



Annual Report, 2006

Implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act

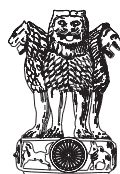


सत्यमेव जयते

PNDT Division
Ministry of Health and Family Welfare
Government of India
New Delhi

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Foreword

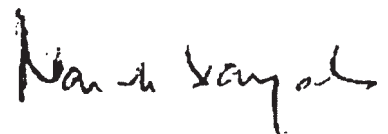
The socio-cultural practices in India are pre-dominantly biased against the females. Such factors have resulted in widespread discrimination against the girl child resulting in alarming decrease in child-sex ratio in the country of late, particularly so in some States.

To check evil practices of sex-selective abortion or female foeticide in the country, the Govt. of India inacted "*Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994*". The PNDT Division in this Ministry is the nodal agency for implementation of this Act.

In an attempt to compile various activities and initiatives undertaken by this Ministry, an Annual Report on Implementation of PNDT Act is brought out. The issue in hand is the second in this series and it pertains to the year 2006. In this report, two new chapters have been added. Chapter V gives a brief compilation of various activities undertaken by the newly constituted National Inspection and Monitoring Cell. Chapter VI presents a brief compilation of good practices / success stories in the implementation of PNDT Act.

I hope the report will be useful to all those who are involved in the implementation of the PNDT Act.

January, 2007



Secretary
Ministry of Health and Family Welfare

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Introduction and background

1. Declining Sex-Ratio

1.1 Socio-cultural and biological factors together influence the overall demographic composition of a population and its sex ratio (SR). As a key demographic indicator, SR generally depicts the number of males per 100 females in a given population. In international demographic terms, a "high sex ratio" society is defined as one that has disproportionately more males,

and a "low sex ratio" society one that has disproportionately less males. However, in India, the sex ratio is expressed as the number of females per 1000 males in a given population. Thus a declining sex ratio here indicates that the number of females is disproportionately lower. In India, according to the 2001 Census, there are 933 females per 1000 males.

1.2. As is evident from Chart 1, the last century in India was marked by an almost continual decline in the country's SR. The beginning of the 21st century has shown a marginal increase (from 927 in 1991 to 933 in 2001). Other census statistics reveal a wide gap between the rural and urban ratios (Chart 2). In 2001, the SR in rural areas was 946, compared to 900 in urban areas.

1.3. There are also variations in the sex ratios of different age groups, reflecting the influence of local socio-cultural factors on the life span of males and females. A defining indicator of the grim scenario is the sharp decline over the last decade in the child sex ratio for the age group 0-6 years (Chart 3). The overall child sex ratio declined from 945 in 1991 to 927 in 2001. Alarmingly, the urban areas, more literate and therefore perceived as being more modern, have shown a huge 29-point drop from 935 in 1991 to 906 in 2001.

1.4. Regional variations in the sex ratio reflect the diverse levels of social obstacles that girls and women face in different parts of the country, factors which have affected the natural balance of the male and female population. The greater the obstacles, the lower the sex ratio. As illustrated

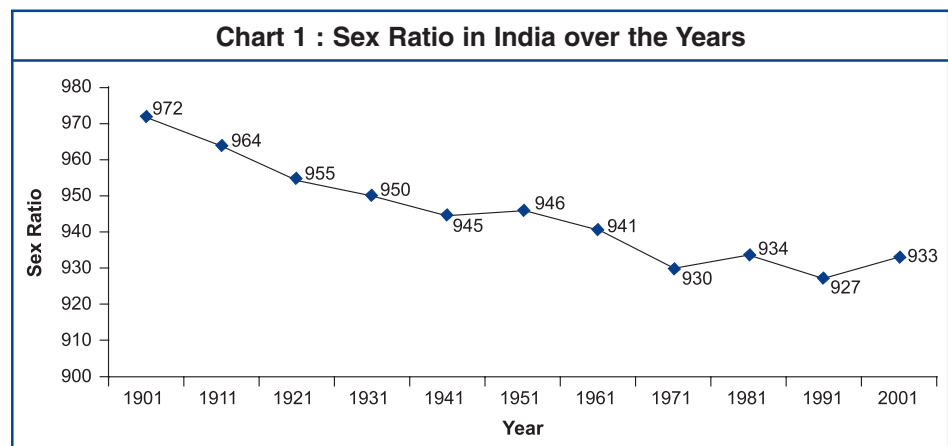
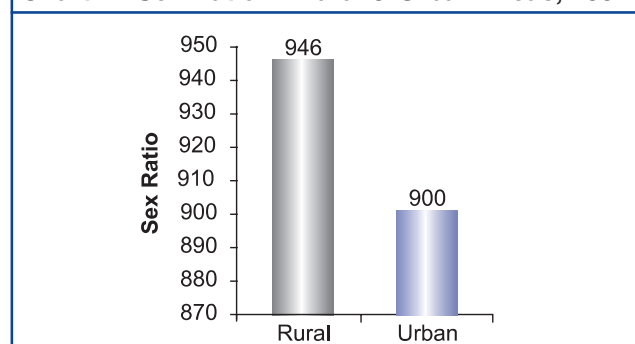


Chart 2 : Sex Ratio in Rural & Urban Areas, 2001



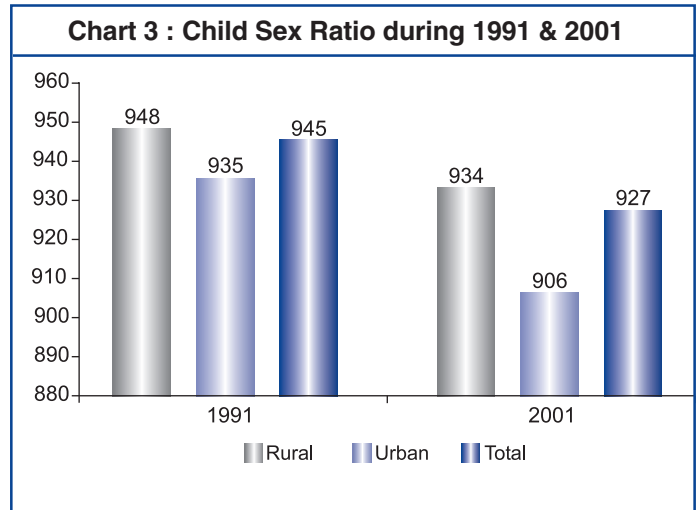
in Table 1 and Map 1, the worst situations exist in the north-western states of India, with Punjab recording the maximum decline of 77 points in the child sex ratio, from 875 in 1991 to 798 in 2001, followed by Haryana, Himachal Pradesh, Chandigarh, Delhi and Gujarat. The top three states in terms of child sex ratio in 2001 were in south India - Pondicherry, Kerala and Lakshadweep.

1.5. Out of the 579 districts for which both 1991 and 2001 data is available, in 2001, 477 districts – that is, more than 80% – recorded a decline in the child sex ratio. As Map 2 shows, a large number of districts in northern and western India are in the lower range of the child sex ratio. (The district-wise child SR in 1991 and 2001 is at Annexure I.)

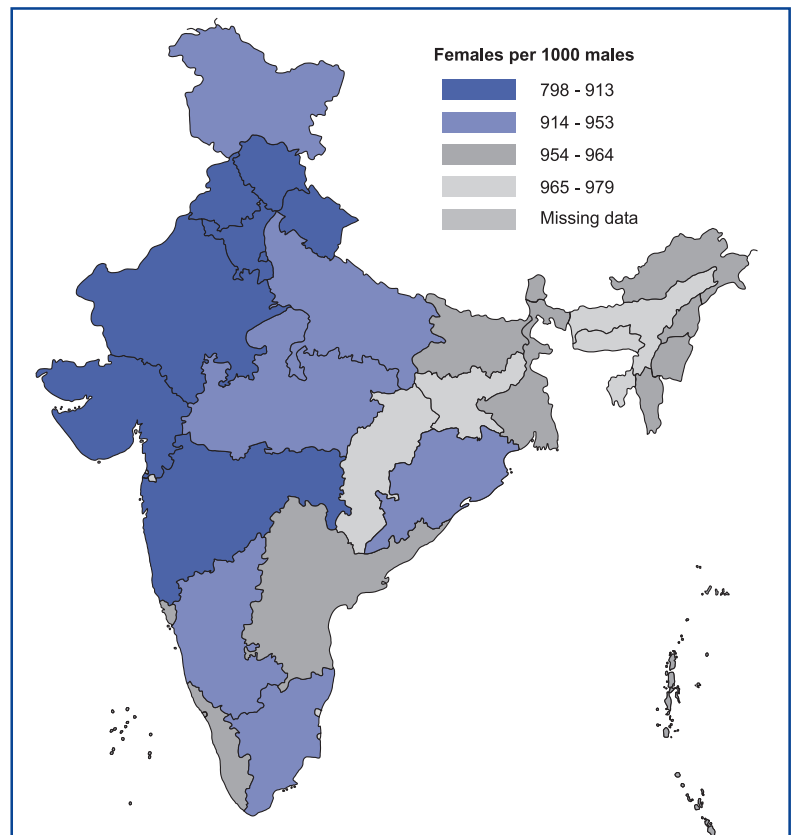
1.6. Chart 4 and Table 4 below give the child sex ratio for the total Scheduled Caste and Scheduled Tribe population. Clearly, the child sex ratio for the Scheduled Caste population (938) is higher than that of the overall population (927), and it is even better . for the Scheduled Tribe population (973). However, even in these sectors of the population there is a gap between rural and urban child sex ratios.

1.7. It is interesting to study the pattern of sex ratio at birth using the indicator of the level of education of the mother. This is presented in Chart 5 and Table 5. It is clear that as the level of education of the mother increases, the child sex ratio shows a decreasing trend, except for 'graduates and above', where it improves slightly.

1.8. The social, cultural and religious fibre of India is predominantly patriarchal, comprehensively contributing to the secondary status of women. The patrilineal social structure, based on the premise that the family line runs through a male, makes men a precious commodity to be protected and given special status. Another important pillar of the patriarchal structure is the institution of marriage, whereby women are placed in a subordinate status with no say in the conduct of their life and no control over their bodies or bodily integrity. Marriage is also regarded as the process through which the responsibility for a daughter, seen as a burden on her father,



Map 1. Child Sex Ratio (0-6 years) in States of India



Source: Census 2001, Office of the Registrar General, India

Table 1 (A). Child Sex Ratio over the Years

State / UTs	1971	1981	1991	2001
INDIA	964	962	945	927
Jammu & Kashmir	959	964	NA	941
Himachal Pradesh	981	971	951	896
Punjab	899	908	875	798
Chandigarh	892	907	899	845
Uttaranchal	NA	NA	949	908
Haryana	899	902	879	819
Delhi	909	926	915	868
Rajasthan	932	954	916	909
Uttar Pradesh	923	935	927	916
Bihar	964	981	953	942
Sikkim	1087	978	965	963
Arunachal Pradesh	968	997	982	964
Nagaland	991	988	993	964
Manipur	986	986	974	957
Mizoram	NA	986	969	964
Tripura	977	972	967	966
Meghalaya	992	991	986	973
Assam	1002	NA	975	965
West Bengal	1010	981	967	960
Jharkhand	NA	NA	979	965
Orissa	1020	995	967	953
Chhattisgarh	NA	NA	984	975
Madhya Pradesh	976	977	941	932
Gujarat	946	950	928	883
Daman & Diu	NA	NA	958	926
Dadra & Nagar Haveli	1021	995	1013	979
Maharashtra	972	956	946	913
Andhra Pradesh	990	992	975	961
Karnataka	976	974	960	946
Goa	964	965	964	938
Lakshadweep	929	964	941	959
Kerala	978	970	958	960
Tamil Nadu	974	967	948	942
Pondicherry	978	975	963	967
Andaman & Nicobar Islands	978	978	973	957

Note :

For 1971, the figure of Goa includes Daman & Diu

The figures of Bihar, Madhya Pradesh and Uttar Pradesh for 1971 and 1981 include the figures of Jharkhand, Chhattisgarh and Uttaranchal, respectively.

For Jammu & Kashmir, 1991 Census data is not available

Source : Census 1991 & 2001, Office of the Registrar General, India

Table 1(B). Child Sex Ratio in the Age Group 0-6 Years by Residence : 1991 & 2001

State / UT	2001			1991			Difference (2001-1991)		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
INDIA	927	934	906	945	948	935	-18	-14	-29
Jammu & Kashmir	941	957	873	census not held			-	-	-
Himachal Pradesh	896	900	844	951	955	904	-55	-55	-60
Punjab	798	799	796	875	878	866	-77	-79	-70
Chandigarh	845	847	845	899	910	897	-54	-63	-52
Uttaranchal	908	918	872	949	952	936	-41	-34	-64
Haryana	819	823	808	879	877	884	-60	-54	-76
Delhi	868	850	870	915	900	917	-47	-50	-47
Rajasthan	909	914	887	916	919	909	-7	-5	-22
Uttar Pradesh	916	921	890	927	926	928	-11	-5	-38
Bihar	942	944	924	953	953	950	-11	-9	-26
Sikkim	963	966	922	965	967	936	-2	-1	-14
Arunachal Pradesh	964	960	980	982	986	946	-18	-26	34
Nagaland	964	969	939	993	1001	959	-29	-32	-20
Manipur ¹	957	956	961	974	975	972	-17	-19	-11
Mizoram	964	965	963	969	973	965	-5	-8	-2
Tripura	966	968	948	967	968	959	-1	0	-11
Meghalaya	973	973	969	986	989	968	-13	-16	1
Assam	965	967	943	975	977	955	-10	-10	-12
West Bengal	960	963	948	967	969	955	-7	-6	-7
Jharkhand	965	973	930	979	985	950	-14	-12	-20
Orissa	953	955	933	967	969	949	-14	-14	-16
Chhattisgarh	975	982	938	984	988	960	-9	-6	-22
Madhya Pradesh	932	939	907	941	944	931	-9	-5	-24
Gujarat	883	906	837	928	936	909	-45	-30	-72
Daman & Diu	926	916	943	958	933	996	-32	-17	-53
Dadra & Nagar Haveli	979	1003	888	1013	1015	977	-34	-12	-89
Maharashtra	913	916	908	946	953	934	-33	-37	-26
Andhra Pradesh	961	963	955	975	979	962	-14	-16	-7
Karnataka	946	949	940	960	963	951	-14	-14	-11
Goa	938	952	924	964	972	953	-26	-20	-29
Lakshadweep	959	999	900	941	951	932	18	48	-32
Kerala	960	961	958	958	958	958	2	3	0
Tamil Nadu	942	933	955	948	945	955	-6	-12	0
Pondicherry	967	967	967	963	963	962	4	4	5
Andaman & Nicobar Islands	957	966	936	973	973	970	-16	-7	-34

Source: Census 1991 & 2001, Office of the Registrar General, India

Note: ¹-Excludes Mao-Maram, Paomata and Purul sub-divisions of Senapati district of Manipur

passes on to the husband, exacting a very high price. Irrespective of class, the dowry, virtually a groom price, is so staggering that generations might have to struggle to repay the debts incurred. All this has contributed to the low status of women in society, to the extent where the birth of a girl child in a family is a calamity to be avoided.

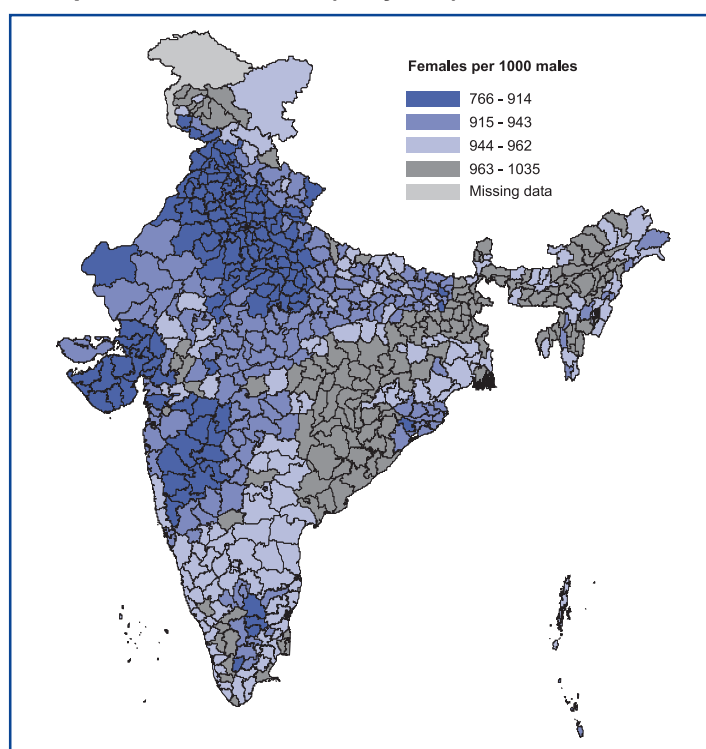
1.9. A disastrous fall-out of the subjugated position of women is their vulnerability to all forms of violence: domestic violence, rape, sexual abuse, dowry harassment, trafficking, etc., with little or no mechanisms for combating these either by way of effective laws and implementation, or civil society action. A pernicious form of violence against females in some parts of India has been — and still is — the elimination of the girl child through female infanticide. Various methods have been used to extinguish the girl child after birth, such as starving, poisoning or crushing her under the bed, etc. We should note that the task of female infanticide was laid upon the woman/mother, as she was considered responsible for bringing the baby girl into existence.

Table 3. Bottom Ten Districts in Terms of Child Sex Ratio in 2001

State	District	Child Sex Ratio
Haryana	Sonipat	788
	Ambala	782
	Kurukshetra	771
Punjab	Gurdaspur	789
	Sangrur	786
	Kapurthala	785
	Bathinda	785
	Mansa	782
	Patiala	777
	Fatehgarh Sahib	766

Source: Census 1991 & 2001, Office of the Registrar General, India

Map 2. Child Sex Ratio (0-6 years) in Districts of India



Source: Census 2001, Office of the Registrar General, India,

Table 2. Top Ten Districts in Terms of Child Sex Ratio in 2001

State	District	Child Sex Ratio
Arunachal Pradesh	Lower Subansiri	1005
	Upper Siang	1010
	East Kameng	1035
Chhattisgarh	Bastar	1009
	Dantewada	1014
Jammu & Kashmir	Badgam	1002
	Kupwara	1021
	Pulwama	1033
Meghalaya	Jaintia Hills	995
Orissa	Nabarangapur	999
Sikkim	North	995

Source: Census 1991 & 2001, Office of the Registrar General, India

1.10. An examination of the causes for elimination of the girl child indicates that the reasons are both similar and different, depending upon the geographical location in which female infanticide is practised. One of the main reasons for female infanticide is the anticipated exorbitant dowry demand. Other reasons include the belief that it is only the son who can perform the last rites of parents; that lineage and inheritance run only through the male line; that sons will be care-givers for parents in old age; that men are the sole bread-winners, etc. It is sad to note that things have come to such a pass that, in some villages, no marriages have taken place for years for lack of local brides, and that the boys can only marry by buying girls for paltry sums from faraway villages. There are cases where parents are prepared to accept the birth of a daughter if she happens to be the first-born; thereafter they want only sons.

1.11. Paradoxically, with the spread of education, the strong preference for sons and the consequent elimination of the girl child has continued to increase rather than decline. This trend has been aided by the progress in science and technology, as the techniques for the elimination of the girl child have become more scientific. In most places female infanticide has now been replaced by female foeticide. In fact, sadly, female foeticide has made considerable inroads into areas where traditionally it did not exist before. Clearly, any moral guilt that might remotely be attached to the elimination of the girl child after she is born does not even exist if she is eliminated while still in the womb.

1.12. There is rampant misuse of technological advances. Female foeticide, or sex selective abortion, is the elimination of the female foetus from the womb itself. However, prior to such elimination, the sex of the foetus has to be established, and it is done by methods such as amniocentesis, chorion villus biopsy, and now – through the most popular technique – ultrasonography. Once the sex of the foetus is determined, it is aborted if it is female. The difference between female infanticide and foeticide is a matter of technique and timing. But for female foeticide, the assistance of a third party, namely a medical practitioner, is required to determine the sex of the foetus. This intervention could have played a role as a great deterrent in effectively countering female foeticide; instead, unfortunately, incessant demand and the lure of easy money has led to medical practitioners colluding with parents and relatives to carry out sex determination tests. Consequently, sex determination centres have mushroomed in all parts of the country including small districts and villages. Overnight, medical practitioners have changed their discipline to fulfill the never-ending demand for sex determination. In many cases, these centres are manned not by qualified doctors, but by technicians. It is certainly a fact that sex determination techniques have been in use in India since 1975, primarily to detect genetic abnormalities. However, these techniques have been widely misused to determine the sex of the foetus and the consequent abortion of the female foetus.

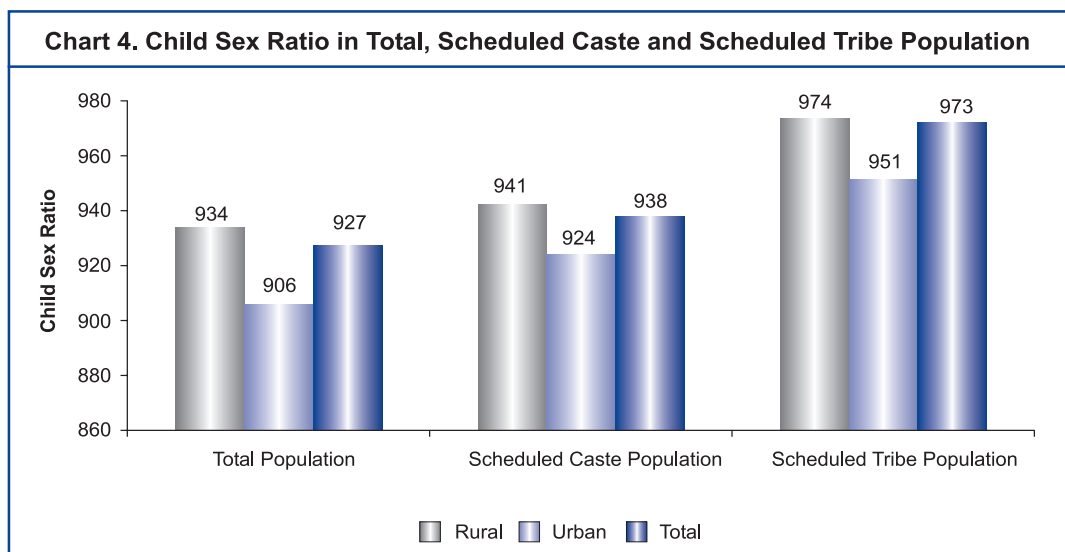


Table 4. Child Sex Ratio for Scheduled Caste and Scheduled Tribe Population

State / UTs	Area	Total Population	Scheduled Caste Population	Scheduled Tribe Population
INDIA	Total	927	938	973
	Rural	934	941	974
	Urban	906	924	951
Jammu & Kashmir	Total	941	899	979
	Rural	957	905	981
	Urban	873	867	915
Himachal Pradesh	Total	896	936	955
	Rural	900	939	956
	Urban	844	894	899
Punjab	Total	798	861	-
	Rural	799	862	-
	Urban	796	856	-
Chandigarh	Total	845	887	-
	Rural	847	809	-
	Urban	845	896	-
Uttaranchal	Total	908	934	955
	Rural	918	938	964
	Urban	872	913	806
Haryana	Total	819	865	-
	Rural	823	865	-
	Urban	808	864	-
Delhi	Total	868	901	-
	Rural	850	891	-
	Urban	870	902	-
Rajasthan	Total	909	919	950
	Rural	914	920	952
	Urban	887	914	906
Uttar Pradesh	Total	916	930	973
	Rural	921	934	971
	Urban	890	901	994
Bihar	Total	942	963	975
	Rural	944	963	975
	Urban	924	957	958
Sikkim	Total	963	960	964
	Rural	966	970	963
	Urban	922	845	969
Arunachal Pradesh	Total	964	938	976
	Rural	960	911	970
	Urban	980	974	1010
Nagaland	Total	964	-	969
	Rural	969	-	971
	Urban	939	-	954

Contd...

State / UTs	Area	Total Population	Scheduled Caste Population	Scheduled Tribe Population
Manipur	Total	957	975	959
	Rural	956	960	959
	Urban	961	983	965
Mizoram	Total	964	692	966
	Rural	965	0	966
	Urban	963	818	967
Tripura	Total	966	959	981
	Rural	968	961	981
	Urban	948	947	978
Meghalaya	Total	973	965	974
	Rural	973	971	974
	Urban	969	953	974
Assam	Total	965	959	962
	Rural	967	963	962
	Urban	943	935	947
West Bengal	Total	960	958	981
	Rural	963	959	981
	Urban	948	950	979
Jharkhand	Total	965	984	979
	Rural	973	987	979
	Urban	930	966	975
Orissa	Total	953	958	979
	Rural	955	958	980
	Urban	933	960	963
Chhattisgarh	Total	975	968	998
	Rural	982	969	999
	Urban	938	962	975
Madhya Pradesh	Total	932	927	979
	Rural	939	928	980
	Urban	907	926	955
Gujarat	Total	883	885	966
	Rural	906	902	969
	Urban	837	856	918
Daman & Diu	Total	926	831	983
	Rural	916	774	1000
	Urban	943	923	911
Dadra & Nagar Haveli	Total	979	884	1009
	Rural	1003	896	1017
	Urban	888	857	877
Maharashtra	Total	913	936	965
	Rural	916	937	968
	Urban	908	933	943

Contd...

State / UTs	Area	Total Population	Scheduled Caste Population	Scheduled Tribe Population
Andhra Pradesh	Total	961	973	972
	Rural	963	973	973
	Urban	955	970	950
Karnataka	Total	946	960	961
	Rural	949	962	963
	Urban	940	953	948
Goa	Total	938	965	915
	Rural	952	900	941
	Urban	924	1014	900
Lakshadweep	Total	959	-	957
	Rural	999	-	996
	Urban	900	-	900
Kerala	Total	960	955	974
	Rural	961	953	975
	Urban	958	961	945
Tamil Nadu	Total	942	959	945
	Rural	933	958	944
	Urban	955	962	951
Pondicherry	Total	967	990	-
	Rural	967	988	-
	Urban	967	993	-
Andaman & Nicobar Islands	Total	957	-	956
	Rural	966	-	957
	Urban	936	-	937

Source: Census of India, 2001, Office of the Registrar General, India

Note: (-): There is no notified Scheduled Castes in the state of Nagaland and the Union Territory of Andaman & Nicobar Islands and Lakshadweep;

There is no notified Scheduled Tribes in the state of Delhi, Haryana and Punjab and the Union Territories of Chandigarh and Pondicherry.

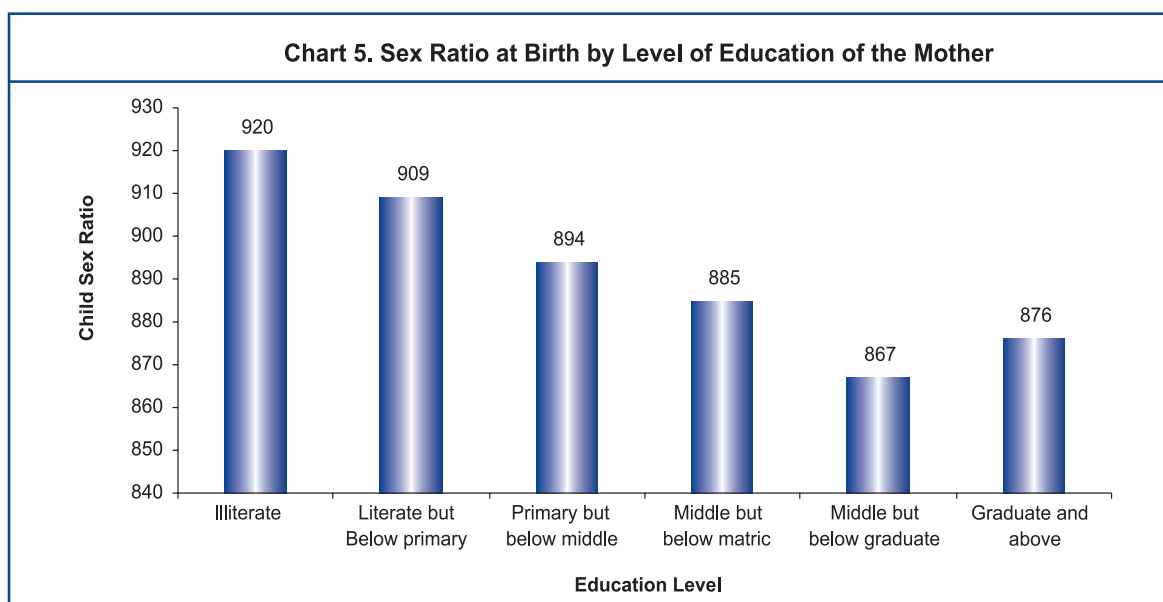


Table 5. Sex Ratio at Birth by Level of Education of the Mother

State / UTs	All education levels	Illiterate	Literate	Literate but below primary	Education level Primary but below middle	Middle but below matric	Middle but below graduate	Graduate and above
INDIA	905	920	888	909	894	885	867	876
Jammu & Kashmir	951	980	884	935	904	848	875	867
Himachal Pradesh	845	895	826	917	851	840	789	782
Punjab	787	845	749	803	776	756	721	732
Chandigarh	850	933	800	989	813	821	757	809
Uttaranchal	853	877	830	855	853	832	807	801
Haryana	786	834	742	817	763	741	702	738
Delhi	852	905	825	904	859	827	797	815
Rajasthan	864	882	832	844	837	813	803	791
Uttar Pradesh	901	912	874	891	882	859	843	855
Bihar	917	930	878	902	887	873	850	846
Sikkim	937	951	925	974	898	838	966	1063
Arunachal Pradesh	997	1001	989	921	1017	939	1064	934
Nagaland	984	1002	971	1004	960	944	984	1002
Manipur	976	973	978	970	967	977	982	1006
Mizoram	994	925	1003	1034	996	1027	952	970
Tripura	973	988	964	966	972	926	990	1048
Meghalaya	958	962	956	944	946	975	946	1066
Assam	948	956	937	935	936	922	943	1007
West Bengal	975	985	967	959	968	965	971	995
Jharkhand	907	918	880	892	886	887	866	846
Orissa	928	941	913	913	919	899	904	937
Chhattisgarh	928	937	918	922	925	916	891	883
Madhya Pradesh	903	916	885	901	891	866	864	860
Gujarat	834	878	791	842	811	791	745	753
Daman & Diu	863	866	846	1000	830	815	804	922
Dadra & Nagar Haveli	957	986	892	1080	798	865	869	1028
Maharashtra	877	908	863	881	867	870	844	859
Andhra Pradesh	951	954	948	955	949	952	939	958
Karnataka	936	939	934	953	934	929	926	937
Goa	921	950	914	819	951	935	913	934
Lakshadweep	964	1020	959	912	1119	874	952	647
Kerala	969	976	968	994	979	964	963	976
Tamil Nadu	935	928	939	937	932	934	939	969
Pondicherry	989	1149	956	1111	898	927	972	1009
Andaman & Nicobar Islands	979	967	982	953	1021	1041	938	872

Source: Census of India, 2001, Office of the Registrar General, India

Note: Based on births during the last year presented in 2001 Census Table F-11

Legal initiatives and other efforts

2.1 The Pre-Natal Diagnostic Techniques (PNDT) Act, 1994

2.1.1. Female infanticide was prohibited through legislation in pre-Independence India. However, the law was toothless and there were few, if any, convictions. The Indian Penal Code, 1860, also had provisions for punishment for causing miscarriage and similar offences, but these too were rarely enforced.

2.1.2. Three decades after Independence, as pre-natal diagnostic techniques spawned female foeticide and a low sex ratio, the Government issued a directive in 1978 banning the misuse of amniocentesis in Government hospitals/laboratories. The relentless efforts of activists led Maharashtra to enact a law to prevent sex determination tests - the Maharashtra Regulation of Pre-Natal Diagnostic Techniques Act, 1988.

2.1.3. On September 20, 1994, after intensive public debate all over India, Parliament enacted the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act. The Act, which came into operation from January 1, 1996, provided for the regulation of the use of pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital mal-formations or sex-linked disorders; and for the prevention of the misuse of such techniques for the purpose of pre-natal sex determination leading to female foeticide.

The Act has provisions for institutions which are responsible for policy-making and those responsible for the implementation of the Act. It elaborates on the penalties for various offences and lays down who is to take cognizance of complaints, and how this is to be done.

2.1.4. With effect from February 14, 2003, the Act has been amended with a view to making it more comprehensive, and renamed the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PCPNDT Act). The Act brought within its ambit the techniques of pre-conception sex selection in a bid to pre-empt the misuse of such technologies. It has explicit provisions for the use, regulation and monitoring of ultrasound machines to curb their misuse for detection of the sex of the foetus. The Act prohibits the determination and disclosure of the sex of the foetus as well as the advertising, in any form, of the facilities for pre-natal determination of sex; and prescribes punishments for contravention of its provisions - imprisonment up to five years and a fine up to Rs.1,00,000.

2.1.5. Under the provisions of the Act, a Central Supervisory Board (CSB), constituted under the Chairmanship of the Union Minister for Health and Family

The PCPNDT Act 1994 provides for

- Prohibition of sex selection, before and after conception (Sec 3A of the Act)
- Regulation of prenatal diagnostic techniques (e.g. amniocentesis and ultrasonography) for detection of genetic abnormalities, by restricting their use to registered institutions. The Act allows the use of these techniques only at a registered place for a specified purpose and by a qualified person, registered for this purpose. (Sec 4 of the Act)
- Prevention of misuse of such techniques for sex selection before or after conception. (Sec 6 of the Act)
- Prohibition of advertisement of any technique for sex selection as well as sex determination (Sec 22 of the Act)
- Prohibition on sale of ultrasound machines to persons not registered under this Act (Rule 3A, inserted vide GSR, 109 (e) dt 14-2-2003)
- Punishment for violation of provisions of the Act (Sec 23)

Welfare, is empowered to monitor its implementation. State level Supervisory Boards fulfill this responsibility in the states/ Union Territories (UTs), where the Act is implemented by the Appropriate Authorities (AAs) constituted at state/district/sub-district levels. The state/UT- level Appropriate Authority has been made a multi-member body to facilitate implementation and monitoring. The AAs are endowed with the powers of a Civil Court for the search, seizure and sealing of the machines, equipment and records of violators. Their power extends to sealing premises and commissioning witnesses. It is now mandatory to maintain proper records of (a) the use of ultrasound machines and other equipment capable of detection of the sex of the foetus and (b) tests and procedures leading to pre-conception selection of sex. The sale of ultrasound machines too has been regulated by allowing such sale only to institutions registered under the Act. The list of state and district Appropriate Authorities, with telephone numbers, is given in Annexure - VI.

2.2. National Inspection and Monitoring Committee

2.2.1. A National Inspection and Monitoring Committee has been constituted at the Centre to assess ground realities through field visits. The Committee visits vulnerable states/districts and submits a report to the CSB and the concerned state authorities. It also monitors the prosecutions launched against unregistered bodies and those violating provisions of the Act/Rules, and the directions of the Supreme Court of India in this matter. The Committee was reconstituted in March 2005 to include representatives from the Department of Women and Child Development, the National Commission for Women and the Indian Council for Medical Research. A brief summary of the various activities undertaken by this Committee are given at Appendix I.

2.3. Support and Monitoring Cell

2.3.1. With the assistance of UNFPA, the Government has set up a Support and Monitoring Cell on Sex Selection and the PNDT Act. The Cell includes medical, legal and police experts and social scientists. Initially, the Cell's focus will be on states which have a low sex ratio - Punjab, Haryana, Chandigarh and Delhi. The Cell will guide and build the capacities of the Appropriate Authorities/ Medical Officers in the state to ensure effective implementation of the Act.

2.4. Sensitization of the Appropriate Authorities

2.4.1. Training programmes and workshops are held to sensitize and provide relevant information to the Appropriate Authorities, whose powers include search, seizure and sealing of machines, equipments and records. These sessions help to resolve any doubts in their minds. The Government has also provided the AAs with a Handbook on the Act.

2.5. Involvement of the medical community

2.5.1. Recognizing the key role of the medical community in the battle against elimination of the girl child, the Government is making a special effort to reach out and seek its involvement. The Department of Family Welfare co-sponsored the December 2003 edition of *The Journal of the Indian Medical Association* on the PNDT Act and related issues. The publication carried an appeal from the Secretary, Department of Family Welfare, requesting the medical community to refrain from pre-natal sex determination and pre-conception sex selection. The *Journal* has a readership of about 1.2 lakh medical professionals.

During the past year, UNFPA has supported a number of medical associations during their annual conferences. This has served to highlight the issue of the missing girl child and has led to the design of a targeted response from within the medical community to curb pre-natal sex selection. The Indian Medical Association (IMA) and the Indian Association of Preventive Social Medicine (IAPSM) were supported in this manner in the states of Maharashtra, Madhya Pradesh, Gujarat and Rajasthan.

On September 2, 2006, a meeting was held between UNFPA and the national-level IMA. Its aim was to develop a national action plan for IMA state branches to address pre-natal sex selection. A pledge was circulated and endorsed by the IMA at the meeting. As a consequence, a number of state branches have taken initiatives to sensitize medical colleges and practitioners within their states, as well as to set up monitoring mechanisms to stop pre-natal sex selection. At its annual conference held in December 2006, the national-level IMA passed a resolution to make pre-natal sex selection a priority issue for 2007 and move forward on a national action plan.

In collaboration with UNFPA, the Maharashtra branch of the Indian Medical Association conducted training and sensitization workshops with doctors in 10 districts, for which it developed information booklets and press kits in both Marathi and English. IMA Maharashtra is also attempting to reinforce positive actions taken by individual doctors in each of these districts.

2.5.2. States/UTs and Appropriate Authorities regularly meet representatives of the Indian Medical Association, the Federation of Obstetricians and Gynaecologists of India and the Indian Radiological and Imaging Association to discuss proper implementation of the Act.

2.5.3. In April 2003, the Department of Family Welfare published a special edition of its Newsletter on the amendments to the Act and the Rules. It was sent to health centres and NGOs countrywide.

2.6. Sale of ultrasound machines

2.6.1. The PCPNDT Act regulates the sale of ultrasound machines, which is permitted only to bodies/ institutions registered under it. To ensure that this information reaches doctors and manufactures of such machines, the Ministry of Health and Family Welfare has issued country-wide advertisements about the Amendments made to the PNDT Act which regulate the sale of ultra-sound machines/imaging machines only to clinics registered under the Act.

2.6.2. Manufacturers of ultrasound machines are required to send reports to the Appropriate Authorities (AA) giving details of the clinics and doctors to whom they have sold such machines, so that the AAs can monitor their use.

2.7. Awareness generation

The decisive battle against female foeticide has to be fought in the minds of people, because the preference for sons has its roots in prejudices and an anti-women mindset. The answer lies in creating an awareness of the true worth of women, the irrelevance - and also the illegality - of sex selection, and the need to question old and outdated rituals and social behaviour. The Ministry of Health and Family Welfare works with a variety of partners including civil society groups, the National Commission for Women (NCW), the Centre for Social Research (CSR), CEHAT, the Population Foundation of India (PFI), and NGOs as well as development partners such as UNFPA, to raise the level of public discourse and build alliances to highlight the issue of sex selection. Recent activities included the following:

2.7.1. **Valuing the girl child:** The solution to the problem of female infanticide and foeticide is inextricably linked to enhancing the status of women and, more specifically, of the girl child. The efforts of the Government and its partners in this girl-saving exercise, therefore, focus on making families realise the value of the girl child and convincing them of the need to treat daughters at par with sons by giving girls equal opportunities for education and equal rights in property. One of the Government's efforts in this direction is the 'Save the Girl Child Campaign', highlighting the achievements of girls. In 2003-2004 and 2004-2005, tennis star Sania Mirza and CBSC topper Aruna Kesavan were brand ambassadors for the Campaign. Joshna Chinnappa, Jr., senior national Asian Squash Champion, is the brand ambassador for 2005-2006. In line with this approach, the theme of the tableau of the Department of Family Welfare at the 2004 Republic Day parade was 'Save the Girl Child'. The idea of such initiatives is to make people aware that

today girls can achieve as much, if not more, than boys, and that girls can make a family, a village, a nation proud; that girls matter...in short, that a girl is not a liability but an asset.

2.7.2. Working with the media and entertainment industries: Apart from organizing workshops and seminars through voluntary organizations at the state/regional/ district/block levels to create awareness against the practice of pre-natal sex selection, the Government is using the outreach of the broadcast, electronic and print media to strengthen this awareness. A national meeting of IEC officers of states/UTs also focused on the issue.

UNFPA made a presentation on the issue of the declining child sex ratio at a media workshop organized by the Women's Feature Service and UNDP for local and state journalists in Uttar Pradesh. Twenty five mid-career print and electronic journalists from U.P. attended the workshop. UNFPA also collaborated with the Asian College of Journalism in reaching out to media professionals on the issue of missing daughters. The half-day workshop was attended by 30 alumni of the college. The interaction focused on journalists who have reported on the issue sharing their experiences, and an action call to others to follow suit.

In addition, UNFPA is supporting the Public Service Broadcasting Trust's bid to commission films on the issue to sensitize young people. The Indian Television Academy (ITA), with the support of UNFPA, produced public service advertisements against pre-natal sex selection and will also advocate the issue with the entertainment industry through its 'Beti' campaign. The Academy also highlighted the issue in its Annual Women Achievers' Awards in February 2006. Through UNFPA's initiative, Rabbi Shergill, the popular singer, has written and recorded a song on the issue which will be released as part of his next album. A music video is being planned to reach out to the youth segment through music channels.

2.7.3. Reaching the masses through religious/spiritual leaders: Religious and spiritual leaders in India have a vast reach and considerable influence on the socio-religious practices of their followers. Recognizing this, as well as the need to reach out through a multi-programmed mechanism, UNFPA initiated activities to involve such leaders in spreading awareness on the issue of sex selection to influence their followers against this practice. As a follow up of the 2005 religious conference hosted by Art of Living Foundation with UNFPA, the Foundation's Vyakti Vikas Kendra will organize a padayatra in 17 places of five districts Punjab, a state specially chosen for its abysmal child sex ratios. The padayatras will take place in the first half of 2007.

Swami Agnivesh has already led padayatras to focus on the issue across the states of Gujarat, Rajasthan, Delhi, Haryana, Chandigarh and Punjab. UNFPA also supported Population First, an NGO, in its initiative to use festivals such as Ganesh Chaturthi to advocate the issue of sex selection in Mumbai.

2.7.4. Connecting with young persons: Since it is the youth that will shape tomorrow, it is essential to see that their attitudes to gender issues are not coloured by old prejudices and social behaviour. UNFPA's efforts to reach out to young people included collaborating with the Students' Union of Lady Shri Ram College in sensitizing participants to gender issues during their annual college festival, Tarang. UNFPA also collaborated with the NGO Population First, who organized the Laadli Youth Fest together with various colleges in Mumbai. The Fest culminated in an awards function on September 24, the SAARC International Girl Child Day.

In addition, UNFPA collaborated with the alumni organization of the Indian Institute of Technology (IIT) Mumbai during its alumni meet in December 2006. Alumni of all IITs in the country participated in the three-day meet. UNFPA Goodwill Ambassador, Lara Dutta, was one of the speakers at the inaugural session for the "Shakti-The Women Track", and highlighted the declining child sex ratio in India in her speech.

UNFPA is also collaborating with the World Alliance for Youth Empowerment (WAYE), part of the Art of Living Organization, to reach out to medical college students. This will be done through the Youth Empowerment Seminars (YES!+) to be organized in 2007.

2.7.5. Advocacy with parliamentarians and autonomous commissions: Parliamentarians and other autonomous commissions are important segments for enhancing both the formulation of policy formulation as well as its implementation. With the support of UN agencies, joint workshops were held for MLAs at state legislative assemblies. The first workshop was organized in the state of Bihar by the Population Foundation of India and the Bihar Legislative Assembly Secretariat. UNFPA provided the technical resources on the issue of reproductive health for the meeting. This was followed by a one-day meeting on issues of population stabilization and pre-natal sex selection with about 50 MLAs in Patna on January 25, 2007. UNFPA made a presentation on declining child sex ratios for the parliamentarians.

UNFPA, the Delhi Commission of Women, UNDP and UNIFEM organized a Round Table on the issue of declining child sex ratios. Consequently, the Delhi Commission for Women has initiated a wider campaign against sex selection.

2.7.6. Partnership with NGOs: The Government of India supported the Family Planning Association of India (FPAI) in its ongoing activities.

All these efforts at spreading awareness and sensitivity on the issue, coupled with the firm determination to implement the provisions of the PNDT Act in letter and spirit, are bound to have an impact on the situation and will, hopefully, be reflected in the sex ratio in the next Census.

In order to pilot community approaches to decrease the demand for pre-natal sex selection, UNFPA is supporting NGOs in Madhya Pradesh, Gujarat, and Rajasthan to work with health workers, community women, self-help group members and panchayats. In addition, hospital-based birth data is being studied to identify variables that influence the practice of sex selection. The outcome of the pilots is likely to feed into the state governments' response in addressing the issue of sex selection.

2.8 Publications

2.8.1. "Missing": A brochure, titled "Missing", showing maps of areas with an adverse child sex ratio in India, was released by the Minister for Health and Family Welfare in October 2003. The brochure, highlighting the 'missing' girl children, is a joint effort of the Ministry of Health and Family Welfare, UNFPA and the Office of the Registrar General, India.

2.8.2. Handbook on the PNDT Act: A Handbook on the PNDT Act 1994 and its Amendments (revised edition) was released on February 17, 2003 and sent to all state governments and Appropriate Authorities. The Act and the Rules, including the Amendments, have also been put on the website of the Department, where the general public can access it.

2.9 Training the judiciary

The Government has recognized the critical need to orient and sensitize the judiciary in order to strengthen and facilitate the implementation of the Act, and for efficient filing and disposal of cases, and has taken some steps in that direction. From September 2005, the National Judicial Academy, Bhopal, has started providing training to trainers from the state Judicial Academies. They in turn will train the judiciary in their areas.

2.10. Frequently Asked Questions

In a major outreach effort to spread awareness about the Act and the issue of sex selection, the Ministry of Health and Family Welfare, in collaboration with UNFPA and CEHAT, is developing a series of booklets of "Frequently Asked Questions" targeted at different groups - medical professionals, lay persons, designated Appropriate Authorities and others involved in implementing the Act. Some of the Frequently Asked Questions and replies are given at Annexure - III.

2.11. Website on PNDT Act

The Government of India has also launched a separate webpage on the PNDT Act which is linked through the website of the Ministry of Health and Family Welfare. The webpage contents feature relevant information with a number of useful links to the details of the Act, the list and addresses of state Appropriate Authorities, information on court cases related to sex determination, the Annual Report on Implementation of PNDT Act - 2005, the Handbook on PNDT Act and other such resources. The site also offers the facility of online filing of complaints against doctors, maternity homes, ultrasound clinics or other concerned parties for violations of the PNDT Act, such as sex determination of the foetus.

2.12. Software for Computerization of Form F

In line with the decision taken at the Central Supervisory Board (CSB) meeting held on October 17, 2005, an initiative has been taken in the PNDT Cell of the Ministry to prepare computer software for data entry and report generation based on the Form F information submitted by clinics in respect of pregnant women. Such software has been developed, which will enable the entry of records to be automatically stored in the database prepared for this purpose. At the same time, it also provides the facility of report generation through clicking a button. Thus, the software achieves two purposes - it not only enables the maintenance of valuable records in a proper database but also assists in the easy and rapid generation of reports. The software is being tested in some states on a pilot basis so that it can be further refined through field trials.

Status of Implementation

3.1 Reports and feedback

3.1. According to the provisions of the PNDT Act, 1994 as well as under the directions of the Supreme Court of India dated May 4, 2001, all state/UT Appropriate Authorities are required to furnish quarterly returns to the Board giving a report on the implementation and working of the Act. These returns are to cover information, inter alia, about:

- i) The survey of bodies specified in Section 3 of the Act;
- ii) The registration of bodies specified in Section 3 of the Act, including bodies using ultrasound machines;
- iii) The action taken against non-registered bodies operating in violation of Section 3 of the Act, inclusive of search and seizure of records;
- iv) Complaints received by the Appropriate Authorities under the Act and action taken thereafter;
- v) The number and nature of awareness campaigns conducted and their results.

The format of the quarterly report that is required to be submitted is at Annexure-III.

3.2. Bodies Registered

All bodies, namely Genetic Counselling Centres, Genetic Laboratories or Genetic Clinics as defined in the Act, can function only when registered. The requirement of registration is mandatory whether the body is government, private, voluntary, honorary, part-time, contractual or consultative. As on March 2006, there are 29,048 bodies registered under the PNDT Act in India. In terms of number of registered bodies, Maharashtra tops the list with 4,829, followed by Uttar Pradesh with 2,949 and Tamil Nadu with 2,911 registered bodies.

**Table 1. Number of bodies registered under
PC & PNDT Act 1994 (As on March, 2006)**

State/UT	No. of bodies registered
Andhra Pradesh	2141
Arunachal Pradesh	16
Assam	269
Bihar	539
Chhattisgarh	369
Goa	105
Gujarat	2508
Haryana	948
Himachal Pradesh	193
Jammu & Kashmir*	88
Jharkhand	328
Karnataka	2142
Kerala	1051
Madhya Pradesh	1105
Maharashtra	4829
Manipur	33
Meghalaya	22
Mizoram	16
Nagaland	14
Orissa	330
Punjab	1317
Rajasthan	1153
Sikkim	11
Tamil Nadu	2911
Tripura	45
Uttaranchal	312
Uttar Pradesh	2949
West Bengal	1151
A & N. Island	8
Chandigarh	71
D. & N. Haveli	7
Daman & Diu	12
Delhi	2006
Lakshadweep	9
Pondicherry	40
Total	29048

Note: The bodies registered include the following:

GCC- Genetic Counseling Centres; GL- Genetic Laboratories; GC-Genetic Clinics
USC/IC - Ultrasound Clinics/Imaging Centres; JAGCC/GL/GC- Jointly as Genetic Counseling Centres/Gen. Labs./Gen. Clinics.

MC(V) - Mobile Clinics (Vehicles); OB/IVFC/IC- Other bodies/IVF Centres/Infertility Centres

* The figure gives the number of ultrasonography / imaging clinics registered under section 4 of J & K Nursing Home and Clinical Establishment (Registration & Licensing) Act, 1963 in the Kashmir Division of Jammu & Kashmir State.

Source: PNDT Division, Ministry of Health & Family Welfare

Table 2. Year-wise number of Bodies Registered (Upto 31st March of the Year)

State/UT	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	Total
Andhra Pradesh	1713	181	225	22	-	-	2141
Arunachal Pradesh	12	-	-	4	-	-	16
Assam	170	23	32	41	3	-	269
Bihar	327	35	47	87	43	-	539
Chhattisgarh	83	172	30	33	51	-	369
Goa	69	8	10	15	3	-	105
Gujarat	1386	450	189	290	193	-	2508
Haryana	649	141	63	50	45	-	948
Himachal Pradesh	107	39	14	20	13	-	193
Jammu & Kashmir	-	-	-	-	-	88	88
Jharkhand	116	-	-	144	68	-	328
Karnataka	972	434	96	427	213	-	2142
Kerala	533	208	161	97	52	-	1051
Madhya Pradesh	630	144	171	57	103	-	1105
Maharashtra	2861	663	713	592	-	-	4829
Manipur ²⁰	1	3	1	8	-	33	
Meghalaya	14	4	3	1	-	-	22
Mizoram	11	-	-	3	2	-	16
Nagaland	2	3	-	9	-	-	14
Orissa	156	80	43	42	9	-	330
Punjab	852	170	106	99	90	-	1317
Rajasthan	663	152	145	80	113	-	1153
Sikkim	4	2	4	1	-	-	11
Tamil Nadu	1625	419	490	159	218	-	2911
Tripura	32	2	5	4	2	-	45
Uttaranchal	144	53	47	40	28	-	312
Uttar Pradesh	1021	824	336	436	332	-	2949
West Bengal	481	119	105	207	239	-	1151
A & N. Island	6	-	-	-	-	2	8
Chandigarh	46	8	9	3	5	-	71
D. & N. Haveli	3	-	3	1	-	-	7
Daman & Diu	5	3	3	1	-	-	12
Delhi	1088	337	239	196	146	-	2006
Lakshadweep	9	-	-	-	-	-	9
Pondicherry	29	3	4	2	2	-	40
Total	15839	4678	3296	3164	1981	90	29048

Note: The bodies registered include the following:

GCC- Genetic Counseling Centres; GL - Genetic Laboratories; GC - Genetic Clinics

USC/IC - Ultrasound Clinics/Imaging Centres; JAGCC/GL/GC - Jointly as Genetic Counseling Centres/Gen. Labs./Gen. Clinics.

Source: PNDT Division, Ministry of Health & Family Welfare

3.3 Type of Bodies Registered

Table 3. Registration by types of bodies (As on March, 2006)

State / UT	Type of body							Total
	GCC	GL	GC	USC/IC	JAGCC/ GL/GC	MC (V)	OB / IVFC/IC	
Andhra Pradesh	258	320	499	340	692	20	12	2141
Arunachal Pradesh	-	-	-	16	-	-	-	16
Assam	-	-	-	269	-	-	-	269
Bihar	-	-	-	531	8	-	-	539
Chhattisgarh	-	36	-	-	328	2	3	369
Goa 2	-	-	100	3	-	-	105	
Gujarat	285	46	799	350	970	6	52	2508
Haryana	66	-	-	875	-	7	-	948
Himachal Pradesh	-	-	-	193	-	-	-	193
Jammu & Kashmir	-	-	-	88	-	-	-	88
Jharkhand	-	-	-	328	-	-	-	328
Karnataka	28	44	147	1754	59	47	63	2142
Kerala	-	-	-	-	1051	-	-	1051
Madhya Pradesh	3	10	-	981	109	2	-	1105
Maharashtra	12	23	106	4468	172	30	18	4829
Manipur	-	-	1	32	-	-	-	33
Meghalaya	-	-	-	22	-	-	-	22
Mizoram	-	-	-	-	16	-	-	16
Nagaland	-	-	-	14	-	-	-	14
Orissa	-	-	-	330	-	-	-	330
Punjab	68	-	-	1183	49	11	6	1317
Rajasthan	-	-	-	1153	-	-	-	1153
Sikkim	-	-	-	11	-	-	-	11
Tamil Nadu	-	-	-	-	2911	-	-	2911
Tripura	-	-	-	45	-	-	-	45
Uttaranchal	-	-	-	312	-	-	-	312
Uttar Pradesh	294	3	253	2232	142	5	20	2949
West Bengal	-	3	2	1146	-	-	-	1151
A & N. Islands	-	-	-	8	-	-	-	8
Chandigarh	-	-	-	71	-	-	-	71
D. & N. Haveli	-	-	-	7	-	-	-	7
Daman & Diu	-	-	-	12	-	-	-	12
Delhi211	222	462	274	795	40	2	2006	
Lakshadweep	-	-	-	-	9	-	-	9
Pondicherry	2	-	38	-	-	-	-	40
Total	1229	707	2307	17145	7314	170	176	29048

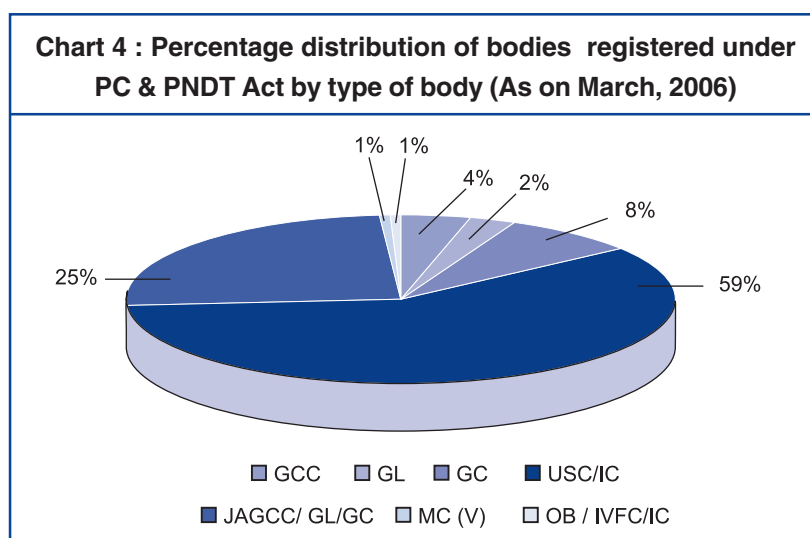
Note: The bodies registered include the following:

GCC- Genetic Counselling Centres; GL - Genetic Laboratories; GC -Genetic Clinics

USC/IC - Ultrasound Clinics/Imaging Centres; JAGCC/GL/GC- Jointly as Genetic Counselling Centres/Gen. Labs./Gen. Clinics.

MC(V) - Mobile Clinics (Vehicles); OB/IVFC/IC- Other bodies/IVF Centres/Infertility Centres

Source: PNDT Division, Ministry of Health & Family Welfare



Of the total bodies registered under the PNDT Act, about 59% are Ultrasound Clinics or Imaging Centres followed by 25% Genetic Counselling Centres/Genetic Laboratories,./Genetic Clinics jointly and 8% Genetic Clinics.

3.4 Court/Police case

Table 4. Number of Ongoing Court / Police Cases under PC & PNDT Act 1994 (As on March, 2006)

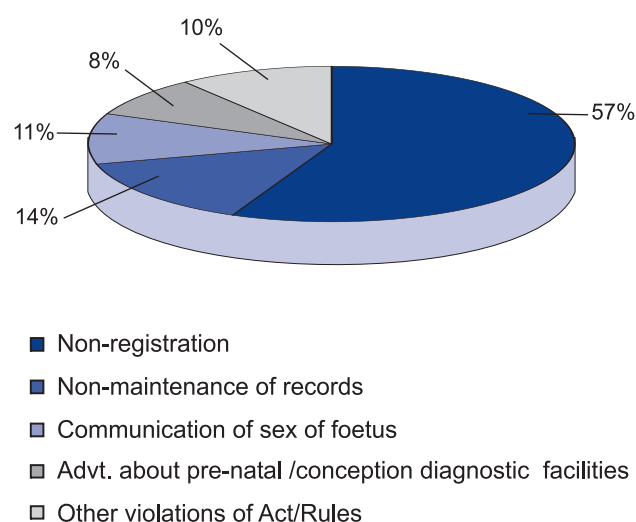
State/UT	No. of ongoing Court/Police Cases	State/UT	No. of ongoing Court/Police Cases
Andhra Pradesh	8	Nagaland	-
Arunachal Pradesh	-	Orissa	-
Assam	-	Punjab	72
Bihar	7	Rajasthan	1
Chhattisgarh	-	Sikkim	-
Goa	-	Tamil Nadu	47
Gujarat	57	Tripura	-
Haryana	24	Uttaranchal	3
Himachal Pradesh	-	Uttar Pradesh	17
Jammu & Kashmir	-	West Bengal	10
Jharkhand	-	A & N. Island	-
Karnataka	20	Chandigarh	-
Kerala	-	D. & N. Haveli	-
Madhya Pradesh	7	Daman & Diu	-
Maharashtra	46	Delhi	76
Manipur	-	Lakshadweep	-
Meghalaya	-	Pondicherry	-
Mizoram	-	Total	395

Source: PNDT Division, Ministry of Health & Family Welfare

3.5. Types of violations

The PNDT Act is comprehensive legislation which **prohibits misuse** of pre-natal diagnostic techniques for determining the sex of a foetus, leading to female foeticide; as also **advertisements** in relation to such techniques for detection or determination of sex. The Act also specifies the **punishment** for violation of its provisions. A look at the percentage distribution of ongoing court/police cases of violation under the PC & PNDT Act by type of violation reveals that 57% of the cases are for non-registration, followed by 14% for non-maintenance of records. About 11% of the cases are for communication of the sex of the foetus and 8% are also for advertising pre-natal / conception diagnostic facilities. It may be seen that the highest number of ongoing cases is reported from Delhi (76) followed by Punjab (72) and Gujarat (57).

Chart 5. Percentage Distribution of Ongoing Cases of Violation Under PC & PNDT Act by Type of Violation (As on March, 2006)



3.6 Machines seized/sealed

Table 6. Number of machines seized / sealed under PC & PNDT Act 1994 (As on March, 2006)

State/UT	No. of Machines Seized / Sealed	State/UT	No. of Machines Seized / Sealed
Andhra Pradesh	1	Nagaland	-
Arunachal Pradesh	-	Orissa	-
Assam	-	Punjab	13
Bihar	1	Rajasthan	2
Chhattisgarh	-	Sikkim	-
Goa	-	Tamil Nadu	-
Gujarat	-	Tripura	-
Haryana	8	Uttaranchal	-
Himachal Pradesh	-	Uttar Pradesh	-
Jammu & Kashmir	-	West Bengal	15
Jharkhand	-	A & N. Island	-
Karnataka	-	Chandigarh	-
Kerala	-	D. & N. Haveli	-
Madhya Pradesh	-	Daman & Diu	-
Maharashtra	3	Delhi	7
Manipur	-	Lakshadweep	-
Meghalaya	-	Pondicherry	-
Mizoram	-	Total	50

Source: PNDT Division, Ministry of Health & Family Welfare

Difficulties in implementation and shortcomings observed in the reports

4

A number of implementation problems are mentioned from time to time by different persons at various forums. Some of these are:

- (i) Invariably, the person who seeks the illegal service is in collusion with the person or body who provides it to defeat or circumvent the provisions of the law. Unlike in other cases, both parties gain through this collusion: on the one hand, people can get rid of the foetus of the unwanted sex, on the other, the service providers are benefited financially. The non-availability of evidence or witnesses is therefore the main obstacle in the way of punishing errant doctors unless they are caught red-handed.
- (ii) Appropriate Authorities (Chief Medical Officers / Civil Surgeons) are unable to devote adequate attention to the work relating to PNDT Act and feel they are not fully equipped for carrying out its mandate.
- (iii) Appropriate Authorities do not have the necessary expertise and experience in legal matters.
- (iv) Sex selective abortions to limit family size also form one of the problems.
- (v) Medical terminations of pregnancy (MTPs) conducted illegally by untrained or unqualified persons further weakens the implementation of the PNDT Act.

4.2. Shortcomings in information received from states

4.2.1. **Receipt of Quarterly Reports :** According to the PNDT Act 1994, each state / UT is required to submit a Quarterly Report on the implementation of the Act. However, as on September 30, 2006, Quarterly Reports for the quarter ending March, 2006 have been received from only 27 states / UTs. Andhra Pradesh, Assam, Kerala, Maharashtra, Meghalaya, Nagaland, Rajasthan and Tripura did not send the report for this quarter despite reminders from the PNDT cell. Additionally, the states that do send the reports fail to submit them by stipulated time. For example the report for the quarter ending March 2006 were received quite late from many states / UTs, as can be seen from the dates mentioned in the statement (Annexure IV) although reminders were regularly issued to them. The details of the availability of different types of information in the format sent by various States/ UTs is given in Annexure IV

4.2.2. Availability of different types of Information:

- a) **Survey / inspection of bodies :** No information about the surveys/ inspection of bodies conducted has been given in the reports received from Nagaland, Orissa and Sikkim.
- b) **Meetings of State Supervisory Board (SSB):** Information about this is not given in the reports of a number of states, namely Bihar, Goa, Himachal Pradesh, Jammu & Kashmir, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Rajasthan, Sikkim, Tamil Nadu, Tripura and West Bengal.
- c) **Meetings of the Advisory Committee:** Information about this is not available from the states of Jammu & Kashmir, Manipur, Meghalaya, Nagaland, Orissa and Andaman & Nicobar Islands.
- d) **Information about awareness and mass media activities** not included in the reports of Manipur, Orissa and Andaman & Nicobar Islands.

Summary of Reports of the National Inspection and Monitoring Committee

State/UT: Delhi

District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
South west	29-08-05	<ol style="list-style-type: none"> 1. Dr. Rattan Chand Director (PNDT) 2. Mr M.K. Sharma Add. Legal Advisor, Ministry of Law 3. Ms. Seema Gupta, VHA 4. Dr. A.K.Mittal, CMO (FW), Govt. of NCT Delhi 5. Doordarshan representative 6. Ms. Swapna, Journalist from 'Statesman'. 	<p>Ayushman Hospital, Dwarka</p> <p>Pandit Girdhari Lal Memorial Sharma Hospital, Main Road, Palam</p>	<ol style="list-style-type: none"> 1. Form F for the only woman who visited the hospital since June, 2005 has been filled with wrong contact details. 2. The radiologist who visits the clinic is not the one mentioned in the application form <ol style="list-style-type: none"> 1. No notice board saying 'Sex determination of the foetus not done here and it is illegal' 2. Copy of the PNDDT Act not available 3. MTP Register showed that there have been missed abortions to women having 2-3 female children. 	<p>A notice pointing out these deficiencies was issued to the Hospital.</p> <ol style="list-style-type: none"> 1. Records were seized by the District Appropriate Authority. 2. License of PNDDT and MTP suspended on the spot. 3. Ultrasound machine was sealed.
East	30-08-05		<p>Bhagat Hospital, Janakpuri</p> <p>Shri Anandpur Trust Charitable Diagnostic Centre, Krishna Nagar</p>	<ol style="list-style-type: none"> 1. No Forms F were maintained for the ultrasounds performed in the clinic for the past one week. 2. The Forms F filled earlier did not mention the sex and number of previous children of the patient. 3. Blank Forms 'F' were found signed by the doctor. <ol style="list-style-type: none"> 1. Forms F were not filled properly. 2. Copy of the PNDDT Act not available. 	<ol style="list-style-type: none"> 1. Documents were seized by the District Appropriate Authority. 2. Ultrasound machine was sealed at the premises. <p>Directed to keep proper records.</p>

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
West Delhi	26-12-05	1. Mr. K. Sharma, Additional Legal Advisor, Min. of Law (West Delhi). 2. Dr. Himanshu Bhushan, Assistant Commissioner, MH division, MOH & FW 3. Smt Sushama Rath, Under Secretary (ID/PNDT) - Convenor. 4. Smt. Gauri Chowdhary, Action India	Ashok Nursing Home, Krishna Nagar	1. No records in Form 'F' submitted by the unit during last 2-3 months to the District Appropriate Authority. 2. Delivery Register showed birth of 41 girls and 68 boys. 3. Form 'F' signed by pregnant women but not filled by the doctor.	1. Records were seized 2. PNDT & MTP licenses were suspended. 3. Ultrasound machine was sealed
			Apex Diagnostic and Research Centre, Pratapnagar	This centre has been closed but that was not informed to DAA	Directed to surrender the registration certificate to the concerned DAA
			Malik Diagnostic Centre	Records were kept	No action
			Sanjeevni Diagnostic and Medical Centre, Mayur Vihar	Records were kept	No action
			Sahri Medical Centre and Mother and Child Centre	1. Not registered under PCPNT law. 2. Displaying the facilities of ultrasound in the clinics. 3. Concerned doctor was out of station.	
			Dr. Madhvi Karol	Records were kept	No action
			Kukreja Hospital, Mayur Vihar, Phase-I	Forms F were not submitted to the DAA.	Notice given to the hospital to submit the records.
			Dr. Randhwa Diagnostics, Tagore Garden.	No records of forms F were kept for the month of November and forms F for the month of October were not signed by the concerned radiologist.	Ultrasound machine was sealed.

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
South Delhi- I	24-12-05		Ganesh Diagnostics, Tagore Garden	<ol style="list-style-type: none"> 1. Facility of ultrasound displayed. 2. No fixed ultrasound machine was available in the clinic. 3. The owner claimed that he is planning to deregister the clinic. 	No action
			Star Imaging & Pathology Lab., Tilak Nagar	<ol style="list-style-type: none"> 1. Forms F were not signed by the concerned doctors. 2. Two radiologists, Dr Sonal and Dr Rajiv Mangla, undertaking ultrasound in the clinic were not registered for performing tests with DAA. 	Two 4-D ultrasound machines were sealed.
			City X-ray and Scan Clinic, Tilak Nagar	Among the four doctors visiting the clinic, three radiologists Dr Panakaj, Dr Reema, Dr Nilu were not registered with DAA.	One ultrasound machine seized.
			Accurate Diagnostic Centre, Safdarjung Enclave	<ol style="list-style-type: none"> 1. Centre has not displayed their Registration Certificate. 2. DAA has not paid a visit to the clinic since 2002. 	Clinic asked to display the Registration Certificate
			Dr. M.L. Aggarwal, X-ray Clinic, Safdarjung Enclave	<ol style="list-style-type: none"> 1. Forms F for ultrasounds performed on 22 & 23 Dec 2005 were being filled by Dr Aggarwal on 24 Dec, 2005 when the team visited. 2. Forms F were not signed by the radiologist. 3. Centre has not displayed its Registration Certificate. 	Two stable ultrasound machines and one mobile machine was sealed.
			Aashriwad Medical Centre, Gautam Nagar	<ol style="list-style-type: none"> 1. Informed that mobile ultrasound machine visiting the clinic has not visited since July 2005 and owner is planning to deregister the clinic. 2. Records were not submitted to DAA. 	No action

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
South Delhi-II	4 & 5 April-05	<ol style="list-style-type: none"> Ms. Malini Bhattacharya, Member, National Commission for Women Dr. Himanshu Bhushan, Assistant Commissioner, MH Division, MoHFW Dr. Rattan Chand, Director (PNDT) -Convenor. 	<p>Aastha Medical Centre, Lajpat Nagar</p> <p>Lokpriya Nursing Home & Maternity Centre, E-1 Abul Fazal Enclave, Okhla-110025</p>	<p>Forms F not maintained by the clinic for the month of October</p> <ol style="list-style-type: none"> Displaying the facilities of ultrasound as well as MTP without any registration under MTP and PNDDT. Dr K P Singh radiologist regularly visiting the clinic to perform the tests. 	<p>Ultrasound machine sealed</p> <p>The operation theatre and the associated instruments / equipments were sealed by the District AA in the presence of the NIMC.</p>
			<p>Shadab Imaging and Diagnostic Centre, 177, Parkview Apartments, Nehar Road, Opposite Okhla Head Bus stop, Jamia Nagar, Okhla-110025</p>	<p>All forms F were found incomplete and not signed by the radiologist.</p>	<p>192 forms F were seized by the district AA Ultrasound machine sealed.</p>
			<p>Dr. K.P.Singh, Ultrasonologist, Shop 3, Gali 1, Opposite Majeedia Hospital Gate No.3, Ratia Road, Sangam Vihar, New Delhi-110062</p>	<ol style="list-style-type: none"> Owner was performing ultrasound at the unregistered Lokpriya Nursing Home & Maternity Centre Okhla. This small centre was found to have four ultrasound machines (two fixed and two portable) and it was not understood why there were so many for such a small centre. No records for the last three months were made available. 	<p>All the four ultrasound machines were sealed and available records seized by the district AA.</p>
West zone	15-04-2004	<ol style="list-style-type: none"> Dr Kamala Ganesh, Ex. Prof Gynae, MAMC Dr J B Babbar FPAI Dr Madhu Bala Nath, Director PNDT Govt. of India. Dr Ashok Mehta (Delhi Govt.) Dr Sunil Bhatnager (Delhi Govt) 	<p>Mohan X ray Lab, Kavita Colony Mongloi</p>	<ol style="list-style-type: none"> Centre owned by Dr S M Verma, BAMS but Registration Certificate shows Dr Dinesh Goyal. Radiologist who owns a portable ultrasound machine comes on call to this clinic. No records were maintained for US scans. Dr S M Verma also owns adjoining premises which displays ultrasound facilities but is not registered under PNDDT Act. 	

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
			Nangloi Ultrasound Centre, Raj Market, Punjab Basti, Nangloi	<ol style="list-style-type: none"> Centre registered in the name of Mrs Babita Gupta as owner and Dr C K Reheja as radiologist. Radiologist visits the clinic between 1pm-2pm besides being on call (10-12 days a month) at other hours. Dr Raheja also visits at least 8-10 clinics a day on call. Forms F were not signed by the radiologist. On enquiry it was said that Forms F are completed in one sitting once in a month as there is hardly any time to do it. Inspection team suggested that authorities inspect other clinics where the radiologist visits on call for checking record maintenance 	
			Surya Imaging and Diagnostics	<ol style="list-style-type: none"> Centre owned by Shri Kuldeep Sharma MSc Bio- chemistry. Copy of Registration was not available as Appropriate Authorities have refused registration as a case is pending in the court. Dr Sandeep Suri is visiting radiologist on call. Records are not maintained. 	
			Dr Prashant Clinic, Nangloi	<ol style="list-style-type: none"> The centre is registered for use of ultrasound machine under the name of Dr Lily Dahiya and gynaecologist wife Dr Ishwae Dahiya. Premises also used for MTP purposes without registration under MTP Act. 	

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
South Delhi	13-11-2003	1. Dr Kamala Ganes, Ex. Prof Gynae, MAMC, 2. Mr MK Sharma, deputy legal advisor PNDT, Dept of Legal Affairs. 3. Dr Madhu Bala Nath, Director PNDT, Govt. of India. 4. Dr A K Mittal (Nodal officer PNDT Delhi Govt.) 5. Dr Mohini Gupta (District PNDT authority South Delhi)	Ramchand Memorial Nursing Home/Infertility Research Institute Pachim Vihar Dr Sharma's Nursing Home, Kailash Colony	<p>1. The centre is owned by Dr J L Chakraborty and the ultrasound machine is operated by his wife.</p> <p>2. The centre is using same machine for an infertility research institute opened by the owner recently but not registered under PNDDT Act.</p> <p>3. Records were maintained properly.</p> <p>1. Nursing home was shown in a story in <i>India Today</i> issue dated 10 Nov 2003 where it was reported that Dr Sharma refers patients to radiologist for sex selection.</p> <p>2. The nursing home is owned by Dr Sharma and Dr Dev Choudhury's name was mentioned for the use of ultrasound machine, which was found to be operated by Dr P K Dutta on call.</p> <p>3. Nursing home was violating section 4 (3), rule 13, rule 9(8) of the Act and Appropriate Authorities were asked to take necessary action.</p>	<p>Centre was told to include their infertility centre in the registration under PNDDT.</p>
			Dhar Medical Centre Lajpat Nagar	<p>1. Owned by Dr Santash Dhar, the centre has applied for registration but not collected the Registration Certificate.</p> <p>2. Certificate of registration and display board denying sex selection was not displayed.</p> <p>3. Records were not maintained.</p>	

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
				4. Centre was violating section 19(4), 4(3) and rule 17 of the PNDT law and state authorities were asked to take necessary action	
			Akash Arogya Mandir Nursing Home,	Couldn't check the records as the clinic was closed	
			AV Health Care Centre	1. Registration Certificate not displayed. 2. Form F not maintained properly	
South district	18-7-2003	1. Mrs Madhu Bala , Director (PNDT), 2. Dr Saroj Dhingra A C (PHC), DoFW, 3. Dr A K Mittal nodal officer PNDT Delhi Govt.	India IVF Centre And Research Institute Lajpat Nagar	1. Centre is registered for use of ultrasound machine but not for preconception technique tests. 2. Registration Certificate was not displayed. 3. Form F and Form G were not maintained as required by the Act.	Strict vigil was suggested to state authorities for such preconception/IVF centres
			Mother and Child Hospital, Defence Colony	1. IVF clinic Registered for pre-natal test and not for preconception tests. 2. No records were maintained.	
Central district			District Appropriate Authority, Nabi Karim	???????	

District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
Gandhinagar	19-09-05	<ol style="list-style-type: none"> Ms. Malini Bhattacharya, Member, National Commission for Women. Shri M.K.Sharma, Addl. Legal Adviser, Min. of Law. Dr. J.B.Babbar, Medical Officer, Family Planning Association of India. Dr. Rattan Chand, Director (PNDT), Convener 	<p>Illa Maternity Hospital, Plot No. 447, Sector 16</p> <p>Happy X-ray & Sonography Clinic, 443, Sector 16</p> <p>Santokhba Prasuti Grih and Sonography Centre, 944, Janta Nagar, Chandkheda</p> <p>Jeevandeep Hospital, Chandkheda,</p> <p>Shraddha Maternity & Nursing Home, Janatanagar, Chandkheda</p>	<p>In the clinics visited, it was generally observed that</p> <ol style="list-style-type: none"> The copy of the PNMT Act was not available. Incomplete records were maintained in Form F. Number of children, complete address, phone no. etc. were not given. In many cases, the forms were not signed either by the doctor or by the pregnant women. 	<p>The PNMT registrations of the four centres were suspended with immediate effect. Appropriate Authority was also advised to inspect the Shraddha Maternity and Nursing Home which had applied for and obtained registration but was found closed at the time of the visit.</p>
Mehsana	20-09-05		<p>Dr. R.C.Shah, Sanjivani Maternity & Surgical Nursing Home, Narayan Shopping Centre,</p> <p>Matru Prasuti Gruh & Nursing Home, Parvati Complex</p> <p>Shrushti Maternity Home & Nursing Home, Narayan Shopping Centre</p>	<ol style="list-style-type: none"> These centres were not maintaining complete records in Form F. The address and telephone no. of the pregnant women were incomplete. The forms were not signed in some cases either by the doctor or by the pregnant women. 	<p>The registration of PNMT of the clinics were, therefore, suspended.</p>
Unjha Taluka of Mehsana			<p>Sharda Hospital, Shreeji Market, Unjha</p> <p>Shraddha Prasuti Grih & Nursing Home, Shri Hari Complex, Near Rly. Crossing, Unjha</p> <p>Hari Siddh Hospital, Pratap Chambers, Unjha</p> <p>Nidhi Hospital, Gandhi Chowk, Unjha</p>	<p>Forms F not properly filled in</p> <p>Forms F not maintained at all</p> <p>Forms F not properly filled in</p> <p>Forms F not maintained at all</p>	<p>Notice to comply with two weeks was issued</p> <p>Registration suspended</p> <p>Notice to comply with two weeks was issued</p> <p>Registration suspended</p>

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
Ahmedabad	21-09-05		<p>Anand Surgical Hospital, Pratap Chambers, Unjha</p> <p>V. Sarvamangal Sonography & Maternity Clinic, Jivraj Park.</p> <p>Riddhi Hospital near Tower Virangam.</p> <p>The Sarvamangal Clinic, Lotus School Jodhpur.</p> <p>Janani Prasuti Grih and Sonography Centre, Near Vishvamitri Bus Stand.</p>	<p>1. Reports not submitted to the DAA.</p> <p>2. Form F used by the clinic were devised on own in which necessary items were not included</p> <p>The record maintenance at these clinics was poor.</p> <p>1. Incomplete address,</p> <p>2. Number of children not mentioned,</p> <p>3. Form 'F' not signed either by doctor or by patient.</p> <p>4. PNDT Act and Rules not available etc.</p> <p>5. The owner of Janani Prasuti Grih and Sonography Centre, owns another clinic.</p>	<p>Undertaking from the doctor that he is a general surgeon and will not carry out any procedure on the pregnant women. Warned to use strictly forms F specified in PCPNDT Act</p> <p>The records were seized and three ultra sound machines seized. The district Appropriate Authority was advised to visit the other clinic owned by owner of Janani Prasuti Grih and Sonography Centre.</p>

State/UT: Uttar Pradesh

District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
	17 & 18 Jan -06	1. Dr. Rattan Chand, Director (PNDT) 2. Dr. J.B.Babbar, Medical Officer (In Charge), Family Planning Association of India (FPAI)	<p>1. Dr. Mira Ambesh, Kidwai Park, Raja Mandi</p> <p>2. Sarkar Nursing Home, Delhi Gate</p> <p>3. Dr. Jain Ultrasound Centre, Raja Mandi Crossing</p> <p>4. Ahuja Ultrasound Centre, Delhi Gate</p> <p>5. Ultrasonography Centre at Delhi Gate</p> <p>6. Chawla Nursing Home, Ghatia Ajam Khan,</p> <p>7. Abhilasha Nursing Home, Sultan Ganj, Pulia</p> <p>8. Only Ultrasound Centre, Sanjay Place</p> <p>9. Maternity Nursing Home and Ultrasound Centre, Old Vijay Nagar Colony</p> <p>10. Dr. Renu Bargava, Adan Bagh Extension, Dayal Bagh</p> <p>11. Usha Devi Mission Hospital, Agra</p>	<p>Dr Mira a BHMS doctor not eligible for performing ultrasound is registered with DAA since 2003</p> <p>Registered as Genetic counselling centre</p> <p>Copy of PNDT act not available in the clinic</p> <p>No inconsistencies were found.</p> <p>The centre has changed the ultrasonologist and informed the same to DAA</p> <p>Doctors in charge were not available at the time of visit</p> <p>1. Doctors not qualified to perform ultrasound. 2. Results of the scans not mentioned in the forms F. 3 Forms F not duly signed by the concerned doctor</p> <p>Centre following the norms as per law</p> <p>Centre following the norms as per law</p> <p>1. Doctor was performing ultrasound at unregistered Bharat Bhargava hospital. 2. Forms F were not filled properly.</p> <p>Board displaying that <i>Sex Determination Is Not Done Here And It Is Illegal</i> was missing.</p>	<p>Registration cancelled by DAA on spot</p> <p>No action</p> <p>Notice issued to produce the copy of Act within one weeks time.</p> <p>No action</p> <p>DAA was told to conform</p> <p>Three ultrasound machines were sealed and registration was suspended by DAA</p> <p>Registration was suspended and machine sealed</p> <p>Notice was issued by the Appropriate Authority to comply.</p>

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
Mathura	19 -20 Jan 05		12. Modi Mobile Ultrasound Centre, Awas Vikas Colony, Agra	<ol style="list-style-type: none"> 1. Copy of PNDT law was not available. 2. The board indicating sex selection not done here was not displayed. 	Notice was issued by the Appropriate Authority to comply.
			13. Dr. Amit Ultrasound Scanning Centre, Naalband Chauraha, Agra	Addresses on the Forms F were not mentioned.	Notice was issued by the Appropriate Authority to comply.
			14. Parkash Ultrasound Centre, Bye Pass Road, Agra	<ol style="list-style-type: none"> 1. Address and no and sex of previous children of the patient in Form F were not mentioned. 2. Copy of PNDT law was not available 	Notice was issued by the Appropriate Authority to comply
			1. Raghunath Nursing Home, Mayur Vihar	<ol style="list-style-type: none"> 1. Records of ultrasound performed were not maintained since August 2004. 2. Copy of PNDT law was not available. 	Ultrasound machine was sealed and registration suspended
			2. Narula Nursing Home, Indirapuram	<ol style="list-style-type: none"> 1. Address in Form F incomplete 2. Copy of PNDT law was not available 	Notice to rectify the shortcomings was issued.
			3. Mangla Hospital, Arya Nagar, Kosikala	<ol style="list-style-type: none"> 1. Dr Dipiti Mangala a BAMS doctor ineligible to perform ultrasound is registered under DAA 2. Registration wrongly given by DAA 3. Clinic performing illegal testing with the cooperation of DAA 4. During the visit 40-50 people were mobilised by the Hospital to intervene against the government action 	DAA unwillingness to take action against the hospital. The NIMC directs State Govt. to take strict action against the hospital.

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District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
			4. Sharma Nursing Home, Kosi Kala	1. Address in Form F incomplete 2. Copy of PNDDT Act. was not available	Notice to rectify the shortcomings was issued.
			5. P.L.Nursing Home, Kosi Kala	1. Address in form F incomplete 2. Copy of PNDDT Act was not available	Given the unwillingness of DY CMO to take strict action a Notice to rectify the shortcomings was issued.
			6. Gopi Krishan Nursing Home, General Ganj, Mathura:	1. Address in Form F incomplete 2. Copy of PNDDT Act. was not available	Notice to rectify the shortcomings was issued.
			7. Gupta Nursing Home, Badpura	1. Address in Form F incomplete 2. Copy of PNDDT Act was not available	Notice to rectify the shortcomings was issued.

State/UT: Madhya Pradesh

District	Date of Inspection	Team members	Places visited/ inspected	Observations	Actions taken on spot
Bhopal	4 -5 July 06	1. Mr M K Sharma, Ministry of Law 2. Dr Himanshu Bhushan, MoHFW, 3. Ms Sushama Rath, MoHFW	District Appropriate Authority	187 registered clinics. NGO not part of advisory committee Meetings held regularly IEC activities initiated.	Machine sealed and registration suspended
			Batra Hospital, MP Nagar	1. Records under Form F never maintained. 2. Neither a copy of the Act nor the display of non-conduct of sex selection test available in the clinic.	Machine sealed and registration suspended
			Charak Diagnostic Cent, TT Nagar	1. Form F never maintained. 2. Registration and the board of non-conduct of sex selection not displayed in the clinic. 3. Copy of the Act also not available in the clinic. 4. Owner of the clinic is a state employee and machine is registered in the name of Dr Vimla Agarwal wife of the owner who is a homeopathic practitioner. 5. Dr Agarwal was found doing ultrasound tests in his clinic which is illegal in duty hours.	Machine sealed and registration suspended
			Mayo Hospital, Sultania Road	Records were not maintained under PNDT & MTP for which clinic is registered	Two machines sealed and registration suspended

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District	Date of Inspection	Team members	Places visited/ inspected	Observations	Actions taken on spot
Sehore	5 -6 July 06		District Appropriate Authority	<ol style="list-style-type: none"> 1. No meeting of advisory committee has been held since 2002. 2. 11 centres registered with the district. 3. No clinic except one sends monthly reports 	
			Ishan Diagnostic Centre	<ol style="list-style-type: none"> 1. Form F never maintained. 2. Registration and the board of non-conduct of sex selection not displayed in the clinic. 3. Copy of the Act also not available in the clinic. 	Clinic sealed as US machine was not available in the clinic and registration suspended.
			Modi Clinic & Diagnostics, Ganga Ashram	Irregularity in record maintenance.	Show cause notice issued summoning Dr Rashi Modi on 17th July 06 along with all records
			Vaibhav Clinic, Ganga Ashram	Irregularity in record maintenance.	Show cause notice issued summoning Dr Disha Chablani on 17th July 06 along with all records
			Vandana Diagnostic Center, Ganga Ashram	<ol style="list-style-type: none"> 1. Radiologist under-qualified to perform US tests. 2. Records not maintained and copy of Act not available in the clinic. 	Machine sealed and registration suspended.
			Jaiswal Diagnostic Centre	<ol style="list-style-type: none"> 1. Sonographic tests facilities availability displayed. 2. Ultrasound machine not available in the clinic. 3. No records available. 	Clinic sealed

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District	Date of Inspection	Team members	Places visited/ inspected	Observations	Actions taken on spot
			Deven Clinic	<ol style="list-style-type: none"> 1. The machine registered was of a different make to the one being used in the clinic. 2. One more unregistered machine was found in the store room. 3. Records were not maintained till 12- 6-06. 	<p>Two machines sealed and registration suspended. Appropriate Authorities directed to take further investigation in the matter and find out what happened to the machine mentioned in the registration papers.</p>

State/UT: Haryana

District	Date of Inspection	Team members	Clinics Inspected	Observations	Actions taken on spot
Ambala	25 May 2005	<ol style="list-style-type: none"> 1. Dr Rattan Chand, Director (PNDT), MoHFW 2. Sh R K Ojha, Deputy Sect, DWCD. 3. Ms Seema Gupta (VHAI) 	<p>Team met DAA and visited following US clinics:</p> <p>Mittal Clinic Shahzadpur R K M Hospital Ambala Agarwal X ray and Ultrasound Ambala.</p>	<ol style="list-style-type: none"> 1. There has been no inspection of any registered centre / clinic by the District Appropriate Authority during the last 10 months. 2. The last meeting of the District Advisory Committee was held in September 2004. Such meetings should be held once in two months. 3. There has been no follow up of the court cases. 4. There is a general sense of demotivation amongst the officers associated with implementation of the PNDT Act. The reason given for this is that District FW officer has had a vigilance inquiry after his filing a court case against one of the leading doctors in the city. 5. The visited clinics were maintaining records in Form F as required under the Act. 	

NIMC Recommendation to DAAs

- The District Appropriate Authority should constitute inspection teams of 3-4 members each who should conduct inspection / visits of registered centres regularly. Such teams may include one member each from the IMA, an NGO, a gynaecologist and a member from the office of the Appropriate Authority.
- The District Advisory Committee should meet regularly.
- The District Appropriate Authority must take stringent action against wrong doers and also make follow up visits to suspected clinics.
- Decoy patients may be sent to clinics suspected of indulging in sex determination.
- Form F should be checked on a random sample basis to see whether the centres are sending duly completed forms or not
- Form F may also be used to track cases of women who have come to clinics for an ultrasound in the span of 15-20 weeks of pregnancy

- For the important task of bringing about social change in the community, (which is a gradual process), NGOs should be involved and motivated to work at the grassroots level to address this issue as a key social problem.

NIMC Recommendation to SAAs

- The inspection of registered centres/clinics should be undertaken regularly by the District Appropriate Authorities. In Ambala, no such visits were undertaken in the last 10 months.
- In Ambala, there is a general feeling of discontentment and demotivation amongst the District officers. The reasons for this need to be addressed.
- Record-keeping, etc., needs to be closely monitored at the District Office along with the monitoring of suspected cases.
- Follow up of court cases needs to be speeded up to exert pressure and create fear amongst wrong doers. Such cases should be reviewed regularly at the highest level.
- NGOs need to be involved for creating an atmosphere of social change in the villages and community at large.
- The State PIP should include a proper plan of action along with a budget for implementation of the Act.
- State and District level Advisory Committee meetings should be conducted on a regular basis as per requirements of the Act.
- Decoy patients need to be sent to the clinics suspected of undertaking sex selection.
- During the field visit the team was also informed about the free supply and use of the MTP drugs by doctors and quacks, leading to an increased number of illegal MTP cases.

State/UT: Himachal Pradesh

District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
Una	28-30 June, 2005	1. Shri M.K.Sharma, Additional Legal Advisor, Min. of Law. 2. Dr. Kamla Ram, Gynecologist, Parivar Sewa Santhan (PSS) 3. Dr. Himanshu Bhushan, Assistant Commissioner, MH division, MOH&FW. 4. Smt Sushama Rath, Under Secretary (ID/PNDT) - Convenor.	<p>DAA</p>	1. There are eight US centres registered with DAA, no IEC activity taken by DAA. 2. Registration application forms were found incomplete. 3. No monthly reports of the clinic was found with the DAA. 4. There are numerous unregistered centres functioning in Gagret in District. 5. General apathy, irresponsibility and insensitivity towards the issue were attitudes found among DAA and private practitioners.	
			<p>Nanda Hospital</p>	1. No records were kept by the Centre. 2. No Registration Certificate was displayed. (However as reported by Dr. R.K. Puri, the clinic was visited on 22 June, 2005 by DAA and records were found in the clinic and signboard displaying registration of the machines with registration number was also found).	Ultrasound machine was sealed
			<p>AMC Diagnostic</p>	1. No records were kept by the Centre. 2. A three months pregnant lady (with one previous girl child), not referred by any doctor, disappeared when the team made its inquiries.	Ultrasound machine was sealed

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
			Kaushal Scan and Nursing Home	<ol style="list-style-type: none"> No records were kept by the Centre. Registration of the machine was in the name of Dr.V.N. Kaushal but ultrasound machine was being used by both (Dr) Mr. and Mrs. Kaushal. 	Ultrasound machine was sealed.
			Kanwar Hospital	No records were kept by the Centre.	Ultrasound machine was sealed.
			Anandraj Malik Hospital and Diagnostic Centre	<ol style="list-style-type: none"> Incomplete records without the signature of the performing doctor. Most of the ultrasounds done were in the second trimester. 	Ultrasound machine was sealed.
			Surya Diagnostic Centre and Hospital	<ol style="list-style-type: none"> No records were kept by the Centre. Dr. Surinder Singh, MBBS has been undertaking anti-natal cases without any referral. 	Ultrasound machine was sealed.
Kangra			DAA	<p>There are 32 registered Ultrasound Centres in the District. District Appropriate Authority has delegated Powers to SMO, BMO and constitution of a Block level Vigilance Committee having participation of NGOs has been initiated. A Parivar Salahakar Samiti for creating awareness of PNDT has been constituted. Three Medical Officers are proposed to undertake supervision of the Clinics on Gazetted holidays. A Task Force for this has been constituted by DAA. The District Commissioner has announced an award of Rs. 1.00 lakh to the Panchayat having highest sex ratio. The District Appropriate Authority was advised</p>	

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
				to depute 7 Health Educators in Civil Hospitals for counseling on PNMT on ante-natal day. IEC activities taken by DAA	
			Dr. Khanna's Clinic	Dr. Anurag Khanna, MS Ayurveda is the owner. The machine is operated by Dr. Santosh Khanna, MBBS with experience certificate.	
			PHC Dari	MTP registered centre 1. The MTP instrument not reflected in the stock register. 2. No records of MTPs done were maintained.	
			Dr. Nina Pahwa Clinic (MTP Centre)	1. MTP consent forms not available. 2. It was noticed that for last 4-5 years the reasons for all abortions were mentioned solely as contraceptive failure.	The Centre was sealed
			Dr. B.K. Pahwa Clinic (Ultrasound Centre)	There were two ultrasound machines in the Centre, one had been registered and the other applied for registration since 2002).	The unregistered machine was sealed under Section 3 of PNMT Act.
			Raj Ultrasound and Diagnostic Centre	1. The owner Dr. Raj Kumar BAMS operates the machine though unqualified for this. 2. Records and Forms F were not maintained	The machine was sealed under Section 4 (3), 29 & Section 3(2 and Rule No.9& Rule No.3) of the PNMT Act

NIMC Recommendation to SAA

- To supply revised form "B" to Una district along with formats as per PNMT Act.
- To call immediate meetings of District and State Advisory Committees.
- The State Appropriate Authority was requested to be present for the meetings.
- A workshop with all private practitioners and efficient NGOs.
- To strictly monitor all ultrasound machines, in both private and Govt. sectors for strict implementation of the PNMT Act.

State/UT: Punjab

District	Date of Inspection	Team Members	Places visited	Observations	Actions taken on spot
Patiala	26 May 2005	1. Dr Rattan Chand, Director (PNDT) MoHFW. 2. Sh R K Ojha Deputy Sect DWCD. 3. Ms Seema Gupta (VHAI)	Team met DAA and also visited following Clinics : Garg Maternity and Nursing Home, Rajpura, TK Sethi Ultrasound and X Ray centre, Rajpura, Aggarwal Ultrasound & X ray centre, Patiala and Alpha Radiological Centre, Patiala.	1. Ultrasound clinics users and owners should be made aware regarding the amendments of the Act, and the instructions to be followed by them strictly. 2. The clinics have been following the requirements of record keeping, displaying of registration certificates, display boards and keeping of copy of PNDT Act at the centre etc. 3. There is need to undertake awareness generation programs at the ground level to bring about a change in the mindset by involving NGOs. Without such a change, the PNDT Act by itself will not be able to stop sex selection.	

NIMC Recommendation for SAA

- The initial requirements of the implementation of the Act, such as record keeping, registration, displaying boards and creating fear amongst wrongdoers seem to have been completed in Punjab.
- The emphasis should now focus on catching and prosecuting wrong doers. For this, a system of intelligence gathering in order to catch violators red-handed needs to be developed.
- It is important to have regular interactions and interface with the community to understand this issue as a socio-cultural problem, and to have NGOs conduct awareness programmes on a continuous basis.
- Multi-sectoral coordination is also required to bring about a change in the mindset of the people, e.g., persuasion by religious leaders to shun this malpractice.
- It is important to expedite pending court cases.
- The ANMs, if any, who are commissioning cases to the doctors also need to be warned and strictly dealt with.
- The talk about the mobile ultrasound services available at the village doorstep needs to be looked into.

- Meetings of the State Advisory Committee need to be regularly held.
- The state should budget for any assistance required in their state PIP for implementation of the Act.
- At district and state level a strong vigil is needed through the involvement of NGOs at the grassroots level.
- It was suggested that if Gol gives support for consulting private lawyers well versed with the PNDDT Act (such as Mrs. Veena Sharma from Punjab) then cases will be able to be brought to justice more easily.
- The Judiciary needs to be adequately sensitized.
- Officers implementing the PNDDT should be protected against false complaints of human rights violations and vigilance etc.

State/UT: West Bengal

District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
Kolkata	1 and 2 February 2006	<ol style="list-style-type: none"> 1. Prof. Malini Bhattacharya, Member, National Commission for Women (NCW). 2. Dr. J.B. Babbar, Medical Officer, FPAI. 3. Dr. Rattan Chand, Director (PNDT) 	<p>SAA</p>	<ol style="list-style-type: none"> 1. So far not a single meeting of the State Supervisory Board (SSB) has been held under the chairmanship of the Minister of Health & FW. However, as per the PC&PNDT, the meeting of the SSB should be held at least once in four months. The state should organize the first meeting of SSB immediately and such meetings should be held regularly in future. 2. State/district Authorities are not supervising the registered clinics in their area. State and district level teams with members of Advisory Committees may be formed for regular supervision. 3. District Appropriate Authority of Kolkata has issued instructions to the clinics not to send information in Form F to them. 	
			<p>Dr. Pramod Kanoj Ultrasound Diagnostic Clinic, 227, AJC Bose Road, Kolkata</p>	<ol style="list-style-type: none"> 1. Standard format of Form F not used. 2. Referral slips not maintained. 	Records possessed for auditing and a notice was issued.
			<p>Dr. Kalpana Gupta, City Medical Centre, 135, Rash Behari Avenue, Kolkata</p>	<ol style="list-style-type: none"> 1. Doctor was unavailable at the time of visit. 2. The receptionist was questioned regarding the clinic, which is not registered with DAA but possesses US machine. 3. Machine claimed to be not in use for last 6 month. 	Written statement recorded from the receptionist, locked US machine room relocked by the authorities DAA directed to file a case against the doctor .

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
			<p>Apollo Glenglas Hospital Ltd., 58, Canal Circular Road, Kolkata</p>	<ol style="list-style-type: none"> 1. More than the number of Radiologists mentioned in the registration papers visiting the clinic. 2. Form F not maintained by the clinic 	<p>Show cause notice issued</p>
			<p>Dr. Piyush Aggarwal, Flat No. 102, Wellesly Mansion, 44 B, R-A, Kidwai Road, Kolkata</p>	<ol style="list-style-type: none"> 1. Unregistered clinic possessing an US machine. 2. Clinic situated in a residential area, no sign board, whole atmosphere fishy. 3. Team was not allowed to enter as it was said that the owner is not available. At that time two clients came for doctor's appointment but were denied. 	<p>Notice was handed over to the available lady and DAA was directed to take investigation in this matter.</p>
Medinipore	3 & 4 February 2006		<p>Eastern Diagnostic & Medical Centre, B. C. Free School Street, Kolkata</p> <p>Met DAA and attended District Advisory committee meeting and visited following clinics : Midnapore Scan Centre (P) Ltd. and Spandan Diagnostic Centre (P) Ltd</p>	<p>No discrepancies found</p> <ol style="list-style-type: none"> 1. No clinic in Medinipore district maintains records or follows other provisions of PC & PNDT Act. However, the clinics have been registered. Local Association of doctors has promised to organize a meeting where CMO will explain them about the records etc. to be maintained. 2. Members of the Advisory Committee should inspect the clinics in a team and the findings should be discussed in the Advisory Committee. Ultrasound machines of the clinics not maintaining records/ 	

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
				<p>violating provisions of the PC & PNDT Act should be sealed and court cases should be filed against such clinics.</p> <p>3. Action taken by the district Appropriate Authority to implement the PC&PNDT Act in the district should be reviewed in the meetings of Advisory Committee.</p>	

District	Date of Inspection	Team members	Places Visited / Inspected	Observations	Actions taken on spot
Chittoor	4 -8 January 06	<ol style="list-style-type: none"> 1. Shri M.K.Sharma, Addl. Legal Adviser, Min. of Law. 2. Dr Himanshu Bhushan, Astd. Commissioner MH Division MoHFW, 3. Ms Sushama Rath, Under secretary ID/ PNDDT- convector 4. Shri CBS Venkata Ramana Commissioner FW and Ex officio secretary of Govt. of Andhra Pradesh 	<p>District Appropriate Authority</p> <p>Royalaseema Hospital, Tilak Road, Tirupati</p> <p>S V Diagnostic Centre, Masque Road, Tirupati</p> <p>Manohari Nursing Home, Reedy Colony, Tirupati</p> <p>District Appropriate Authority</p> <p>Sainath Hospital Kadiri</p> <p>Hyma Test Tube Baby Centre Sainagar Anapatpur</p>	<p>85 ultrasound clinic registered with district authorities, no IEC activities visible, no reports are sent to the District Authority from the clinics. DAA also have not put any efforts into monitoring of these clinics.</p> <ol style="list-style-type: none"> 1. No registration certificate found. 2. Form Fs not maintained <p>1. US machine found was not the same as the one registered.</p> <p>2. Forms F were not maintained</p> <p>1. Model No of the US machine was not mentioned on the Registration Certificate,</p> <p>2. Forms F were not maintained</p> <p>76 clinics registered with DAA, IEC activities undertaken by DAA, DAA not receiving the monthly reports regularly from the clinics.</p> <ol style="list-style-type: none"> 1. Form F maintained from 2005 onwards. 2. Monthly reports were not sent to the DAA <ol style="list-style-type: none"> 1. Form F maintained from 2005 onwards. 2. Monthly reports not sent to the DAA. 3. No separate MTP and genetic case registers found. 	<p>US machine sealed</p> <p>US machine sealed</p> <p>US machine sealed</p>
Anatapur					

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District	Date of Inspection	Team members	Places Visited / Inspected	Observations	Actions taken on spot
			Medinova Diagnostic Services, Raju Road, Anantpur	<ol style="list-style-type: none"> 1. Forms F not maintained properly, 2. No sign of the radiologist on the found forms in the clinic. 3. Clinic registered as genetic centre and counselling centre. 4. Visiting Radiologist not registered. 5. Monthly reports not send to the DAA. 	US machine sealed

Suggestions offered by the NIMC to State Appropriate Authority :-

- The District Collector should be nominated as a member of District Advisory Committee.
 - An advertisement should be issued nationally warning all manufacturers to refrain from supplying machines without informing M/o. H&FW, State Appropriate Authority and District Appropriate Authority.
 - There should be positive discrimination in favour of the girl child in the form of reservations for seats, and posts such as for teachers in B. Ed. Course and posts (at least 50%).
 - States should be informed about the step-by-step procedure for sting operations and filing cases in court.
- State Appropriate Authority on 8 January 2006 issued an advertisement in all the newspapers in the States for ultrasound scan centres etc. to follow the provisions of PC and PNDT Act.

State/UT: Uttarakhand

District	Date of Inspection	Team members	Places Visited / Inspected	Observations	Actions taken on spot
Dehradun	17 & 20 July 06	1. Dr. Rattan Chand, Director (PNDT) 2. Mr M K Sharma- Ministry of Law. 3. Ms Nandita Mishra, Deputy Economic Advisor, MWCD. 4. Dr Kandwal 5. Mr Bhahuguna - both State HQ	District Appropriate Authorities Dr Rajeev Sikund Clinic, Rajpur Road Dr Parmod Tyagi Diagnostic Centre Rewati Nursing Home	Three cases under PNDT filed in court No discrepancies found Ultrasound machine of another registered clinic was used, as machine registered under this clinic has been sent for repair for past one year. 1. Name of the radiologist performing tests in the clinic was not intimated to the authorities. 2. Registration Certificate and board for non conduct of sex selection was not displayed. 3. Copy of the Act was also not available. 4. Old format of Form F was used.	Machine was sealed and notice was issued for non-maintenance of records DAA directed to take immediate investigation and find out the whereabouts of the original machine of the clinic. Machine was sealed and recorded seized.
			Doon Valley Hospital	1. Name of the radiologist performing tests in the clinic not intimated to the authorities. 2. Registration Certificate and board for non-conduct of sex selection were not displayed. 3. Copy of the Act was also not available. 4. Records were not maintained and monthly reports were not sent to authorities.	Machine was sealed

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District	Date of Inspection	Team members	Places Visited / Inspected	Observations	Actions taken on spot
Hardwar			Himalaya Medical Institute	Recent form F not duly signed by the doctor. No records kept for the scan done by another machine kept in clinic	Notice was issued for improper maintenance of records and department of Obst & Gyn was sealed
			Prem Nursing Home	Records were not maintained properly	Notice was issued for improper maintenance of records
			City Hospital, Ranipore Mod, Hardwar	<ol style="list-style-type: none"> 1. Despite having a gynaecologist, the clinic is sending Nil reports. 2. Registration certificate was not displayed. 3. Copy of the Act was also not available. 	Machine was sealed and recorded seized
			Sai Medical Centre	<ol style="list-style-type: none"> 1. Records of the less than 12 weeks pregnancy scans were not kept. 2. Forms F signed by the doctors at the end of the month. 3. Original cash receipt for scans done kept by clinic rather than given to patients. 4. Copy of the Act was also not available. 	Machine was sealed and recorded seized
			Hardwar Scan Centre	<ol style="list-style-type: none"> 1. Forms F not signed by the doctor. 2. Nil reports sent to the authorities. 3. Registration Certificate and board for non-conduct of sex selection were not displayed. 	Machine was sealed and recorded seized.

District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
Bangalore rural (Channapatna)	5 June 2006	1. Mr M K Sharma, Add. Legal Advisor. 2. Dr Kmala Ram, Gynaecologist (Parivar Seva Sanastha) 3. Dr Rattian Chand, PNND Director MoHFW. 4. Dr Laxmikant, Dy Director HQ	Farah Hospital Balu Nursing Home Dr V J Lingagoda Hospital Vardaraja Hospital Pooja Hospital	Hospital has been closed completely 1. Records on Form F incomplete. 2. Records were not maintained since Feb. 2006. 1. No records were maintained on Form F. 2. Board displaying <i>Sex Determination Is Not Done Here And It Is Illegal</i> was missing. 3. Copy of PNND law was not available. 4. Machine was missing and team told that it has been sent for repairs but there was no intimation to the authorities. 1. Forms F and G not filled completely and even not signed by the performing doctors. 2. MTP is available without registration. 1. Claimed that no US tests done there and patients are referred to Mandya. 2. Registration was cancelled earlier by the authorities.	DAA asked to make hospital management surrender their Registration certificate and also find about the whereabouts of the US machine operated in the hospital. Machine sealed and records seized. Registration was suspended and notice was served to the hospital Machine sealed and records seized DAA told to keep a close watch on the hospital

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
Mysore	6 June 2006		Punya Hospital	1. Records not kept under PNDT act. 2. Two more doctors visit clinics with their mobile US	Machine sealed and records seized
			Krishna Clinic, Nanjangud	Records were not maintained	Machine sealed and records seized
			Mamta Health centre	Records were not maintained	Licence of the hospital suspended and US machine sealed
			Nanjan Gowda Clinic	1. Records were not maintained. 2. Form G used as consent form. 3. Board displaying <i>Sex Determination Is Not Done Here And It Is Illegal</i> was missing.	
Mandya	7 June 2006		Pawan Scanning Centre	Clinic was found closed	
			Mandya Scan Centre	1. Incomplete records maintained on Forms F. 2. Doctor other than the authorised, visits the centre.	Notice was issued
			Kauveri Nursing Home	1. Clinic registered in the name of Dr H Krishna and situated in one room of the Andhra bank but no board of the clinic was found outside. 2. Records not maintained properly. 3. Entry register missing in the clinic.	Machine sealed and records seized
			Tara Diagnostic Centre	1. Incomplete information filled in Forms F. 2. Black Form F signed by the doctors.	Machine sealed and records seized

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
Bangalore rural (Channapatna)	21 July 2005	1. DAA 2. Dy. Director (FW & MCH) 3. Ms Dona Fernandes (VIMOHANA)	Anusha Diagnostic Centre	1. Form Fs incomplete. 2. Board displaying Sex Determination Is Not Done Here And It Is Illegal was missing.	Machine sealed and records seized
		District Appropriate Authority	Pooja Hospital	Registration of various clinics given besides incomplete application forms, advisory committees meeting not held regularly. 1. No US machine in the clinic. 2. Radiologist visits the clinic with a portable machine. 3. Registration certificate not displayed. 4. Copy of the Act not available in the clinic.	Recommended cancellation of registration of the clinic.
		Vardaraja Hospital	Vardaraja Hospital	1. US machine of the clinic out of operation as the doctor was ill. 2. Another doctor visits the clinic with his portable machine. 3. Not known whether the portable machine is registered; if so, whether working within its jurisdiction of registration.	DAA directed to check the details of the doctor and the machine used by him and in case any discrepancy is found take necessary action.
		Farah Hospital	Farah Hospital	1. Registration Certificate not displayed. 2. Copy of the Act not available in the clinic. 3. No records maintained.	DAA asked to suspend the registration and seal the machine.

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
Bangalore Urban	22 July 2005		<p>Bulu Nursing Home</p> <p>Punya Hospital</p> <p>Shri Sanjeevan Nursing Home</p> <p>Baba Diagnostic Centre</p> <p>Varkshami Nursing & Maternity Home</p> <p>City Hospital</p> <p>Dr Rao's Maternity Hospital</p> <p>Padmavati Hospital</p>	<p>1. Operator of US machine not qualified according to the law.</p> <p>2. Copy of the Act not available in the clinic.</p> <p>3. No records maintained.</p> <p>1. Copy of the Act not available in the clinic.</p> <p>2. No records maintained.</p> <p>3. Doctors visit Clinic on call with portable machines.</p> <p>4. One second-hand machine purchased but no proof of the purchase made available</p> <p>1. Nursing home not registered.</p> <p>2. Doctors visit with portable US machines.</p> <p>Was found closed</p> <p>Records were not maintained</p> <p>No major discrepancies</p> <p>Records maintained properly but reports not sent to the DAA</p> <p>1. Doctor with portable machine visits the clinic.</p> <p>2. Records are not maintained.</p> <p>3. Copy of the Act not available in the clinic.</p>	<p>DAA asked to suspend the registration and seal the machine</p> <p>Machine sealed and DAA asked to release the machine only if the documents are made available within 24 hours otherwise file a case in the court for the violations.</p> <p>DAA asked to summon the owner and ask him to submit an affidavit disclaiming any ultrasound or sex determination in his clinic.</p> <p>DAA asked to issue notice to the unit for violating the provisions of PNDDT</p> <p>Clinic asked to display the board in regional language also</p> <p>Clinic asked to display the board in regional language also and send the reports regularly to the DAA.</p> <p>Suspension recommended for the clinic and DAA directed to check the details of portable machine visiting the centre.</p>

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District	Date of Inspection	Team members	Areas visited / Clinics Inspected	Observations	Actions taken on spot
			Suhas Hi-tech Diagnostic Centre	<ol style="list-style-type: none"> 1. Registration Certificate not displayed. 2. Records maintained properly but reports not sent to the DAA. 	DAA directed to issue suitable notice to the clinic.
			Eshwani Nursing Home	<ol style="list-style-type: none"> 1. No records are maintained and monthly reports are not sent to the DAA. 2. Board displaying <i>Sex Determination Is Not Done Here And It Is Illegal</i> was missing. 	Suspension of the registration recommended.
			Hinduja Sindhi Hospital	Records maintained properly but reports not sent to the DAA.	DAA directed to send suitable notices to the clinic.

Brief compilation of good practices / success stories in the effective implementation of the Act

The Deputy Commissioner of Nawanshahr district in Punjab has implemented micro- level initiatives in the district and succeeded in reducing the menace of sex selection. Due to these initiatives it is claimed that the sex ratio has started improving. However, some activists feel apprehensive about what is perceived as an excess focus on pregnant women. The Implementation Model consists of a series of initiatives executed with the cooperation of local agencies and the public to deal with the issue. Some of the important points are:

Implementation Model -PC&PNDT Act

- The Constitution of a federation of local NGOs with the District Collector /Deputy Commissioner (DC) as ex-officio Chief Patron of this body.
- The holding of block level meetings with village authorities and the local public. Such meetings to be attended by all officers i.e. WCD, Civil Surgeon and DC appealing to the public to abstain from the practice of female foeticide.
- Communications through demi-official letters from the DC to all PRI representatives/sarpanches with the request to ensure that no female foeticide takes place in their area.
- The holding of similar kind of district level meetings where all municipal committee councillors, social activists and medical practitioners participate.
- The monitoring of pregnant women from their third to fifth month. This could be done through software for a database which includes the telephone numbers of all pregnant women, or, in the absence of such telephone numbers, the number of the village sarpanch could be noted.
- To send out a strong signal that expectant mothers are being monitored, a lady operator from the DC's Office could maintain telephone contact with pregnant women to ensure their wellbeing. An inquiry of the delivery status should be made; and in case there is no delivery, an investigation should be conducted as to whether an abortion has taken place and if so, under what circumstances.
- Strict medical audits of scanning centres should take place by computer analysis of the data submitted by them in Form F. Based on the medical audit report; necessary disciplinary action should be taken against those scanning centres who indulge in malpractice and do not comply with the rules.
- Special attention should be paid to those villages where the sex ratio is abnormally low, which should be subjected to a detailed survey in the presence of senior officials including the DC and other district heads. The visit of the DC and other senior officers in these villages acts as a deterrent to people engaging in sex determination, and also puts administrative pressure on Anganwadi workers and ANMs who do not collect data correctly.

- To break any nexus between ANMs/nurses and medical practitioners, the identification of all midwives/ ANMs/ nurses and the recording of their telephone numbers should be undertaken. Seminars to sensitize them should be organized which could serve both as warning as well as advice. The allotment of a toll-free telephone number for midwives to inform DC/Civil Surgeon about couples planning or engaging in sex selection/female foeticide could be another deterrent measure.
- Each departmental officer could adopt five contiguous villages for the monitoring of various aspects such as the sex ratio, as well as to ensure that all children go to school and to oversee the discipline and punctuality of all government institutions in these villages. They can thus act as a link between the villagers and district administration, and can easily develop a personal rapport with the villagers.
- Young students could be mobilized through a daily fixed time meeting with the DC.

District-wise Child Sex Ratio in 1991 and 2001

State	District Code	District	1991	2001	Difference
Andaman & Nicobar Islands					
	1	Andamans	980	960	-20
	2	Nicobars	930	937	7
Andhra Pradesh					
	1	Adilabad	986	962	-24
	2	Nizamabad	979	959	-20
	3	Karimnagar	981	962	-19
	4	Medak	981	964	-17
	5	Hyderabad	963	943	-20
	6	Rangareddi	972	959	-13
	7	Mahbubnagar	981	952	-29
	8	Nalgonda	981	952	-29
	9	Warangal	977	955	-22
	10	Khammam	981	971	-10
	11	Srikakulam	986	967	-19
	12	Vizianagaram	996	980	-16
	13	Visakhapatnam	985	976	-9
	14	East Godavari	994	978	-16
	15	West Godavari	984	970	-14
	16	Krishna	964	963	-1
	17	Guntur	970	959	-11
	18	Prakasam	969	955	-14
	19	Nellore	937	954	17
	20	Cuddapah	968	951	-17
	21	Kurnool	955	958	3
	22	Anantapur	962	959	-3
	23	Chittoor	970	955	-15
Arunachal Pradesh					
	1	Tawang	964	948	-16
	2	West Kameng	970	955	-15
	3	East Kameng	1036	1035	-1
	4	Papum Pare	934	978	44
	5	Lower Subansiri	1006	1005	-1
	6	Upper Subansiri	1005	985	-20
	7	West Siang	997	950	-47
	8	East Siang	1008	958	-50
	9	Upper Siang	967	1010	43
	10	Dibang Valley	994	946	-48
	11	Lohit	968	933	-35

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State	District Code	District	1991	2001	Difference
	12	Changlang	987	954	-33
	13	Tirap	946	941	-5
Assam					
	1	Kokrajhar	974	948	-26
	2	Dhubri	979	965	-14
	3	Goalpara	977	974	-3
	4	Bongaigaon	983	972	-11
	5	Barpeta	960	961	1
	6	Kamrup	970	957	-13
	7	Nalbari	967	959	-8
	8	Darrang	971	976	5
	9	Marigaon	983	966	-17
	10	Nagaon	975	975	0
	11	Sonitpur	979	973	-6
	12	Lakhimpur	973	967	-6
	13	Dhemaji	984	970	-14
	14	Tinsukia	970	958	-12
	15	Dibrugarh	971	962	-9
	16	Sibsagar	976	968	-8
	17	Jorhat	973	967	-6
	18	Golaghat	985	963	-22
	19	Karbi Anglong	976	974	-2
	20	North Cachar Hills	991	955	-36
	21	Cachar	980	961	-19
	22	Karimganj	981	965	-16
	23	Hailakandi	987	927	-60
Bihar					
	1	Pashchim Champaran	963	953	-10
	2	Purba Champaran	944	937	-7
	3	Sheohar	946	916	-30
	4	Sitamarhi	921	924	3
	5	Madhubani	953	939	-14
	6	Supaul	941	925	-16
	7	Araria	986	963	-23
	8	Kishanganj	982	947	-35
	9	Purnia	965	967	2
	10	Katihar	975	966	-9
	11	Madhepura	942	927	-15
	12	Saharsa	920	912	-8
	13	Darbhanga	954	915	-39
	14	Muzaffarpur	943	928	-15
	15	Gopalganj	966	964	-2

Contd...

State	District Code	District	1991	2001	Difference
	16	Siwan	963	934	-29
	17	Saran	960	949	-11
	18	Vaishali	946	937	-9
	19	Samastipur	942	938	-4
	20	Begusarai	961	946	-15
	21	Khagaria	943	932	-11
	22	Bhagalpur	944	966	22
	23	Banka	969	965	-4
	24	Munger	934	914	-20
	25	Lakhisarai	956	951	-5
	26	Sheikhpura	964	955	-9
	27	Nalanda	962	942	-20
	28	Patna	937	923	-14
	29	Bhojpur	924	940	16
	30	Buxar	905	925	20
	31	Kaimur	918	940	22
	32	Rohtas	965	951	-14
	33	Jehanabad	967	917	-50
	34	Aurangabad	970	943	-27
	35	Gaya	983	968	-15
	36	Nawada	974	978	4
	37	Jamui	967	963	-4
Chandigarh					
	1	Chandigarh	899	845	-54
Chhattisgarh					
	1	Koriya	984	970	-14
	2	Surguja	986	977	-9
	3	Jashpur	992	975	-17
	4	Raigarh	982	964	-18
	5	Korba	976	978	2
	6	Janjgir - Champa	983	966	-17
	7	Bilaspur	980	965	-15
	8	Kawardha	981	970	-11
	9	Rajnandgaon	986	984	-2
	10	Durg	979	966	-13
	11	Raipur	977	965	-12
	12	Mahasamund	981	979	-2
	13	Dhamtari	982	976	-6
	14	Kanker	971	975	4
	15	Bastar	1003	1009	6
	16	Dantewada	1017	1014	-3

Contd...

State	District Code	District	1991	2001	Difference
Dadra & Nagar Haveli					
	1	Dadra & Nagar Haveli	1013	979	-34
Daman & Diu					
	1	Diu	947	960	13
	2	Daman	966	907	-59
Delhi					
	1	North West	913	857	-56
	2	North	920	886	-34
	3	North East	917	875	-42
	4	East	918	865	-53
	5	New Delhi	919	898	-21
	6	Central	937	903	-34
	7	West	913	859	-54
	8	South West	904	846	-58
	9	South	912	888	-24
Goa					
	1	North Goa	967	938	-29
	2	South Goa	961	937	-24
Gujarat					
	1	Kachchh	929	922	-7
	2	Banas Kantha	934	907	-27
	3	Patan	903	865	-38
	4	Mahesana	899	801	-98
	5	Sabar Kantha	933	879	-54
	6	Gandhinagar	888	813	-75
	7	Ahmadabad	896	836	-60
	8	Surendranagar	905	886	-19
	9	Rajkot	916	854	-62
	10	Jamnagar	916	898	-18
	11	Porbandar	909	898	-11
	12	Junagadh	934	903	-31
	13	Amreli	923	892	-31
	14	Bhavnagar	925	881	-44
	15	Anand	896	849	-47
	16	Kheda	900	876	-24
	17	Panch Mahals	970	935	-35
	18	Dohad	1001	967	-34
	19	Vadodara	934	886	-48
	20	Narmada	985	945	-40
	21	Bharuch	955	918	-37
	22	Surat	944	871	-73
	23	The Dangs	999	974	-25

Contd...

State	District Code	District	1991	2001	Difference
	24	Navsari	955	915	-40
	25	Valsad	976	933	-43
Haryana					
	1	Panchkula	890	829	-61
	2	Ambala	888	782	-106
	3	Yamunanagar	888	806	-82
	4	Kurukshetra	868	771	-97
	5	Kaithal	854	791	-63
	6	Karnal	871	809	-62
	7	Panipat	889	809	-80
	8	Sonipat	878	788	-90
	9	Jind	858	818	-40
	10	Fatehabad	873	828	-45
	11	Sirsa	883	817	-66
	12	Hisar	864	832	-32
	13	Bhiwani	885	841	-44
	14	Rohtak	868	799	-69
	15	Jhajjar	886	801	-85
	16	Mahendragarh	892	818	-74
	17	Rewari	894	811	-83
	18	Gurgaon	895	858	-37
	19	Faridabad	884	850	-34
Himachal Pradesh					
	1	Chamba	965	955	-10
	2	Kangra	939	836	-103
	3	Lahul & Spiti	951	961	10
	4	Kullu	966	960	-6
	5	Mandi	968	918	-50
	6	Hamirpur	938	850	-88
	7	Una	923	837	-86
	8	Bilaspur	923	882	-41
	9	Solan	951	900	-51
	10	Sirmaur	973	934	-39
	11	Shimla	958	929	-29
	12	Kinnaur	958	979	21
Jammu & Kashmir					
	1	Kupwara	1021		
	2	Baramula	963		
	3	Srinagar	949		
	4	Badgam	1002		
	5	Pulwama	1033		
	6	Anantnag	987		

Contd...

State	District Code	District	1991	2001	Difference
	7	Ladakh	955		
	8	Kargil	980		
	9	Doda	964		
	10	Udhampur	931		
	11	Punch	959		
	12	Rajauri	905		
	13	Jammu	816		
	14	Kathua	841		
Jharkhand					
	1	Garhwa	969	962	-7
	2	Palamu	982	967	-15
	3	Chatra	1001	975	-26
	4	Hazaribagh	978	966	-12
	5	Kodarma	989	975	-14
	6	Giridih	993	978	-15
	7	Deoghar	987	973	-14
	8	Godda	984	978	-6
	9	Sahibganj	963	973	10
	10	Pakaur	987	964	-23
	11	Dumka	984	977	-7
	12	Dhanbad	966	951	-15
	13	Bokaro	982	950	-32
	14	Ranchi	968	961	-7
	15	Lohardaga	984	945	-39
	16	Gumla	988	976	-12
	17	Pashchimi Singhbhum	987	969	-18
	18	Purbi Singhbhum	958	941	-17
Karnataka					
	1	Belgaum	955	921	-34
	2	Bagalkot	960	940	-20
	3	Bijapur	952	928	-24
	4	Gulbarga	959	938	-21
	5	Bidar	962	941	-21
	6	Raichur	968	964	-4
	7	Koppal	961	953	-8
	8	Gadag	955	952	-3
	9	Dharwad	947	943	-4
	10	Uttara Kannada	949	946	-3
	11	Haveri	954	957	3
	12	Bellary	956	947	-9
	13	Chitradurga	967	946	-21
	14	Davanagere	953	946	-7

Contd...

State	District Code	District	1991	2001	Difference
	15	Shimoga	964	956	-8
	16	Udupi	972	958	-14
	17	Chikmagalur	978	959	-19
	18	Tumkur	970	949	-21
	19	Kolar	971	959	-12
	20	Bangalore	950	943	-7
	21	Bangalore Rural	957	942	-15
	22	Mandya	959	934	-25
	23	Hassan	967	958	-9
	24	Dakshina Kannada	962	952	-10
	25	Kodagu	957	977	20
	26	Mysore	967	962	-5
	27	Chamarajanagar	961	964	3
Kerala					
	1	Kasaragod	962	959	-3
	2	Kannur	969	962	-7
	3	Wayanad	966	959	-7
	4	Kozhikode	956	959	3
	5	Malappuram	958	960	2
	6	Palakkad	969	963	-6
	7	Thrissur	951	958	7
	8	Ernakulam	949	954	5
	9	Idukki	959	969	10
	10	Kottayam	948	962	14
	11	Alappuzha	946	956	10
	12	Pathanamthitta	957	967	10
	13	Kollam	959	960	1
	14	Thiruvananthapuram	964	962	-2
Lakshadweep					
	1	Lakshadweep	941	959	18
Madhya Pradesh					
	1	Sheopur	941	929	-12
	2	Morena	857	837	-20
	3	Bhind	850	832	-18
	4	Gwalior	888	853	-35
	5	Datia	899	874	-25
	6	Shivpuri	914	906	-8
	7	Guna	932	931	-1
	8	Tikamgarh	918	916	-2
	9	Chhatarpur	919	917	-2
	10	Panna	948	932	-16
	11	Sagar	935	931	-4

Contd...

State	District Code	District	1991	2001	Difference
	12	Damoh	930	935	5
	13	Satna	939	931	-8
	14	Rewa	935	926	-9
	15	Umaria	968	959	-9
	16	Shahdol	986	972	-14
	17	Sidhi	977	954	-23
	18	Neemuch	948	931	-17
	19	Mandsaur	949	946	-3
	20	Ratlam	961	957	-4
	21	Ujjain	946	938	-8
	22	Shajapur	928	936	8
	23	Dewas	932	930	-2
	24	Jhabua	991	974	-17
	25	Dhar	970	943	-27
	26	Indore	940	908	-32
	27	West Nimar	954	962	8
	28	Barwani	982	970	-12
	29	East Nimar	951	941	-10
	30	Rajgarh	931	938	7
	31	Vidisha	939	943	4
	32	Bhopal	938	925	-13
	33	Sehore	915	927	12
	34	Raisen	928	936	8
	35	Betul	980	969	-11
	36	Harda	938	925	-13
	37	Hoshangabad	929	927	-2
	38	Katni	959	952	-7
	39	Jabalpur	951	931	-20
	40	Narsimhapur	924	917	-7
	41	Dindori	977	990	13
	42	Mandla	980	981	1
	43	Chhindwara	965	958	-7
	44	Seoni	972	977	5
	45	Balaghat	975	968	-7
Maharashtra					
	1	Nandurbar	977	961	-16
	2	Dhule	947	907	-40
	3	Jalgaon	925	880	-45
	4	Buldana	945	908	-37
	5	Akola	929	933	4
	6	Washim	941	918	-23
	7	Amravati	950	941	-9

Contd...

State	District Code	District	1991	2001	Difference
	8	Wardha	952	928	-24
	9	Nagpur	951	942	-9
	10	Bhandara	964	956	-8
	11	Gondiya	978	958	-20
	12	Gadchiroli	980	966	-14
	13	Chandrapur	965	939	-26
	14	Yavatmal	961	933	-28
	15	Nanded	960	929	-31
	16	Hingoli	953	927	-26
	17	Parbhani	956	923	-33
	18	Jalna	951	903	-48
	19	Aurangabad	933	890	-43
	20	Nashik	954	920	-34
	21	Thane	952	931	-21
	22	Mumbai (Suburban)	930	923	-7
	23	Mumbai	942	922	-20
	24	Raigarh	961	939	-22
	25	Pune	943	902	-41
	26	Ahmadnagar	949	884	-65
	27	Bid	939	894	-45
	28	Latur	947	918	-29
	29	Osmanabad	947	894	-53
	30	Solapur	935	895	-40
	31	Satara	941	878	-63
	32	Ratnagiri	961	952	-9
	33	Sindhudurg	963	944	-19
	34	Kolhapur	931	839	-92
	35	Sangli	924	851	-73
Manipur					
	1	Senapati	1011	962	-49
	2	Tamenglong	950	936	-14
	3	Churachandpur	964	968	4
	4	Bishnupur	962	952	-10
	5	Thoubal	977	967	-10
	6	Imphal West	985	945	-40
	7	Imphal East	970	963	-7
	8	Ukhrul	941	946	5
	9	Chandel	977	962	-15
Meghalaya					
	1	West Garo Hills	980	960	-20
	2	East Garo Hills	999	971	-28

Contd...

State	District Code	District	1991	2001	Difference
	3	South Garo Hills	1016	970	-46
	4	West Khasi Hills	957	975	18
	5	Ri Bhoi	942	972	30
	6	East Khasi Hills	998	972	-26
	7	Jaintia Hills	1006	995	-11
Mizoram					
	1	Mamit	957	937	-20
	2	Kolasib	979	973	-6
	3	Aizawl	980	973	-7
	4	Champhai	946	972	26
	5	Serchhip	985	978	-7
	6	Lunglei	956	962	6
	7	Lawngtlai	973	938	-35
	8	Saiha	977	961	-16
Nagaland					
	1	Mon	995	973	-22
	2	Tuensang	975	958	-17
	3	Mokokchung	1010	989	-21
	4	Zunheboto	1030	944	-86
	5	Wokha	1001	985	-16
	6	Dimapur	973	970	-3
	7	Kohima	1013	967	-46
	8	Phek	969	926	-43
Orissa					
	1	Bargarh	971	957	-14
	2	Jharsuguda	967	949	-18
	3	Sambalpur	974	959	-15
	4	Debagarh	965	956	-9
	5	Sundargarh	967	970	3
	6	Kendujhar	981	962	-19
	7	Mayurbhanj	962	956	-6
	8	Baleshwar	965	944	-21
	9	Bhadrak	955	943	-12
	10	Kendrapara	942	940	-2
	11	Jagatsinghapur	941	926	-15
	12	Cuttack	945	939	-6
	13	Jajapur	946	937	-9
	14	Dhenkanal	957	925	-32
	15	Anugul	961	937	-24
	16	Nayagarh	950	904	-46
	17	Khordha	949	926	-23

Contd...

State	District Code	District	1991	2001	Difference
	18	Puri	945	931	-14
	19	Ganjam	952	939	-13
	20	Gajapati	979	964	-15
	21	Kandhamal	990	970	-20
	22	Baudh	1004	966	-38
	23	Sonapur	972	967	-5
	24	Balangir	976	967	-9
	25	Nuapada	999	969	-30
	26	Kalahandi	1003	984	-19
	27	Rayagada	1005	981	-24
	28	Nabarangapur	999	999	0
	29	Koraput	1019	983	-36
	30	Malkangiri	1000	982	-18
Pondicherry					
	1	Yanam	951	964	13
	2	Pondicherry	961	967	6
	3	Mahe	974	910	-64
	4	Karaikal	968	979	11
Punjab					
	1	Gurdaspur	878	789	-89
	2	Amritsar	861	790	-71
	3	Kapurthala	879	785	-94
	4	Jalandhar	886	806	-80
	5	Hoshiarpur	884	812	-72
	6	Nawanshahr	900	808	-92
	7	Rupnagar	884	794	-90
	8	Fatehgarh Sahib	874	766	-108
	9	Ludhiana	877	817	-60
	10	Moga	868	818	-50
	11	Firozpur	887	822	-65
	12	Muktsar	858	811	-47
	13	Faridkot	865	812	-53
	14	Bathinda	860	785	-75
	15	Mansa	873	782	-91
	16	Sangrur	873	786	-87
	17	Patiala	871	777	-94
Rajasthan					
	1	Ganganagar	894	850	-44
	2	Hanumangarh	897	872	-25
	3	Bikaner	914	916	2
	4	Churu	904	911	7
	5	Jhunjhunun	900	863	-37

Contd...

State	District Code	District	1991	2001	Difference
	6	Alwar	914	887	-27
	7	Bharatpur	879	879	0
	8	Dhaulpur	875	860	-15
	9	Karauli	873	873	0
	10	Sawai Madhopur	894	902	8
	11	Dausa	919	906	-13
	12	Jaipur	925	899	-26
	13	Sikar	904	885	-19
	14	Nagaur	918	915	-3
	15	Jodhpur	913	920	7
	16	Jaisalmer	851	869	18
	17	Barmer	901	919	18
	18	Jalor	909	921	12
	19	Sirohi	918	918	0
	20	Pali	896	925	29
	21	Ajmer	913	922	9
	22	Tonk	931	927	-4
	23	Bundi	915	912	-3
	24	Bhilwara	953	949	-4
	25	Rajsamand	943	936	-7
	26	Udaipur	958	948	-10
	27	Dungarpur	974	955	-19
	28	Banswara	976	964	-12
	29	Chittaurgarh	951	929	-22
	30	Kota	914	912	-2
	31	Baran	930	919	-11
	32	Jhalawar	944	934	-10
Sikkim					
	1	North	960	995	35
	2	West	997	966	-31
	3	South	962	969	7
	4	East	948	950	2
Tamil Nadu					
	1	Thiruvallur	965	957	-8
	2	Chennai	962	972	10
	3	Kancheepuram	974	961	-13
	4	Vellore	962	943	-19
	5	Dharmapuri	905	869	-36
	6	Tiruvannamalai	964	948	-16
	7	Viluppuram	974	961	-13
	8	Salem	830	851	21
	9	Namakkal	891	889	-2

Contd...

State	District Code	District	1991	2001	Difference
	10	Erode	929	939	10
	11	The Nilgiris	968	979	11
	12	Coimbatore	966	963	-3
	13	Dindigul	934	930	-4
	14	Karur	945	930	-15
	15	Tiruchirappalli	956	955	-1
	16	Perambalur	963	937	-26
	17	Ariyalur	955	949	-6
	18	Cuddalore	965	957	-8
	19	Nagapattinam	968	963	-5
	20	Thiruvarur	977	970	-7
	21	Thanjavur	964	959	-5
	22	Pudukkottai	976	955	-21
	23	Sivaganga	958	952	-6
	24	Madurai	928	926	-2
	25	Theni	896	891	-5
	26	Virudhunagar	946	958	12
	27	Ramanathapuram	960	964	4
	28	Thoothukkudi	964	953	-11
	29	Tirunelveli	955	957	2
	30	Kanniyakumari	970	968	-2
Tripura					
	1	West Tripura	964	967	3
	2	South Tripura	970	961	-9
	3	Dhalai	974	965	-9
	4	North Tripura	965	970	5
Uttar Pradesh					
	1	Saharanpur	903	872	-31
	2	Muzaffarnagar	902	859	-43
	3	Bijnor	932	905	-27
	4	Moradabad	914	912	-2
	5	Rampur	934	922	-12
	6	Jyotiba Phule Nagar *	911	911	0
	7	Meerut	905	857	-48
	8	Baghpat	888	850	-38
	9	Ghaziabad	886	854	-32
	10	Gautam Buddha Nagar *	888	854	-34
	11	Bulandshahar	902	867	-35
	12	Aligarh	891	885	-6
	13	Hathras	892	886	-6
	14	Mathura	888	872	-16
	15	Agra	889	866	-23

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State	District Code	District	1991	2001	Difference
	16	Firozabad	885	887	2
	17	Etah	887	891	4
	18	Mainpuri	894	892	-2
	19	Budaun	893	890	-3
	20	Bareilly	935	906	-29
	21	Pilibhit	963	940	-23
	22	Shahjahanpur	941	897	-44
	23	Kheri	970	943	-27
	24	Sitapur	953	936	-17
	25	Hardoi	923	914	-9
	26	Unnao	940	923	-17
	27	Lucknow	948	915	-33
	28	Rae Bareli	952	941	-11
	29	Farrukhabad	917	897	-20
	30	Kannauj	929	912	-17
	31	Etawah	883	895	12
	32	Auraiya	901	894	-7
	33	Kanpur Dehat	921	892	-29
	34	Kanpur Nagar	941	869	-72
	35	Jalaun	910	889	-21
	36	Jhansi	921	886	-35
	37	Lalitpur	928	931	3
	38	Hamirpur	912	903	-9
	39	Mahoba	898	901	3
	40	Banda	925	917	-8
	41	Chitrakoot	934	928	-6
	42	Fatehpur	930	927	-3
	43	Pratapgarh	944	936	-8
	44	Kaushambi	951	946	-5
	45	Allahabad	938	917	-21
	46	Barabanki	949	941	-8
	47	Faizabad	946	945	-1
	48	Ambedkar Nagar	928	942	14
	49	Sultanpur	931	941	10
	50	Bahraich	952	970	18
	51	Shrawasti	913	941	28
	52	Balrampur	935	961	26
	53	Gonda	939	952	13
	54	Siddharthnagar	938	964	26
	55	Basti	936	938	2
	56	Sant Kabir Nagar	931	941	10
	57	Mahrajganj	943	958	15

Contd...

State	District Code	District	1991	2001	Difference
	58	Gorakhpur	940	934	-6
	59	Kushinagar	951	955	4
	60	Deoria	939	948	9
	61	Azamgarh	953	949	-4
	62	Mau	949	946	-3
	63	Ballia	933	942	9
	64	Jaunpur	941	930	-11
	65	Ghazipur	934	934	0
	66	Chandauli	944	937	-7
	67	Varanasi	944	919	-25
	68	Sant Ravidas Nagar Bhadohi	904	916	12
	69	Mirzapur	940	929	-11
	70	Sonbhadra	966	956	-10
Uttaranchal					
	1	Uttarkashi	957	942	-15
	2	Chamoli	964	935	-29
	3	Rudraprayag	980	953	-27
	4	Tehri Garhwal	969	927	-42
	5	Dehradun	944	894	-50
	6	Garhwal	983	930	-53
	7	Pithoragarh	964	902	-62
	8	Bageshwar	948	930	-18
	9	Almora	966	933	-33
	10	Champawat	959	934	-25
	11	Nainital	942	910	-32
	12	Udham Singh Nagar	945	913	-32
	13	Hardwar	908	862	-46
West Bengal					
	1	Darjiling	976	962	-14
	2	Jalpaiguri	973	969	-4
	3	Koch Bihar	967	964	-3
	4	Uttar Dinajpur	966	965	-1
	5	Dakshin Dinajpur	988	966	-22
	6	Maldah	960	964	4
	7	Murshidabad	977	972	-5
	8	Birbhum	976	964	-12
	9	Barddhaman	959	956	-3
	10	Nadia	983	972	-11
	11	North Twenty Four Parganas	969	958	-11
	12	Hugli	960	951	-9
	13	Bankura	962	953	-9
	14	Puruliya	969	964	-5

Contd...

State	District Code	District	1991	2001	Difference
	15	Medinipur	953	951	-2
	16	Haora	962	956	-6
	17	Kolkata	955	927	-28
	18	South Twenty Four Parganas	973	964	-9

FORMAT
(14.2.2003)

QUARTERLY REPORT ON
IMPLEMENTATION OF THE PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF
SEX SELECTION) ACT, 1994

Report for the quarter ended on

Name of the State/Union Territory:

Sl. No.	Items	During the quarter	Total upto this Quarter's end (since inception of the Act)
1.	Number of facilities registered in the State/UT as: (a) Genetic Counselling Centres (b) Genetic Laboratories (c) Genetic Clinics (d) Ultrasound Clinics/Imaging Centres (e) Jointly as Genetic Counselling Centre/Genetic Laboratory/ Genetic Clinic/Ultrasound Clinics/ Imaging Centres or any combination thereof (f) Mobile Clinics (Vehicle) (g) Other bodies like IVF centres/Infertility cure centres/fertility centres etc. using equipments /techniques capable of making sex selection before or after conception		
2.	Of the number shown in item (1) above, number of Government facilities in the State/UT (including Central Government/State/UT Government/Zila Parishad/Municipal): (a) Genetic Counselling Centres (b) Genetic Laboratories (c) Genetic Clinics (d) Ultrasound Clinics/Imaging Centres (e) Jointly as Genetic Counselling Centre/Genetic Laboratory/ Genetic Clinic/Ultrasound Clinics/ Imaging Centres or any combination thereof (f) Mobile Clinics (Vehicle) (g) Other bodies like IVF centres/Infertility cure centres/fertility centres etc. using equipments /techniques capable of making sex selection before or after conception		
3.	Number of applications for registration rejected, for – (a) Genetic Counselling Centres (b) Genetic Laboratories (c) Genetic Clinics		

Contd...

Sl. No.	Items	During the quarter	Total upto this Quarter's end (since inception of the Act)
	(d) Ultrasound Clinics/Imaging Centres (e) Jointly as Genetic Counselling Centre/Genetic Laboratory/ Genetic Clinic/Ultrasound Clinics/ Imaging Centres or any combination thereof (f) Mobile Clinics (Vehicle) (g) Other bodies like IVF centres/Infertility cure centres/fertility centres etc. using equipments /techniques capable of making sex selection before or after conception <i>(Please give the reason for rejection of application in each case)</i>		
4.	Number of renewals of registration in respect of: (a) Genetic Counselling Centres (b) Genetic Laboratories (c) Genetic Clinics (d) Ultrasound Clinics/Imaging Centres (e) Jointly as Genetic Counselling Centre/Genetic Laboratory/ Genetic Clinic/Ultrasound Clinics/ Imaging Centres or any combination thereof (f) Mobile Clinics (Vehicle) (g) Other bodies like IVF centres/Infertility cure centres/fertility centres etc. using equipments /techniques capable of making sex selection before or after conception		
5.	Number of premises inspected by the Appropriate Authorities or persons authorized by the Appropriate Authorities during the quarter for registration/renewal of registration/cancellation or suspension of registration/ violations of the Act/Rules <i>(Please give details on separate sheet)</i>		
6.	Number of suspensions or cancellations of registration under section 20 of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 in the State/UT in respect of: (a) Genetic Counselling Centres (b) Genetic Laboratories (c) Genetic Clinics (d) Ultrasound Clinics/Imaging Centres (e) Jointly as Genetic Counselling Centre/Genetic Laboratory/ Genetic Clinic/Ultrasound Clinics/ Imaging Centres or any combination thereof (f) Mobile Clinics (Vehicle) (g) Other bodies like IVF centres/Infertility cure centres/fertility centres etc. using equipments /techniques capable of making sex selection before or after conception <i>(Please give details on a separate sheet)</i>		

Contd...

Sl. No.	Items	During the quarter	Total upto this Quarter's end (since inception of the Act)
7.	Action taken to create public awareness against the practice of pre-conception sex selection, pre-natal determination of sex and female foeticide through: <ul style="list-style-type: none"> (a) Print Media (b) Electronic Media including Radio and TV (c) Hoarding (d) Other appropriate means (Please give details on separate sheet)		
8.	<ul style="list-style-type: none"> (i) Dates of the meetings of the State Supervisory Board constituted under section 16A of the ACT (at least once in 4 months). (ii) Dates of the meetings of the States level Multimember Appropriate Authority appointed at the State/UT level under section 17(3) (a) of the Act as amended vide clause 15 of the PNDT Amendment Act, 2002. (iii) Dates of the meetings of each Advisory Committee (the intervening period between meetings of Advisory Committees should not exceed 60 days). (Please give details of the meetings of each and every Advisory Committee functioning at State, District and Sub-District level on separate sheet)		
9.	Action taken to publish list of members of the State Supervisory Board, Appropriate Authorities and Advisory Committees through: <ul style="list-style-type: none"> (a) Print Media (b) Electronic Media (c) Hoardings (d) Any other appropriate means (Please give details on separate sheet)		
10.	Action taken inclusive of search and seizure of machines, records etc. against bodies/person operating without a valid certificate of registration under the Act. (Please give details on separate sheet)		
11.	Information/Report on survey of bodies i.e. Genetic Counselling Centres, Genetic Laboratories, Genetic Clinics/Ultrasound Clinic/ Imagine Centre/Mobile Clinic/other clinical establishments to unearth violation(s) of provisions of the Act/Rules. (Please give details on separate sheet)		
12.	Details of cases filed against violators of the Act/Rules for: <ul style="list-style-type: none"> (i) Non-registration (ii) Non-maintenance of Records (iii) Communication of sex of foetus (iv) Advertisement about facilities for pre-conception / pre-natal sex-selection. 		

Contd...

Sl. No.	Items	During the quarter	Total upto this Quarter's end (since inception of the Act)
	(v) Number of cases decided/closed. (vi) Number of ultrasound machines/image scanners sealed/seized for – (a) non-registration of clinic/centre (b) other violations of the Act/Rules (vii) Number of ultrasound machines/image scanners released <i>(Please give details on separate sheet)</i>		
13.	Number of complaints <u>received by the Appropriate Authorities</u> under the Act and details of action taken pursuant thereto. <i>(Please give details on separate sheet)</i>		
14.	Number of nature of the awareness campaigns conducted and results flowing therefrom. <i>(Please give details including details of advertisements/posters/handbills etc. on separate sheet)</i>		
15.	Number of complaints filed in courts in the State/UT by Appropriate Authorities/others). <i>(Please give details on separate sheet)</i>		
16.	Details of action taken on the information./report received from the manufacturer, importer, dealer or supplier etc, of ultrasound machines/imaging machines etc. regarding details of those to whom the machines/equipments have been provided during the quarter.		
17.	Details of incidence coming to the notice of the State/UT regarding sale of ultrasound machines/imaging machines etc. to bodies not registered under the Act and action take thereon.		

Certified that all bodies/persons using ultra-sound machines capable of detecting sex of foetus in my area of jurisdiction have been registered under the Act and prosecution has been launched against those who have not got themselves registered.

Date :

Signature

Place :

Name and Designation

(For and on behalf of State Government/U.T. Administration)

Frequently Asked Questions on Sex Selection & Child Sex Ratio

1. What is sex selection?

Sex selection is the determining the sex of the unborn child (foetus) and eliminating it if found to be a female. Sex selection has seen many forms: from female infanticide to female foeticide and the technologically sophisticated pre-conception sex selection.

2. What is meant by child sex ratio?

This is calculated as the number of girls per 1000 boys in the 0-6 years age group. In India, the ratio has shown a sharp decline from 976 girls to 1000 boys in 1961 to 927 as per the 2001 census. The declining child sex ratio has its roots in the practice of sex selection. In certain parts of the country, there are less than 800 girls for every 1000 boys. The child sex ratio is a powerful indicator of the social health of any society.

3. Is sex selection limited to less prosperous or backward regions?

No, this is a myth. We see this practice prevalent right across the country. It is not limited to certain parts or regions though there are regional variations. According to the 2001 census, this ratio has declined to less than 900 girls per 1000 boys in states /UTs such as Delhi, Punjab, Haryana, Chandigarh, Himachal Pradesh and Gujarat. The ratio stands at a mere 766 in Fatehgarh Sahib district of Punjab. Kurukshetra district of Haryana has 771, Ahmedabad 836, and South West district of Delhi 846 – even though these regions are amongst the most prosperous in the country.

4. What is the impact of sex selection?

The adverse child sex ratio can severely impact the delicate equilibrium of nature and destroy our moral and social fabric. Contrary to what many believe, lesser number of girls in a society will not enhance their status. Instead, this could lead to increased violence against women, rape, abduction, trafficking and onset of practices such as polyandry (many men marrying one woman). In some parts of the country, women are being 'bought' as brides.

5. What about the law?

The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act prohibits sex selection, before or after conception. Its purpose is to prevent misuse of technologies such as ultrasound that enable testing the sex of a child before it is born. It is illegal to test the sex of the foetus for the purpose of eliminating the female. The law provides for an imprisonment, which may extend to 5 years and fine up to Rs 100,000. The law has its own place but has been hampered by difficulties in implementation and societal apathy. Efforts are being made to effectively implement the law.

6. What is the root cause of sex selection?

Sex selection is not only about technology. At the heart of the matter is the low status of women in society and the deep-rooted prejudices they face through their life. The issue also needs to be seen in the context of a patriarchal social framework and a value system based on son preference. Further, the practice of dowry and the tag of 'paraya dhan' translate into daughters being considered an economic liability.

Consequently, what we see is discrimination and neglect of the girl child, which could be in terms of inadequate nutrition, denial or limited access to education and health, child labour and domestic violence. At its worst, it translates into one of the most repugnant form of violence against women: sex selection.

SEX SELECTION – COMMUNICATION BRIEF

Sex Selection And Abortion

- In India, Medical Termination of Pregnancy is legal under certain conditions. However, abortion for the reason of sex selection is not. Accurate portrayal of this fact, and not implying that abortion per se is illegal, is important. Otherwise it could limit a women's rightful access to safe and legal abortion services.

Breaking the myths

- ***'Lesser number of girls in a society will enhance their status.'***
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 (many men married to one woman).
- ***'Only couples with two or more daughters are going in for sex selection, therefore it does not affect the overall child sex ratio.'***
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.
- ***'Sex selection is 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.
- ***'It is more humane to eliminate a female foetus than subjugate her to a life of discrimination.'***
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.
- ***'Banning sex selection amounts to denying a mother her inalienable 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 pressurise women into opting for sex selection.
- ***'Sex selection is an effective tool for controlling population.'***
We want population stabilisation 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?

How can you help?

Each one of us counts

Each one of us has a role to play – as parents, siblings, family members and friends. And as professionals, whether teachers, doctors, lawyers, judges, administrators, law enforcement personnel, elected representatives, journalists, writers, artists...

We can contribute by:

- understanding the underlying factors that lead to sex selection
- creating awareness about this issue in our own homes, communities, neighbourhoods and organisations

- encouraging a greater public debate and bringing the issue out in the open by raising it at every possible forum
- reporting the matter to the authorities when the law is infringed
- encouraging the media to undertake in-depth reporting of this issue
- lobbying with the authorities for effective implementation of the law
- networking with groups and bodies actively involved in mobilizing the community
- encouraging setting up new groups and forums to work in this area, and
- taking the first steps towards gender equality in our own workplaces and homes

Issues That Can Be Highlighted

Whatever the medium – arts, crafts, or even theatre, you can carry forward the message

- **Equality is the mantra**
Focus on the equality mantra - bring out how neglect and discrimination leads to an unequal status for the girl child.
- **Value the girl child**
Encourage equal value of the girl child and imply that she is not a liability.
- **Equal access to opportunity and resources**
Highlight efforts that are at the heart of the problem – equal access to education, health, employment and productive resources of land and property.
- **Mindset change**
Along with the enforcement of Law, what is needed is a mindset change. Depict how 'each one of us counts'. Possible buttons to push are of love, warmth and caring for girl child – using these expressions for a daughter and a sister could be more effective.

**Position of Quarterly Report for the Quarter ending March, 2006
Status of Information Received in the QPRs**

S. No.	State/UT	Date of Receipt of Quarterly Report	Latest Quarter for which report received	Information on the following provided in the Quarterly report Yes (Y) / No (X)				General comments about quality of information
				Survey / Inspection of bodies	Meetings	Awareness Mass Media		
				State Supervisory Board	Advisory Committee			
1	Andhra Pradesh	x					Latest report received upto 30.6.04	
2	Arunachal Pradesh	12/5/06	March, 06	✓	✓	✓		
3	Assam	25/7/05	June, 05	✓	✓	✓		
4	Bihar	14/6/06	March, 06	✓	x	✓		
5	Chhattisgarh	12/9/06	March, 06	✓	✓	✓	Meeting of State Supervisory Board held on 20.2.2004, which is supposed to be held at least once in 4 months;	
6	Goa	2/5/06	March, 06	✓	x	✓		
7	Gujarat	16/5/06	March, 06	✓	✓	✓	Details of action taken for public awareness not given	
8	Haryana	2/6/06	March, 06	✓	✓	✓		
9	Himachal Pradesh	23/5/06	March, 06	✓	x	✓	Information about meeting of State Supervisory Board not given	
10	Jammu & Kashmir	18/9/06	June, 06	✓	x	✓	Report pertaining to Kashmir Division only received	
11	Jharkhand	24/4/06	March, 06	✓	✓	✓		
12	Karnataka	19/6/06	March, 06	✓	✓	✓		
13	Kerala	27/4/06	Dec., 05	✓	✓	✓	Information about latest meeting of SSB is not given	
14	Madhya Pradesh	7/7/06	March, 06	✓	✓	✓		
15	Maharashtra	6/7/05	March, 05	✓	✓	✓		
16	Manipur	21/7/06	March, 06	✓	x	x		
17	Meghalaya	12/7/05	March, 05	✓	x	✓		
18	Mizoram	18/5/06	March, 06	✓	x	✓		
19	Nagaland	8/7/05	March, 05	x	x	✓		

Contd...

S. No.	State/UT	Date of Receipt of Quarterly Report	Latest Quarter for which report received	Information on the following provided in the Quarterly report Yes (Y) / No (X)				General comments about quality of information
				Survey / Inspection of bodies	Meetings	Awareness Mass Media		
				State Supervisory Board	Advisory Committee			
20	Orissa	18/8/06	June, 06	x	x	x	x	Latest report received upto 30.6.04
21	Punjab	3/7/06	March, 06	✓	✓	✓	✓	
22	Rajasthan	30/1/06	Sept., 05	✓	x	✓	✓	Details of action taken for public awareness not given
23	Sikkim	28/7/06	March, 06	x	x	✓	✓	
24	Tamil Nadu	21/7/06	March, 06	✓	x	✓	✓	
25	Tripura	27/3/06	Dec., 05	✓	x	✓	✓	
26	Uttaranchal	9/6/06	March, 06	✓	✓	✓	✓	
27	Uttar Pradesh	31/7/06	March, 06	✓	✓	✓	✓	Details of the meetings not given
28	West Bengal	1/9/06	March, 06	✓	x	✓	✓	Details of court cases not given; no information about meeting of SSB
29	A & N Islands	25/7/06	June, 06	✓	*	x	x	
30	Chandigarh	24/4/06	March, 06	✓	*	✓	✓	
31	D & N Haveli	17/5/06	March, 06	✓	*	✓	✓	
32	Daman & Diu	16/5/06	March, 06	✓	*	✓	✓	
33	Delhi	5/5/06	March, 06	✓	✓	✓	✓	
34	Lakshadweep	17/5/06	March, 06	✓	*	✓	✓	
35	Pondicherry	7/7/06	March, 06	✓	✓	✓	✓	

* State Supervisory Board not required as per the Act.

List of State / Union Territory Appropriate Authorities/ Multi Member Under Pre-conception And Pre-natal Diagnostic Techniques Act, 1994.

Andhra Pradesh

Dr. C.Sulochana, Chairperson
State Appropriate Authority for PNDT and
Additional Director of MCH & State EPI Officer,
O/o Commissionerate of Family Welfare,
DM&HS Campus, Sultan Bazar,
Hyderabad-500 095.
040-24606378, 2465 3771
2465 0365, 2465 2267 (F)
984990221

Arunachal Pradesh

Dr. T.Basar,
Joint DHS (FW),
Directorate of Health Services,
Government of Arunachal Pradesh,
Naharlagun – 791 110, Arunachal Pradesh.
0360-2351036, 2244178 (F), 2248129

Assam

Dr. Moti Lal Nunisa,
Director (Family Welfare),
Directorate of Family Welfare,
Hengrabari,
Government of Assam,
Guwahati – 781 006, Assam.
0361 – 2224196 (TF), 24651063

Bihar

Dr. R.K. Choudhry,
State Immunisation Officer,
Deptt. of Health/Med.Ed./FW
Vikas Bhawan, New Secretariat,
Government of Bihar,
Patna – 800 001
0612-221-7-6, 2532982 (F)

CHATTISGARH

Dr. D.K.Sen,
Director of Health Services,
Directorate of Health Services,
Old Nurse Hotal, Behind Mantraya_Raipur
0771-2231621
Sh. M.P. Sharma.
Additional Secretary (Law),
Govt. of Chattigarh,
Deptt. of Law Mantralya
Dan Kalyan Singh Bhawan, Raipur
0771-4080343
Smt. Laxmi Raghawan,
Women Representative (NGO),
D-2 Engineering College Complex,
G-E Road Raipur,
0771-2221058

Delhi

Director, Family Welfare,
Directorate of Family Welfare,
SDA College Building,
Malka Ganj, Delhi-110007.
23854839 (T), 23855090 (F), 2385 1384 (T)
Dr. Tripta Gupta,
NGO, 182,
Mukherji Park,
New Delhi.
Ph. 20550490
Joint Secretary,
(Law of Justice),
Delhi Secretariat,
IP Estate, New Delhi -2
Ph. 23392024

Goa

Mr. U.R. Worch,
Secretary(Health)
Panaji.
0832-2419417,0832-2419633(F)

Mr.Utkarsh Bakre,
Secretary(Law)
Member
0832-2437272

Dr. (Mrs.) Purnima Usgaonker
Ponda-Goa.
922457596.

Gujarat

Dr. (Mrs.) Vikasben Desai,
Addl. Director (FW),
Commissionerate of Health, Medical Services & ME(HS),
Government of Gujarat,
5, Dr. Jivraj Mehata Bhavan,
Gandhi Nagar-382 010, Gujarat.
079-23253311 & 12, 23253321(F)
0-9825433408

Smt. Ilaben Pathak, Secretary,
Ahmedabad Women Action Group, Awaj Kunj
Budarpura,
Ambavadi, Ahmedabad., 079-26441214,M-9327004235
Sh.S.Kadari,
Joint Secretary (A-Branch), Legal Deptt.,
Block No. 4/1, Sardar Patel Bhawan,
Gandhi Nagar.
079-23254702.

Haryana

Dr. N.K. Sharma,
Director General, Health Services
Haryana-cum Project Director (RCH),
Health Department,
State Institute Health and Family Welfare,
Sector-6, Panchkula, Haryana.
0172-2585505 (F),2584549 (T),2585189

Ms. Shashi Duhan,
Joint Director,
Women &Child Department,
S.C.O. 360-361, Sector 34-A, Chandigarh.
0172-2604550,0172-2662070(F).

Sh. V.K. Gupta,
Joint Legal Remembrance,
Haryana Civil Sectt., Sector-1
Chandigarh.
0172-2740357,0172-2740126(F).

Himachal Pradesh

Dr. M.L. Mahajan
Director of Health Services,
Government of Himachal Pradesh,
Kusumpti, Shimla, Himachal Pradesh.
0177-2622508,2621424,2620661 (F)

Jammu & Kashmir

Dr. Jasbir Singh,
The Director,
FW, MCH & Immunization and Project Director,
RCH Project, Jammu &Kashmir,
105, Karan Nagar, **Jammu**.
0191-2546338,2549632(F),941980727

Jharkhand

Dr. R.N. Das,
Joint Director,
Deptt. of Halth & FW,
Jharkhand.
0651-2340373, 2260361 (F),M.-9431326430

Kerala

Dr. (Mrs.) B.Mohilamony,
Director of Health Services,
Directorate of Health Services,
Thiruvananthapuram – 695 037,
Kerala.
0471-2303025,2304712

Karnataka

Project Director (RCH)
Directorate of Health & F.W. Services,
Anandarao Circle,
Bangalore-9, Karnataka.
080-22201980, 22201813 (F), 9448155009.

Mrs. S.G. Susheela Ramma,
President, Sumangyali,
Sevashrama, Cholanakana Halli,
R.T. Nagar, Bangalore-32,
Ph. 080-23330499

V.K. Badiger,
Deputy Secretary to Govt. (opinion 4),
Deptt. of Law of Parliamentary Affairs,
Vidhan Soudha Bangalore,
Ph. 080-22257611

Dr. (Mrs.) Shalini,
Joint Director (RCH),
Directorate of Health & F.W. Services,
Anandarao Circle, Bangalore-9, Karnataka.
9341239645

Maharashtra

Dr. S.B. Chavan,
Addl. Director (Health Services & FW),
Government of Maharashtra,
Kutumb Kalyan Bhavan,
8, Kennedy Road, Behind Pune Railway Station,
Pune-411001. 020-26058 996, 26058 935, 26058 766 (F)

Under Secretary (FW),
Public Health Department,
Mantralaya, Mumbai

Dr. Usha P. Dave,
534, Pairatkar Patil Nursing Home,
Muttal Home Terrace, 4th Floor,
Opera House, Mumbai.

MADHYA PRADESH

Dr. Yogiraj Sharma,
Director (Public Health & Family Welfare),
Directorate of Health Services,
Satpura Bhawan, 5th Floor,
Madhya Pradesh, Bhopal – 462 016.
0755-25529588888, 2550193, 2552958 (F)

Manipur

Dr. W. Raghunath Singh,
Director, (FW), Family Welfare Services,
B.T. Road, Imhphal-795004
Manipur.

Meghalaya

Dr. P. Lyndem,
Director of Health Services (MCH& FW)
Directorate of Health Services.
Govt. of Meghalaya,
Room No. 510, Ad Building Secretariat,
Meghalaya, Shilong-793001.
0364-2228493 (TF), 2224354 (T)

Mizoram

Director, Hospital & Medical Education,
Government of Mizoram
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