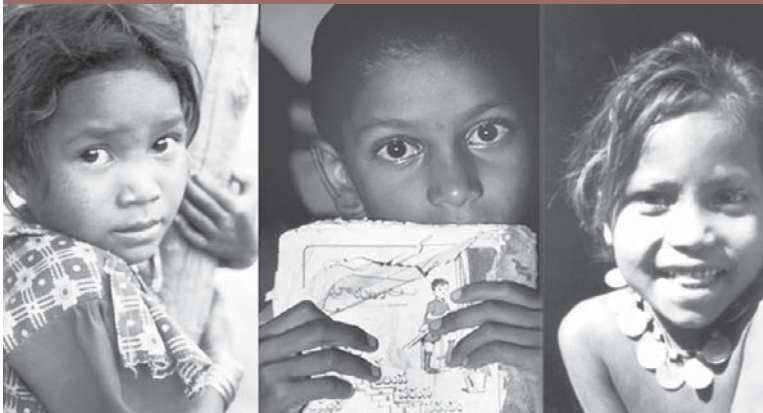
Sex Ratio	No of Districts
Below 800	16
800-849	33
850-899	73
900-949	101
950-970	163
971 & above	96
NA	2
Total	593

Did you know?

Impact of female foeticide



In Dang district, Gujarat- Rajasthan border, 8 brothers of the same family are married to Sarup, in the centre. Getting a wife is extremely difficult in this region - Sept. 2001, India Today



The 200-odd Rathore families in a Rajputdominated village in Western Rajasthan's Barmer district have 2 to 4 male children each on average. There are only 2 girls in the entire clan. At a conservative estimate, the ratio is 400 male children to 2 female children.

Anuradha Dutt, The Pioneer, October 28, 2001



Devra village of Jaisalmer district has the distinction of receiving a baraat (bridegroom's part) after 110 years in 1997, when Jaswant Kanwar got married. Woman in the centre is mother of Jaswant Kanwar.

Anuradha Dutt, The Pioneer, October 28, 2001



TABLE 1
Sex Ratios across States – Number of Females per 1000 Males

State/Union Territory	Total Population			0-6 Years Age Group		
	2001	1991	1981*	2001	1991	1981#
India	933	927	934	927	945	979
Jammu & Kashmir	900	NA	892	937	NA	
Himachal Pradesh	970	976	973	896	951	970
Punjab	874	882	879	798	875	925
Chandigarh	773	790	769	845	899	914
Uttaranchal	964	936		908	948	
Haryana	861	865	870	819	879	921
Delhi	821	827	808	868	915	943
Rajasthan	922	910	919	909	916	979
Uttar Pradesh	898	876	885	916	927	965
Bihar	921	907	946	942	953	1004
Sikkim	875	878	835	963	965	978
Arunachal Pradesh	901	859	862	964	982	984
Nagaland	909	886	863	964	993	991
Manipur	978	958	971	957	974	991
Mizoram	938	921	919	964	969	994
Tripura	950	945	946	966	967	983
Meghalaya	975	955	954	973	986	995
Assam	932	923	910	965	975	
West Bengal	934	917	911	960	967	991
Jharkhand	941	922		965	979	
Orissa	972	971	879	953	967	1003
Chhatisgarh	990	985		975	984	
Madhya Pradesh	920	912	941	932	941	989
Gujarat	921	934	942	883	928	962
Daman & Diu	709	969	1062	926	958	
Dadra & Nagar Haveli	811	952	974	979	1013	1000
Maharashtra	922	934	937	913	946	961
Andhra Pradesh	978	972	975	961	975	1000
Karnataka	964	960	963	946	960	981
Goa	960	967	975	938	964	965
Lakshadweep	947	943	975	959	941	972
Kerala	1058	1036	1032	960	958	

Contd...



State/Union Territory	Total Population			0-6 Years Age Group		
	2001	1991	1981*	2001	1991	1981#
Tamil Nadu	986	974	977	942	948	974
Pondicherry	1001	979	989	967	963	986
Andaman & Nicobar	846	818	760	965	957	985

Highlighted figures and states are cause for concern

Source : Census of India 2001 – Population Totals

* Census of India 1981 - Working Children in India (this data is for 0-4 year's population)

*Census of India 1991 - State Profile of India

Source: Census of India – Maharashtra, respective years

Misusing Technology

Medical technology has played a crucial role in reinforcing negative patriarchal systems that demand male heirs. In fact, developments in the technology of sex selection techniques have a direct relation to the declining juvenile sex ratio in our country. About 78,000 female foetuses were aborted after sex determination tests from 1984-1985, according to a Times of India article.. (Achin Vanaik, TOI, June 1986). Amniocentesis was first introduced in India in 1975 by the All-India Institute of Medical Sciences (AIIMS), New Delhi, for detecting congenital deformities a foetus. By the mid-1980s, it was being largely misused to determine the sex of the unborn child and to carry out sex selective abortions – with the girl child as the obvious target – in Maharashtra, Punjab and Haryana. The practice soon spread to the rest of the country.

Newer techniques like pre-implantation genetic diagnostics (PGD), X-Y separation methods, and assisted reproductive technologies like IVF (In-vitro fertilization), IUI (Intra Uterine Insemination), and many others are available in the market. (PNDT Implementation: A Medical Perspective, Dr.Bal Inamdar) and are largely being used for sex selection. Given the existing socio-cultural patriarchal structures and the skewed economic context that sees sons as an investment and daughters as a burden, it is not surprising that even technology is being harnessed to eliminate the girl child. There are actually some doctors who claim that they conduct sex determination and "selection" procedures to help control the population or as a favour to families who already have girl children. Such doctors – an embarrassment to our profession – need to be stopped. And it is our responsibility to do so. They need counselling as much as the parents who follow this route to parenthood.

What does a low child sex ratio mean?

Demographically, the child sex ratio of 927 does not augur well for the future of the country. The high number of "missing girls" is indicative of the poor status of the



girl child – and of women. The overpowering desire to have a male child stems from perceived economic and social benefits, that are not rooted in current reality: a son does not have to be married off with a dowry, he will grow up to be the breadwinner and support his parents (the fact that this is not always true is another matter!), he will carry the family name forward. A daughter is seen as a burden from day one.

While the pregnant woman herself may sometimes be a willing participant in this exercise, most often she is forced to opt for pre-natal sex determination and made to get rid of the female foetus under tremendous social and family pressure to deliver a male child. She does so at considerable risk to her own life, as such abortions are usually performed in the fourth or fifth month of pregnancy. The woman's own status and survival within the household is dependent on whether or not she gives the family its heir. Consequences of not doing so are often desertion, abandonment and unending mental and sometimes physical trauma.

Such elimination of the girl child points to a rot in the social and cultural fabric of societies. It is imperative that all sectors join in to change the mind set and attitude that allows and encourages this crime and discrimination. And both doctors and the general public have an equal responsibility in helping bring about this change.

Who is doing it?

A study conducted by the Christian Medical Association of India (CMAI) shows that, contrary to popular perception, educated parents too have a bias against having a girl child. In fact, the best Sex Ratio at Birth (SRB) of 933 was in cases where both parents had education only up to middle school or less. In contrast, where both parents had studied up to high school, the SRB was a mere 690. Graduate parents had a low SRB of 813, while it was even lower at 769 where both parents were post-graduates. The study does suggest, however, that an employed mother has a positive impact on SRB. While the SRB for housewives was 783, it was higher at 839 for mothers in high-end professional jobs and 809 for those employed in other jobs. The results of Special Fertility and Mortality survey of 1.1 million household commissioned

New Delhi Sex Ratio at Birth (January to June 2004)

South Delhi	762
West Delhi	784
Najafgarh Zone	792
Narela Zone	808
Central Zone	805
Sadar Paharganj	811
Karol Bagh	850
Shahdara North Zone	762
Shahdara South Zone	833
Expected as per Biological Norm	947 to 952



by the census office in 1998 reveals that the SRB for the first child is 871 girls born for every 1000 boys. But SRB falls to 759 for the second child if the first child is a girl. If the first two children are girls this ratio dips even lower to 718 for the third child. The report further concludes that “regardless of the education of the mother or religious affiliation of the household, the households are less likely to have a second girl”.

The capital of India, Delhi has one of the most severe demographic imbalances. The child sex ratio, which was 865 in 2001, dropped by more than 50 since 1991 in six out of Delhi’s nine districts. The increase in the number of villages in Delhi with a CSR of less than 750 from 13 in 1991 to 46 in 2001, shows that the misuse of modern technology is rampant in rural areas as well as affluent areas like the South West of Delhi, where the CSR is 845 (*Source: Times of India, July 15, 2005.*)

Similarly data from the Municipal records of Mumbai dating back to the dawn of this century shows a low SRB, especially in the more affluent wards and the island city. However, in recent years a positive trend is emerging, with an overall improvement in SRBs, particularly in the suburbs.

Mumbai Sex Ratio at Birth (SRB) 2002-2003

Wards	2003	2000	2001	2002	
A	913	860	861	860	Colaba
B	914	869	869	869	Sandhurst Road
C	921	906	907	906	Marine lines
D	944	987	987	987	Grant Road
E	931	891	891	891	Byculla
F/S	921	827	826	826	Parel
F/N	920	834	854	855	Matunga
G/S	924	915	915	915	Elphinstone Road
G/N	931	868	868	868	Dadar
Island City	926	881	881	880	
H/E	904	949	949	949	Khar-Santacruz
H/W	971	898	898	898	Bandra
K/E	898	943	943	943	Andheri E
K/W	887	927	927	927	Andheri W
P/S	887	983	983	983	Goregaon
P/N	910	910	910	910	Malad
R/S	803	836	836	924	Kandivali
R/C	728	960	960	897	Borivali

Answers to
Frequently Asked Questions



R/N	930	859	859	859	Dahisar
Western Suburbs	877	923	923	924	
L	906	878	978	978	Kurla
M/E	895	965	965	965	Chembur E
M/W	924	898	897	898	Chembur W
N	936	973	973	973	Ghatkopar
S	909	959	959	959	Bhandup
T	891	894	894	894	Mulund
Eastern Suburbs	910	929	953	953	
Total (Mumbai)	900	913	920	920	

Source: Municipal Corporation of Greater Mumbai, Public Health Department, and Information Education & Communication Cell



2. Sex Selection: Myth and Reality

Breaking myths and clarifying misconceptions about sex selection and sex determination

- **Less girls, more demand, their status will improve**

Contrary to what many believe, lesser number of girls in a society will not enhance their status. Instead, in places where sex selection is rampant, there can be an increase in violence against women, rape, abduction, trafficking and onset of practices such as polyandry.

According to the demand-supply logic, women would be not easily replaceable and scarce commodities. But how do we forget the socio cultural milieu in which women live! The society that is responsible for the subordination of women will not treat them in a more humane way simply because they are in scarce supply. On the contrary, the incidences of violence and forced polyandry are likely to go which are currently only seen in some villages of Punjab and Haryana.

- **Sex selection is justified if you have two or more daughters**

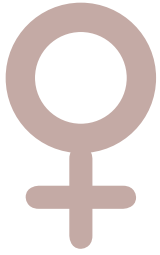
The notion that only couples with two or more daughters are going in for sex selection and therefore does not affect the overall child sex ratio is misleading. In fact, data indicates that even for the first-born, there is a preference for a male child. This trend is even more noticeable where the first-born is a girl.

- **If dowry exists, sex selection cannot be stopped**

Sex selection is not a solution to dowry – the system of dowry will continue as long as people look upon daughters as a liability. What is important is to address the root cause for the subordinate status of women in the society.

- **Better to eliminate daughters than to let them suffer an unjust existence**

The thought that it is more humane to eliminate a female foetus than subjugate her to a life of discrimination does not hold water. By the same logic, it would be justifiable to eliminate poor people than let them suffer a life of poverty and deprivation. The girl child is not the problem, the practice of sex selection is.



- **A mother has the right to choose the sex of her child**

Another misleading notion is that banning sex selection amounts to denying a mother her unalienable right to choose the sex of her child. Choice in the absence of autonomy is no choice. Fears of violence and rejection/desertion and also the desire to establish one's value in the family often pressurize women into opting for sex selection.

- **Sex selection helps to control population**

The argument that sex selection is an effective tool for controlling population is misplaced. We want population stabilization for improving quality of life. This is the ultimate goal. If along the way we resort to things that damage our quality of life, is that desirable?

- **A question of economics, not discrimination**

Traditionally, women are not expected to work outside home. Economic dependence renders them vulnerable on the one hand, while on the other being considered as a liability further adds to their subordination. They are considered as 'paraya dhan' requiring dowry to be married and sent away. However, none of these factors and conditions are a given. The factors that lead to women being perceived as economic liability can be changed with investment in their education and skills, women and girls can very much be as independent as men and boys given the opportunity and support their families in a number of ways.

- **Not to allow sex selection for family balancing is unethical**

There is no right to a "balanced family". It is not a natural right nor has it been bestowed on citizens by the political set up. Using diagnostic techniques for sex-selection is discriminatory and violates the fundamental right to equality apart from violating the PC & PNDT Act. (This has been upheld by the Mumbai High Court in the context of the case of Mr. & Mrs. Soni vs. Union of India & CEHAT,



"HAVE IT GRANDSON, YOU NEVER KNOW WHEN THE NEXT WEDDING WILL BE. I HAVE WAITED FOR YEARS FOR THIS FOOD"

2005. The judgment states that ' the right to life or personal liberty cannot be expanded to mean that the right to personal liberty includes the personal liberty to determine the sex of the child which may come into existence. Right to bring into existence a life in future with a choice to determine the sex of that life cannot in itself be a right'.)



3. Demystifying the PC & PNDT Act

Introduction

In 1988, the state of Maharashtra became the first in the country to ban pre-natal sex determination through the enactment of the *Maharashtra Regulation of Pre-natal Diagnostics Techniques Act*. At the national level the *Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act* (PNDT Act) was enacted on September 20, 1994.

The 1994 Act provided for the “regulation of the use of prenatal diagnostic techniques for the purpose of detecting genetic or metabolic disorders, chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of misuse of such techniques for the purpose of prenatal sex determination leading to female foeticide and for matters connected therewith or incidental thereto.” Except under certain specific conditions, no individual or genetic counselling center or genetic laboratory or genetic clinic shall conduct or allow the conduct in its facility of, pre-natal diagnostic techniques including ultra-sonography for the purpose of determining the sex of the foetus; and “no person conducting prenatal diagnostic procedures shall communicate to the pregnant women concerned or her relatives the sex of the foetus by words, signs or in any other manner.” The Act provides for the constitution of a *Central Supervisory Board (CSB)* whose function is mainly advisory and for the appointment of an *Appropriate Authorities (AAs)* in States and Union Territories to enforce the law and penalize defaulters and *Advisory Committees (ACs)* to aid and advise the AAs.

The law was amended in 2003 following a Public interest Litigation (PIL) filed in 2000 to improve regulation of technology capable of sex selection and to arrest the startling decline in the child sex ratio as revealed by the Census 2001. The amended Act “The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act” not only prohibits determination and disclosure of the sex of the foetus but also bans advertisements related to preconception and pre-natal determination of sex. All the technologies of sex determination, including the new chromosome separation technique have come under the ambit of the Act. The Act has also made mandatory in all ultrasonography units, the prominent display of a signboard that clearly indicates that detection/revelation of the sex of the foetus is illegal. Further, all ultrasound scanning machines have to be registered and the manufacturers are required to furnish information about the clinics and practitioners to whom the ultrasound machinery has been sold.



The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 has since been amended with effect from 14.2.2003. Amendments to the Act mainly cover to:

1. bring the technique of pre-conception sex selection within the ambit of this Act so as to pre-empt the use of such technologies which significantly contribute to the declining sex ratio.
2. bring the use of ultrasound machines within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus lest it should lead to female foeticide.
3. further empower the Central Supervisory Board for monitoring the implementation of the Act.
4. Introduce State level Supervisory Board for monitoring and reviewing the implementation of the Act in States/UTs
5. constitute a multi member State Appropriate Authority for better implementation and monitoring of the Act in the States
6. make punishments prescribed under the Act more stringent so as to serve as a deterrent for minimizing violations of the Act
7. empower the Appropriate Authorities with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses
8. making mandatory the maintenance of proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures leading to pre-conception selection of sex
9. regulate the sale of ultrasound machines only to the bodies registered under the Act.

Based on the amendments made to the Act, the Rules framed there under have also been amended under the amended Rules

1. A provision for appeal has been made: Any person having grievance against the sub-district level Appropriate Authority can make an appeal to the district level Appropriate Authority and similarly for grievance against the district level Appropriate Authority an appeal can be made to the state/UT level Appropriate Authority.
2. 23 indications, prescribed by ICMR, have been included in the PNDTRules for which ultrasound scanning can be conducted during pregnancy for the well being of the pregnant woman and her foetus.
3. Forms have been simplified.

Consent is required only in case of invasive techniques.



Prior to the disposal of the PIL, among other things, the Supreme Court in its order dated December 11, 2001 directed 9 companies to supply the information of the machines sold to various clinics in the last 5 years. Details of about 11 200 machines from all these companies was fed into a common database. Addresses received from the manufacturers were also sent to concerned States and UTs to launch prosecution against those bodies using ultrasound machines who had failed to get themselves registered under the Act. The Court in its order dated January 9, 2002 directed that ultrasound machines/scanners be sealed and seized if they were being used without registration. Three associations viz. the Indian Medical Association (IMA), Indian Radiologists Association (IRA) and the Federation of Obstetricians and Gynaecologists Societies of India (FOGSI) were asked to furnish details of members using these machines.

Since the Supreme Court directive of 2001 to March 2006, 28,422 facilities offering ultrasound tests have been registered across the country as per information received. 384 cases are currently filed for various violations under the Act, including the communication of the sex of the foetus, non-maintenance of records and non registration.

In India, the policy environment is supportive of the reproductive choices of women and men. The medical termination of pregnancy is legal under certain conditions. The Medical Termination of Pregnancy Act (1971) allows for induced abortion in instances where pregnancy carries the risk of grave injury to a woman's physical and/or mental health, endangers her life or when it is a result of contraceptive failure or rape. However, as mentioned earlier, the PC & PNDT Act is aimed at curbing sex selection through the misuse of technology and therefore should not be confused with the MTP Act that allows legal abortion as per conditions under the Act.



4. Answers to Frequently Asked Questions

1. What does the PC & PNDT Act say?

- Sex selection and sex determination are prohibited.¹
- No person conducting pre-natal diagnostic procedures shall communicate to the pregnant woman concerned or her relatives the sex of the foetus by words, signs or in any other manner.²
- All clinics conducting ultrasound must be registered and only doctors qualified under the Act can use diagnostic techniques such as ultrasound.³
- All clinics should display the following notice prominently: 'Disclosure of sex of the foetus is prohibited under the law' in English as well as the local language.⁴
- Doctors or clinics advertising sex determination tests in any form are liable for punishment.⁵

1a. What do the latest amendments add to the Act?

The amendment has brought ultrasound machines and the newly emerging pre-conception sex selection techniques used by infertility clinics under its regulatory purview. It has made it mandatory not only to register all facilities offering ultrasound services, but also to maintain records of every scan done. It has led to the constitution of an appropriate authority (AA) in the States for implementation and monitoring under the Act. It has enhanced penalties for violation of the Act. The Act gives suo moto (proactively, in absence of a formal complaint) power to the AA for search and seizure and accessibility to the records for inspection to any person authorised by AA. This, along with the amendment to the code of conduct to be observed by the employees of such institutions, has made monitoring more efficient. Section 22 of the Act has been amended to declare as illegal any sort of advertisement in any form for sex selection or sex determination. Under the amended rules, a distinction has been made between invasive and non-invasive techniques for purpose of obtaining consent. For non-invasive techniques like ultrasonography, the medical professional is required to make a declaration on each report of ultrasonography/image scanning, certifying that he/ she has neither detected nor disclosed the sex of the foetus to anybody. Before undergoing such test, the pregnant woman has to declare that she does not want to know the sex of the foetus⁶ (Refer to Q 9 & 10 on records to be kept on use of invasive and non-invasive techniques).

¹ Sec 3 A

³ Sec 18 (1)

⁵ Sec 22

² Sec 5 (2)

⁴ Rule 17(1) of PCPNDT Rules 1996

⁶ Rule 10 1 (a)



1b. What was the need for such an Act?

The Supreme Court, taking a serious view of the onslaught of sex-selective discriminatory practices by the medical fraternity, and the connection it may have with the use of pre-natal sex determination, directed the Centre to implement the PC & PNDT Act in all its aspects. The order came following a public interest petition filed by the Centre for the Enquiry of Health and Allied Themes (CEHAT), the Mahila Sarvangeen Utkarsh Mandal (MASUM) and Dr. Sabu George, who had done extensive research in this area.

An offence under this law is

Cognizable – A police officer may arrest the offender without warrant-

Non-bailable – Getting bail is not the right of the accused. The courts have discretion to grant bail

Non-compoundable – Parties to the case cannot settle the case out of court and decide not to prosecute.(Sec 27)

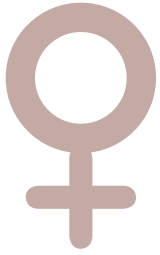
2. What is sex selection?

Sex selection is any practice that increases the likelihood of conception, gestation and the birth of a child of one sex rather than the other. As per the Act, it includes any procedure, technique, test or administration or prescription or provision of anything for the purpose of enduring or increasing the probability that an embryo will be of a particular sex.⁷

3. How does the PC & PNDT Act relate to medical professionals?

This Act is for medical professionals because the actions necessitating its enactment are done by them, with or without malintention. The fact is that pre-natal diagnostic techniques can only be used by medical professionals. It is they who are responsible for the use of ultrasound technology and sex-selection techniques, which have become a tool for discrimination against the girl child, Perhaps only a handful of India's medical professionals do this for financial gains. Some doctors who conduct sex-selection tests for their patients do so in the misdirected belief that they are fulfilling a social demand (need?) which helps the cause of women. However, no matter what the justification, the fact remains that sex selection is illegal and therefore should not be undertaken.

⁷ Sec 2 (0)



4. Is the Act then against technology?

The Act and the campaign for its implementation are not against the technology *per se*, but demand the ethical use of pre-natal diagnostic technology. Medical professionals hooked on to new technologies have closed their eyes to the larger context, future implications and gender implications of their actions. Such doctors have to understand that technology doesn't exist in a vacuum. Every technology is situated in a specific social and cultural context, which influences its use. Certainly, technology plays a major role in public health. It is also true that women should have the right to abortion. Abortion is legal in India under certain circumstances, but sex selection is not. Therefore, if technology is used to only selectively eliminate the female foetus, then doctors need to question the use of this technology.

4a. What are the various types of pre-natal diagnostic techniques, tests and procedures?

A) Pre-natal diagnostic procedures: gynaecological or obstetrical or medical procedures such as ultrasonography; foetoscopy; and taking or removing samples of amniotic fluid, chorionic villi, embryo, blood or any other tissue or fluid of a man or a woman before or after conception for being sent to a Genetic Lab or Genetic Clinic for conducting any type of analysis or pre-natal diagnostic tests.⁸

B) Pre-natal diagnostic tests: ultrasonography or any test or analysis of amniotic fluid, chorionic villi, embryo, blood or any other tissue or fluid of a pregnant woman or conceptus conducted to detect genetic or metabolic disorders or chromosomal abnormalities or congenital anomalies or haemoglobinopathies or sex linked disorders.⁹

Diagnostic Techniques such as ultrasonography are capable of determining the sex of the foetus i.e. whether it is male or female. This process is called sex determination. When the family selects a child of the sex it will like to have and eliminates that which is unwanted, this process is called sex selection. In most cases, sons are wanted while daughters are eliminated.

C) Pre-natal techniques include both procedures and tests conducted to detect genetic and metabolic disorders.¹⁰

5. What are the commonly used techniques for sex selection?

I. Pre-conception techniques

a. Pre-implantation genetic diagnosis (PGD): First tested on humans in 1990, PGD has found increasing use in the last five years, mainly for infertile couples

⁸ Sec 2 (i)

⁹Sec 2 (k)

¹⁰ Sec 2 (j)



undergoing in vitro fertilization (IVF) who are at risk of having babies with certain genetic conditions. After fertilization of a woman's eggs by a man's sperm takes place in the laboratory, genetic testing is performed on the resulting embryos (fertilized eggs) and in this process it is possible to determine the sex, and hence a doctor aiding a patient who opts for sex selection, is in a position to implant only embryos of the "desired" sex. This is an expensive technology and not available in all centres offering IVF.

- b. Sperm sorting and sperm separation:** Since it is the sex chromosomes of a man's sperm that determine the sex of the offspring, separation of the female and male sperm is one method of sex selection. This is a pre-conception method because it is used prior to fertilization of a woman's egg, which is accomplished by insemination of separated sperms. In the once popular Eriksson's method, the separation is incomplete and accuracy is only 60%. It is important to note that simple Intra-Uterine Insemination cannot be used to separate the two varieties of sperm, and hence is not acceptable as a method of sex selection. Routine use of IUI for treatment of infertile patients does not result in sperm separation. Sperm sorting is a patented technology called Microsort, which is not available in our country. It is 87% accurate in selection of male sperms.
- II. Pre-natal diagnostic techniques (PNDT)** Developed in the 1970s, PNDT through techniques such as ultrasound scanning and amniocentesis followed by sex selective abortion, remains the most common method of sex selection practiced around the world for the last three decades.
- a. Amniocentesis** (*Amnion*: membrane, *Kentesis*: pricking) refers to the removal of about 15cc of amniotic fluid from inside the amniotic sac covering the foetus, through a long needle inserted into the abdomen. The amniotic fluid contains foetal cells that are separated from the amniotic fluid. These cells are either directly observed or are allowed to multiply and taken for chromosomal analysis that determines the sex of the foetus. It is generally performed in the second trimester.
 - b. Chorion Villus biopsy** involves the removal of the elongated cells (villi) of the chorion (tissue surrounding the foetus), through the cervix. This tissue is then tested for determination of sex. This new biotechnology enables sex determination between the 6th and the 13th week. Abortion, if desired, can be carried out in the first trimester itself, with greater ease. Claimed to be less painful than amniocentesis and 100% accurate, this technique carries a 3 to 5% risk of bleeding, pain and spontaneous abortion.



- c. **Sonography**, also known as **ultrasonography**; uses inaudible sound waves to get a visual image of the foetus on a screen. Normally employed to determine the foetal position or abnormalities, the technique can be used to determine sex if external genitalia of a male foetus is seen on the screen. This is only possible around completion of 4 months of gestation and depends on the position of the foetus in the womb.

III. Other methods are based on controlled diets in order to create a favourable environment in the female genital tract for X or Y sperms, and timings of conception- but the success rates of these methods haven't been established. **Ayurvedic therapies** have been developed for sex pre-selection on the basis of the notion that the sex of the foetus is determined six weeks after fertilization (this is contrary to the established fact that sex of the foetus is fixed at time of fertilization). Several preparations are available in the market claiming to be effective in selecting the desired sex.

6. Where can these tests be conducted?

These tests can be conducted at the following premises:

- **Genetic Counselling Centres (GCC)** including maternity clinics, nursing homes, gynaecological clinics¹¹
- **Genetic Clinics (GC)** or any place conducting pre-natal diagnostic procedures¹²
- **Genetic Laboratories (GL)** or any place conducting tests of samples received from GCs for pre-natal diagnostic tests.¹³
- **Ultrasound Clinics and Imaging Centres (USG)** (added under the amended Act) or any other place, whatever name it is called by which use any of the machines/equipment capable of selection of sex before or after conception or for performing any procedure, technique or test for pre-natal detection of sex of foetus.¹⁴ **See Annexure 1.**

7. Who can conduct these tests?

- Registered Medical Practitioner with six months training or 1 year experience with any recognised medical qualification under the Indian Medical Council Act, 1956 and whose name is entered in the State Medical Register¹⁵

¹¹ Sec 2 (c)

¹⁴ Explanation under Sec 2(d) & 2(e)

¹² Sec 2 (d)

¹⁵ Sec 2(m)

¹³ Sec 2 (e)



- Gynaecologist possessing a post-graduate degree in gynaecology and obstetrics¹⁶
 - Medical Geneticist possessing a degree or diploma in genetic science¹⁷
 - Paediatrician possessing a post-graduate degree in paediatrics¹⁸
- Sonologist or imaging specialist possessing any one of the medical qualifications under the Indian Medical Council Act, 1956 or possessing post-graduate qualification in ultrasonography / imaging techniques / radiology¹⁹
- (See Annexure 2)**

8. When can the medical practitioners use pre-conception and pre-natal diagnostic techniques?

The basic aim of pre-natal diagnostic techniques is to help the medical professional find congenital abnormalities or malformations of the foetus or to find any adverse intrauterine condition, which is affecting the foetal well-being. Pregnancy per se is a natural physiological condition. The suspicion of such adverse events or factors will be indicated by the following conditions:

- a) Age > 35 years: It is known that after the age of 35 years the incidence of congenital foetal malformations increases.
- b) Previous two or more spontaneous abortions / foetal loss: In such conditions one has to rule out repetitive foetal factors. Also some maternal factors like cervical incompetence also have to be ruled out as a case of repetitive or habitual abortions or foetal wastage.
- c) Exposure to potential teratogenic agents
- d) Radiation
- e) Drugs
- f) Infections
- g) Chemicals

Any place where ultrasonography is conducted should display the following notice:
'Determination of the sex of a foetus is banned and illegal' in English and a local language Rule 17(1)

If the pregnant woman is exposed to any of the potentially teratogenic agent, there is sometimes a possibility of adverse effect to the foetus. Every time the effect might not necessitate abortion. Some effects are compatible for pregnancy but not compatible for life. In such cases the pregnancy will continue and the baby will die after birth. While some of the effects like trisomy-21 are compatible for pregnancy as well as for life, there is no quality of life to such a child. Since such effects are occasional, it is better to have prenatal diagnosis done to confirm or rule out such effect on the foetus before taking the decision of termination of pregnancy or otherwise.

¹⁶ Sec 2(f)

¹⁸ Sec 2(h)

¹⁷ Sec 2(g)

¹⁹ Sec 2(p)



Family history of mental retardation, physical deformities and genetic diseases such as bleeding disorders and muscular dystrophies etc: Such family history is strongly suggestive of genetic or chromosomal abnormalities, which can be detected by pre-natal diagnostic techniques. These tests and techniques are also recommended if there is any other condition of possible genetic disease/anomaly in the foetus and sex-linked disorders.²⁰

9. Can a medical professional perform pre-natal diagnostic techniques on a pregnant woman without her consent?

The Act gives full right to the pregnant woman to know:

- what procedure is to be performed on her
- the good and bad effects of such a test on her or on her foetus
- the types of results expected of such a test
- the type of information, though possible, that will not be looked for and conveyed to her with this test - she must be specifically informed that the gender of her foetus will neither be assessed nor will be conveyed to her even if it is known accidentally to the medical professional
- what will be the advantages if she undergoes such a test
- what will be the disadvantages if she refuses to undergo the test

After understanding the above, she has the full right to accept or refuse the advice of her medical professional to undergo the test. Informed consent of the pregnant woman has to be obtained on Form G in case of invasive techniques such as amniocentesis. It is illegal to perform any invasive pre-natal diagnostic test without such informed consent.²¹

10. Is there any test where informed consent is not required?

After the amendments to the Act, there has been a bifurcation of procedures adopted for invasive and non-invasive tests. Invasive tests are those which have the risk of causing miscarriage – for example, amniocentesis, CVS and fetal blood sampling. Non-invasive tests – such as ultrasound – do not carry such a risk and, hence consent of the pregnant woman need not be taken. However, before taking the test, the woman has to give a declaration stating that she does not want to know the sex of the foetus. Similarly, the medical professional conducting the test has to declare that he/she will neither detect nor disclose the sex of the foetus to any person. The format for the declarations is contained in the Rules (**Annexure 4** for reference). A printed copy of the record shall be taken and preserved by the clinic. Hence, failure to maintain proper records amounts to contravention of Section 5 or Section 6 unless the contrary is proved by the person conducting such ultrasonography.²²

²⁰ Sec 4 (1) to be read with Sec 4 (3)

²¹ Sec 5

²² Provisio to Section 4 (3) and Rule 10



Communication whether by words, signs or in any other manner regarding the sex of the foetus to the pregnant woman, her friends or relatives or any person is prohibited and punishable under the law. (Sec 5(2))

Ultrasound is not indicated/advised/performed to determine the sex of foetus except for diagnosis of sex-linked diseases such as Duchenne Muscular Dystrophy, Haemophilia A & B etc.

During pregnancy Ultrasonography should only be performed when indicated. The following is the representative list of indications for use of ultrasound during pregnancy.

1. To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
2. Estimation of gestational age (dating).
3. Detection of number of foetuses and their chorionicity.
4. Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
5. Vaginal bleeding / leaking.
6. Follow-up of cases of abortion.
7. Assessment of cervical canal and diameter of internal os.
8. Discrepancy between uterine size and period of amenorrhoea.
9. Any suspected adnexal or uterine pathology / abnormality.
10. Detection of chromosomal abnormalities, foetal structural defects and other abnormalities and their follow-up.
11. To evaluate foetal presentation and position.
12. Assessment of liquor amnii.
13. Preterm labour / preterm premature rupture of membranes.
14. Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retroplacental haemorrhage, abnormal adherence etc.).
15. Evaluation of umbilical cord – presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
16. Evaluation of previous Caesarean Section scars.
17. Evaluation of foetal growth parameters, foetal weight and foetal well being.
18. Colour flow mapping and duplex Doppler studies.
19. Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
20. Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, foetal blood sampling, foetal skin biopsy, amnio-infusion, intrauterine infusion, placement of shunts etc.
21. Observation of intra-partum events.
22. Medical/surgical conditions complicating pregnancy.
23. Research/scientific studies in recognised institutions.



11. What is the procedure for registering a Genetic Clinic, Counselling Centre or a Laboratory?

The owner has to apply to the Appropriate Authority (the Chief Medical Officer at the district where the unit is situated or the officer appointed in the sub-district). All applications are to be made in duplicate in Form A and must be accompanied by enclosures containing details of equipment available, the make and model of each equipment and the names, qualifications, registration number and experience of medical professionals. All this must be done before commencing business.²³ The documents which need to be submitted are listed in **Annexure-3**.

One copy of the certificate of registration should be prominently displayed by the unit in a conspicuous place at its place of business. Sec 19(4)

12. What is the registration fee and if there is more than one USG machine how much is the fee?

The registration fee of a Genetic Clinic is Rs. 3,000. However, if the centre is providing more than one service as a Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, then the registration fee is Rs. 4,000. This fee is non-refundable and is irrespective of the number of USG machines in the centre. But the owner has to inform the Appropriate Authority about the number of sonography machines in the centre.²⁴

The Unit as a whole including the place, equipment/machine and doctor using the machine, has to be registered with the Appropriate Authority.

13. What if the application for registration is rejected? When can one reapply?

If the application is rejected, the owner of the Genetic Centre can reapply within 90 days of the rejection and need not pay the fee again. But if it is rejected again, then the applicant has to pay the fee on any subsequent application.²⁵

14. If a GCC, GL or GC or medical professional has any grievance against any AA where should he/she lodge the complaint?

If the complainant is not satisfied with the decision of the AA at sub-district level she/he may appeal to the AA at district level; if she/he is not satisfied with AA at the district level, she/he may appeal to State Appropriate Authority/Union Territory Appropriate Authority within 30 days of receiving the order. The Appellate authority must give its decision within 60 days.²⁶ The appeal must be made to the Central Government if the order is passed by the Central Appropriate Authority²⁷. Similarly the appeal shall be made to the State Government if the order is passed by the State Appropriate Authority²⁸. If the appeal is not made within the time prescribed, the AA may condone the delay if he/she is satisfied that the appellant was prevented with reason from making such appeal.²⁹

²³ Rule 4(1)

²⁵ Rule 6 (5) and Rule 5(1)

²⁷ Sec 21 (i)

²⁴ Provisio to Rule 5 (1)

²⁶ Sec 21 to be read with Rule19

²⁸ Sec 21 (ii)

²⁹ Rule 19(4)



15. If a unit adds a new machine, is it to be registered again for Rs. 3,000?

No additional registration fee is to be given, but the owner should inform the Appropriate Authority within 30 days of getting the machine and the relevant changes should be made in the Certificate of Registration.

16. Can portable ultrasound machines be carried in vehicles in emergencies?

For emergencies the vehicle is the unit and the machine is to be used in the vehicle. Vehicles can be registered as Genetic Clinics, at the Appropriate Authority of the area where the owner resides. Hence portable ultrasound machines can be used in case of any emergency. The vehicle need not be an ambulance or a van. Such vehicles are obliged to maintain records for any ultrasound carried out on the portable machines. It is important to note that the vehicle has to be registered as a unit, so in case of any breakdown of the vehicle or any other reason for not using the vehicle as a Genetic Clinic the Appropriate Authority has to be informed within 30 days.³⁰

An Ultrasound machine cannot be used in a vehicle not registered as a vehicle under the Act.

17. If the owner of a GC has a portable machine in addition to stationary machines, what is the registration process?

The owner has to get a registration for the clinic and a separate registration for the vehicle. The registration certificate of the GC will mention both the portable and stationary machines, while the vehicular registration will only mention the portable machine. For example, if a maternity clinic is using all its seven vehicles for carrying portable ultrasound machines, it has to obtain a joint registration for the maternity clinic and seven separate registrations for each of the vehicles, or designate one vehicle registered for carrying portable ultrasound machines.³¹

18. Can non-allopathic medical professionals perform USG?

Besides training/experience, the basic requirement is that the person should be a registered medical practitioner, i.e. the person's name must have been entered in the State medical register and she/he must possess a recognized medical qualification as per the rules of the Medical Council of India. Since only allopathic medical professionals can register with MCI, a person with non –allopathic qualifications cannot perform the sonography.³²

³⁰ Explanation to Sec2 (d) (e)

³¹ Clarification given to Government of Punjab by Ministry of Health and Family Welfare, Government of India, May 2003

³² Sec 2 and (Prakash Motiram Khobragade v State of Maharashtra , A.I.R 2000 Bom.137 at p.138. In this case the Apex Court held that persons who are otherwise not qualified for registration under the Medical Practitioners Act, under the Indian Medical Council Act and the State Acts are not entitled to claim any right to practice medicine.



19. If a USG machine is in a Genetic Centre but is packed and not in use does it require registration?

Yes. The need for registration of the place arises by the very possession of the USG machine. Even if a USG machine is lying packed or is not being used, the registration of the centre where it is located/stored is mandatory and such a machine must be reported to the Appropriate Authority.

20. If a registered clinic is handed over to another person, does the registration continue?

No. The registration is non-transferable. In the event of any change in the ownership or change in the management of the Genetic Centre, the original certificate of registration stands null and void. The new owner and the manager have to apply afresh on form A with the required fees to the AA for getting the registration certificate.³³

21. What is the validity of the registration certificate?

Five years, provided there is no violation under the Act³⁴.

22. How does an owner renew the registration?

An application for renewal should be made in duplicate through Form A to the AA 30 days before the expiry date of the registration. The registration would be renewed after conducting an enquiry and with suggestions from the Advisory Committee. The renewal fee is half of the original fee.³⁵

23. What if there is no communication from the AA regarding renewal?

If the AA does not respond within 90 days, then it will be presumed that renewal has been granted.³⁶

24. How many types of records are to be maintained?

- 1) A register showing in serial order-
 - a) Names and addresses of men or women seeking genetic counselling or subjected to PND techniques
 - b) Name of husband/wife or father
 - c) Date on which they first reported for such counselling, procedure or test³⁷

³³ Rule 6(6) and 6(7)

³⁶ Rule 8(6)

³⁴ Rule 7

³⁷ Rule 9(1)

³⁵ Rule 8(1) and Rule 8(4) read with Sec 18 & 19



- 2) **Mandatory Records**
Genetic Counselling Centre- Record under Form D³⁸
Genetic Laboratory- Record under Form E³⁹
Genetic Clinic - Record under Form F⁴⁰
- 3) **Other Records-** this includes the following case records :
 - a) Laboratory results forms of consent
 - b) Microscopic pictures
 - c) Sonographic plates or slides
 - d) Recommendations or letters ⁴¹
- 4) **Declaration Annexure IV and Informed Consent (Form G)** as per information in Q 10.

What should the Scan Centers do under the Act?

Display

Registration certificate, PNDT board & pamphlets;

Records

Mandatory records

- Register showing in serial order
- Name & Addresses of men or women given genetic counselling and /or subjected to prenatal diagnostic procedure or test.
- Names of their spouses or fathers;
- Date on which they first reported for such counselling

FORM D/E/F under the Rules.

The scan centre shall send consolidated report on Form F statutorily by 5th for the previous month to the AA or any officer so authorized

Other kinds of records include:

- Case Records
- Forms of consent
- Laboratory results
- Microscopic pictures
- Sonographic plates or slides
- Recommendations & letters.

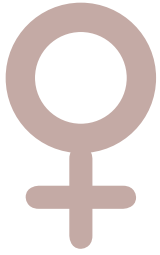
The referrals of the doctor recommending scan and a declaration from the pregnant mother regarding her non interest in knowing the sex of the foetus is a must for every case.

³⁸ Rule 9(2)

⁴⁰ Rule 9(4)

³⁹ Rule 9(3)

⁴¹ Rule 9(6) & 9(7)



25. For how long do the records have to be maintained?

All records should be maintained for at least two years ⁴² (as per Form D) after any pre-natal diagnostic technique has been performed on a pregnant woman. However, if there is any legal proceeding pending in the court of law, then these records should not be destroyed till the proceedings have been disposed off.⁴³ In case the records are maintained on a computer or any other electronic equipment, a printed copy of the record is to be taken and preserved after authentication by the person responsible for such a record.⁴⁴ Records at all reasonable times are to be made available for inspection to the AA or a person authorized by the AA.⁴⁵

The medical practitioner is responsible for taking informed consent (form G) from the pregnant women in case invasive techniques are used (Refer Question 10).

26. What are the offences under the Act?

Nature of Offences	Nature of Offences
Conducting or associating or helping in conduct of PND techniques/tests in an unregistered unit Sex selection on a woman or a man or both or on any tissue, embryo, conceptus fluid or gametes derived from either or both of them (The fact that the actions do not result in the birth of a child of a particular sex is no excuse as any attempt to ensure birth of a particular sex is an offence under the Act. ⁴⁶)	Unit owner* and or person responsible* for conducting the PND test In case of sex selection, specialist or team of specialists
Taking the services of an unqualified person, whether on an honorary basis or on payment, for conducting PND tests	Unit owner Person responsible
Conducting PND tests for any purpose other than those mentioned in the Act ⁴⁷	Unit owner Person responsible Any person conducting such procedures

***Unit owner** includes individual(s), a company/body corporate, a firm or an association of individuals, who own the unit.

***Person responsible** includes person in charge of the unit or the person(s) responsible for the company, manager, secretary or any other officer in charge

Source:- #, "Pre-Conception & Pre Natal Diagnostic Techniques Act- A Users Guide to the Law", compiled by Lawyers Collective; Page 33-36, Universal Law Publishing Co Pvt Ltd, Delhi 2004 edition

⁴² Sec 29(1)

⁴⁴ Rule 9(7)

⁴³ Provisio to Sec 29
(1) to be read
with Rule 9 (6)

⁴⁵ Section 29 (2)

⁴⁶ Sec 2 (o) & 3(A)

⁴⁷ Sec 4 (1)



Nature of Offences	Nature of Offences
Sale, distribution, supply, renting, allowance or authorisation of use of any ultrasound machine or any other equipment capable of detecting sex of foetus to non-registered units ⁴⁸	Any organisation including Commercial organisation/Company, Manufacturer, Importer, Dealer, Supplier
Advertisement or communication in any form in print, by electronic media or internet by units, medical professionals or companies on the availability of sex determination and sex selection in the form of services, medicines, or any kind of techniques, methods, ayurvedic medicines. ⁴⁹	Unit owner Person responsible Distributors Printers Publishers Website host Website developer Anyone connected with issuance of any such communication or advertisement

Sec 22- of the PNDT Act

Examples of advertisements

Balaji Telefilms case: The serial, 'Kyon Ki Saas Bhi Kabhi Thi,' aired a scene in which one of the characters went for a sex determination test and it showed the 'doctor' declaring the sex of the child (Complaint to Maharashtra State Women's Commission, Feb 2002)

Advertisement on website: "Gender Selection is Reality. An ayurvedic medicine tried tested and approved for more than 10 years." (Complaint to Appropriate Authority, 2003)

Article in Marathi Magazine: "How to have a baby boy through natural methods" (Complaint to Appropriate Authority, 2005)

27. What are the punishments under the Act?

Offence/Offender	Punishment
Breach of any provision of the Act by any service providers For subsequent offence	3 years imprisonment and/or fine of Rs. 10,000 5 years imprisonment ⁵⁰ and/or fine of Rs. 50,000
Medical professionals	The AA will inform the State Medical Council and recommend suspension of the offender's registration Removal of name from register for 5 years on first conviction and permanently in cases of subsequent breaches ⁵¹

⁴⁸ Sec 3 (b) to be read with Rule 3 (a)

⁴⁹ Sec 22
⁵⁰ Sec 23 (1)

⁵¹ Sec 23 (2)



Offence/Offender	Punishment
Persons seeking to know the sex of the foetus. (A woman will be presumed to have been compelled to undergo sex determination tests by her husband and relatives. If the presumption is not dispelled, then the person concerned will be punishable for abetment of the offence.) For subsequent offence	Imprisonment extending upto 3 years and/or fine of Rs 50,000 Imprisonment upto 5 years and/ or fine of Rs. 1,00,000 ⁵²
Persons connected with advertisement of sex selection/ sex determination services	Imprisonment upto 3 years and/or a fine of Rs. 10,000 with additional fine of continuing contravention at the rate of Rs. 500 per day ⁵³
Contravention of provisions of the Act or rules for which no specific punishment is provided with Act/Rule	Imprisonment upto 3 months and /or fine of Rs. 1,000 with additional fine of continuing contravention at the rate of Rs. 500 per day ⁵⁴

The Offences under the Act shall be tried only in the court of the Metropolitan Magistrate or a Judicial Magistrate of First Class – Sec 28 (2)

28. If the owner is convicted under the Act and undergoes punishment, what is the status of the registration of his unit?

In such a case, when charges are framed against him, the registration of his unit is suspended ut there. An owner, who is convicted or undergoes punishment, will have to apply afresh in form A after the expiry of the term of punishment. In such an event, the Appropriate Authority can grant or refuse to grant the registration, depending on whether the unit meets the requirements laid down in the Act and the Rules.

29. Who can be punished under the Act?

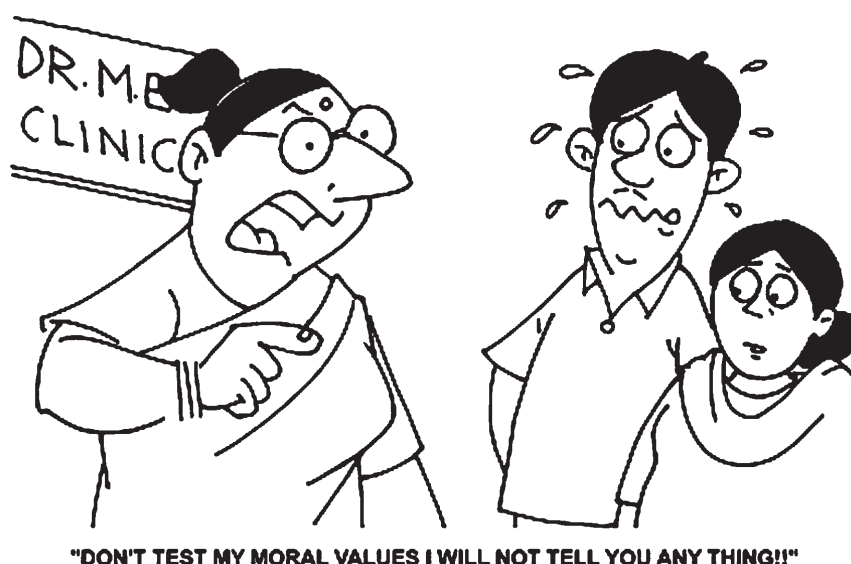
- Person who performs the test
- Every person in charge of and responsible for the conduct of business of the Genetic Centre
- Owner, director or the manager of the company, which runs the Genetic Centre, Genetic Counselling Centre or Genetic Laboratory.
- Mediator who is responsible for directing the pregnant woman to such a unit
- Husband/family of the pregnant woman

⁵² Sec 23 (4)

⁵³ Sec 22 (3)

⁵⁴ Sec 25





- All other relatives of the pregnant woman who are responsible for forcing her or helping her undergo pre-natal sex detection
- The pregnant woman herself is considered innocent under the Act, unless and until proved otherwise. If it is proved that she approached the unit for pre-natal sex detection without any compulsion, then she is considered guilty.⁵⁵

30. What is the Code of Conduct⁵⁶ to be followed by all persons employed in GCC, GL, GC, Ultrasound Clinics and Imaging Centres ?

All persons including the owner, employee or any other persons associated with Genetic Counseling Centres, Genetic Laboratories, Genetic Clinics, Ultrasound Clinics, Imaging Centres registered under the Act/ Rules shall –

- (i) not conduct or associate with, or help in carrying out detection or disclosure of sex of foetus in any manner;
- (ii) not employ or cause to be employed any person not possessing qualifications necessary for carrying out pre-natal diagnostic techniques/ procedures, techniques and tests including ultrasonography;
- (iii) not conduct or cause to be conducted or aid in conducting by himself or through any other person any techniques or procedure for selection of sex before or after conception or for detection of sex of foetus except for the purposes specified in sub-section (2) of section 4 of the Act;

⁵⁵ Sec 23 (4)

⁵⁶ Rule 18



RESPONSIBILITY OF THE MEDICAL PROFESSIONALS

1. To say "No" to requests for performing sex selection, sex detection and gender-specific MTPS and to discourage colleagues from doing so
2. To register Genetic Centres
3. To counsel women/ couples and their families and dissuade them from knowing the sex of the foetus.
4. To enlighten society about erring doctors who conduct pre-natal sex detection and female-specific MTPs.
5. To regularly have stock-taking on the prevalence of sex determination and sex selection by professional bodies such as IMA and to publish articles and statements on the subject to give prominent focus to the issue.
6. To himself/herself sincerely abide by the Act and its spirit.
7. To blow the whistle on those in the fraternity who are conducting these tests and practices. They should immediately be reported to the concerned Appropriate Authority.

- (iv) not conduct or cause to be conducted or aid in conducting by himself or through any other person any techniques or test or procedure under the Act at a place other than a place registered under the Act/these Rules;
- (v) ensure that no provision of the Act and these Rules are violated in any manner;
- (vi) ensure that the person, conducting any techniques, test or procedure leading to detection of sex of foetus for purposes not covered under section 4(2) of the Act or selection of sex before or after conception, is informed that such procedures lead to violation of the Act and these Rules which are punishable offences;
- (vii) help the law enforcing agencies in bring to book the violators of the provisions of the Act and these Rules;
- (viii) display his/her name and designation prominently on the dress worn by him/her;
- (ix) write his/her name and designation in full under his/her signature;
- (x) on no account conduct or allow/cause to be conducted female foeticide;
- (xi) not commit any other act of professional misconduct.



ANNEXURE - I

The infrastructural registration requirements of various units

Unit	Space	Personnel	Equipment
Genetic Counselling Centre (GCC)	Adequate space in any Institute, Hospital Nursing Home or any other place ⁵⁷	Medical Geneticist or Gynaecologist or Paediatrician	Educational charts and models/equipment for carrying out genetic counselling
Genetic Clinics (GC) and Ultrasound Clinics and Imaging Centres (USG)	Adequate space in any Institute, Hospital Nursing Home or any other place; Vehicles capable of carrying portable equipments for PND tests ⁵⁸	Gynaecologist or Radiologist or RMP Sonologist or Medical Geneticist	Ultrasound machine or any such equipment necessary to carry out chromosomal/ biochemist and molecular studies
Genetic Laboratories (GL)	Adequate space in a Laboratory or any place where facilities are provided for analysis or tests of samples received from GC for PND tests or ultrasound ⁵⁹	Medical Geneticist and Laboratory Technician	Equipment for carrying out examinations Equipment for operations mentioned under the Act (including ultrasound machines) Equipment for wet and dry sampling Equipment for carrying out emergency procedures Genetic work station

Source: "Pre-Conception & Pre-Natal Diagnostic Techniques Act- A Users Guide to the Law," compiled by Lawyers Collective; Page 17; Universal Law Publishing Co. Pvt. Ltd., Delhi 2004 edition

⁵⁷ Rule 2(2)

⁵⁸ Rule 2 (2)

⁵⁹ Rule 2(2)



ANNEXURE - II

Minimum requirements to conduct pre-natal diagnostic tests for reasons other than sex selection

Genetic Counselling Centre – Employee Requirements

Category	Additional training/experience under the Rules
Gynecologist or Pediatrician or Medical Geneticist	6 months experience in genetic counseling or 4 weeks training in genetic counseling Nil

Genetic Laboratory Employee Requirements

Category	Additional training/experience under the Rules
Medical Geneticist and Laboratory Technician	Nil Nil

Genetic Clinic Employee Requirements

Category	Additional training/experience under the Rules
Gynaecologist or RMP	With experience of at least 20 procedures under the supervision of experienced gynaecologist. Post graduate degree/ diploma or 6 months training or one year experience in sonography or image scanning
or Medical Geneticist/ Sonologist/Imaging Specialist/ Radiologist	Nil

Source: "Pre-Conception & Pre-Natal Diagnostic Techniques Act- A Users Guide to the Law", compiled by Lawyers Collective; Page 22-23, Universal Law Publishing Co. Pvt. Ltd., Delhi 2004 edition



ANNEXURE - III

Indicative Checklist for Registration of a Genetic Clinic, Counselling Centre, USG Centre, Imaging Centre

1. Application - Form A (two copies)
2. Affidavit containing undertakings from owners that they shall not conduct any test or procedure for selection of sex before or after conception and they shall prominently display a notice saying they do not conduct such tests⁶⁰
3. Particulars about fee paid - Rs. 3000 for any one type of service, Rs. 4000 for a combination thereof (by demand draft in favour of AA)⁶¹
4. Site plan of place
5. If a society/trust – registration certificate from Competent Authority and a copy of Rules and Regulations
6. Quotation/proforma invoice for sonography machine from authorized dealer/ manufacturer (if relevant)
7. Certified photostat copy/copies of educational qualifications of the person operating the machine (wherever applicable)
8. Certified photostat copy/copies of training/experience certificate of the person operating the machine (wherever applicable)
9. In case of a nursing home, registration under the Nursing Home Act
10. Any other additional documents/papers as considered necessary by Appropriate Authorities⁶²

⁶⁰ Rule 4

⁶¹ Rule 5

⁶² Requirements for FORM A and supporting documents see rules 4(1) and 8(1)



The process to be followed Registration process by the Appropriate Authority once the clinic/centre applies for registration

- The AA will issue acknowledgement (slip at the bottom of Form A) to the applying party.
- The AA will visit the place to verify the authenticity of facts stated in the application, especially with respect to the infrastructure available and legality of the place.⁶³
- The AA will place the application with accompanying documents of visit before the Advisory Committee and seek its advice, provided the AA is satisfied that the provisions of the Act and the Rules are complied with.⁶⁴
- The AA will issue a certificate of registration, in duplicate, to the institution, after entering all details of personnel, place, equipment in the certificate and in its own records.⁶⁵
- The decision about acceptance or rejection of application must be communicated to the applicant in the prescribed format (Form B for acceptance and Form C for rejection) within 90 days after receipt of the application.⁶⁶

⁶³ Rule 6(4)

⁶⁴ Rule 6 (2)

⁶⁵ Rule 6 (2)

⁶⁶ Rule 6 (5)

ANNEXURE - IV

DECLARATION OF PREGNANT WOMAN

I, Ms. _____ (name of the pregnant woman) declare that by undergoing ultrasonography/image scanning etc. I do not want to know the sex of my foetus.

Signature/Thumb impression of pregnant woman

Strike out whichever is not applicable or not necessary

DECLARATION OF DOCTOR/PERSON CONDUCTING ULTRASONOGRAPHY/IMAGE SCANNING

I, _____ (name of person conducting ultrasonography/
image scanning) declare that while conducting ultrasonography/image scanning on
Ms. _____ (name of the pregnant woman), I have neither detected nor
disclosed the sex of her foetus to anybody in any manner.

Name and signature of the person conducting ultrasonography/image scanning/
Director or owner of genetic clinic/ultrasound clinic/imaging centre



ANNEXURE - V

FORM A

[See rules 4(1) and 8(1)]

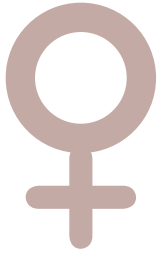
(To be submitted in Duplicate with supporting documents as enclosures)

FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF A GENETIC COUNSELLING CENTRE/GENETIC LABORATORY/GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

1. Name of the applicant
(Indicate name of the organization sought to be registered)
2. Address of the applicant
3. Type of facility to be registered
(Please specify whether the application is for registration of a Genetic Counselling Centre/ Genetic Laboratory/Genetic Clinic/ Ultrasound Clinic/Imaging Centre or any combination of these)
4. Full name and address/addresses of Genetic Counselling Centre/ Genetic Laboratory/ Genetic Clinic/ Ultrasound Clinic/ Imaging Centre with Telephone/ Fax number(s)/ Telegraphic/Telex/ e-mail address(es).
5. Type of ownership of Organisation (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. Type of Institution (Govt. Hospital/ Municipal Hospital/ Public Hospital/ Private Hospital/ Private Nursing Home/ Private Clinic/ Private Laboratory/ any other to be stated.)
7. Specific pre-natal diagnostic procedures/tests for which approval is sought
 - (a) **Invasive** (i) amniocentesis/chorionic villi aspiration/chromosomal/biochemical/molecular studies
 - (b) **Non-Invasive** Ultrasonography
Leave blank if registration is sought for Genetic Counselling Centre only.
8. Equipment available with the make and model of each equipment. (List to be attached on a separate sheet).
9. (a) Facilities available in the Counselling Centre.
 - (b) Whether facilities are or would be available in the Laboratory/Clinic for the following tests:
 - (i) Ultrasound
 - (ii) Amniocentesis
 - (iii) Chorionic villi aspiration
 - (iv) Foetoscopy
 - (v) Foetal biopsy
 - (vi) Cordocentesis
 - (c) Whether facilities are available in the Laboratory, Clinic for the following:
 - (i) Chromosomal studies
 - (ii) Biochemical studies
 - (iii) Molecular studies
 - (iv) Preimplantation gender diagnosis



10. Names, qualifications, experience and registration number of employees (may be furnished as an enclosure)
11. State whether the Genetic Counselling Centre/ Genetic Laboratory/ Genetic Clinic/ ultrasound clinic/imaging centre qualifies for registration in terms of requirements laid down in Rule 3.
12. For renewal applications only:
 - (a) Registration No.
 - (b) Date of issue and date of expiry of existing certificate of registration.
13. List of Enclosures:
(Please attach a list of enclosures/supporting documents attached to this application.)

Date:

(.....)

Place

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



DECLARATION

I, Sh./Smt./Kum./Dr..... son/daughter/wife of
aged years resident ofworking as
(indicate designation) in (indicate name of the organization to be
registered)
..... hereby declare that I have read and understood the Pre-Natal Diagnostic
Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994) and the
Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Rules, 1996,
I also undertake to explain the said Act and Rules to all employees of the Genetic
Counselling Centre/Genetic Laboratory/Genetic Clinic/ultrasound clinic/imaging
centre in respect of which registration is sought and to ensure that Act and Rules
are fully complied with.

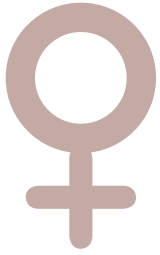
Date:

Place:

(.....)

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

[SEAL OF THE ORGANISATION SOUGHT TO BE REGISTERED]



ACKNOWLEDGEMENT

[See Rules 4(2) and 8(1)]

The application in Form A in duplicate for grant*/renewal* of registration of Genetic Counselling Centre*/ Genetic Laboratory*/ Genetic Clinic*/ Ultrasound Clinic*/ Imaging Centre* by (Name and address of applicant) has been received by the Appropriate Authority On (date).

*The list of enclosures attached to the application in Form A has been verified with the enclosures submitted and found to be correct.

OR

*On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.

This acknowledgement does not confer any rights on the applicant for grant or renewal of registration.

(.....)

Signature and Designation of Appropriate Authority,
or authorized person in the Office of
the Appropriate Authority.

Date:

SEAL

Place:

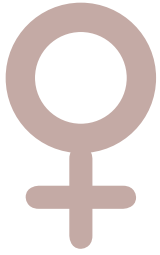
ANNEXURE - VI

FORM D

[See Rule 9(2)]

FORM FOR MAINTENANCE OF RECORDS BY THE GENETIC COUNSELLING CENTRE

1. Name, Address of Genetic Counselling Centre
2. Registration No.
3. Patient's name
4. Age
5. Husband's/Father's name
6. Full address with Tel. No., if any
7. Referred by (Full name and address of
Doctor(s) with registration No.(s))
(Referral note to be preserved carefully with case papers)
8. Last menstrual period/weeks of pregnancy
9. History of genetic/medical disease in the family
(specify)
Basis of diagnosis:
 - (a) Clinical
 - (b) Bio-chemical
 - (c) Cytogenetic
 - (d) Other (e.g.radiological, ultrasonography)



10. Indication for pre-natal diagnosis
 - A. Previous child/children with:
 - (i) Chromosomal disorders
 - (ii) Metabolic disorders
 - (iii) Congenital anomaly
 - (iv) Mental retardation
 - (v) Haemoglobinopathy
 - (vi) Sex-linked disorders
 - (vii) Single gene disorder
 - (viii) Any other (specify)
 - B. Advanced maternal age (35 years)
 - C. Mother/father/sibling having genetic disease (specify)
 - D. Others (specify)
11. Procedure advised
 - (i) Ultrasound
 - (ii) Amniocentesis
 - (iii) Chorionic villi biopsy
 - (iv) Foetoscopy
 - (v) Foetal skin or organ biopsy
 - (vi) Cordocentesis
 - (vii) Any other (specify)
12. Laboratory tests to be carried out
 - (i) Chromosomal studies
 - (ii) Biochemical studies
 - (iii) Molecular studies
 - (iv) Preimplantation gender diagnosis



13. Result of pre-natal diagnosis Normal/Abnormal
 If abnormal give details.
14. Was MTP advised?
15. Name and address of Genetic Clinic to which patient is referred.
16. Dates of commencement and completion of genetic counselling.

Place:

Date:

Name, Signature and Registration No. of the
Medical Geneticist/Gynaecologist/Paediatrician
administering Genetic Counselling.



ANNEXURE - VII

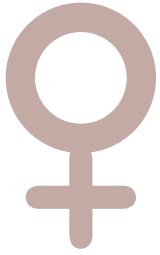
FORM E

[See Rule 9(3)]

FORM FOR MAINTENANCE OF RECORDS BY GENETIC LABORATORY

1. Name and address of genetic laboratory
2. Registration No.
3. Patient's name
4. Age
5. Husband's/Father's name
6. Full address with Tel. No., if any
7. Referred by/sample sent by (full name and address of Genetic Clinic) (Referral note to be preserved carefully with case papers)
8. Type of sample: Maternal blood/Chorionic villus sample/amniotic fluid/Foetal blood or other foetal tissue (specify)
9. Specify indication for pre-natal diagnosis
 - A. Previous child/children with
 - (i) Chromosomal disorders
 - (ii) Metabolic disorders
 - (iii) Malformation(s)
 - (iv) Mental retardation
 - (v) Hereditary haemolytic anaemia
 - (vi) Sex-linked disorder
 - (vii) Single gene disorder
 - (viii) Any other (specify)
 - B. Advanced maternal age (35 years or above)
 - C. Mother/father/sibling has genetic disease (specify)
 - D. Other (specify)





ANNEXURE - VIII

FORM F

[See Proviso to Section 4(3), Rule 9(4) and Rule 10(1A)]

FORM FOR MAINTENANCE OF RECORDS IN CASE OF A PREGNANT WOMAN BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

1. Name and address of Genetic Clinic/Ultrasound Clinic/Imaging Centre
2. Registration No.
3. Patient's name and her age
4. Number of children with sex of each child
5. Husband's/Father's name
6. Full address with Tel. No., if any
7. Referred by (full name and address of Doctor(s)/
Genetic Counselling Centre (Referral note to be preserved
carefully with case papers)/self referral
8. Last menstrual period/weeks of pregnancy
9. History of genetic/medical disease in the family
(specify)
Basis of diagnosis:
 - (a) Clinical
 - (b) Bio-chemical
 - (c) Cytogenetic
 - (d) Other (e.g.radiological, ultrasonography etc.-specify)



10. Indication for pre-natal diagnosis

- A. Previous child/children with:
 - (i) Chromosomal disorders
 - (ii) Metabolic disorders
 - (iii) Congenital anomaly
 - (iv) Mental retardation
 - (v) Haemoglobinopathy
 - (vi) Sex-linked disorders
 - (vii) Single gene disorder
 - (viii) Any other (specify)
- B. Advanced maternal age (35 years)
- C. Mother/father/sibling has genetic disease (specify)
- D. Other (specify)

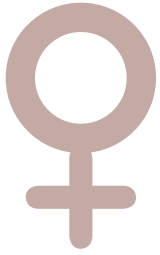
11. Procedures carried out (with name and registration No. of Gynaecologist/Radiologist/Registered Medical Practitioner) who performed it.

Non-Invasive

- (i) Ultrasound (specify purpose for which ultrasound is done during pregnancy)
[List of indications for ultrasonography of pregnant women are given in the note below]

Invasive

- (ii) Amniocentesis
- (iii) Chorionic Villi aspiration
- (iv) Foetal biopsy
- (v) Cordocentesis
- (vi) Any other (specify)



12. Any complication of procedure – please specify
13. Laboratory tests recommended
 - (i) Chromosomal studies
 - (ii) Biochemical studies
 - (iii) Molecular studies
 - (iv) Pre-implantation gender diagnosis
14. Result of
 - (a) pre-natal diagnostic procedure
(give details)
 - (b) Ultrasonography Normal/Abnormal
(specify abnormality detected, if any).
15. Date(s) on which procedures carried out.
16. Date on which consent obtained. (In case of invasive)
17. The result of pre-natal diagnostic procedure were conveyed toon....
18. Was MTP advised/conducted?
19. Date on which MTP carried out.

Date:

Place

Name, Signature and Registration number of the
Gynaecologist/Radiologist/Director of the Clinic



ANNEXURE - IX

FORM G

[See Rule 10]

FORM OF CONSENT

(For invasive techniques)

I, wife/daughter of
Age years residing at
hereby state that I have been explained fully the probable side effects and after effects
of the pre-natal diagnostic procedures.

I wish to undergo the preimplantation/pre-natal diagnostic technique/test/
procedures in my own interest to find out the possibility of any abnormality (i.e.
disease/deformity/disorder) in the child I am carrying.

I undertake not to terminate the pregnancy if the pre-natal procedure/
technique/ test conducted show the absence of disease/deformity/disorder.

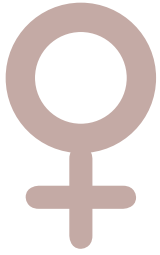
I understand that the sex of the foetus will not be disclosed to me.

I understand that breach of this undertaking will make me liable to penalty
as prescribed in the Pre-natal Diagnostic Techniques (Regulation and Prevention of
Misuse) Act, 1994 (57 of 1994) and rules framed thereunder.

Date

Place

Signature of the pregnant woman



I have explained the contents of the above to the patient and her companion
(Name.....)
Address
Relationship) in a language she/they understand.

Name, Signature and/Registration number of
Gynaecologist/Medical Geneticist/Radiologist/paediatrician/
Director of the Clinic/Centre/Laboratory

Date

Name, Address and Registration number of
Genetic Clinic/ Institute

SEAL







Speaking Up for The Girl Child – Some Quotes

Message from Mr. Manmohan Singh, H'ble Prime Minister, in his address at a national conference on "Role of Women in Nation-building", The Times of India, 23 August, 2005

The unacceptable crime of female foeticide, being encouraged by the widespread misuse of modern technology and its mindless commercial exploitation must be stopped.

Shabana Azmi, Social Activist/Actor in a recent article in Hindustan Times

What then will the structure of society be with a paucity of women? What will the consequences be for the family and community, and what of the institution of marriage?

Imagine the plight of women forced into polyandrous marriages. I shudder when I think of how much more vulnerable a woman would be to sexually transmitted diseases and HIV/AIDS. What of the increase in violence against women? One can only conjecture, but the possible scenarios are frightening.

Sunil Dutt, Late Minister/ MP/Actor/Producer/Director (in his message on World Population Day, July 11th 2004 to CEHAT)

I am a proud father of my daughter Priya, who has always been a pillar of support to me. From Kalpana Chawla to Kiran Bedi, women have contributed in every field and it's high time we stop discriminating against the girl child.

Joy Sen Gupta, Theatre and film personality, in "Fine Imbalance," a documentary on sex selection

When there is going to be no girl child on earth, who will nurture the earth? Since she is the producer, nurturer and preserver, without her how do you expect the earth to exist?

Mahesh Bhatt, Film Producer/Director

It is a shame that today in the 21st century we are still talking about discrimination against the girl child and making all efforts to eliminate her before birth in connivance with doctors and technology. India has made great progress in the virtual world but is far far behind in the REAL WORLD.

Pooja Bhatt, Film Actor/Director

Sex selection is just a more sophisticated form of female infanticide, which has been in our country from time immemorial. Today when girls have reached the stars people are worried about family name and the last rites to be performed by the son! What an irony...





सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India
New Delhi



Center for Enquiry Into
Health and Allied Themes



United Nations Population Fund - India