**Format for undertaking from Pregnant Woman Acting as Decoy**

(To be translated in local language and explained to pregnant woman in a

language she understands)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_years, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby state that I am a resident of the address mentioned above and am \_\_\_\_\_\_ months pregnant. I am ready to acts as a Decoy client in order to help in implementation of the PCPNDT Act to prevent sex determination.

My future child is precious to me whether it is a son or a daughter. Under no circumstances will I undergo a sex selective abortion. If the sex if the foetus is revealed to me during the course of the decoy operation.

I am giving this undertaking with my free will in order to be of help in implementation of the Pre-conception and Pre natal Diagnostic Techniques Act. I will attend Court proceedings regularly and willingly.

The details of the currency notes given to me to pay to the doctor in order to help in implementation of the PCPNDT Act are as follows

|  |  |  |
| --- | --- | --- |
| **S. No** | **Serial Number on the Note** | **Denomination of Note** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Amount Paid |  |

Place:

Date:

Time:

Signature of the woman writing the undertaking

Signature of witnesses

1. Name: Signature:

2. Name: Signature:

**Declaration of pregnant woman’s /decoy’s relative:**

I Husband/Mother in Law/Mother/Brother/Any other (please specify) of who has agreed to act a decoy client have no objection for her role as a decoy that would help in effective implementation of the PCPNDT Act.

Place:

Date:

 Signature of the relative of the decoy client