

INSPECTION OF ULTRASOUND CENTRE IMAGING CENTRE UNDER PCPNDT

ACT, 1994

A. General Information

Date and Time of Inspection:	Date:	Time:
Name / Designation Of Members of Team:		
1) Health Department	Name:	
	Designation:	
Name of USG Centre:		
Name of USG Centre Owner:		
Address (Complete):		
Mobil no. Telephone:		
E- Mail:		

B. Information about USG centre:

Sr. No	Things to be seen/ Checked	Observations
1.	Is UCG Centre registered	Yes/ No
	If Yes: Date Of Registration (dd/mm/yy)	
	1.1 Registration certificate number and Validity date	
	1.2 Date of Renewal	
	1.3 Is the Certificate of renewal of Registration Available	Yes/ No / Under Process
	1.4 If Currently There is no renewal , how many USGs performed during non registered period (Check the record)	
2.	Category under which Clinic is registered (USG/Genetic Counseling/ Genetic Lab/ Genetic Counseling and Testing/ Combination if any)	
3.	How many USG/ Imaging machines are there in Centre	
	3.1 What is the brand (make) of machine/s	
	3.1.1 What is the serial Number of machine/s	
	3.2 Is/are the same machine/s entered in registration certificate	Yes/ No
	3.3 Are there any unused machine/s in the centre	Yes/ No
	3.3.1 If yes, What is their current status (mention in brief)	

	3.3.2 Has AA been informed about this machine	Yes/ No
	3.4 Has he/ she purchased any new / Additional Machine after registration	Yes/ No
	3.4.1 If Yes, Has AA been informed about this machine and entry taken in registration certificate	Yes/ No
	3.5 Has he/ she sold any machine after registration	Yes/ No
	3.5.1 If Yes, has AA been informed about this machine and entry taken registration certificate?	Yes/ No
	3.5.2 To Whom he/ she has Sold the machine(mention name of centre/ person, complete address, date of sale, telephone number)	
	3.5.3 Is the centre register under Act Where machine sold?	Yes/ No
	3.6 Is there any sealed machine in the centre	Yes/ No
	3.6.1 If yes, ensure that seal is intact and machine is not being mis-used, Mention Findings.	
4.	Is there Portal USG Machine	Yes/ No
	4.1 If yes, is the vehicle in which portable machine carried is registered?	Yes/ No
	4.2 Does the centre have a separate registration certificate for portable machine?	Yes/ No
	4.3 How is the portable machine used (in the vehicle hospital, ward, at another clinic, patient's residence, any other specify)	
5.	Who is operating registered machine: Name and Qualification	
	5.1 Is the copy of qualification certificate of the doctor operating the machine is available for verification?	Yes/ No
	5.2 Is the copy of valid registration certificate of Maharashtra Medical Council for the doctor/ s is available for verification	Yes/ No
	5.3 Does the doctor operating machine meets qualification requirement as per PCPNDT Act.?	Yes/ No
	5.4 Does the doctor operating machine is registered at centre/s other than this centre	
	5.4.1 If yes, at how many centers (specify name/s). (As per	

	the provision of PCPNDT amendment rules 2012, each medical practitioner qualified under the Act to conduct USG in a genetic clinic/ ultrasound. Clinic/imaging centre shall be permitted to be registered with maximum of two such clinics/ Centers within a district. The consulting hours of such practitioner, shall be clearly specified by each clinic/Center) .)	
	5.5 Does the time of operating is clearly specified?	Yes/ No
	5.5.1 If yes, working time of each center including this center	
	5.6 Whether same machine make / number and name of operating doctor is reflected in the registration certificate?	Yes/ No
	5.6.1 If no, what is the difference?	
6.	Does this center also provide MTP Services	Yes/ No
	6.1 If Yes, is the center registered under MTP Act?	Yes/ No
	6.1.1 If Yes, check registration certificate(And carry out inspection in separate MTP Center inspection form)	Available /Not Available
7.	PCPNDT registration certificate display at prominent place	Yes/ No
8.	Display of Board stating- detecting of the sex of foetus, is not done here and it is legal offence (in bold letters, in two languages- local and English at prominent place.)	Yes/ No
9.	At least one copy of the PCPNDT Act is Available at clinic	Yes/ No

C. Review of records and reports:

1. Has the Center submitted monthly reports to Districts AA On 5th of every month for last 3 months and acknowledgement is available: Yes/No.

2. Does the center maintained the register showing, in serial order the information as specified in From "F" : Yes/No.

If No, give details:

3. Number of USGs done on other than pregnant women during last 3 months:

3.1 Number of From F available in center of last 3 Months:

3.2 Numbers mentioned in register for last 3 Months:

3.3 Numbers reported during last 3 months:

4. Mention discrepancies, If any.

.....

5. If Ultrasonography followed by MTP performed on pregnant women having exclusive female Issues, in the same center, then verify the record of MTP as regard of its indication, length of gestation and record the finding:

.....

6. Number of Form "F" scrutinized: -----

7.1 No. Of USGs performed on pregnant women having exclusive female children:

7.1.2 No. of USG s performed out of District/ State:.....

E. Form "F" Major Observations:

Note: Since the inspection is being done once in a three months all form "F" has to be scrutinize. **NO** sampling method or any other shortcut method to be used. The serial number of Form "F" found blank or incomplete has to be mention below in respective column.

Sr. No	Content	Sr. no of "F" Forms Found blanks	Sr. no of "F" Forms found incomplete information	Total No. of "F" Forms found written Correctly	Remarks
1	Clients Name and Age				
2	Number of Previous Children With sex of each child				
3	Husband's/ Father's Name				
4	Full postal Address with telephone number if any				
5	Referred by- Full name, Address and Qualification of the Doctor				
6	Self referral in case of gynecologist is owner of USG Center (Referral letter is available)				
7	Last menstrual period mentioned and wks of pregnancy				
8	History of genetic/ medical disease, if any				
9	Indication for prenatal Diagnosis mentioned out of 23 indication				
10	Name and Registration of gynecologist/ radiologist/ certified RMP performing USG is mentioned				
11	Name of the non- invasive procedure mentioned				

12	If invasive procedure Carried out, Name of invasive Procedure Mentioned				
13	Results of prenatal diagnostic procedure / USG written				
	13.1 In case of abnormal result details are Mentioned				
14	Date/s On which the procedure carried out written correctly				
15	For each invasive procedure, correctly filled in consent form is available				
16	For each non- invasive Procedure, correctly filled in declaration from of pregnant Women is available				
17	Correctly filled in declaration from by the doctor conducting procedure is available				
18	Is there any mention of mtp advised				
19	Is there any mention of date on which mtp carried out				
20	Name/ Signature and reg. no. of Gynecologist/ Radiologist/ Director of center is mentioned				

Note:

- **Do Not take any action for non- compliance of the provision mentioned at Sr. No. 5.4 and 5.5 (B. SECTION OF INSPECTION FROM), till the stay orders of Hon. High Court against the Amendment Rules, 2012, is vacated.**
- **While, Inspecting the Form “ F ” of USG Center, the information related to invasive procedure is not relevant, hence it is not expected to be written there.**
- **Seize and Seal the document, record, object, machine etc. Which does not comply with provisions in PCPNDT Act. By observing the procedure as per the provision in section 30 (1 and 2) of PCPNDT Act.**
- **Discuss key observations with concerned doctor and orient them to maintain From “ F ” Correctly and also make their as pcpndt ACT Compliant.**
- **During Subsequent visit to same clinic, ensure gaps/ deficiencies observed during previous visit are corrected.**

Name/Signature/ Designation of Team member – 1

Date:

Place:

INSPECTION OF MTP CENTER UNDER MTP ACT, 1971

- **General Information:**

Date and time of Inspection:	Date: Time:
Names/designation of members of team:	
Health Department :	Name: Designation:
Name of MTP center:	
Name of MTP center owner:	
Address (Complete):	
Telephone:	
E-mail id:	

B. Information about MTP center:

Sr.No	Things to be seen/ checked	Observations
1	Is MTP center registered	Yes/No
	If yes: Date of registration(dd/mm/yy)	
	<ul style="list-style-type: none"> • Registration certificate number 	
2	Category under which center is registered (up to 12 weeks/up to 20 weeks of pregnancy)or (20 Weeks/24 Weeks of Pregnancy as per new Amendment 2021)	
3	Facilities for safe and hygienic place for performing MTP in center approved up to 12 weeks(20 Weeks as per new Amendment 2021) of pregnancy	
	3.1. Is gynecology examination/labor table available	Yes/No
	3.2. Are resuscitation equipments available (Ambu bag, Oral airway, Oxygen cylinder with oxygen). Mention not available equipments.	Yes/No
	3.3. Are equipments required for MVA/EVA available as per list? Mention not available.	Yes/No
	3.4. Are sterilization equipments available (Autoclave, Boiler, Cidex tray). Mention not available equipments.	Yes/No
	3.5. Are essential drugs available as per list enclosed? Mention not available drugs.	Yes/No
	3.6. Are drugs required for treatment of emergencies available as per list enclosed? Mention not available drugs.	Yes/No

	3.7. Are IV fluids required are available	Yes/No
	3.8. Are essential supplies available as per enclosed list? Mention non-available supplies.	Yes/No
	3.9. Are drugs required for medical method of abortion available (Mifepristone, Misoprostol, Analgesics, Antiemetics)	Yes/No
	3.10. Is facility for transportation available	Yes/No
4	Facilities for safe and hygienic place for performing MTP in center approved up to 20 wks(24 Wks of pregnancy as per new amendment) of pregnancy (List prescribed is attached at Annexure)	
	4.1. Is gynecology operation table available	Yes/No
	4.2. Are essential equipment/instruments for performing abdominal/gynecological surgery available (Ovum forceps, Foley's catheter No.12,14, 16, instruments for laprotomy, gynecological and abdominal surgery).	Yes/No
	4.3. Are anesthetic equipments available (Boyle's Apparatus, endotracheal tubes etc.)	Yes/No
	4.4. Are resuscitation equipments available	Yes/No
	4.5. Are sterilization equipments available	Yes/No
	4.6. Are drugs required for MTP available. Mention not available.	Yes/No
	4.7. Are IV fluids required are available	Yes/No
	4.8. Are back up facilities for treatment of shock available	Yes/No
	4.9. Is facility for transportation available	Yes/No
5	Doctors performing MTPs/Abortions (Name and Qualification)	Name: Qualification: Name: Qualification:
	5.1. Is the copy of the qualification certificate of the doctor performing MTP is exhibited at prominent place?	Yes/No
	5.2. Does the doctor/s performing MTP meets qualification requirement as per MTP Act?	Yes/No
	5.2.1 Does the certificates of their qualification available	Yes/No
	5.2.2. If no, Name, complete address of doctor/qualification, MMC registration number etc.	
	5.3. Is the valid registration certificate of Maharashtra Medical Council for the doctor/s is available?	Yes/No
	5.3.1 If no, name of doctors with complete address, qualification etc.	
6	Does this center also provide USG services	Yes/No

	6.1. If yes, is the center registered under PCNDT Act?	Yes/No
	6.1.1. If yes, check registration certificate (And carry out inspection in separate USGPCPNDT Act center inspection form)	Available/Not available
7	MTP center recognized up to 12 weeks (20 Wks of pregnancy as per new amendment 2021)of pregnancy: does the center performing MTP of:	
	7.1. Pregnancy up to 12 weeks (20 Wks of pregnancy as per new amendment 2021)	Yes/No
	7.1.1. If yes, is indication/s found appropriate on verification. (Look for evidence of indication mentioned)	
	7.1.2. If no, mention details (Sr. no. of MTP case, name of doctor performed MTP, MMC registration no., indication etc.)	
	7.1.3. Does the MTP performed by qualified doctor	Yes/No
	7.1.4. If no, mention details (Name, address, qualification, MMC no. of doctor who performed.	
8	8.1.5. Is there any MTP performed on pregnant women below 18 years of age?	
	8.1.6. Is there any MTP performed on pregnant women without her consent?	Yes/No
	8.2. Does the MTP performed of Pregnancy more than 12 weeks (20 Wks of pregnancy as per new amendment 2021)	Yes/No
	8.2.1. If yes, is indication/s found appropriate on verification of evidence.	Yes/No
	8.2.2. How many opinions of qualified doctors obtained	
	8.2.3. Does owner of center reported to Dist. AA (CS) within 24 hours.	Yes/No
	8.2.4. If no, mention details (Sr. no. of MTP case, name, qualification of doctor performed MTP, indication etc.)	
9	MTP center recognized up to 20 weeks of pregnancy (24 Weeks of pregnancy as per new amendment 2021): does the center performing MTP of:	
	9.1. Pregnancy up to 20 weeks (20 Wks of pregnancy as per new amendment 2021)	Yes/No
	9.1.1 if, yes, Does at least two opinions of qualified doctors recorded	Yes/No
	9.1.2. If yes, is indication/s found appropriate on verification. (Search for evidence of indication mentioned)	Yes/No
	9.1.2.1. If no, mention details (Sr. no. of MTP case, name of doctor performed MTP, indication etc.)	Yes/No
	9.2. Does the MTP performed of Pregnancy more than 20	

	weeks (24 Weeks of pregnancy as per new amendment 2021).	
	9.2.1. Does the MTP performed under provision of section 5 of MTP Act 1971	Yes/No
	9.2.1. If yes, is indication/s found appropriate on verification of evidence.	
	9.2.1.1. If no, what are the contraventions? Give details	
	9.2.2. Does two opinions of qualified doctors obtained	
	9.2.3. Does owner of center reported to Dist. AA (CS) within 24 hours.	
	9.2.4. If no, mention details (Sr. no. of MTP case, name of doctor who performed MTP, indication/s etc.)	
10	Is abortions performed in MTP center	Yes/No
	10.1. If yes, number performed up to 12 wks (20 Wks of pregnancy as per new amendment 2021)in last 3 months.	
	10.1.1. number performed up to 20 weeks (24 Wks of pregnancy as per new amendment 2021)in last 3 months.	
	10.1.2. number performed above 20 weeks (above 24 weeks as in amendment 2021 allowed upto 24 weeks) in last 3 months.	
	10.2. does indications found appropriate on verification	Yes/No
	10.2.1. If no, what are the contraventions? Give details	
	10.3. Does center reported such abortions to Civil Surgeon	Yes/No

C. Review of records and reports:

1. Has the center submitted monthly report in Form-II to District Civil Surgeon on or before 5th of every month for last 3 months and acknowledgement is available: Yes/ No.

2. Does Admission register maintained in prescribed format of Form- III (14 columns): Yes/No.

2.1.If no, give details:

.....

3. The yearly serial number given to the entries in Admission register (Form- III): Yes/No.

3.1. If no, give details:

.....

4. Do the numbers found in Admission register tally with reported figure: Yes/No

4.1. If no, what are the missing gaps?

.....
.....

5. Does the Form- I (opinion for MTP performed) filled in completely by doctor/s who performed MTP, dully signed and it is in prescribed format as per MTP Regulations, 2003: Yes/ No.....

5.1. If no, what are missing gaps?

.....
.....

6. Does the RMP/s who terminated pregnancy certified the termination of pregnancy in Form- I, within 3 hours, as specified in MTP Regulations 2003 or Amendment 2021: Yes/No.

6.1. If no, what are missing gaps?

.....
.....

7. Does the consent given by a pregnant women for termination of her pregnancy (Form C), together with certified opinion recorded in Form- I and the intimation of termination of pregnancy is placed in envelop, sealed by RMP/s who performed termination of pregnancy and is kept in safe custody of such RMP/s till it is handed over to owner of MTP center. Yes/No

7.1. If no, what are missing gap?.....

.....

8. And on such envelops serial number assigned to the pregnant woman in Admission register (Form- III), and name of RMP/s by whom the pregnancy was terminated is mentioned and such envelop is marked as "SECRET": Yes/No

8.1. If no, what are the gaps?

.....
.....

9. Does such envelops mentioned at 7 and 8 are kept in safe custody (Verify): Yes/No.

9.1. If no, what are the gaps?

.....
.....

10. Does the admission register is kept as secret document, and name of pregnant women under gone termination of pregnancy is not entered in any other register or document like OT register, treatment register etc: Yes/ No.

10.1. If no, mention the deviations:

.....
.....

11. Does the autoclave register and Operation theater fumigation register maintained properly: Yes/No.

11.1. If no, mention the gaps:

.....

12. Does the center compliant with Bio-Medical Waste Disposal Act: Yes/No.

12.1. If no, mention the gaps:

.....

D. Medical Methods of Abortion (Medical Abortions):

1. Does RMP/General Medical Practioners prescribing drugs like mifepristone (RU486) and misoprostol at their clinic and referring such cases for MTP or complications to this MTP center?: Yes/No.

1.1. If yes, does the Names of such RMP/General medical practioners who are prescribing the medical abortion drugs and referring such cases for medical abortion in this center is displayed at center: Yes/No

1.2. Does such RMP/General medical practioners are qualified as per Rule 5 of MTP Rules 2003 or Amendment 2021: Yes/No

E. Performance of MTP/Abortions:-

Sr. No	Particular	During Quarter			Progressive		
		Up to 12 wks (Including upto 20 Weeks as per Amendment 2021)	Between 12-20 weeks (Including 20-24 Weeks as per Amendment 2021)	Above 20 weeks (above 24 Weeks as per Amendment 2021)	Up to 12 wks (Including 20 Weeks as per Amendment 2021)	Between 12-20 weeks (Including 20-24 Weeks as per Amendment 2021)	Above 20 weeks (above 24 Weeks as per Amendment 2021)
1	MTP						
2	Other types of abortions						

F. Reasons for termination:-

Sr.No.	Reasons for termination	No. of pregnancy	Remarks
1	Danger to life of the pregnant woman (pw)		
2	Grave injury to the physical health of pw		
3	Grave injury to the mental health of pw		
4	Pregnancy caused by rape		
5	Substantial risk that if the child was born, it would suffer from physical or mental abnormalities as to be seriously handicapped.		
6	Failure of any contraceptive device or method		

ANNEXURE

Sr. No. 3.3: The List of Essential Equipments/ Instruments for performing MVA, EVA or Both procedure:

Sr. No.	Name of Equipment/Instrument	Available	Remarks
1	Sim's and/ or Cusco's speculum	Yes/No	

2	Anterior vaginal wall retractor	Yes/No	
3	Allis forceps or vlsellum (small toothed)	Yes/No	
4	Sponge holding forceps	Yes/No	
5	Blunt and sharp curette	Yes/No	
6	Cheatle's forceps	Yes/No	
7	Bowel for antiseptic solution	Yes/No	
8	Proper light source/Torch	Yes/No	
9	MVA aspirator and /or Electric Suction machine	Yes/No	
10	Cannulae of required sizes	Yes/No	
11	Kidney tray	Yes/No	
12	Strainer for tissues	Yes/No	
13	Plastic bucket for chlorine solution for keeping soiled instruments	Yes/No	

Sr. no. 3.5: List of Essential Drugs:

Sr. No.	Name of Essential Drugs	Available	Remarks
1	Antibiotics: Ampicilline, Amoxicilline, Cephalexin or a suitable alternative	Yes/No	
2	Analgesic: Paracetamol, Pentazocin, Dicyclomine or a suitable alternative	Yes/No	
3	Injection Atropine sulphate	Yes/No	
4	Local Anaesthetic: Inj. Lignocaine 1-2%	Yes/No	
5	Injection Diazepam	Yes/No	
6	Uterotonics: Inj. Oxytocine, methylergometrine, Inj. Prostaglandins and/or tablet mesoprostol	Yes/No	
7	Dextrose 5% and Ringer lactate, IV set, Canulae or scalp vein sets	Yes/No	

Sr. no. 3.6: List of Drugs for Treatment of Emergencies:

Sr. No.	Name of Emergency Drugs	Available	Remarks
1	Injection Adrenaline	Yes/No	
2	Injection Aminophyline	Yes/No	
3	Injection Sodiumbicarbonate 7.5%	Yes/No	
4	Injection Calcium Gluconate 10%	Yes/No	
5	Inj. Metchlopramide (suitable antiemetic).	Yes/No	
5	Inj. Promethasine (suitable antihistaminic)	Yes/No	
6	Inj. Hydrocortisone (steroid)	Yes/No	

Sr. no. 3.8: List of Essential Supplies:

Sr. No.	Name of Essential Supplies	Available	Remarks
1	Antiseptic solution: Providon iodine solution	Yes/No	
2	Sterile cotton swabs	Yes/No	
3	Sterile gloves	Yes/No	
4	Clean perineal sheet (desirable)	Yes/No	
5	Sterile Syringe and needle for administering paracervical block and other drugs	Yes/No	
6	Sterile saline or water for washing before instruments that are chemically sterilized or high level disinfected before use.	Yes/No	
7	Chlorine solution/ bleaching powder	Yes/No	

Sr. no. 4: Infrastructure required for Second Trimester Terminations: In addition to all requirement enlisted above for VA procedures, following are needed for the second trimester procedure.

Sr. No.	Name of Essential Supplies	Available	Remarks
1	Essential Equipments/Instruments: Ovum Forceps, Foleys catheters No. 12,14,16. Instruments for laprotomy, gynaecological and abdominal surgery.	Yes/No	
2	Equipments for resuscitation/anaesthesia: Boyle's apparatus and Endotracheal tubes.	Yes/No	
3	Equipments for sterilization: Same as for VA procedure.	Yes/No	
4	Essential Supplies: Sutures of different sizes	Yes/No	
5	Essential Drugs for medical induction: Ethacridine lactate, Laminarai tents, mesoprostal	Yes/No	
6	Drugs for Treatment of Emergencies: Same as for VA procedures.	Yes/No	

- **Source: Comprehensive Abortion Care, Training and Service Delivery Guidelines. Ministry of Health and Family Welfare, Government of India.**

Notes:

- If it is found that termination of pregnancy is not being done under safe and hygienic condition then seize and seal the admission register, document, article, medicine, and ampoules or any other object, which is necessary. Such seizures should be done as per the provisions of the Code of Criminal Procedure, 1973 (2 of 1974).
- Discuss key observations with owner/concerned doctors and orient them to maintain record correctly and also make their center as MTP Act compliant.
- During subsequent visit to same clinic, ensure gaps/deficiencies observed during previous visit are corrected.

Name/signature/designation of team member- 1

Date:

Place:

Format for inspection of Assisted Reproductive Technologies (ART)

Center

Date and Time of inspection	Date :-	Time:-
1) Names of Hospital/Clinic		
(a) Address (if different from USG Clinic)		
2) Since when ART centre is functioning		
3) Whether enrolled with ICMR		
4) Whether verified by ICMR		
(a) If yes date of verification		
5) Activites undertaken in ART centre ☼ IVF – in vitro fertilization ☼ ZIFT – Zygote intra fallopian tube transfer ☼ Egg Donation ☼ Sernen Washing ☼ Egg Freezing ☼ Ovarian Tissue Freezing ☼ IVM (In Vitro maturation) ☼ Testicular tissue Freezing ☼ TESA testicular epidid sperm asp ☼ PESA percut epid sperm asp	☼ GIFT Gamete intra Fallopian tube transfer ☼ ICSI- Intracytoplasmic sperm injection ☼ Embryo Donation ☼ Semen Freezing ☼ Embryo Freezing ☼ PGD (pre implantation genetic diagnosis) ☼ Surrogacy ☼ Intra uterine insemination (IUI) ☼ MESA-microsurg epd sperm asp	
6) Whether as per Rule 9 (2); 9 (3) D & E Forms are Filled	YES/NO.	
(a) If filled no of ‘ D’ Form for last 3 Months		
(b) No. of D Forms Scrutinized		
(c) If filled no of ‘ E ‘ Form for last 3 Months		
(d) No. of E Forms Serutinized		
7) Whether all equipments are available as per Rul 3 (2) (6) (i) (ii) (iii)		
(a) If some equipments are lacking, list of equipments lacking		
(b) Resons for lacking		

छत्रपती संभाजीनगर महानगरपालिका
आरोग्य विभाग

एम.टी.पी. कायद्या अमंलबजावणी

एम.टी.पी. केंद्रांच्या भेटी बाबत अहवालचा विहित नमुना

अ.क्र.	नोंदणी क्रमांक	एमटीपी केंद्राचे नांव व पत्ता	भेटीचा दिनांक	एमटीपी धारकाचे नांव	१२ आठवडे	१२/२० आठवडे	२०-२४ आठवडे	२४ आठवडयावरील	आढळलेल्या त्रुटी

आरोग्य अधिकारी

आरोग्य केंद्र-----

महानगरपालिका, छत्रपती संभाजीनगर

छत्रपती संभाजीनगर महानगरपालिका
आरोग्य विभाग
पी.सी.पी.एन.डी.टी. कायद्या अमंलबजावणी

पी.सी.पी.एन.डी.टी.भेटी बाबत अहवालचा विहित नमुना

अ.क्र.	नोंदणी क्रमांक	सोनोग्राफी केंद्राचे नांव व पत्ता	भेट दिल्याचा दिनांक व वेळ	रेडिओलॉजिस्टचे सोनोलॉजिस्टचे नांव व पद	मशीनची संख्या		आढळलेल्या त्रुटी
					सोनोग्राफी मशीन	सिटी स्कॅन एम.आर आय बि-स्कॅन	

वैद्यकीय अधिकारी

आरोग्य केंद्र-----

महानगरपालिका, छत्रपती संभाजीनगर