

IMPACT

Integrated System for Monitoring of PCPNDT ACT

<https://pcpndt.rajasthan.gov.in>

User Manual

For Vendor Registration & Renewal

Department of Medical, Health & Family Welfare

**Swasthya Bhavan
Jaipur – 302005**

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INTRODUCTION

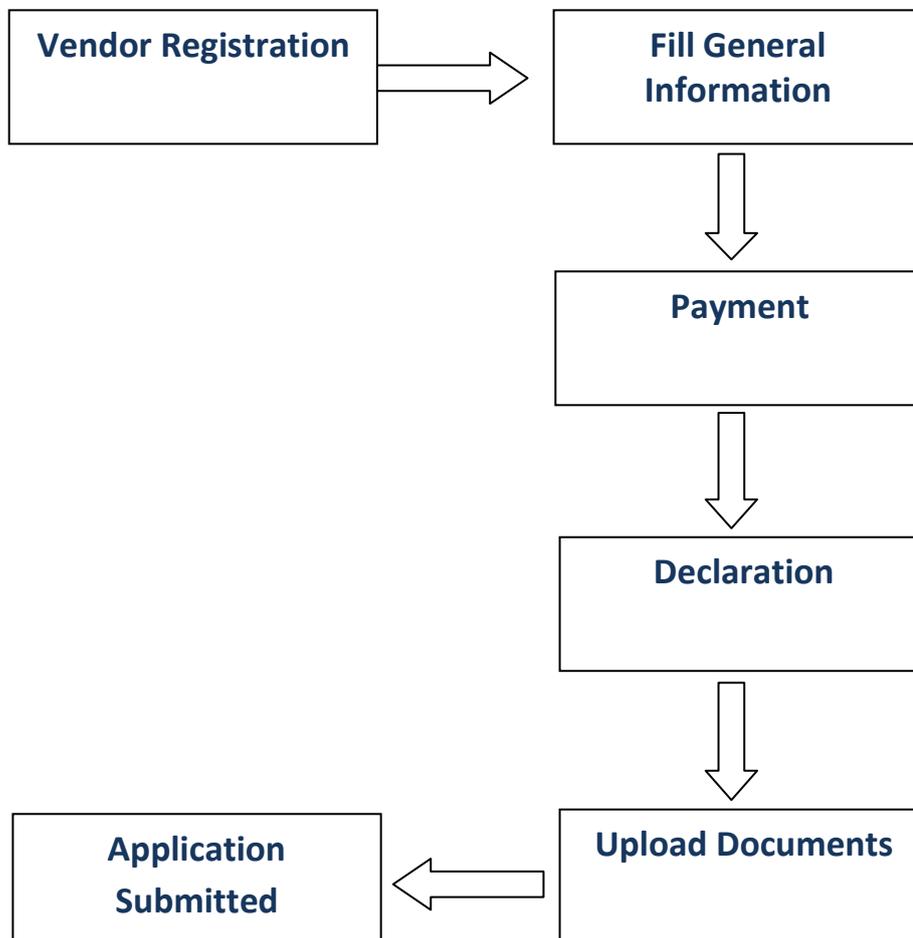
“IMPACT” is a Monitoring System for PCPNDT, it has been implemented with a view to facilitate the government to track the cases of pregnant women registered for Sonography /Ultrasound at any of the registered Sonography centres across the state. The system discourages pre natal sex determination at the sonography centres and thereby essentially helps in implementation of PCPNDT act in the state.

This web based system captures details of every Sonography centre registered with the Government of Rajasthan including details of equipments and the doctors. Each case of pregnant woman which undergoes sonography is reported through the system.

“IMPACT ” online application is designed and developed by National Informatics Centre (NIC), Jaipur, Rajasthan. Website or Application’s Contents Owned & Managed by Dept of Medical, Health & Family Welfare, Govt. of Rajasthan.

How to apply for Vendor Registration: Visit <https://pcpndt.rajasthan.gov.in>

- ❖ Using [Vendor Registration](#) link on home page, User can apply for new registration.
- ❖ Enter required details.
- ❖ Make online payment through SBlepay.
- ❖ After successful payment Declaration will be generated, print it for further process and upload.
- ❖ Upload required Documents.



To apply for vendor Registration - Click on [Vendor Registration](#) link on home page.



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[Screen Reader Access](#)

News Online Vendor Registration Facility Launched For Dry Run On 02/08/2021. ▶▶

m1j4b6

LOGIN

Forgot Password / Set New Password

AWARD AND RECOGNITION

given on date 07th Oct 2015 at Jaipur, Rajasthan.

- ▶ SKOCH Award in 33rd SKOCH Summit for SMART Governance at Le-Meridian Hotel, New Delhi on 3rd Sept 2013.
- ▶ SKOCH Order of Merit Award for becoming top

Centre Registration	
This Month	0
This Year	78
Total	3,766

Form F Entries	
Today	0
This Month	0
This Year	10,60,199
Total(Since 2012)	2,50,64,151



Apply for New Centre Registration Guidelines



District Wise Centre List



PCPNDT Acts



PCPNDT (Amendment to Form F), Rules, 2014 - New Format



Vendor Registration



Vendors Details



Track Application
Centre Registration
Vendor Registration

गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है। लिंग परीक्षण की शिकायत Whatsapp No. - 9799997795 व 104/108 पर दर्ज की जा सकती है।



For support, Contact at 0141-2221812, email to [pcpndt-rj-helpdesk\[at\]gov\[dot\]in](mailto:pcpndt-rj-helpdesk[at]gov[dot]in)

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• Registration

After Clicking vendor registration link following page is displayed, user must fill general information and declaring details carefully. Mandatory fields are marked with *, before saving the details a confirmation (Attention: Please read all the given information carefully.

Data saved once will not be modified. Please confirm to proceed) message will be displayed.



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Registration of Dealer/ Distributor/ Importer/ Manufacturer/ Refurbisher/ Retailer/ Service & Repair

General Information	
Registration Date (dd/MM/yyyy)	15/09/2021
State *	RAJASTHAN
District *	Select
Type of Vendor :	<input type="radio"/> Manufacturer <input type="radio"/> Importer <input type="radio"/> Dealer <input type="radio"/> Retailer <input type="radio"/> Distributor <input type="radio"/> Service & Repair <input type="radio"/> Refurbisher
Name* (Indicate Name of the Organization/Individual Seeking Registration)	<input type="text"/>
Mobile No. *	<input type="text"/>
Telephone No.	<input type="text"/> Std Cd <input type="text"/> Phone No
Email *	<input type="text"/>
Official Address *	<input type="text"/>
Other Office/Factory Address	<input type="text"/>
Type of Ownership *	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Company <input type="radio"/> Co-Operative
Services Available *	<input type="checkbox"/> Sale <input type="checkbox"/> Buyback <input type="checkbox"/> Purchase <input type="checkbox"/> Refurbisher <input type="checkbox"/> Maintenance <input type="checkbox"/> Service <input type="checkbox"/> Repairer
Addresses of All the billing centres	<input type="text"/> + -
Declarant Details	
Name of Authorised Person*	<input type="text"/>
<input type="radio"/> Son of <input type="radio"/> Daughter of <input type="radio"/> Wife of *	<input type="text"/>
Age *	<input type="text"/>
Resident of *	<input type="text"/>
Working as (Indicate Designation) *	<input type="text"/>
Place *	<input type="text"/>
Security Code *	<input type="text"/> k74323 ↻
Save & Continue	

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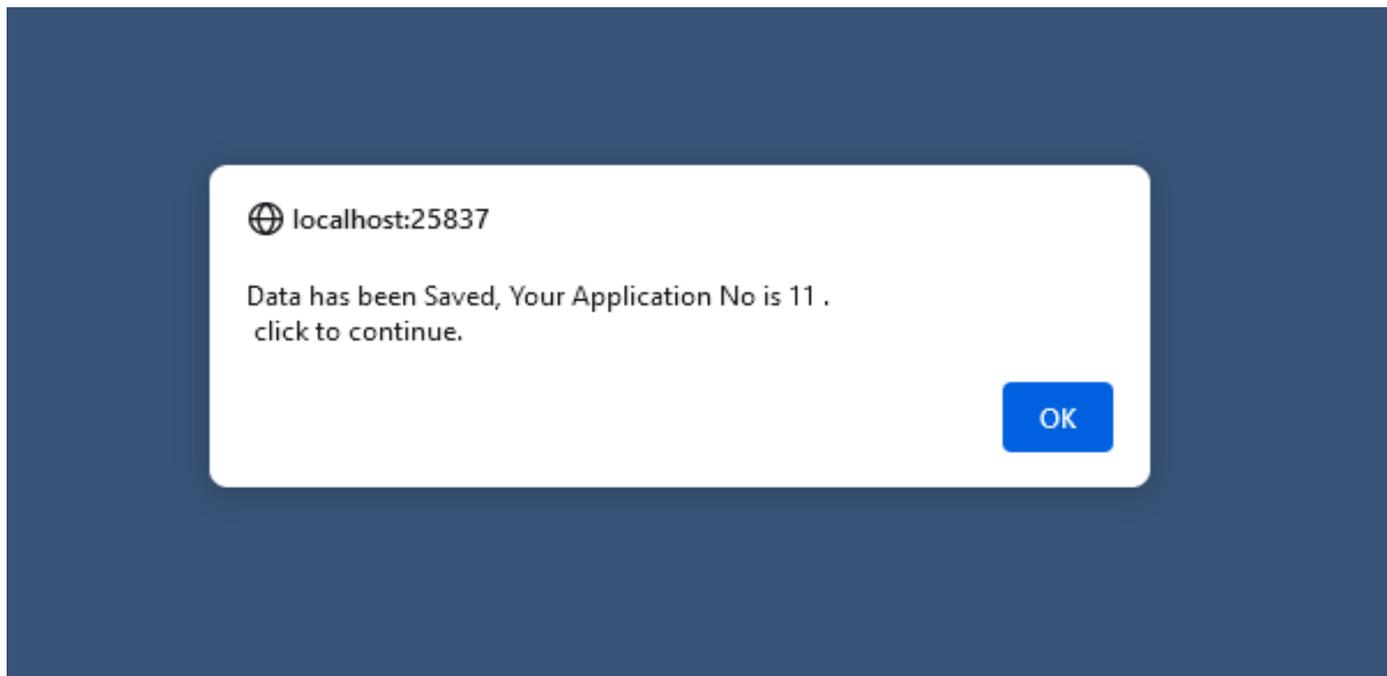
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Click **Save & Continue** button to process the application, a Popup will be displayed and **Application No** will be generated, please note it for future reference.

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SMS is being sent to the registered mobile as "Data has been saved successfully, your application no. is *****. - PCPNDT, Government of Rajasthan"



Once application number is generated Payment details Confirmation is required, Before making the payment please check the details such as name, vendor type and payment amount etc.



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राजस्थान

Payment Confirmation

State :	HARYANA
District :	AMBALA
Name :	T HARIOM
Vendor Type :	Manufacturer
Mobile No :	9024606407
Email :	HARIO MM@GMAIL.COM
Payment Amount :	1
<input type="button" value="Confirm Detail & Pay"/> <input type="button" value="Cancel"/>	

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At the time of making payment a confirmation Popup will be displayed to continue click on OK.

The screenshot shows the IMPACT (Integrated System for Monitoring of PCPNDT ACT) portal. At the top, it features the Government of Rajasthan logo and the National Health Mission logo. The main header includes the text 'IMPACT Ver 4.0.8.21' and 'Department of Medical, Health & Family welfare, Government of Rajasthan'. Below this, a 'Payment Confirmation' section displays a table with the following details:

State :	HARYANA
District :	AMBALA
Name :	T HARIOM
Vendor Type :	Manufacturer
Mobile No :	9024606407
Email :	HARIOMM@GMAIL.COM
Paym	

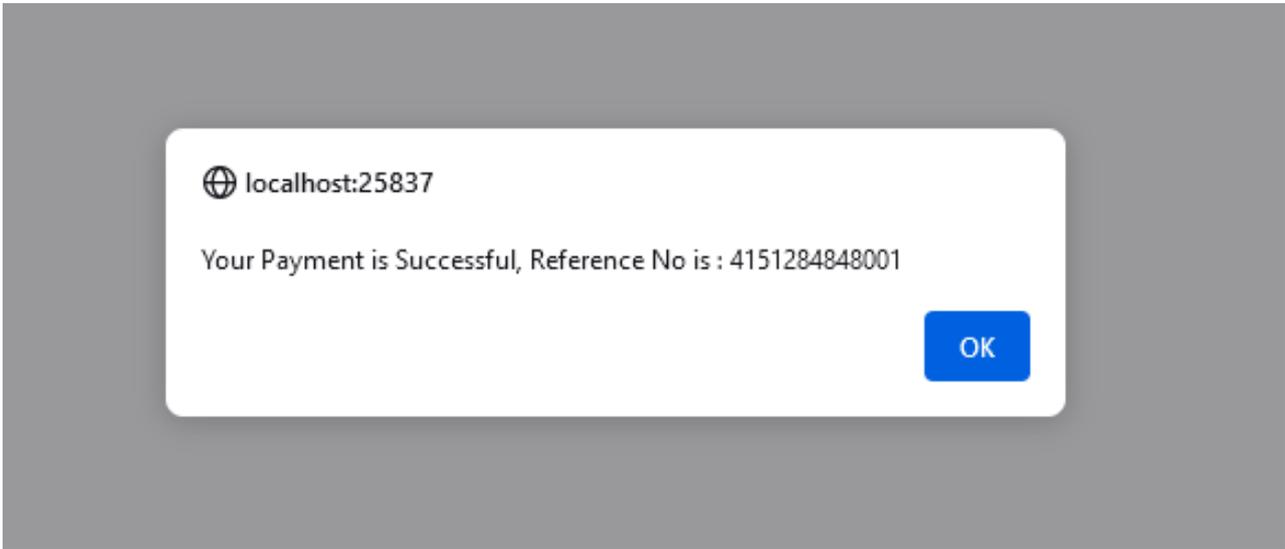
A modal popup is displayed in the center, showing the IP address '10.130.16.222' and the message: 'Attention : In any case, Fees once paid will not be refunded. Please confirm to proceed'. The popup has 'OK' and 'Cancel' buttons.

At the bottom of the screen, there is a footer with the text: 'Disclaimer - Application designed, developed & hosted by National Informatics Centre, Jaipur. Content owned, updated & maintained by PCPNDT Cell, DMHFW, GOR.' and the National Informatics Centre (NIC) logo.

After confirmation it will be redirected to SBI payment gateway for payment process and will return to IMPACT portal after successful payment, popup will be displayed with payment status as Success or failed.



After successful payment, a Reference No. will be generated for further use.



- Declaration

After successful payment, Declaration Certificate will be generated with registration details, to be uploaded on IMPACT portal by the user.



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संयुक्त स्वास्थ्य विज्ञान
संस्थान

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Application Form

State	HARYANA
District	AMBALA
Type of Vendor	Manufacturer
Name (Indicate Name of the Organization/ Individual Seeking Registration)	T HARIOM
Mobile No.	9024606407
Telephone No.	0141-255214
Email	HARIOMM@GMAIL.COM
Official Address	JHJKDHSKJJDHSKJJDHSADKJH
Other Office/Factory Address	H KJHKJDHAKJ
Type of Ownership	Individual
Services Available	Buyback, Purchase, Refurbisher, Sale
Addresses of All the billing centres	JAIPUR
Place	JAIPUR
Registration Date (dd/MM/yyyy)	15/09/2021

DECLARATION

I, Sh./Smt./Kum./Dr. **TEST Son of TEST** , aged 25 years, resident of **JAIPUR** working as **MANAGER**

T HARIOM hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014.)

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

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

Date :-15/09/2021
Place :-JAIPUR

TEST ,MANAGER
signature of the person authorized to sign on
behalf of the organization to be
registered.

Note: SEAL OF THE ORGANISATION/INDIVIDUAL SOUGHT TO BE REGISTERED

[Continue](#)

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While clicking on the **Continue** Button Confirmation message will be displayed to take Printout of declaration form.

(Indicate name of the Organization/individual seeking registration)	
Mobile No.	9024606407
Telephone No.	0141-255214
Email	HARIOMM@GMAIL.COM
Official Address	JHJKDHSKJSDHSKJSDHSADKJH
Other Office/Factory Address	H KJHKJDHAKJ'
Type of Ownership	Individual
Services Available	Buyback, Purchase, Refurbisher, Sale
Addresses of All the billing centres	JAIPUR
Place	JAIPUR
Registration Date (dd/MM/yyyy)	15/09/2021

DECLARATION

I, Sh./Smt./Kum./Dr. TEST Son of TEST , aged 25 years, resident of JAIPUR working as **MANAGER**

T HARIOM hereby declare that I have read and understood the Prohibition of Sex Selection Act, 1994 (Prohibition of Sex Selection) Rules, 1996, as amended by the Government of India (57 of 1994) and the Pre-natal Diagnostic Techniques (Regulation and Control) Act, 1994 and to ensure that Act and Rules are fully complied with.

I also undertake to explain the said Act and Rules to all employees and to ensure that Act and Rules are fully complied with.

I affirm that all information given in this application is true and correct.

Date :-15/09/2021
Place :-JAIPUR

TEST_MANAGER
signature of the person authorized to sign on behalf of the organization to be registered.

Note: SEAL OF THE ORGANISATION/INDIVIDUAL SOUGHT TO BE REGISTERED

Continue

10.130.16.222

Have you Printed Declaration Form?. This is required to be upload.

Don't allow 10.130.16.222 to prompt you again

OK Cancel

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- **Upload Documents-** Required documents are to be uploaded. User must upload documents as per instructions such as name of the file, file type, size.



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राजस्थान

Print Declaration Form
Home

State : **HARYANA**
District : **AMBALA**
Name : **T HARIOM**

Upload Documents		
* Address Proof Residence/ Office (Electricity bill / Telephone bill / Tax bill)	Browse...	No file selected.
* Photo Identity (PAN Card/ Passport/ Aadhar/ Voter Id/ Voter Id Card/ Driving Licence)	Browse...	No file selected.
* Partnership Deed / Registration of Company /Firm Registration	Browse...	No file selected.
* Authorized Dealership / Retailership Document	Browse...	No file selected.
* Declaration Document	Browse...	No file selected.
List of Dealer /Seller any other form presently working	Browse...	No file selected.

Note:
 1. Documents Should be Only PDF files. File size upto 600 KB
 2. Filename should not contain special characters like @ % & * ^ ~ \$! ()
 3. All the documents should be duly self attested.

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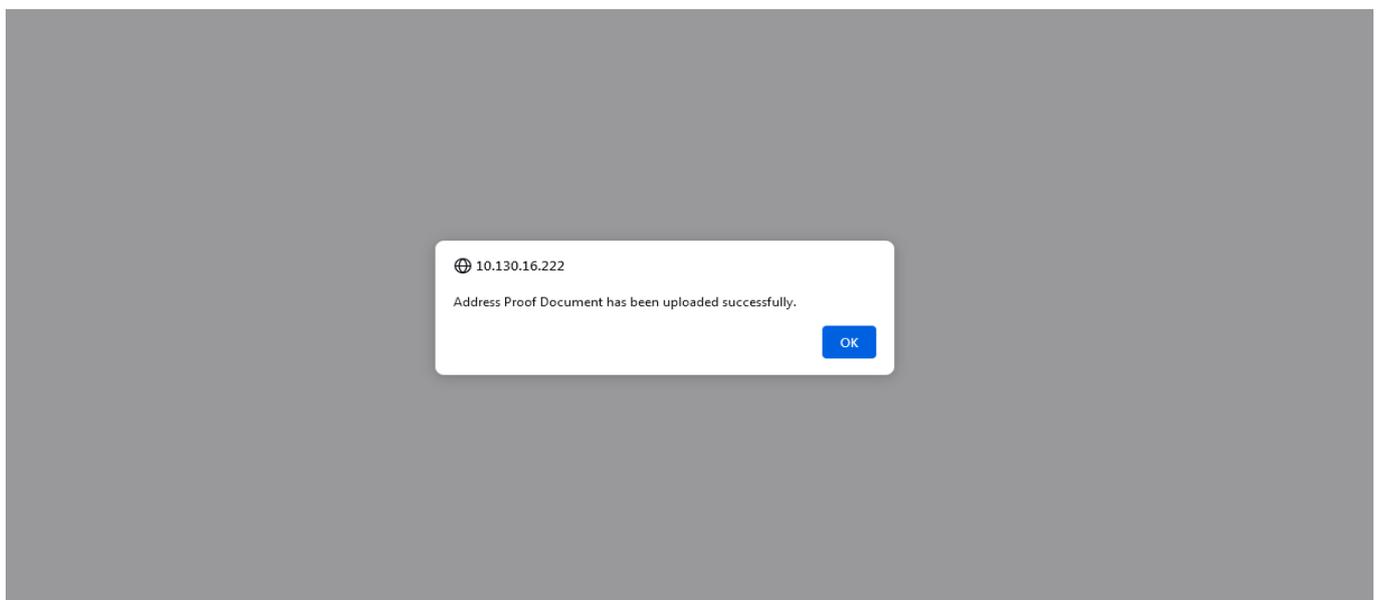
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After successfully uploading the documents, a confirmation message will be displayed for each uploaded document.



When all the required documents have been uploaded then click on the **submit** button to complete the registration process.



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[Print Declaration Form](#) [Home](#)

State : HARYANA **District :** AMBALA **Name :** T HARIOM

Upload Documents		
* Address Proof Residence/ Office (Electricity bill/ Telephone bill/ Tax bill)	✓	VIEW Edit
* Photo Identity (PAN Card/ Passport/ Aadhar/ Voter Id/ Voter Id Card/ Driving Licence)	✓	VIEW Edit
* Partnership Deed / Registration of Company /Firm Registration	✓	VIEW Edit
* Authorized Dealership / Retailership Document	✓	VIEW Edit
* Declaration Document	✓	VIEW Edit
List of Dealer /Seller any other form presently working	✓	VIEW Edit

Note:
1. Documents Should be Only PDF files. File size upto 600 KB
2. Filename should not contain special characters like @ % & * ^ \$! ()
3. All the documents should be duly self attested.

Security Code	<input type="text" value="p12214"/>	<input type="text" value="p12214"/> C
Submit		

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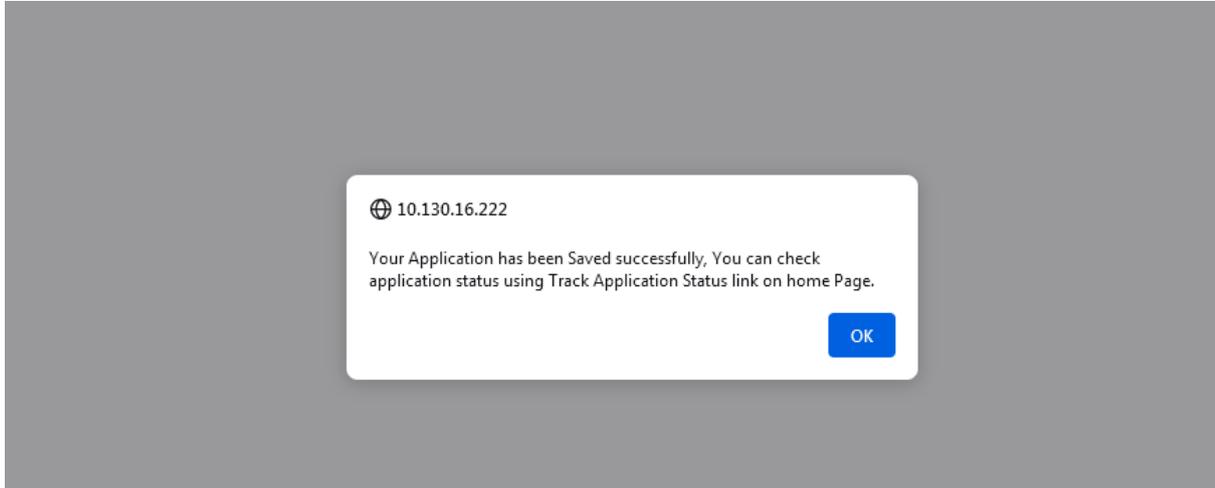
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Application Submitted

Once application is submitted, SMS will be received on registered mobile number of applicant
“Your Application has been saved successfully, you can check application status Using Track application status link on home page. - PCPNDT, Government of Rajasthan”



Application Status- Application may be tracked online. To check the status of the application, click on **“Track Application”** icon on home page. It may be tracked using application No & mobile number.

There are four status -

1. Your online application is **Under Process**.
2. Your Application **Document is Rejected** Please Update required Document.
3. Your online application has been **Granted**. (It shows your application is sanctioned by appropriate authority)
4. Your online application has been **Rejected**. (It shows your application is rejected by appropriate authority)



संघस्य प्रतीकम्

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Daughters are Precious



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Bureau of Investigation
PBI
RAJASTHAN



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by saving as

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News Online Vendor Registration Facility Launched For Dry Run On 02/08/2021. || <>

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Rules,
2014 - New Format**



Vendor Registration



Vendors Details



**Track Application
Centre Registration
Vendor Registration**



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Enter application No, mobile number and security code. User will get status of application.



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Track Application Status

Enter Application No.	<input type="text"/>
Registered Mobile No.	<input type="text"/>
Security Code	<input type="text" value="r536u6"/> 
<input type="button" value="Send OTP"/>	

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If application is incomplete then system will guide the user to complete the registration process.



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Track Application Status

1.	Registration	✓
2.	Please complete your Payment with this link - Make Payment	✗
3.	Declaration From	✗
4.	Document Upload	✗

गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है । लिंग परीक्षण की शिकायत Whatsapp No. - 9799997795 व 104/108 पर दर्ज की जा



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राजस्थान
National Informatics Centre

Renewal process for vendor

- When the user's validity date or expiry date from first registration is just two months around, less than 60 days, apply button will be visible to user for renewal process.
- The apply button is visible to only those whose first registration is about to end within two months.
- Upon clicking the apply button, the page redirects to the payment section where Users can pay through the payment gateway.
- Upon successful payment, a "Print Document Declaration" button is displayed. And Clicking on it opens a declaration page, which users can download for later upload.
- The page then redirects to the upload document section where Users can upload the required documents and submit them.
- Users can also edit the document before the application is processed by state authority.
- After processing from the vendor side, users can check the status using the "Track Vendor Application Status" on the home page using the application number and registered mobile number.
- The application status is visible to the state under the vendor renewal application section.
- States can see sections for "Under process," "Grant," and "Reject" based on the application.
- If the state grants the renewal application, it displays in the granted section otherwise, it goes to the rejected section.
- The state can view and delete documents if they are not proper or valid, which the user can re-upload using the same application track.
- When the application is granted by state authority, users can download the granted certificate.
- If the application is rejected, users can track the reason for rejection.

Apply for Vendor renewal Step 1:

As per the example given below, this is what the user interface will look like when the user logs in using their credentials where user can start renewal process by clicking apply button.



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Department of Medical, Health & Family welfare,
Government of Rajasthan



Welcome :parampreet[dot]bhatia[at]siemens[dot]com
Total Online User :1
28/2/2024 04:30:56

Your Session will be logged out after 29 minutes 47sec.

Vendor Renewal Request
Model Details
Logout

Print

Vendor Renewal Request

1. Name (Indicate Name of the Organization/ Individual Seeking Renewal)	DEMO NAME
2. Type of Vendor	MANUFACTURER
3. Mobile No.	9999999999
4. Email	DemoEmail@gmail.com
5. Official Address	demo address
6. Telephone No.	
7. Other Office/Factory Address	demo other address
8. Type of Ownership	COMPANY
9. Services Available	BUYBACK, MAINTENANCE, PURCHASE, REFURBISHER, REPAIRER, SALE, SERVICE
11. State	MAHARASHTRA
12. District	MUMBAI
13. Place	BANGALORE
14. Registration Date (dd/MM/yyyy)	19/04/2018
15. Date of issue and date of expiry of existing certificate of Renewal	19/04/2018 To 18/04/2023

DECLARATION

I, Sh./Smt./Kum./Dr. DEMO NAME Son of demo guardian , aged 50 years, resident of demo resident address working as demo designation
DEMO NAME hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014).
I also undertake to explain the said Act and Rules to all employees of the organization/Individual in respect of which registration is sought and to ensure that Act and Rules are fully complied with.
I affirm that all information given in this application are true & correct.
Date :-19/04/2018
Place :-BANGALORE

DEMO NAME

Apply

गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है । लिंग परीक्षण की शिकायत Whatsapp No. - 9799997795 व 104/108 पर दर्ज की जा सकती



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Payment for Vendor renewal Step 2:

After that user will be redetected to payment details page where user can see the payment relevant details and pay the renewal fees using the payment gateway.



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Department of Medical, Health & Family welfare,
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चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग,
राजस्थान सरकार



Payment Confirmation

State :	MAHARASHTRA
District :	MUMBAI
Name :	Demo Name
Vendor Type :	Manufacturer
Mobile No :	9999999999
Email :	DemoEmail@gmail.com
Payment Amount :	50000
<input type="button" value="Confirm Detail & Pay"/> <input type="button" value="Cancel"/>	

गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है। लिंग परीक्षण की शिकायत Whatsapp No. - 979997795 व 104/108 पर दर्ज की जा सकती है।



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“Print declaration” after successful payment for Vendor renewal Step 3:

Once the payment is successful then user can print the declaration form using the “print declaration” button for later upload.



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Integrated System for Monitoring of PCPNDT ACT

Department of Medical, Health & Family welfare,
Government of Rajasthan



Welcome :parampreet[dot]bhatia[at]siemens[dot]com
Total Online User :1
27/2/2024 03:39:56

Your Session will be logged out after 29 minutes 56sec.

Vendor Renewal Request
Model Details
Logout

Print

Vendor Renewal Request

1. Name (Indicate Name of the Organization/ Individual Seeking Renewal)	DEMO NAME
2. Type of Vendor	MANUFACTURER
3. Mobile No.	9999999999
4. Email	DemoEmail@gmail.com
5. Official Address	demo address
6. Telephone No.	
7. Other Office/Factory Address	demo other address
8. Type of Ownership	COMPANY
9. Services Available	BUYBACK, MAINTENANCE, PURCHASE, REFURBISHER, REPAIRER, SALE, SERVICE
11. State	MAHARASHTRA
12. District	MUMBAI
13. Place	BANGALORE
14. Registration Date (dd/MM/yyyy)	19/04/2018
15. Date of issue and date of expiry of existing certificate of Renewal	19/04/2023 To 18/04/2028

DECLARATION

I, Sh./Smt./Kum./Dr. DEMO NAME Son of PANDURANGAN , aged 50 years, resident of demo resident address working as demo designation DEMO NAME hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014).

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

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

Date :-19/04/2018

Place :-BANGALORE

DEMO NAME

Print Declaration

गर्भधारण पूर्व या बाद तिग चयन या भूण के तिग चयन या भूण के तिग का पता लगाना दण्डनीय अपराध हे । तिग परीक्षण की शिकायत Whatsapp No. - 9799997795 व 104/108 पर दर्ज की जा सकती



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Which will look like given below as the entire relevant vendor's information is available over there.



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Department of Medical, Health & Family Welfare,
Government of Rajasthan



गणराज्य भारत

शिक्षिता, स्वास्थ्य एवं परिवार कल्याण विभाग,
राजस्थान सरकार

Print
Back

Application Form

State	MAHARASHTRA
District	MUMBAI
Type of Vendor	Manufacturer
Name (Indicate Name of the Organization/ Individual Seeking Registration)	Demo Name
Mobile No.	9999999999
Telephone No.	
Email	DemoEmail@gmail.com
Official Address	demo address
Other Office/Factory Address	demo other address
Type of Ownership	Company
Services Available	Buyback, Maintenance, Purchase, Refurbisher, Repairer, Sale, Service
Place	BANGALORE
Registration Date (dd/MM/yyyy)	19/04/2018

DECLARATION

I, Sh./Smt./Kum./Dr. Son of , aged 50 years, resident of demo resident address working as demo designation

Demo Name hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014.)

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

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

Date :- 19/04/2018

Place :- BANGALORE

demo designation
signature of the person authorized to sign on
behalf of the organization to be
registered.

Note: SEAL OF THE ORGANISATION/INDIVIDUAL SOUGHT TO BE REGISTERED

Continue

गर्भाधारण पूर्व या बाद तिग चयन या भूज के तिग चयन या भूज के तिग का पता लगाना दण्डनीय अपराध हे । तिग परीक्षण की शिकायत Whatsapp No. - 9709907795 व 104/108 पर दर्ज की जा सकती हे ।



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“upload documents” after successfully downloading the print declaration Vendor renewal Step 5:

After that continue button click, vendor can redirect to document upload button where user can upload all the required documents through this utility.



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Department of Medical, Health & Family welfare,
Government of Rajasthan



Welcome :parampreet[dot]bhatia[at]siemens[dot]com
Total Online User :1
27/2/2024 03:37:05

Your Session will be logged out after 29 minutes 51sec.

Vendor Renewal Request
Model Details
Logout

Print

Vendor Renewal Request

1. Name (Indicate Name of the Organization/ Individual Seeking Renewal)	DEMO NAME
2. Type of Vendor	MANUFACTURER
3. Mobile No.	9999999999
4. Email	DemoEmail@gmail.com
5. Official Address	demo address
6. Telephone No.	
7. Other Office/Factory Address	demo other address
8. Type of Ownership	COMPANY
9. Services Available	BUYBACK, MAINTENANCE, PURCHASE, REFURBISHER, REPAIRER, SALE, SERVICE
11. State	MAHARASHTRA
12. District	MUMBAI
13. Place	BANGALORE
14. Registration Date (dd/MM/yyyy)	19/04/2018
15. Date of issue and date of expiry of existing certificate of Renewal	19/04/2023 To 18/04/2028

DECLARATION

I, Sh./Smt./Kum./Dr. DEMO NAME Son of PANDURANGAN , aged 50 years, resident of demo resident address working as demo designation

DEMO NAME hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014).

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

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

Date :-19/04/2018

Place :-BANGALORE

DEMO NAME

Upload Documents

गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है । लिंग परीक्षण की शिकायत Whatsapp No. - 9799997795 व 104/108 पर दर्ज की जा सकती



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Below is the user interface where the user can upload all the required documents one by one. There are six documents to be uploaded, in which five of them are compulsory (*), and one of them is the declaration, which the user downloaded earlier using the "print declaration" option.



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Department of Medical, Health & Family welfare,
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[Back](#)

State : MAHARASHTRA **District :** MUMBAI **Name :** Demo Name

Upload Documents			
* Address Proof Residence/ Office (Electricity bill / Telephone bill / Tax bill)	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Upload"/>
* Photo Identity (PAN Card/ Passport/ Aadhar/ Voter Id/ Driving Licence)	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Upload"/>
* Partnership Deed / Registration of Company /Firm Registration	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Upload"/>
* Authorized Dealership / Retailership Document	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Upload"/>
* Declaration Document	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Upload"/>
List of Dealer /Seller any other form presently working	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Upload"/>

Note:

1. Documents Should be Only PDF files, File size upto 600 KB
2. Filename should not contain special characters like @ % & * ^ \$! ()
3. All the documents should be duly self attested.

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If any of the document that the user find which is wrong or invalid can be re-uploaded using “Edit document” and can be modified unless it is processed by state authority.



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Integrated System for Monitoring of PCPNDT ACT

Department of Medical, Health & Family welfare,
Government of Rajasthan



Welcome :parampreet[dot]bhatia[at]siemens[dot]com
Total Online User :1
27/2/2024 03:38:57

Your Session will be logged out after 29 minutes 55sec.

[Vendor Renewal Request](#)
[Model Details](#)
[Logout](#)

Print

Vendor Renewal Request

1.	Name (Indicate Name of the Organization/ Individual Seeking Renewal)	DEMO NAME
2.	Type of Vendor	MANUFACTURER
3.	Mobile No.	9999999999
4.	Email	DemoEmail@gmail.com
5.	Official Address	demo address
6.	Telephone No.	
7.	Other Office/Factory Address	demo other address
8.	Type of Ownership	COMPANY
9.	Services Available	BUYBACK, MAINTENANCE, PURCHASE, REFURBISHER, REPAIRER, SALE, SERVICE
11.	State	MAHARASHTRA
12.	District	MUMBAI
13.	Place	BANGALORE
14.	Registration Date (dd/MM/yyyy)	19/04/2018
15.	Date of issue and date of expiry of existing certificate of Renewal	19/04/2023 To 18/04/2028

DECLARATION

I, Sh./Smt./Kum./Dr. DEMO NAME Son of PANDURANGAN , aged 50 years, resident of demo resident address working as demo designation

DEMO NAME hereby declare that I have read and understood the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) and the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, as amended by (Amendment Rules, 2014).

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

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

Date :-19/04/2018

Place :-BANGALORE

DEMO NAME

Edit Documents

गर्भधारण पूर्व या बाद तिग चयन या भ्रूण के तिग चयन या भ्रूण के तिग का पता लगाना दण्डनीय अपराध हे । तिग परीक्षण की शिकायत Whatsapp No. - 9799997795 व 104/108 पर दर्ज की जा सकती



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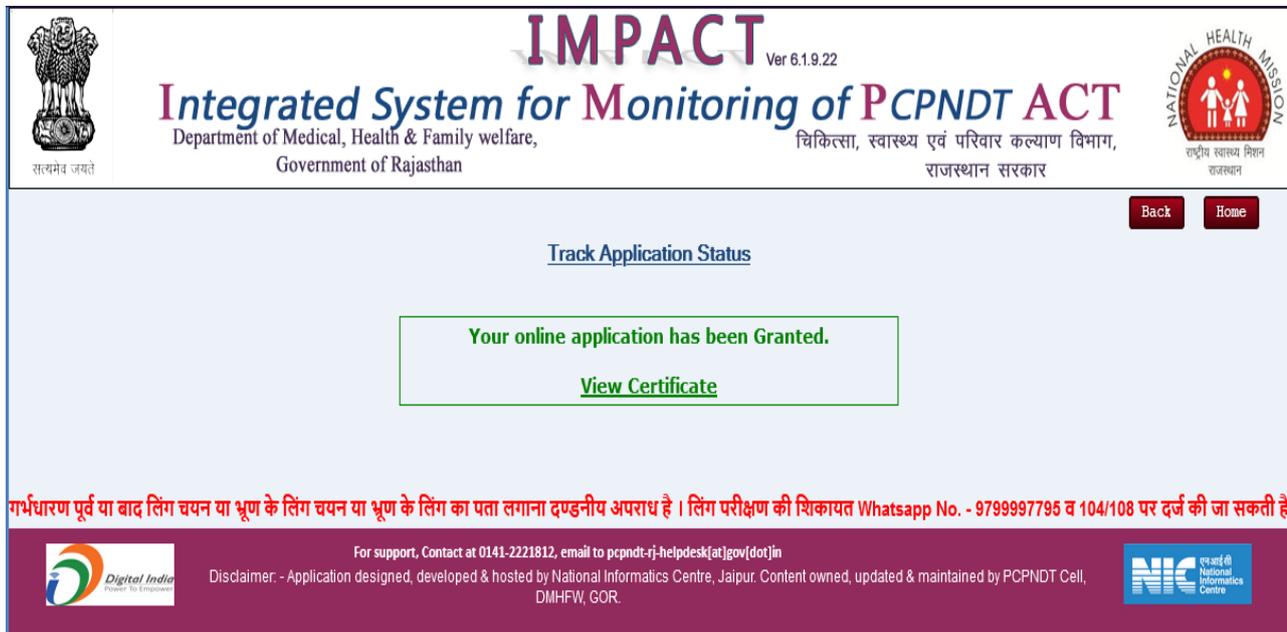
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“Track application status and download renewal certificate for Vendor renewal Step 5:

Once the application is granted by state authority then user can track and check the renewal application status and download the renewal certificate.



The screenshot displays the IMPACT web application interface. At the top, the logo of the Government of India is on the left, and the IMPACT logo (Ver 6.1.9.22) is in the center. Below the IMPACT logo, the text reads "Integrated System for Monitoring of PCPNDT ACT" and "Department of Medical, Health & Family welfare, Government of Rajasthan". On the right, there is a logo for the National Health Mission (NHM) with the text "NATIONAL HEALTH MISSION" and "राष्ट्रीय स्वास्थ्य मिशन राजस्थान". Below the main header, there are two buttons: "Back" and "Home". The main content area shows a message: "Track Application Status" followed by "Your online application has been Granted." and a link to "View Certificate". At the bottom, there is a red banner with the text: "गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है । लिंग परीक्षण की शिकायत Whatsapp No. - 9799997795 व 104/108 पर दर्ज की जा सकती है". Below the banner, there is a footer with the Digital India logo, contact information for support (0141-2221812, email to pcndt-rj-helpdesk[at]gov[dot]in), a disclaimer, and the National Informatics Centre logo.