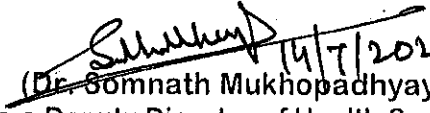


**Government of West Bengal**  
**Department of Health & Family Welfare**  
**Directorate of Health Services**  
**Swasthya Bhavan , Salt Lake**  
**GN-29, Sector -V, Kolkata - 700 091**

Memo No. : Admin/ PCPNDT/ A 3654Dated : 13 .07.2022**NOTIFICATION**

In connection with the inclusion/ exclusion of any kind of USG/ CT Scan/ MRI machine /Any other Diagnostic device under purview of PCPNDT license, NOC is required from the Licensing authority.

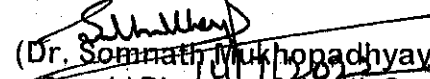
Prior to purchase and installation of such machine; a proforma affidavit is annexed with this notification as "Annexure - A" required to be sworn in by the licensee before a First Class Judicial Magistrate of the concerned area/ Jurisdiction (City Civil Court/ Sealdah Court/ Alipur Court in case of Kolkata District), and the same to be executed in a judicial stamp paper not less than of Rs.100. The date & signature of the deponent must be legible and if required stamp may be affixed.

  
 (Dr. Somnath Mukhopadhyay)  
 OSD & e.o Deputy Director of Health Services  
 (Administration)  
 & Chairman Appropriate Authority, Kolkata  
 Under PC&PNDT Act & Rules.

Memo No. : AI PCPNDT/ A 3654/1 (6)Dated : 14 .07.2022

Copy forwarded for information to:

1. The Director of Medical Education, Government of West Bengal, Swasthya Bhavan.
2. The Director of Health Service, Government of West Bengal, Swasthya Bhavan.
3. The Addl. DHS (Administration), Government of West Bengal, Swasthya Bhavan
4. The Deputy Director (Legal), Dept. of H& FW, Govt. WB, Swasthya Bhavan
5. The Sr. PA to MD NHM, GoWB
- ✓ 6. IT Co-ordinator, Swasthya Bhawan - for web-posting.

  
 (Dr. Somnath Mukhopadhyay)  
 OSD & e.o Deputy Director of Health Services  
 (Administration)  
 & Chairman Appropriate Authority, Kolkata  
 Under PC&PNDT Act & Rules.

## ANNEXURE - A

Affidavit

I \_\_\_\_\_ Director/ Authorised signatory on part of the Board of Directors/ Authorised Partners of the Partnership firm/ Authorised Partners of the LLP/ Proprietor/ Authorised Member of NGO/ Society/ Trust of \_\_\_\_\_ Proprietorship firm/ Partnership firm/ LLP/ Pvt. Ltd. Company/ Public Company/ NGO/ Trust/ Society; S/O / W/O/ D/O having registered office at \_\_\_\_\_

\_\_\_\_\_ solemnly affirm and undertake the following:

That I shall abide by all rules & regulations laid down under the PC PNDT Act, 1994 and also shall comply with the G.O no HFW-27017/25/2018-SFWB SEC (DHS) (HFW)/ Dept of H&FW/359, Dated 25.3.2021 i.c.w Advisory of Disposal of Old Machines.

That I shall request the appropriate authority in order to include/ exclude the USG/ CT or PET CT Scan/ MRI Scan machine having following Make: \_\_\_\_\_ / Model: \_\_\_\_\_ / Sl. No: \_\_\_\_\_ from/ to the \_\_\_\_\_ Centre (A NGO/ Society/ Trust/ Proprietorship firm/ Partnership firm/ LLP/ Company) under \_\_\_\_\_ DAA, under state office \_\_\_\_\_ having \_\_\_\_\_ registered \_\_\_\_\_ office at \_\_\_\_\_ having \_\_\_\_\_ PNDT \_\_\_\_\_ license \_\_\_\_\_ number \_\_\_\_\_ and having requisite permission to do so from the corresponding DAA in form a written NOC issued to their favour pertinent to this particular case of purchase/ sell.

OR

That I shall request the appropriate authority in order to include/ exclude the USG/ CT or PET CT Scan/ MRI Scan machine having following Make: \_\_\_\_\_ / Model: \_\_\_\_\_ / Sl. No: \_\_\_\_\_ from/ to the Vendor \_\_\_\_\_ (A NGO/ Society/ Trust/ Proprietorship firm/ Partnership firm/ LLP/ Company) under \_\_\_\_\_ SAA, under state office \_\_\_\_\_ having \_\_\_\_\_ registered \_\_\_\_\_ office at \_\_\_\_\_ having \_\_\_\_\_ PNDT \_\_\_\_\_ license \_\_\_\_\_ number \_\_\_\_\_ and having requisite permission to do so from the corresponding SAA in form a written NOC issued to their favour.

That the above statements furnished by me are true to the best of my knowledge and are made for the purpose of obtaining NOC from my respective DAA of District: \_\_\_\_\_ for the proposed planned inclusion/ exclusion of USG/ CT or PET CT Scan/ MRI Scan machine at my \_\_\_\_\_ centre/ clinical establishment \_\_\_\_\_ having address \_\_\_\_\_

\_\_\_\_\_ which has complied the existing law and the statutory rules and regulations (Trade license/ Clinical Establishment License/ NOC from Fire Dept./ NOC (COO) from PCB/ Property Tax/ FASSAI License/ AERB NOC/ NOC for E.I or any other as deem fit) as on this date of swearing before this Court.