



**STATE APPROPRIATE AUTHORITY (PC & PNDT ACT)
DIRECTORATE OF FAMILY WELFARE, GNCT OF DELHI,
'B' & 'C' WING, VIKAS BHAWAN-II,
CIVIL LINES, DELHI -110054, Ph: 23813477
Email: spopcndt@gmail.com**

2nd Phase of Competency Based Assessment under PC&PNDT

Attention of all medical practitioners, who are registered under PC& PNDT Act on the basis of six months training/one-year experience in ultrasonography with the District Appropriate Authorities under GNCT of Delhi and conducting ultrasound procedures, is drawn to the provisions of The Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (Six Months Training) Rules, 2014 under which it is mandatory to undergo and qualify the competency based assessment. The competency based assessment of all such practitioners will be conducted as per the provisions of The Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (Six Months Training) Rules, 2014 and amendment 26.06.2020.

The applications are invited for appearing in the said examination. The application form and guidelines along with other details are available on the website of Health and Family welfare <http://health.delhigovt.nic.in> and DSHM <https://dshm.delhi.gov.in> between **10.10.2023 to 27.10.2023**.

Duly filed application forms accompanied with required documents must be **submitted to "State Programme officer" PC& PNDT, Directorate of Family Welfare, 7th Floor, B-Wing, Civil Lines, Delhi-110054 between 10.10.2023 to 27.10.2023 and latest by 27.10.2023 by 5:00 p.m.**

The list of eligible candidate will be displayed on the official website of Health and Family welfare <http://health.delhigovt.nic.in> and DSHM <https://dshm.delhi.gov.in> after screening of application forms along with date and venue of theory examination within 10-15 days after the last date of submission of application form.

Candidate qualifying in the theory exam will be allowed for appearing in practical examination.

The syllabus and pattern of examination will be as per notification in the Gazette of India extraordinary part II section 3 sub section (i) January 10, 2014 and amendment vide notification dated 26.06.2020.

**SD/
STATE APPROPRIATE AUTHORITY
PC & PNDT ACT, GNCT of DELHI**

PC & PNDD 2nd Phase Competency based Evaluation Test

To,

**STATE APPROPRIATE AUTHORITY PC & PNDD ACT
DIRECTORATE OF FAMILY WELFARE, GNCT OF DELHI,
'B' & 'C' WIG, VIKAS BHAWAN-II,
CIVIL LINES, DELHI -110054.**

Sir,

I request to permission to present myself at the ensuing P.C. & PNDD 2nd Phase of Competency based Evaluation Test. The application form along with the examination fee and required documents is enclosed herewith

Exam Fee Details :

D.D. No Date

Amount

Bank Name

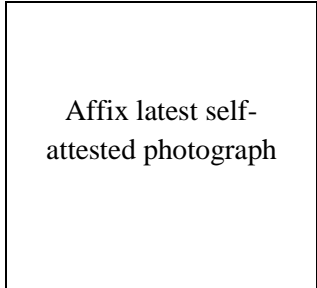
Yours Obediently

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CIVIL LINES, DELHI -110054, Ph: 23813477,23813215
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APPLICATION FORM FOR 2ND PHASE OF COMPETENCY BASED ASSESMENT FOR REGISTERED Medical Practioners under PC& PNDT (Prohibition of sex selection) (Six Months Training Rules, 2014) & amendment 2020.



1. Name in Block Letters (as per Delhi Medical Council Registration):
2. Date of Birth:
3. Father's Name:
4. SEX (Male / Female):
5. Delhi Medical Council Registration Number:
6. Address for correspondence:

7. Contact details: Mobile No:
 Email ID:

8. Education qualification (from SSC/ Matric Onwards. Self-attested copies to be enclosed):

Exam Passed	(University/ Board)	Year of Passing	% Marks

9. Details of 1year experience or 6 months training in USG (prior to 09.01.2014) period and name of hospital / institution: (enclosed the self-attested copies):

Name of Organization	Period	
	From	To

10. Name & Address of Genetic Clinic/USG Clinic/Imaging Centre in which presently working with registration no. under P.C. & PNDT Act.:

11. Particulars of Registration for USG under the PC& PNDT ACT. Prior to Six Months Training Rule, 2014 Notification dated 09.01.2014:

12. If, any court case/ FIR has ever been registered against you or ever convicted of any offence under PC&PNDT Act by any court in India (Provide details & present status).

13. Details of D.D in favor of "State Appropriate Authority PC & PNDT GNCT of Delhi"

D.D. Number & Date	Issuing Bank	Amount

14. List of documents to be attached: Self-attested photocopy of documents to be submitted along with the application form:

- (i) Photo Identity and Address Proof (Aadhar Card & Voter ID).
- (ii) Proof of Date of Birth (Class 10th pass certificate).
- (iii) Delhi Medical Council Registration Certificate

- (iv) Certificate of eligibility by the Concerned District Appropriate Authority verifying place of work and eligibility of the candidate as per the Six months training Rule, 2014 and amendment 2020.
- (v) Nonrefundable Demand Draft of Rs. 10,000/- only towards application fee.
- (vi) Details of completion of 1year experience or 6 months training in P.C. & PNDDT

Declaration

I Dr. do hereby declare that the facts and figures stated above are true to the best of my knowledge and belief. If subsequently any of above information is/are found to be false/forged, necessary legal action as deemed proper may be initiated against me and my candidature will be rejected.

Full signature of candidate.

Date.

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Guidelines for 2nd Phase of Competency Based Assessment

It is brought to the notice of all concerned that as per provision contained in PC & PNDDT (prohibition of sex selection) (six-month training) Rules, 2014 notified vide Govt. of India. Ministry of Health and Family Welfare notification dated 9.1.2014 and amendment vide notification dated 26.06.2020, the competency based assessment of registered medical practitioners employed in Genetic clinic or ultrasound clinic or imaging center on basis of one-year experience or six-month training in the U.T. of Delhi shall be conducted by State Appropriate Authority (PC&PNDDT), Department of Health & Family Welfare Dept. GNCT of Delhi.

IMPORTANT DATES

Last date of receipt of application 27.10.2023 by 5:00 PM

The Provisional List of Eligible candidates for appearing in written examination will be displayed on the official website of Health and Family welfare <http://health.delhigovt.nic.in> and DSHM <https://dshm.delhi.gov.in> after screening of application forms along with date and venue of theory examination within 10-15 days after the last date of submission of application form.

Eligibility criteria –

1. The existing registered medical practitioners registered with any of the District Appropriate Authority PC & PNDDT Act in GNCT of Delhi and who are conducting ultrasound procedures in a registered Genetic Clinic or Ultrasound Clinic or imaging centre on the basis of one year experience or six months training are provisionally eligible for the competency based assessment specified in Schedule II and in case of failure to clear the said competency based exam after three attempt, they shall be required to undertake the complete six months training as provided under these rules, for the purpose of renewal of registrations. This phase of Competency Based Assessment will be considered as the 2nd attempt for all the eligible candidates.
2. The candidates who will qualify in the theory paper will be eligible for practical examination.
3. The candidates must have passed MBSS from any MCI recognized institution and is registered with Delhi Medical Council. (compulsory)
4. The candidates must be registered in any of the District of Delhi in the jurisdiction of concerned Districts Appropriate Authority under PC & PNDDT Act.
5. The non- refundable fee of amount - Rs. 10,000/- to be deposited by Demand Draft in favor of **State Appropriate Authority PC & PNDDT GNCT of Delhi.**

6. Application form to be submitted along with the documents at the **office of State Appropriate Authority, Directorate of Family Welfare, B & C, Wing, 7th Floor, Vikas Bhawan –II, Civil lines, New Delhi – 110054 between 10.10.2023 to 27.10.2023 by 5:00 PM.**
7. The application forms will be received in physical mode at the office of State Appropriate Authority duly sealed in an envelope addressed to “State Programme Officer, PC & PNDDT Directorate of Family Welfare, B – Wing, 7th Floor, Vikas Bhawan- II, Civil lines, Delhi – 110054”. The applicant will clearly write on the envelope “Application for 2nd Phase of Competency Based Assessment” and acknowledgement slip will be issued to the applicant after receiving of application.
8. Scheme of examination for theory and practical assessment will be as per schedule II the provision of PC & PNDDT Act (Prohibition of Sex Selection) (Six Months Training Rule, 2014) and amendment dated 26.06.2020.

Theory (Maximum marks 100) - 2 hours written exam.

(Minimum pass marks) – 50

50 MCQs 1 mark each- 50 marks

10 short answered questions of 5 marks each – 50 marks

Practical Assessment (Maximum marks 100)

(Minimum pass marks) – 60

a. Demonstration – 60 marks

b. Viva – 40 marks

9. The detailed syllabus will be as specified under the said notification released by Ministry of Health and Family Welfare, Govt. of India vide notification dated 09.01.2014 and 26.06.2020.
10. On the day of examination (both in theory and practical exam) the candidate should carry Govt. ID/Voter ID/ Adhaar Card at the time of verification along with their admit card.
11. The admit cards will be issued to the provisionally eligible candidates and will be informed through e-mail.
12. All candidates are required to submit the eligibility certificate from the concerned District Appropriate Authority where they are registered certifying the eligibility to appear for the 2nd Phase of Competency Based Assessment as per the prescribed format.

Format for certificate to be issued by District Appropriate Authority On the letter head

Certificate of eligibility

This is to certify that Dr. _____ S/o
_____ R/o _____

having Delhi Medical Council Registration No. _____ is registered with the District Appropriate Authority _____ district to perform ultrasonography on the basis of Six Months Training/ 1-year experience and is eligible for the competency based assessment under PC& PNDT (Prohibition of sex selection) (Six Months Training Rules) 2014 & Amendment dated 26.06.2020. The certificate is issued for the purpose of appearing in 2nd phase of competency based assessment only.

Date:

**Signature of the issuing authority
District Appropriate Authority/ Authorized person
Name :**