

**THE PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES  
(PROHIBITION OF SEX SELECTION) ACT, 1994**

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**Answers to  
Frequently  
Asked  
Questions**

**A Handbook for  
THE PUBLIC**



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Answers to  
Frequently Asked Questions

## A Handbook for THE PUBLIC



Ministry of Health & Family Welfare  
Government of India  
New Delhi



Center for Enquiry Into  
Health and Allied Themes



United Nations Population Fund - India

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सत्यमेव जयते



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### FOREWORD

Declining number of girls in the population is a matter of great concern to us. The Population Census data indicate that the child sex ratio is adverse for girls and this could lead to serious socio-cultural problems and population imbalances in the country.

One of the reasons attributed to the lesser number of girls in the age group (0-6) is the practice of female foeticide. In order to check this evil practice, the Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act, 1994 is being implemented in the country. The Act prohibits sex-selection before or after conception and regulates the use of pre-conception & pre-natal diagnostic techniques so that these are not misused for sex selection.

In the implementation of the PC & PNDT Act, we have different stakeholders including the Appropriate Authorities who implement the Act, medical practitioners who operate the diagnostic centres and the general public who seek the services who have different types of questions in their mind about the provisions and applications of the PC & PNDT Act. Accordingly, three sets of Frequently Asked Questions have been developed separately for each of these groups. I hope these booklets will help all concerned in understanding the issues in their right perspective and also help them in the effective implementation of the PC & PNDT Act.

(NARESH DAYAL)  
Secretary to the Govt. of India



सम्पर्क से पहले सोचो, एच आईवी/एडस से बचो **HIV/AIDS : Prevention is better than cure**



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NOTE : The information contained in the FAQs has been simplified and appropriate reference has been made to the PC & PNDT Act and Rules. For fuller details regarding various sections of the Act, kindly refer to the enclosed CD containing the Handbook on PC & PNDT Act and Rules with Amendments (Revised edition) of the Ministry of Health and Family Welfare, Government of India.

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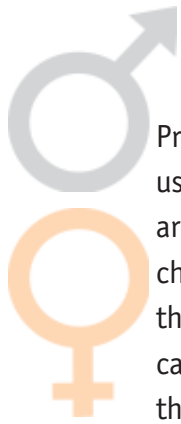
# Introduction

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The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT), as amended in 2003 to The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition Of Sex Selection) Act (PC & PNDT Act), is a legislation to curb the abhorrent practice of sex determination and sex selection, which has its roots in India's long history of strong patriarchal influence in all spheres of life. This has translated into an obsessive preference for sons and discrimination against the girl child and women. It has spawned practices such as female infanticide, bride-burning and sati and lead to the neglect of the girl child in terms of nutrition, education, health care and her overall development.

Thus the "elimination" of girls and women is not entirely new to Indian socio-cultural fabric. The obvious result is a sex ratio increasingly adverse to women. (The sex ratio is the ratio of females to thousand males in a population. According to 2001 census, this ratio is 933 women for every 1000 men). The current all-India sex ratio in the 0-6 age group, also called the child sex ratio is 927:1000. The situation could probably have been worse, but for the valiant efforts of some social reformers. However, they have been more successful in some parts of the country than others, as can be seen from the sharp variations in the child sex ratio across regions, with the north and west of India showing larger deficits of girls.

The last few decades have seen the situation getting worse, despite the progress the country has been making in almost all other spheres and indicators. One of the main reasons for this is, sadly and ironically, advances in medical technologies. In recent years the misuse of medical technologies that have the potential to detect the sex of the foetus in the pre-natal period or even fix the sex of the child at the pre-conception stage, have added a new dimension to this issue of falling child sex ratios.



Pre-natal diagnostic techniques like amniocentesis and ultrasonography have been used all over the world for detection of genetic abnormalities. However, in India, they are being misused for the past three decades for detection of the sex of the unborn child and subsequently for sex- selection – that is to eliminate foetuses selectively, if they are female. The disturbing child sex ratios in the 1991 census and consistent campaigning on this issue by women’s groups and other civil society groups all over the country led Parliament to enact the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act – PC & PNDT Act - in 1994. However, this was not followed up by effective implementation. Moreover, the need for smaller families – led to even more intensified misuse of such technologies, cutting across barriers of caste, class, religion and geography to ensure that at least one child, if not more, is a son. With the advent of new sophisticated pre-conception sex selection technologies like sperm separation, the girl child’s elimination started becoming more subtle, refined and probably also more socially acceptable.

Not surprisingly, the 2001 census revealed a further drastic fall in the child sex ratio, signalling the precipitation of a demographic catastrophe on a nation-wide scale. Alarmed by these happenings, and in response to the directives of the Supreme Court (SC) in a PIL filed on this issue , the Government amended the Act to provide it more teeth and to cover the new pre-conception sex selection techniques (also known as sex pre-selection techniques). Thus the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) 1994, as amended in 2003, came into effect from February 14, 2003.

What really is the significance of this law? As explained above, the PNDT Act was necessitated because modern technology was being misused to prevent the conception and/or birth of girls. India has several social legislations directed at changing social behaviour and practices. We have laws that prohibit practices such as dowry, child marriage and sati. While these laws have not entirely prevented these discriminatory and regressive practices, they do act as a deterrent. The PNDT Act is different from other social legislations because it does not involve only change in social behaviour and practices. It also demands ethical medical practice and the regulation of medical technologies that have the potential to be misused. This thus puts the onus on the medical community for responsible and ethical behaviour. But the onus is also on each one of us – the general public. It is people amongst us who are breaking the law or

facilitating such an action. As concerned citizens, it is our responsibility to see that our fellow citizens – neighbours, relatives, office colleagues, our domestic staff, acquaintances – do not indulge in sex selection. We also have to be vigilant to ensure that no members of the medical profession around us are encouraging and abetting such practices. As you go through the provisions of the law in this booklet, you will see how easy it is to be a part of a person-to-person social movement to actively discourage this rampant discrimination against the girl child. (For example: Does the nursing home or a clinic near your home display a board declaring that it does not undertake sex selection and that such a practice is illegal?) It is our responsibility to respect the provisions of the PNDT Act and blow the whistle if violations take place.



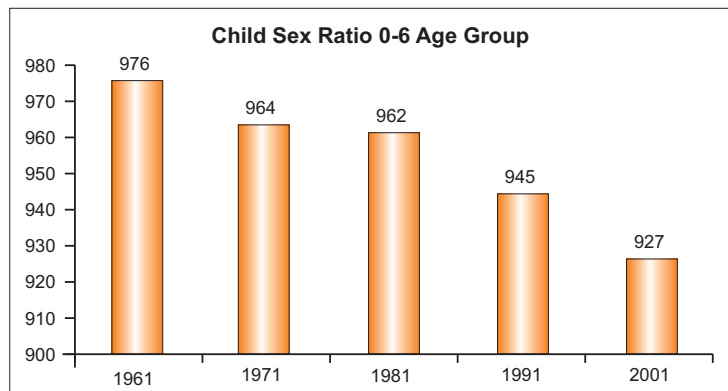
## Declining Sex Ratios across States



"MOM, DAD SINCE I COULD NOT GET A GIRL IN OUR NEIGHBOURHOOD I DECIDED TO MARRY A GIRL FROM THE NEIGHBOURING COUNTRY"

Child Sex Ratio statistics in the 0-6 age group for the last four decades show a continuous decline, which has been the sharpest from 1981 onwards. The chart below illustrates how many girls there are in the country for every 1000 boys in the given period.

The fall to 927 in the 2001 census has been alarming, especially since the country seems to be registering an upward growth in other areas. This clearly indicates that economic prosperity and education have no bearing on the sex ratio – or, in other words, in changing the traditional preference for sons over daughters.



Source -India Census Reports of Respective years.

## Other Trends

According to a recent study in Mehsana district in Gujarat and Kurukshetra district in Haryana, undertaken with the support of HealthWatch Trust, the last births had a stronger preponderance of boys than all other births. More than twice as many boys as girls were reported among the last births by most groups of women. There were more than 240 males for every 100 girls in the last births among those women who belonged to upper castes, whose families were landed and who were literate (*L Visaria 2003, 'Sex selective abortions in the state of Gujarat and*

*Haryana; some empirical evidence, Health Watch Trust, New Delhi*). This distortion was very likely due to the use of sex-selective techniques which helped parents get rid of unwanted daughters, or due to avoiding having children once the minimum desired number of sons were born. In either case, the preference for sons was evident. The

### Variation of 0-6 Child Sex Ratios across Districts

Sex Ratio	No. of Districts
Below 800	16
800-849	33
850-899	73
900-930	101
931-949	109
950-970	163
971 & above	96
NA	2
<b>Total</b>	<b>593</b>

Source: Census 2001

Today, the north-western states, where the sex-determination clinics first made their presence felt, have the lowest child sex ratios. Census 2001 reveals that rich states like Punjab and Haryana have deplorable child sex ratios - 798 and 820 respectively. In 1991, the sex ratio in the 0 - 6 year age group was 945 girls per 1000 boys and it further declined to 927 in 2001. States such as Punjab, Haryana, Gujarat, Delhi, Himachal Pradesh too have shown a drastic decline in the child sex ratio. In southern India, Salem is one of the worst districts in the country in terms of juvenile sex ratio. It is the fifth most prosperous district in Tamil Nadu. In Maharashtra, the child sex ratio has declined from 946:1000 in 1991 to 917:1000 in 2001. In eight districts in Maharashtra the child sex ratio is below 900 girls per 1000 boys. Even Mumbai, has shown a decline from 942 in 1991 to 898 in 2001. It is worth noting that in most states it is the better off districts which have the most adverse child sex ratios thus confirming the assertion that the economically better off are the leaders in this new form of discrimination against the girl child.



## Did you know? Impact of female foeticide



Courtesy- Anuradha Dutt

In Dang district, Gujarat- Rajasthan border, 8 brothers of the same family are married to Sarup, in the centre. Getting a wife is extremely difficult in this region - Sept. 2001, *India Today*

The 200-odd Rathore families in a Rajput-dominated village in Western Rajasthan's Barmer district have 2 to 4 male children each on average. There are only 2 girls in the entire clan. At a conservative estimate, the ratio is 400 male children to 2 female children. Anuradha Dutt, *The Pioneer*, October 28, 2001



Courtesy- *India Today*, September 3, 2001 issue



Courtesy- Anuradha Dutt

Devra village of Jaisalmer district has the distinction of receiving a baraat (bridegroom's part) after 110 years in 1997, when Jaswant Kanwar got married. Woman in the centre is mother of Jaswant Kanwar.

Anuradha Dutt, *The Pioneer*, October 28, 2001

Gujarat and Haryana study also noted that as the birth order increased, the preponderance of male children increased. Although the sex ratio of the first birth was greater than the normal acceptable range of 104-107 boys per 100 girls, by the time women had their third or higher parity child, the chance of that being a male birth was greater by 30 to 50 per cent. The preponderance of boys among the second and the third child was much greater for women who were educated beyond primary level, who were not engaged in any economic activity or who reported themselves as housewives, who belonged to upper castes and those whose families were landed.

**TABLE 1**  
**Sex Ratios across States – Number of Females per 1000 Males**

State/Union Territory	Total Population			0-6 Years Age Group		
	2001	1991	1981*	2001	1991	1981#
<b>India</b>	<b>933</b>	<b>927</b>	<b>934</b>	<b>927</b>	<b>945</b>	<b>979</b>
Jammu& Kashmir	900	NA	892	937	NA	
Himachal Pradesh	970	976	973	896	951	970
Punjab	874	882	879	798	875	925
Chandigarh	773	790	769	845	899	914
Uttaranchal	964	936		908	948	
Haryana	861	865	870	819	879	921
Delhi	821	827	808	868	915	943
Rajasthan	922	910	919	909	916	979
Uttar Pradesh	898	876	885	916	927	965
Bihar	921	907	946	942	953	1004
Sikkim	875	878	835	963	965	978
Arunachal Pradesh	901	859	862	964	982	984
Nagaland	909	886	863	964	993	991
Manipur	978	958	971	957	974	991
Mizoram	938	921	919	964	969	994
Tripura	950	945	946	966	967	983
Meghalaya	975	955	954	973	986	995
Assam	932	923	910	965	975	
West Bengal	934	917	911	960	967	991
Jharkhand	941	922		965	979	
Orissa	972	971	879	953	967	1003
Chhatisgarh	990	985		975	984	
Madhya Pradesh	920	912	941	932	941	989
Gujarat	921	934	942	883	928	962
Daman & Diu	709	969	1062	926	958	
Dadra & Nagar Haveli	811	952	974	979	1013	1000
Maharashtra	922	934	937	913	946	961
Andhra Pradesh	978	972	975	961	975	1000
Karnataka	964	960	963	946	960	981
Goa	960	967	975	938	964	965
Lakshadweep	947	943	975	959	941	972
Kerala	1058	1036	1032	960	958	
Tamil Nadu	986	974	977	942	948	974

Contd...



State/Union Territory	Total Population			0-6 Years Age Group		
	2001	1991	1981*	2001	1991	1981#
Pondicherry	1001	979	989	967	963	986
Andaman & Nicobar	846	818	760	965	957	985

Highlighted figures and states are cause for concern

Source : Census of India 2001 – Population Totals

#Census of India 1981 - Working Children in India (this data is for 0-4 year's population)

\*Census of India 1991 - State Profile of India

Source: Census of India – Maharashtra, respective years

## Misusing Technology

Medical technologies have played a crucial role in reinforcing negative patriarchal systems that demand male heirs. In fact, developments in the technology of sex selection techniques have a direct relation to the declining juvenile sex ratio in our country. About 78,000 female foetuses were aborted after sex determination tests between 1984-1985, according to a Times of India editorial in June 1986. (*Achin Vanaik, TOI June 1986*).

Amniocentesis was first introduced in India in 1975 by the All-India Institute of Medical Sciences (AIIMS), New Delhi, for detecting congenital deformities in fetuses. By the mid-1980s, it was being largely misused to determine the sex of the unborn child and to carry out sex-selective abortions – with the girl child as the obvious target — in Maharashtra, Punjab and Haryana. The practice soon spread to the rest of the country.

Newer techniques like pre-implantation genetic diagnostics (PGD), X-Y separation methods, and assisted reproductive technologies like IVF (In – vitro fertilization), IUI (Intra Uterine Insemination), and many others are available in the market. (*PNDT Implementation: A Medical Perspective, Dr.Bal Inamdar*) and are largely being used for sex selection. There are actually some doctors who claim that they conduct sex determination and “selection” procedures to help control the population or as a favor to families who already have girl children. Such doctors – an embarrassment to our profession – need to be stopped. And it is our responsibility to do so. They need counselling as much as the parents who follow this route to parenthood.

## What does a low child sex ratio mean?

Demographically, the child sex ratio of 927 does not augur well for the future of the country. The high number of “missing girls” is indicative of the poor status of the girl child – and of women. The overpowering desire to have a male child stems from



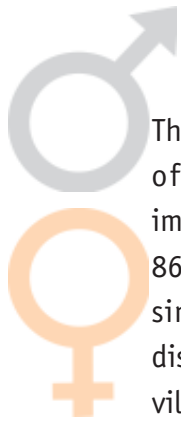
economic and social factors: a son does not have to be married off with a dowry, he will grow up to be the breadwinner and support his parents (the fact that this not always true is another matter!), he will carry the family name forward. A daughter is seen as a burden from day one.

While the pregnant woman herself is sometimes a willing participant in this exercise, most often she is forced to opt for pre-natal sex determination and decides to get rid of the female fetus under tremendous social and family pressure to deliver a male child. She does so at considerable risk to her own life, as such abortions are usually performed in the fourth or fifth month of pregnancy. The woman's own status and survival within the household is dependent on whether or not she gives the family its heir. Consequences of not doing so are often desertion, abandonment and unending mental and sometimes physical trauma.

Such elimination of the girl child points to a rot in the social and cultural fabric of societies. It is imperative that all sectors join in to change the mind set and attitude that allows and encourages this crime and discrimination. And both doctors and the general public are equally responsible to help bring in this change.

### **Who is doing it?**

A study, conducted by the Christian Medical Association of India (CMAI), shows that contrary to popular perception, more educated parents too have a bias against having a girl child. In fact, the best Sex Ratio at Birth (SRB) of 933 was in cases where both parents had education only up to middle school or less. In contrast, where both parents had studied up to high school, the SRB was a mere 690. Graduate parents had a low SRB of 813, while it was even lower at 769 where both parents were post-graduates. The study does suggest, however, that an employed mother has a positive impact on SRB. While the SRB for housewives was 783, it was higher at 839 for mothers in high-end professional jobs and 809 for those employed in other jobs. The results of Special Fertility and Mortality Survey of 1.1 million households commissioned by the Census office in 1998 reveals that the SRB for the first child is 871 girls born for every 1000 boys. But SRB falls to 759 for the second child if the first child is a girl. If the first two children are girls this ratio dips even lower to 718 for the third child. The report further concludes that 'regardless of the education of the mother or religious affiliation of the household, the households are less likely to have a second girl'.



The capital of India Delhi itself has one of the most severe demographic imbalances. The child sex ratio, which was 865 in 2001, dropped by more than 50 since 1991 in six out of Delhi's nine districts. The increase in the number of villages in Delhi with a CSR of less than 750 from 13 in 1991 to 46 in 2001, shows that the misuse of modern technology is rampant in rural areas as well as affluent areas like the South West of Delhi, where the CSR is 845 (Source: *Times of India*, July 15, 2005. )

Similarly data from Municipal records in Mumbai show that SRB is on the lower side, especially so in affluent wards and the island city. However, in the recent years one is seeing a positive trend overall of improvement in SRBs, especially in the suburbs.

#### New Delhi Sex Ratio at Birth (January to June 2004)

South Delhi	762
West Delhi	784
Najafgarh Zone	792
Narela Zone	808
Central Zone	805
Sadar Paharganj	811
Karol Bagh	850
Shahdara North Zone	762
Shahadara South Zone	833
<b>Expected as per Biological Norm</b>	<b>947 to 952</b>

**Mumbai Sex Ratio at Birth (SRB) 2002-2003**

Wards	2000	2001	2002	2003	
A	913	860	861	860	<b>Colaba</b>
B	914	869	869	869	<b>Sandhurst Road</b>
C	921	906	907	906	<b>Marine lines</b>
D	944	987	987	987	<b>Grant Road</b>
E	931	891	891	891	<b>Byculla</b>
F/S	921	827	826	826	<b>Parel</b>
F/N	920	834	854	855	<b>Matunga</b>
G/S	924	915	915	915	<b>Elphinstone Road</b>
G/N	931	868	868	868	<b>Dadar</b>
Island City	926	881	881	880	
H/E	904	949	949	949	<b>Khar-Santacruz</b>
H/W	971	898	898	898	<b>Bandra</b>
K/E	898	943	943	943	<b>Andheri E</b>
K/W	887	927	927	927	<b>Andheri W</b>
P/S	887	983	983	983	<b>Goregaon</b>
P/N	910	910	910	910	<b>Malad</b>
R/S	803	836	836	924	<b>Kandivali</b>
R/C	728	960	960	897	<b>Borivali</b>
R/N	930	859	859	859	<b>Dahisar</b>
Western Suburbs	877	923	923	924	
L	906	878	978	978	<b>Kurla</b>
M/E	895	965	965	965	<b>Chembur E</b>
M/W	924	898	897	898	<b>Chembur W</b>
N	936	973	973	973	<b>Ghatkopar</b>
S	909	959	959	959	<b>Bhandup</b>
T	891	894	894	894	<b>Mulund</b>
Eastern Suburbs	910	929	953	953	
<b>TOTAL (Mumbai)</b>	<b>900</b>	<b>913</b>	<b>920</b>	<b>920</b>	

Source: Municipal Corporation of Greater Mumbai, Public Health Department, and Information Education & Communication Cell



## Sex Selection: Myth and Reality\_\_\_\_\_

### Breaking myths and clarifying misconceptions about sex selection and sex determination

- **Less girls, more demand, their status will improve**

Contrary to what many believe, lesser number of girls in a society will not enhance their status. Instead, 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.

According to the demand-supply logic, women would be not easily replaceable and scarce commodities. But how do we forget the socio cultural milieu in which women live! The society that is responsible for the subordination of women will not treat them in a more humane way simply because they are in scarce supply. On the contrary, the incidences of violence and forced polyandry are likely to go which are currently only seen in some villages of Punjab and Haryana.

- **Sex selection is justified if you have two or more daughters**

The notion that only couples with two or more daughters are going in for sex selection and therefore does not affect the overall child sex ratio is misleading. 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.

- **If dowry exists, sex selection cannot be stopped**

Sex selection is not 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.

- **Better to eliminate daughters than to let them suffer an unjust existence**

The thought that it is more humane to eliminate a female foetus than subjugate her to a life of discrimination does not hold water. 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.

- **A mother has the right to choose the sex of her child**

Another misleading notion is that banning sex selection amounts to denying a mother her unalienable 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 pressurize women into opting for sex selection.

- **Sex selection helps to control population**

The argument that sex selection is an effective tool for controlling population is misplaced. We want population stabilization 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?

- **A question of economics, not discrimination**

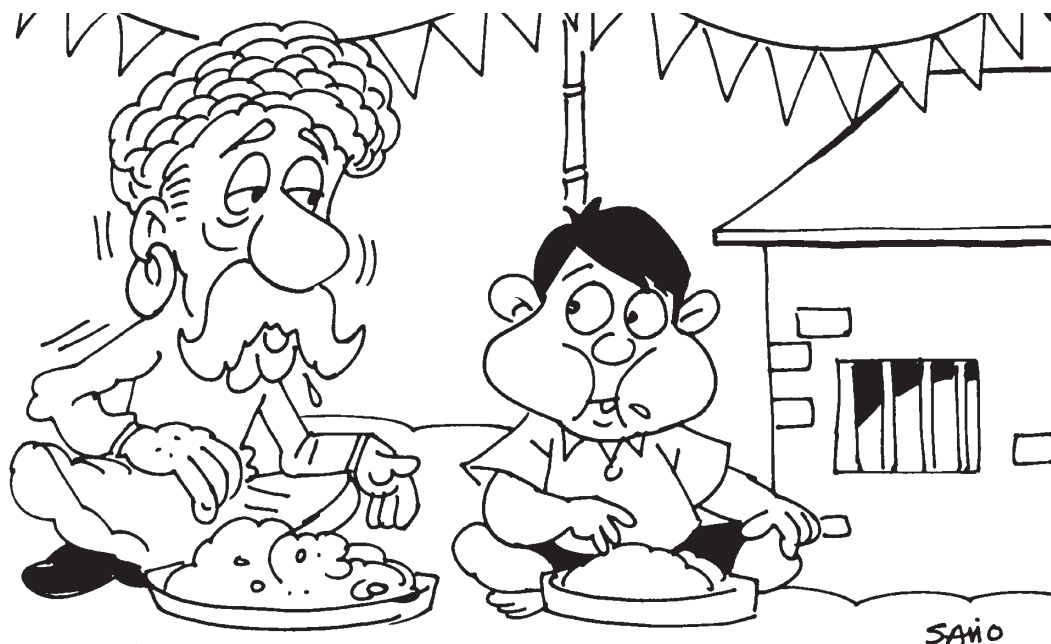
Traditionally, women are not expected to work outside home. Economic dependence renders them vulnerable on the one hand, while on the other being considered as a liability further adds to their subordination. They are considered as 'paraya dhan' requiring dowry to be married and sent away. However, none of these factors and conditions are a given. The factors that lead to women being perceived as economic liability can be changed with investment in their education and skills, women and girls can very much be as independent as men and boys given the opportunity and support their families in a number of ways.

- **Not to allow sex selection for family balancing is unethical**

There is no right to a "balanced family". It is not a natural right nor has it been bestowed on citizens by the political set up. Using diagnostic techniques for sex-selection is discriminatory and violates the fundamental right to equality apart from violating the PC & PNDT Act. (This has been upheld by the Mumbai High Court in the



context of the case of Mr. & Mrs. Soni vs. Union of India & CEHAT, 2005. The judgment states that ' the right to life or personal liberty cannot be expanded to mean that the right to personal liberty includes the personal liberty to determine the sex of the child which may come into existence. Right to bring into existence a life in future with a choice to determine the sex of that life cannot in itself be a right!.)



**"HAVE IT GRANDSON, YOU NEVER KNOW WHEN THE NEXT WEDDING WILL BE.  
I HAVE WAITED FOR YEARS FOR THIS FOOD"**

# 3

## Demystifying the PC & PNDT Act

### Introduction

In 1988, the state of Maharashtra became the first in the country to ban pre-natal sex determination through the enactment of the *Maharashtra Regulation of Pre-natal Diagnostics Techniques Act*. At the national level the *Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act* (PC & PNDT Act) was enacted on September 20, 1994.

The 1994 Act provided for the “regulation of the use of prenatal diagnostic techniques for the purpose of detecting genetic or metabolic disorders, chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of misuse of such techniques for the purpose of prenatal sex determination leading to female foeticide and for matters connected therewith or incidental thereto.” Except under certain specific conditions, no individual or genetic counseling center or genetic laboratory or genetic clinic shall conduct or allow the conduct in its facility of, pre-natal diagnostic techniques including ultra-sonography for the purpose of determining the sex of the fetus; and “no person conducting prenatal diagnostic procedures shall communicate to the pregnant women concerned or her relatives the sex of the foetus by words, signs or in any other manner.” The Act provides for the constitution of a *Central Supervisory Board* (CSB) whose function is mainly advisory and for the appointment of an *Appropriate Authorities* (AAs) in States and Union Territories to enforce the law and penalize defaulters and *Advisory Committee/s* (ACs) to aid and advise the AAs.

The law was amended in 2003 following a Public interest Litigation (PIL) filed in 2000 to improve regulation of technology capable of sex selection and to arrest the startling decline in the child sex ratio as revealed by the Census 2001. The amended Act now called “The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex



Diagnostic Techniques such as ultrasonography are capable of determining the sex of the foetus i.e. whether it is male or female. This process is called sex determination. When the family selects a child of the sex it will like to have and eliminates that which is unwanted, this process is called sex selection. In most cases, sons are wanted while daughters are eliminated.

The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 has since been amended with effect from 14.2.2003. Amendments to the Act mainly cover to:

1. bring the technique of pre-conception sex selection within the ambit of this Act so as to preempt the use of such technologies which significantly contribute to the declining sex ratio.
2. bring the use of ultrasound machines within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus lest it should lead to female foeticide.
3. further empower the Central Supervisory Board for monitoring the implementation of the Act.
4. Introduce State level Supervisory Board for monitoring and reviewing the implementation of the Act in States/UTs
5. constitute a multi member State Appropriate Authority for better implementation and monitoring of the Act in the States
6. make punishments prescribed under the Act more stringent so as to serve as a deterrent for minimizing violations of the Act
7. empower the Appropriate Authorities with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses
8. making mandatory the maintenance of proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures leading to pre-conception selection of sex
9. regulate the sale of ultrasound machines only to the bodies registered under the Act

Based on the amendments made to the Act, the Rules framed there under have also been amended under the amended Rules

1. A provision for appeal has been made: Any person having grievance against the sub-district level Appropriate Authority can make an appeal to the district level Appropriate Authority and similarly for grievance against the district level Appropriate Authority an appeal can be made to the state/UT level Appropriate Authority.
2. 23 indications, prescribed by ICMR, have been included in the PNDT Rules for which ultrasound scanning can be conducted during pregnancy for the well being of the pregnant woman and her foetus.
3. Forms have been simplified.

Consent is required only in case of invasive techniques.



Selection) Act” not only prohibits determination and disclosure of the sex of the foetus but also bans advertisements related to preconception and pre-natal determination of sex. All the technologies of sex determination, including the new chromosome separation technique have come under the ambit of the Act. The Act has also made mandatory in all ultrasonography units, the prominent display of a signboard that clearly indicates that detection/revelation of the sex of the foetus is illegal. Further, all ultrasound scanning machines have to be registered and the manufacturers are required to furnish information about the clinics and practitioners to whom the ultrasound machinery has been sold.

Prior to the disposal of the PIL, among other things, the Supreme Court in its order dated December 11, 2001 directed 9 companies to supply the information of the machines sold to various clinics in the last 5 years. Details of about 11 200 machines from all these companies was fed into a common database. Addresses received from the manufacturers were also sent to concerned States and UTs to launch prosecution against those bodies using ultrasound machines who had failed to get themselves registered under the

In India, the policy environment is supportive of the reproductive choices of women and men. The medical termination of pregnancy is legal under certain conditions. The *Medical Termination of Pregnancy Act (1971)* allows for induced abortion in instances where pregnancy carries the risk of grave injury to a woman’s physical and/or mental health, endangers her life or when it is a result of contraceptive failure or rape.

However, as mentioned earlier, the PC & PNMT Act is aimed at curbing sex selection through the misuse of technology and therefore should not be confused with the MTP Act that allows legal abortion as per conditions under the Act.

Act. The Court in its order dated January 9, 2002 directed that ultrasound machines/scanners be sealed and seized if they were being used without registration. Three associations viz. the *Indian Medical Association (IMA)*, *Indian Radiologists Association (IRA)* and the *Federation of Obstetricians and Gynaecologists Societies of India (FOGSI)* were asked to furnish details of members using these machines.

Since the Supreme Court directive of 2001 to March 2006, 28,422 facilities offering ultrasound tests have been registered across the country as per information received. 384 cases are currently filed for various violations under the Act, including the communication of the sex of the foetus, non-maintenance of records and non-registration.



# Answers to Frequently Asked Questions

## Sex Selection and Sex Ratios

### 1. How is sex biologically decided?

In our society, the birth of a girl is usually blamed on the woman – fact, fiction and legend all over India are rampant with stories of women who have been mistreated or abandoned for not being able to give birth to a boy. It is seen as her fault. Biological science tells us a very different story. The sex



chromosomes in men and women are different. There are two kinds of sex chromosomes: 'X' and 'Y'. The egg gamete of the woman contains the XX pair in the sex chromosome and the sperm gamete in the man contains the XY pair in the sex chromosome. During fertilisation two possibilities can occur. The woman contributes the X part of the chromosomal pair and the man contributes either X or Y. If the man contributes X it is female and if he contributes Y it is male. Hence the contribution from the man determines what the sex of the fertilised egg will be. It is only the sex chromosome from the man, which determines the sex of the child.

### 2. What is sex selection?

Sex selection is any act of identifying the sex of the foetus and elimination of the foetus if it is of the unwanted sex by using (or rather misusing) any method, scientific

### May you be the mother of a hundred sons!

The popularity of sex determination tests in India has its roots in the strong son-preference that has the sanction of religion, tradition and culture. Elders still bless newly weds with words that imply: “May you bear many sons”.

That simple-sounding blessing has an ugly underbelly, visible in the legacy of biases against the girl child, the most brutal form of which is female infanticide. Today advanced technology provides sophisticated methods of sex selection, the advertisements for which are crude and direct: “Spend only Rs. 500 now, save Rs. 5,00,000 (on dowry) later”

The ban on sex selection and some vehement advocacy by women’s groups and others has only muted the perpetrators; it hasn’t silenced or stopped them. Doctors continue to communicate the sex of the foetus – clearly banned by the Act — through an innovative coded language:

“It is time to buy blue clothes” — if the foetus is of a boy; “It is time to buy pink” – if it is a girl!

“Go buy *burfis*” — if it is a girl; “Go buy *pedas*” —if it is a boy

“*Jai Shri Krishna*” - if it is a boy; “*Jai mata di*” — if it is a girl.

or unscientific. The unwanted sex in most cases being a female. Sex selection refers to such elimination before conception, during pregnancy or after birth.<sup>1</sup>

**Communication whether verbal, non- verbal, direct or indirect regarding the sex of the foetus to the pregnant woman, her friends or relatives or any person is prohibited and punishable under the law. (Sec 5(2))**

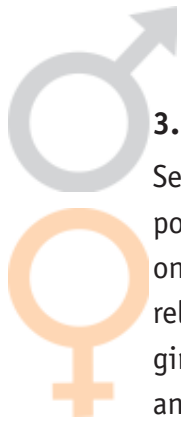
### Safe and legal abortion is a woman’s right.

#### Sex selection abortion amounts to discrimination against a particular sex, in most cases, female sex.

Abortion is legal in India. A 1971 law spells out the conditions under which it can be carried out. There has been some confusion about whether the advocacy against female foeticide – “killing” the female foetus– can be interpreted as an anti-abortion stance. That is not true. Abortion for the purposes of eliminating a certain unwanted sex is illegal. In other words, abortion for the purposes of sex selection is illegal. It is also important to remember that those who want to use abortion for elimination of the female foetus have to first determine the sex of the child. Rightly this process of selection which is the first step is being regulated and monitored through the PNDT Act.

Abortion itself is globally a sensitive issue. Religious bodies and even Governments have taken sides for and against abortion. Almost all women’s groups, medical professional organisations and inter-governmental bodies of the United Nations view abortion as a reproductive right of women. This is specified in ICESCR (International Covenant on Economic, Social and Cultural Rights), CEDAW (Convention on the Elimination of All Forms of Discrimination. against Women) and declarations like ICPD (United Nations International Conference on Population and Development). Ever since abortion was made legal in India under the MTP (Medical Termination of Pregnancy) Act in 1971, there has been some increase in safer access to abortion services and a partial reduction of maternal mortality.

<sup>1</sup> Sec2 (o)



### **3. What is sex ratio?**

Sex ratio is the ratio of males to female in any population. In Indian census and other population data it shows up as the number of females per 1000 males. In any discussion on sex selection, the sex ratio in 0-6 age group or the child sex ratio is of critical relevance, since it is the measure that gives us a comparison of the number of boys and girls and indicates any prevalence of sex selective elimination. Sex Ratio at Birth is also an important indicator as it provides the information on number of girls and boys born for a given period.

#### **3a. How does a sex ratio statistic become proof of sex selection and elimination of the foetus of a particular sex?**

The biological or natural norm of sex ratio at birth is 105 or 106 boys to 100 girls at birth. Ideally, the child sex ratio should be around 950 girls per 1000 boys. Indian child sex ratio seemed normal till 1981, after which there has been a significant decline – at the all-India level (from 945 in 1991 to 927 in 2001) and in the individual states too (see Table 1 on page 9).

#### **4. What is the social impact of a declining child sex ratio?**

A declining sex ratio reflects gross discrimination against one sex within society. In India it confirms what is common knowledge – girls are less wanted or unwanted. One of the main reasons for this seems to be a practice that demeans women – the need to pay dowry to get them married. Daughters are seen as a burden because of the dowry to be paid for them and because any investment in them – for their nutrition, education, health, general well-being – will not help the natal family's future security. The increasing deficit of girls is creating a social imbalance within society. We have pockets in the country where very few girls are born. Since this means that there are no brides for the burgeoning son population, they are likely to import girls from other regions of the country. This has created another social problem – the purchase of young girls from poor regions. Women are thus treated as commodities, contributing to the further fall in their status in society. This can only lead to further exploitation and abuse of women, more violence against them, increased trafficking and sex trade, and re-emergence of practices like polyandry (one woman married to more than one man). The cycle of discrimination and gender inequities thus continues, fuelled now by newer and more accurate technologies for sex selection.

## Technology and Its Misuse

### 5. What are pre-natal diagnostic techniques or procedures?

“Pre-natal” means before birth. Techniques used for the detection or diagnosis of any physical or mental conditions in a foetus are known as pre-natal diagnostic techniques or procedures or tests. These techniques involve the study of any body fluid, blood, cells or any tissue from a pregnant woman or the foetus. This can also be done through a visual image, as is done in ultrasonography.<sup>2</sup>

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#### Uses of Pre-natal and Pre-conception Genetic Testing

Pre-natal diagnosis of medical disorders can detect a potential threat for the mother and the foetus, thereby equipping the healthcare provider with information in case medical intervention is required. It also empowers the parents to make an informed choice of continuing the pregnancy or not in case of such a threat to the life of the mother or the child.

For example, knowing the Rh status (a blood grouping system) of the foetus in case of an Rh- negative mother is important to take steps in preventing damage to the red blood cells, liver and brain of the foetus.

Genetic disorders detected pre-natally include Down’s Syndrome (a leading cause of mental retardation); blood disorders like Thalassemia, Hemophilia, and Sickle Cell Anemia; some degenerative muscular diseases; and metabolic disorders leading to mental retardation.

In many cases, genetic counselors can provide information and guidance regarding inheritance patterns, recurrence risk and medical consequences before the parents plan the pregnancy.

#### Genetic counseling should be considered in the following situations:

- Family history of late onset disorders with genetic component (e.g. Neuro-degenerative disorders like Huntington’s disease, mental illnesses like schizophrenia)
  - History of the birth of a child with a birth defect or genetic disorder
  - History of a relative with a birth defect or genetic disorder.
  - History of stillborn infant
  - Exposure to chemicals, drugs or other agents known to cause birth defects
  - Mothers above the age of 35
- 

<sup>2</sup> Sec 2 (i,j,k) of the Act



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## Commonly used diagnostic techniques which have potential for misuse in sex selection

### **Amniocentesis**

After conception, the foetus in the womb is suspended in a sac filled with a liquid. This liquid is called amniotic fluid. Amniocentesis involves the removal of a small amount of amniotic fluid from inside the sac with the help of a long needle inserted into the abdomen. The fluid contains cells belonging to the foetus that are then separated from the fluid. These cells are taken for chromosomal analysis (a study of chromosomes) through which any genetic abnormalities can be identified. The sex chromosomes are also present and hence it is possible to identify the sex of the foetus.

### **Chorionic villi biopsy**

This technique involves the removal of a part of the elongated tissue (chorionic villi) surrounding the foetus through the lower opening of the uterus. This tissue is then tested for genetic defects; it can also reveal the sex of the foetus. It enables sex determination very early — between the 6<sup>th</sup> and the 13<sup>th</sup> week of pregnancy. Though detection is possible in the first trimester itself, this technique carries a risk of bleeding, pain and spontaneous abortion.

### **Ultrasonography**

Sonography, as it is popularly known, is one of the most widely and commonly used diagnostic technique. The medical fraternity – doctors as well as technicians – use it for a variety of health problems. During pregnancy it is used for the detection of any problems with the foetus and to generally monitor its growth. Sonography has become a part of the routine check up done during the course of pregnancy. It basically uses sound waves not audible to the human ear to get a visual image of the foetus on a screen. The sex is determined based on the presence of the male genitalia, which may be visible on the screen after the fourth month, depending on the position of the foetus. Since sex detection is possible only in a later stage in pregnancy, abortion can be very risky and may lead to infertility.

### **Ericsson Method**

This technique, used for pre-conception sex selection, involves the separation of X- chromosome bearing sperms and Y-chromosome bearing sperms through a filtration process. The ovum is then fertilized with a high concentration of the sperm bearing the desired chromosome.

### **Pre-implantation Genetic Diagnosis**

This is one of the latest technologies that have potential for misuse for sex-selection. It involves the removal of a few early divided cells from a test tube embryo that are then tested directly by chromosomal analysis to identify the sex of the embryo.

### **Other Techniques**

**Ayurvedic and Unani therapies** have been developed for sex pre-selection on the basis of the notion that the sex of the foetus is determined six weeks after fertilization. (This is contrary to the established fact that sex of the foetus is fixed at time of fertilization). Several preparations that claim to be effective in selecting the desired sex are available in the market.

**There are some other methods based** on timings of conception or controlled diets that are said to create a favourable environment in the female genital tract for X or Y sperms. But their success rate has not yet been established.

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## The Law and Responsibilities

### 6. Is there a law against sex selection?

Yes. A law was enacted in 1994 called the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act No. 57 of 1994. This law was amended in 2003 (amended vide Act 14 of 2003, effective 14-2-2003), now called The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of sex selection) Act.

### 7. What are the legal purposes for which pre-conceptual and pre-natal diagnostic techniques can be conducted?

Legally these techniques can be used to detect genetic and metabolic disorders, chromosomal abnormality, etc. in the foetus that could arise before birth and could be linked to a family history of any such condition and the sex of the foetus. These techniques however cannot be used for sex selection.<sup>3</sup>

They are used for the detection of any genetic conditions (such as haemophilia); chromosomal conditions (like Down's Syndrome); and inborn or congenital conditions (for example, RH incompatibility).

They are also used when there are several indicators that point towards a greater risk to the woman – if her age is above 35 years; if she has undergone two or more spontaneous abortions; if she has been exposed to potentially dangerous chemicals, drugs, radiation or infection; if there exists a family history of physical and/or mental challenges such as spasticity or any other genetic disease or any other conditions that have been stated as per the Act.<sup>4</sup>

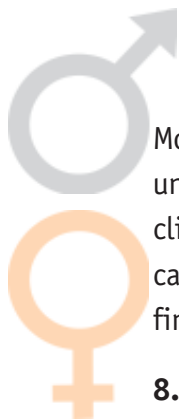
In other words a pre-natal diagnostic test could be legally conducted, if any of the above circumstances exist, posing a risk to the foetus and the pregnant woman. Certain pre-natal diagnostic tests such as sonography are widely used to monitor the growth of the foetus and are now part of the routine ante-natal check up during the course of pregnancy. However, they cannot be used for sex determination or selection.

The Act makes it imperative for the medical practitioner carrying out the tests to take the written consent of the pregnant woman for such tests and inform her about their side effects. A copy of the consent obtained must be given to the woman. In case of ultrasound tests, the pregnant woman has to sign a declaration stating that she does not want to undergo the test for the purpose of determining the sex of the foetus

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<sup>3</sup> Sec 3(A) of the Act

<sup>4</sup> Sec 4(3) of the Act



Most importantly, the consent and explanation has to be done in a language that she understands. If the practitioner does not take her consent for such tests and if his/her clinic is not registered, then conducting the test is illegal. The medical practitioner cannot communicate the sex of the child to the parents or anyone else, even if he/she finds it out during these tests.<sup>5</sup>

## 8. Who can conduct these tests?

Only the persons specified in the Act and described below can conduct these tests:

A **medical geneticist** – a person who possesses a degree or diploma in genetic science or has experience of not less than two years in such field after obtaining any one of the medical qualifications recognised under the Indian Medical Council Act (102 of 1956) or a post-graduate degree in biological sciences.<sup>6</sup>

A **gynaecologist** – a person who has a post-graduate qualification in gynaecology and obstetrics.<sup>7</sup>

A **paediatrician** – a person who has a post-graduate qualification in paediatrics.<sup>8</sup>

**Sonologist/radiologist or imaging specialist** – a person who possesses any one of the medical qualifications recognised under the Indian Medical Council Act or who possesses a post-graduate qualification in ultrasonography or imaging techniques or radiology.<sup>9</sup>

## 9. Where can these tests be conducted?

These tests can be conducted at the following premises provided they are registered under the Act:

- i) Genetic Counselling Centre which means an institute, hospital, nursing home or any place, by whatever name called, which provides for genetic counselling to patients;<sup>10</sup>
- ii) Genetic Clinic which means a clinic, institute, hospital, nursing home or any place, by whatever name called, which is used for conducting pre-natal diagnostic procedures;<sup>11</sup>

<sup>5</sup> Sec 5 (2)

<sup>6</sup> Sec2 (g) read with Rule 2, 3

<sup>7</sup> Sec2 (f) read with Rule 2,3

<sup>8</sup> Sec 2(h) read with Rule 2, 3

<sup>9</sup> Sec 2 (p) inserted vide Act 14 of 2003

<sup>10</sup> Sec2 (c)

<sup>11</sup> Sec2 (d)



iii) Genetic Laboratory, which means a laboratory and includes a place where facilities are provided for conducting analysis or tests of samples received from Genetic Clinic for pre-natal diagnostic test.<sup>12</sup>

*(Explanation: Genetic clinic and laboratory includes any place where ultrasound machine or imaging machine or scanner or other equipment capable of determining the sex of the foetus or a portable equipment which has the potential for detection of sex during pregnancy or selection of sex before conception is used. This includes sonography and imaging centres)*

### 10. Do the premises have to be registered?

Yes. Genetic Counselling Centres, Genetic Clinics, Genetic Laboratories, and Ultrasound Clinics or Imaging Centres having ultrasound machines or imaging machines capable of sex determination have to be registered. All fertility centres using techniques capable of pre-conception sex selection have to be registered. Any vehicle using ultrasound techniques has to be registered.<sup>14</sup>

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**REGISTERED CENTRES/CLINICS/LABORATORIES MUST DISPLAY THEIR CERTIFICATE OF REGISTRATION AS WELL AS THE MESSAGE THAT SEX SELECTION IS ILLEGAL.<sup>13</sup> THE CERTIFICATE OF REGISTRATION IS TO BE DISPLAYED AT A CONSPICUOUS PLACE OF BUSINESS (sec 19(4) Rule 17(1))**

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### 11. What is the procedure for registration?

An application for registration in Form A has to be made along with the prescribed fee to the Appropriate Authority (AA) – it could be the Ward Health Officer in large cities and District Medical Officers in districts, towns and rural areas. The AA would hold an inquiry into the maintenance of standards of the premise as per the rules under the Act and grant a certificate on fulfilment of all the criteria. This certificate has to be displayed at a conspicuous place at the premise.<sup>15</sup>

## Dealing with Violations

### 12. Who can be punished for sex selection?

Any medical practitioner as specified under the law – medical geneticist, gynaecologist, sonologist, radiologist, registered medical practitioners – or any one who owns a

<sup>12</sup> Rule 17(1)

<sup>14</sup> Sec 18(1)

<sup>13</sup> Rule 17(1)

<sup>15</sup> Section 18 and 19 to be read with Rule 4 and 6



Genetic Counselling Centre, a Genetic Clinic or Laboratory or is employed in any such place and renders his or her professional services is liable for punishment for violation of provisions of the Act.<sup>16</sup>

Any person who seeks the aid of any of the above establishments and professionals for conducting a pre-natal diagnostic technique on any pregnant women for the purpose of sex selection would be punished.<sup>17</sup> Women who of their own volition undergo such a test for the purpose of sex selection are also liable for punishment. Women who are compelled to undergo such a test for the purpose of sex selection would not be punished but the person/s compelling her would be liable for punishment as prescribed under the Act.<sup>18</sup>

Any person who advertises techniques capable of sex-selection before or after conception through any sex determination mode is also liable for punishment.<sup>19</sup>

### 13. What is the punishment?

A medical practitioner may get an imprisonment for a term that may extend to three years and with a fine that may extend up to Rs. 10,000 and on any subsequent conviction, he/she may get an imprisonment that may extend to five years and with a fine that may extend to Rs. 50,000<sup>20</sup>

The name of the medical practitioner would be reported to the State Medical Council by the Appropriate Authority for taking necessary action, including removal of his/her name from the register of the Council for a period of five years for the first offence and permanently for the subsequent offence.<sup>21</sup>

Any person who seeks the aid of any establishments and professionals for conducting a pre-natal diagnostic technique on any pregnant women for the purpose of sex selection would be punishable with imprisonment for a term that may extend to three years and with a fine that may extend to Rs. 50,000 and on subsequent conviction with imprisonment that may extend to five years and with a fine that may extend to Rs. 100,000.<sup>22</sup>

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An offence under this law is

**Cognizable** – A police officer may arrest the offender without warrant

**Non-bailable** – Getting bail is not the right of the accused. The courts have discretion to grant bail.

**Non-compoundable** - Parties to the case cannot settle the case out of court and decide not to prosecute.  
( Sec 27 )

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<sup>16</sup> Section 23(1)

<sup>17</sup> Section 23(3)

<sup>18</sup> Section 23(4)

<sup>19</sup> Sec 22

<sup>20</sup> Sec 23(1)

<sup>21</sup> Sec 23(2) Substituted vide Act 14 of 2003

<sup>22</sup> Section 23(3)

#### 14. Can somebody advertise for a sex selection test?

No. This is punishable under the Act. No person, organisation, Genetic Counselling Centre, Genetic Clinic or Genetic Laboratory shall issue, publish or distribute a published advertisement in any manner regarding sex selection.

An advertisement includes electronic or print and in any form such as notice, circular, label, wrapper or other document. This also includes any visible representation made by means of any hoarding, wall painting, signal, light, sound, smoke, gas or through the Internet.<sup>23</sup>

#### 15. Can those who advertise be punished?

Yes. One could be imprisoned for a period that may extend to three years and with a fine that may extend to Rs. 10,000.<sup>24</sup>

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#### Examples of advertisements

- **Balaji Telefilms case-** The serial, 'Kyon Ki Saas Bhi Kabhi Thi' had a scene in which one of the characters goes for a sex determination test and the doctor is shown declaring the sex of the child (Complaint to Maharashtra State Women's Commission, February 2002 )
  - **Advertisement on website:** "Gender Selection is Reality. An ayurvedic medicine tried tested and approved for more than 10 years." (Complaint to Appropriate Authority, 2003)
  - **Article in Marathi Magazine** 'How to have a baby boy through natural methods' (Complaint to Appropriate Authority, 2005)
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### Public and State Responsibility

#### 16. Who should one approach to lodge a complaint?

A complainant can approach the designated Appropriate Authority of the State or district or sub district. The Appropriate Authority at the State level is a high ranking health department official above the rank of Joint Director of Health and Family Welfare. But there are also officials at local level in rural and urban areas who can be approached – the civil surgeon or the chief medical officer at the district level; the chief health officer or a ward health officer in a city; and the medical superintendent

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<sup>23</sup> Sec 22

<sup>24</sup> Ibid



of the rural hospital in rural areas.<sup>25</sup> (Refer annex for list of Appropriate Authorities in the country and a suggested format for making a complaint).



### 17. How does one lodge a complaint?

A written complaint has to be made to the Appropriate Authority (AA), which has to acknowledge receipt.<sup>26</sup> AA has to take action within 15 days of lodging the complaint.



### 18. What action would be taken?

The Appropriate Authority will initiate an investigation. If there is information or a reason to believe that the practice of sex selection is taking place, the premises in question may be searched and examined for any record, register, document etc. Anything that could be furnished as evidence of the offence may be seized and the unit may be sealed. If the AA feels that it is in public interest, it may suspend the registration without issuing any notice.<sup>27</sup> A case would then be filed and once the offence has been proved, the guilty would be punished, as per the provisions of the Act.

### 19. What if the authorities don't act on the complaint?

If the AA takes no action within 15 days, the complainant can go to Court with the acknowledgment receipt. Alternatively the complainant can also approach a social organisation like an NGO working on women's rights issues in the area or State.<sup>28</sup>

### 20. Who looks into the implementation of the Act?

The implementing machinery for this Act comprises of:

- a) Central Supervisory Board (CSB)

<sup>25</sup> Sec 28(1) (a)

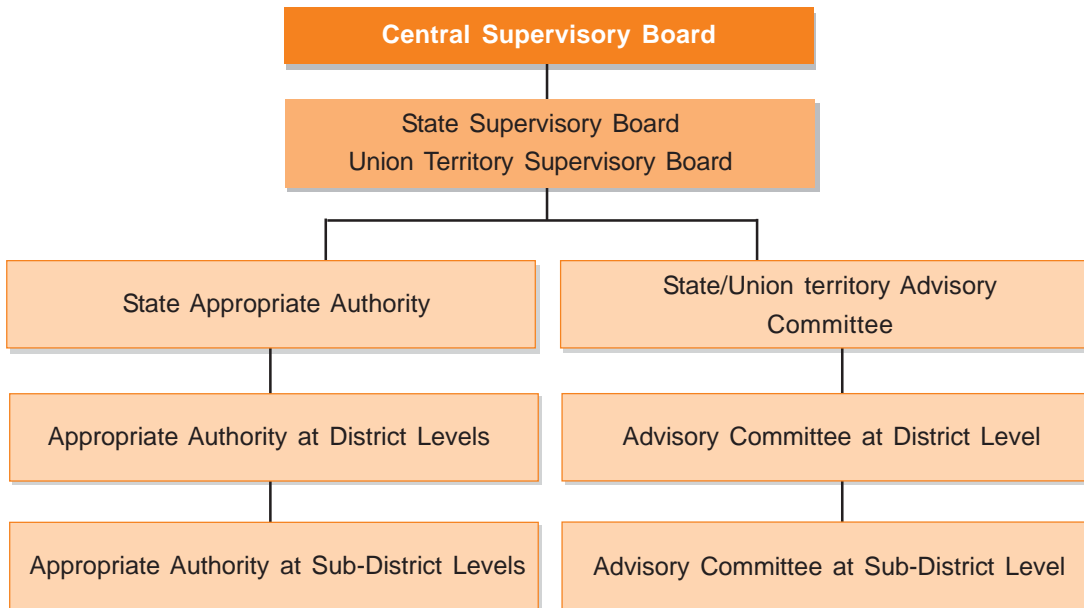
<sup>28</sup> Sec 28(b)

<sup>26</sup> Sec 28 (1) (b)

<sup>27</sup> Section 20(3) and section 30

- b) State Supervisory Board (SSB) and Union Territory Supervisory Board (UTSB)
- c) State Advisory Committee (SAC) and Union Territory Advisory Committee (UAC)
- d) Appropriate Authority (AA) for the whole or a part of the State/Union Territory
- e) Advisory Committees (AC) for designated areas (part of the State) attached to each AA.

### Structure of the Implementing Machinery



## 21. What are their key functions and powers?

The **Appropriate Authority** is responsible for the implementation of the Act.

- It can grant, suspend or cancel registration of Genetic Clinics, Counselling Centres or Laboratories.
- In the case of breach of provisions of the Act, it is meant to investigate complaints and take immediate action.
- It has the powers to search premises, examine any record, register, document etc.



- It also has the powers to seize any of the above that may furnish as evidence of the commission of the offence.<sup>29</sup>



The **Advisory Committee** is responsible for providing advice and guidance on matters of implementation to aid the AA to discharge its functions. It is comprised of eight members:

- three medical experts from the fields of genetics, obstetrics and gynaecology, and paediatrics;
- one legal expert;
- one state official representing the department dealing with publicity and information;
- three representatives from civil society – social workers or from women’s organisations - with at least one of them a woman.<sup>30</sup>

The **Central Supervisory Board** has to meet at least once in six months and functions include

- advising the Central Government on policy matters relating to the use of pre-natal diagnostic techniques;
- reviewing implementation of the Act and the Rules, as well as suggesting changes in the Act’
- creating public awareness against the practice of sex selection;
- laying down a code of conduct to be observed by persons working at Genetic Clinics, Counselling Centres or Laboratories and Ultrasound or Imaging Centres.<sup>31</sup>

The functions of the **State Supervisory Boards/Union Territory supervisory Boards** has to meet at least once in four months and its functions are

- reviewing activities of the AAs and recommending appropriate actions against them if they are found not functioning as per the Act, to the CSB;
- monitoring the implementation of the Act;
- sending consolidated reports to the CSB regarding various activities undertaken in their State;
- creating public awareness against the practice of sex selection.

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<sup>29</sup> Sec 17 (4), Sec 30, Rule 12

<sup>30</sup> Sec 17 (6)

<sup>31</sup> Sec 16

**22. What is the responsibility of the State in terms of educating people and the medical professionals about the Act and the issue of sex selection?**

The State must use the mass communication media – print and audio-visual – for public education and to spread awareness about the required ethical conduct of medical professionals. Programmes on the subject must appear in radio, television and newspapers and magazines. Moreover, it should also legitimise the concern through issuing public education advertisements, posters and official writings on the subject.<sup>32</sup>

Any place where ultrasonography is conducted should display the following notice prominently in English and a local language. Rule 17 (1):

‘Determination of the sex of foetus is banned and illegal’

**23. As an ordinary person what can I do to help eliminate the practice of sex selection?**

**Whenever you go to a clinic be aware that:**

1. Registered centres/clinics/laboratories must display their certificate of registration as well as the message that sex selection is illegal. If such a display is not there, it is an offence under the PC & PNDT Act.
2. The registration certificate of clinics/laboratories includes the number of ultrasound machines being operated there.
3. The clinic/centre should have a copy of the PC & PNDT Act.
4. Conduct of any genetic test or genetic counselling or a procedure involving imaging like ultrasound requires the use of a consent form for invasive tests or declaration in case of ultrasound tests.
5. Please inform the Appropriate Authority (Names and contact details at Annexure II) of your area if any violation of the above or of any other provisions of the Act take place. If there is no response from the AA you can complain to any NGO or go directly to the court.

- i) Within your community or neighbourhood if you get to know of any sex selection being done, lodge a complaint to the Appropriate Authority listed in the annexure with appropriate evidence.
- ii) If you get to know about any doctor, radiologist, laboratory, clinic or any other person providing such services, lodge a complaint with the necessary evidence. For example, if you see board is not displayed in a clinic, you can inform the Appropriate Authority.
- iii) Be socially responsible and make others aware and spread the message about the illegality of the practice of sex selection and the implications of such a practice.

Help to break common myths around issues such as increase in value of girls with decreasing numbers (refer page 13-15).

<sup>32</sup> Sec16 (A)



## Suggested Format of Complaint/Notice to The Appropriate Authority\*

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To  
The Appropriate Authority  
Under the PC & PNDT Act  
District.....

Sir/Madam,

**Subject** : Complaint of breach of provisions of The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

We are a non-governmental organization consisting of lawyers and social workers working in different states of India and working on issues relating to discrimination against women including elimination of the girl child. We were shocked to see the news item dated ..... appearing in the (name of the newspaper/magazine, etc.) and we wish to bring the same to your notice.

Your kind attention is invited for immediate investigation and action under Section 17(4) © of The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 to the news item that appeared in the (name of the newspaper/magazine etc.) dated ..... A copy of the news items which is self-explanatory is annexed herewith for your ready reference.

As you are aware, the object of the Act includes regulations for the use of pre-natal diagnostic techniques and prevention of the misuse of such techniques for the purpose of pre-natal sex determination leading to elimination of a girl child, and for matters connected therewith or incidental thereto.

Despite the existence of the Act on the statute books since 1994, the latest Census Report of 2001 shows that the sex ratio has been declining in an alarming way and it has come

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\* Source : *Enabling Legal Activism on The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994. Compiled and Edited by Veena Kumari, Human Rights Law Network*



down from 882 in 1991 to 874 in 2001 in the State of Punjab. The sex ratio in case of age group of 0-6 is 793 according to 2001 Census whereas it was 875 in the State of Punjab according to 1991 census, which accentuates the situation as it shows that the number of females being born is declining.

That you being the Appropriate Authority appointed under the Act, are empowered to investigate any violation, possible violation of the PC & PNDT Act and take necessary action. That a plain reading of the newspaper article demonstrates that there has been a clear-cut violation of the provisions of the PC & PNDT and that pre-natal diagnostic techniques are misused for the purpose of sex determination and the sex of the child is being conveyed to the family members.

That the said article describes the ..... diagnostic center(s) in [area(s) or the name(s) of the center(s)] which are being run by (names of the doctors or owners). That the said clinic(s)/nursing home(s) contain(s) name of the offending equipment such as ultrasound machine(s) and is fully equipped with ultra sound and x-ray facilities.

That Section 30 of the Act has granted very wide powers to the appropriate authority and the same are reproduced below :

**Section 3(I) :** If the Appropriate Authority has reason to believe that an offence under this Act has been or is being committed at any Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic or any other place, such authority or any Officer authorized thereof in this behalf may subject to such rules as may be prescribed, enter and search at all reasonable times, with such assistance, if any, as such authority or Officer considers necessary, such Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic or any other place and examine any record, register, document, book, pamphlet, advertisement or any other material or object found therein and seize and seal the same if such authority or Officer has reason to believe that it may furnish evidence of the commission of an offence punishable under this Act. That further Section 31 of the Act gives protection to the appropriate authority or any Officer authorized thereunder for action taken in good faith.

That in view of the aforementioned facts and circumstances, you are requested to take immediate action and investigate in the matter without any delay. Kindly treat this letter as a complaint and take appropriate action including filing of a criminal complaint before the Metropolitan Magistrate or a Judicial Magistrate under Section 28(1) (a) of the Act. Acknowledgement of this complaint will be appreciated.

Yours sincerely,

Xyz



## List of State/Union Territory Appropriate Authorities under Pre-conception and Pre-natal Diagnostic Techniques Act, 1994.

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
1.	Dr. R. Gopala Krishna Rao State Appropriate Authority for PNDT and Joint Director of MCH & State EPI Officer O/o Commissionerate of Family Welfare DM&HS Campus, Sultan Bazar Hyderabad-500 095.	040-24606378 2465 3771 984990221	2465 0365 2465 2267(F)	
2.	Dr. T. Basar Joint DHS (FW) Directorate of Health Services Government of Arunachal Pradesh Naharlagun – 791 110 Arunachal Pradesh.	0360-2351036	2244178(F) 2248129	
3.	Dr. Moti Lal Nunisa, Director (Family Welfare) Directorate of Family Welfare Hengrabari Government of Assam Guwahati – 781 006, Assam.	0361-2224196(TF)	24651063	
4.	Dr. R. K. Choudhry State Immunisation Officer Deptt. of Health/Med.Ed./FW Vikas Bhawan, New Secretariat Government of Bihar Patna – 8000 001.	0612-221-7-6	2532982 (F)	

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
5.	Dr. D. K. Sen Director of Health Services Secretariat, D. K. Bhawan Government of Chhattisgarh Raipur, Chhattisgarh.	0771-2234832(TF)	2221621(F)	
6.	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 0-9825433408	23253321(F)	
7.	Dr. R. N. Mahanta Director (Family Welfare) Directorate of Health Services Government of Himachal Pradesh Kusumpti Shimla, Himachal Pradesh.	0177-2622508 2621424	2620661(F)	
8.	Dr. Arvind V. Salelkar Director, Health Services State Family Welfare Bureau Directorate of Health Services Campal, Panaji – 403 001 Goa.	0832-2225976 2222319	2225837	
9.	Dr (Mrs.) Sushma Madan Director General, Health Services Haryana-cum Project Director (RCH) Health Department State Institute Health and Family Welfare Sector –6, Panchkula, Haryana.	0172-2585505 2585189	2584549 9417091859	
10.	Dr. Jasbir Singh The Director FW, MCH & Immunization and Project Director RCH Project, Jammu & Kashmir 105, Karan Nagar, Jammu.	0191-2546338 2549632(F)	941980727	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
11.	Dr. (Mrs.) Usha Mariaback State EPI Officer (Health & FW) Nepal House, Doranda, Secretariat Government of Jharkhand Ranchi, Jharkhand.	0651-2260894 2260361(TF) 09334424024(M)	2260362-63	
12.	Dr. (Mrs.) B. Mohilamony Director of Health Services Directorate of Health Services Thiruvananthapuram – 695 037 Kerala.	0471-2303025 2304712		
13.	Dr. M. G. Prasad Director (Health & FW) Directorate of Health & F. W. Services Anandarao Circle Bangalore-9, Karnataka.	080-22201980 9448155009	22201813(F)	
14.	Dr. (Mrs.) Shalini Joint Director (RCH) Directorate of Health & F. W. Services Anandarao Circle Bangalore-9, Karnataka.	9341239645		
15.	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)	
16.	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)	

S. No.	Name, Designation & Full Address	Telephone Address	Fax No.	Email
17.	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)	
18.	Dr. W. Raghunath Singh Director, (FW) Family Welfare Services B.T.Road, Imphal-795004 Manipur.	0385-2220973(D) 2441852		
19.	Dr. N. Pallai Director (FW), Dte. of FW Services Government of Mizoram Aizwal – 796 001 Mizoram.	0389-2324719(TF)		
20.	Dr. G. B. Sikashi Director (Family Welfare) Dte. of Family Welfare Services Govt. of Nagaland P.R.Hills, Kohima – 791 001 Nagaland.	0370-2224699(F)	2222626 2243595	
21.	Dr. D. Kapfo Addle. Director Health Services Government of Nagaland P.R.Hills, Kohima - 791 001 Nagaland.	2222626 2243595(T)	0370-2241401/ 2224699(TF)	
22.	Dr. B. K. Das Director (Family Welfare) Dte. of Family Welfare Head of the Department Building Government of Orissa Orissa, Bhubaneshwar-751 001	0674-2402490	24071129 (F)	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
23.	Dr. (Mrs.) Rana Harinder Director, Health Services Dte. of Health Services Government of Punjab Parivar Kalyan Bhawan, Civil Secretariat Sector – 34, Chandigarh	0172-2603611 9814042214	2609142 (F)	
24.	Dr. S. P. Yadav Director (FW) Directorate Medical, Health & F. W. Services Government of Rajasthan Tilak Marg, Jaipur- 302 001, Rajasthan	0141-2228707 (T) 9414016297 (M)	222865 (F)	
25.	Dr. (Mrs.) Uma Pradhan Additional Director, F.W. State Appropriate Authority (PNDT) Deptt. of Health & Family Welfare Govt. of Sikkim, Gangtok- 747101 Sikkim	03592-220345(TF)		
26.	Dr. P. Krishnamurty Director of Public Health Government of Tamil Nadu 359-Anna Salai Chennai-6.			
27.	Mr. M. Senthamizhan Joint Director of Public Health & Preventive Medicine (Imm) State Appropriate Authority (PNDT) Office of the Director of Public Health & Preventive Medicine Government of Tamil Nadu 359-Anna Salai Chennai-6.	044-24336674 (TF)		

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
28.	Dr. D. K. Biswas Director (F. W. & P. H) Dte. of FW & P. H., Government of Tripura Health Directorate Building 2nd Floor, Pandit Nehru Complex Agartala – 700 006, Tripura.	0381-2226602		
29.	Dr. R. C. Arya Director General Medical Health & F.W. Services Dte. of Medical Health & F. W. Services Government of Uttaranchal Chandra Nagar, Dehradun.	0135-2720311	272 9888897 (F)	
30.	Dr. L. B. Prasad Director General, Family Welfare Directorate of Family Welfare Government of Uttar Pradesh Jagat Narayan Road (Near Silver Jubilee Maternity Hospital) Lucknow-226001.	09839174354 (M)	0522-2256628 (TF)	
31.	Dr. Krishi Chandra Barui Director, Health Services Dte. of Health & FW Government of West Bengal CIT Building, 5th Floor P-16, India Exchange Place Extn. Kolkata-700 073.	9433310103	033-23577904 (F)	
32.	Dr. Namita M. Ali Director of Health Services Dte. of Health Services A & N Administration Andaman and Nicobar Islands Port Blair – 744 104.	0312-232723 (T) 233331 (TF)	23210 (F)	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
33.	Dr. S. K. Garg Director, Family Welfare Health Centre, Old Building Sector – 22, Chandigarh Administration Chandigarh-160 022.	0172-2710644 (TF) 9417139839		
34.	Dr. S. S. Vaishya Director Medical & Health Services Dte. of Medical & Health Services Daman & Diu, Primary Health Centre DAMAN-396 220 Daman & Diu.	0260-2230470(T) 0-9825142600	2230570(F)	
35.	Dr. L. N. Patra Director (RCH) Administration of Dadra & Nagar Haveli Medical & PH Department Silvassa-396 230 Dadra & Nagar Haveli.	0260-2642061(TF) 0-9426117593		
36.	Dr. K. Attakoya Director of Medical Services & State EPI Officer Dte. of Medical Services UT of Lakshadweep Kavaratti Island -682 555 via Head Post Office, Kochi Lakshadweep.	04896-262316 262 817(T)	262819(F)	
37.	Dr.(Mrs.) Avinash K. Mahta Director, Family Welfare Directorate of Family Welfare SDA College Building Malka Ganj, Delhi-110007.	2385 4839(T) 2385 1384(T)	23855090(F)	
38.	Dr. D. Thamma Rao Director of Health and Family Welfare Services Directorate of Family Welfare Services 99 Mission Street Pondicherry-605 001.	0413-2336172/ 2332033	2336192/ 2249357	



## LIST OF DISTRICT AND SUB-DISTRICT APPROPRIATE AUTHORITIES

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
<b>A. DISTRICT LEVEL APPROPRIATE AUTHORITIES</b>				
<b>Arunachal Pradesh</b>				
1.	Dr. S. R. Nath District Medical Officer Cum Appropriate Authority Tawang,P.O Tawang Arunachal Pradesh.	03794-222339(0) 03794-222339	0397	
2.	Dr. Dani Duri District Medical Officer Cum- Appropriate Authority Bomdila, West Kameng District P. O. Bomdila Arunachal Pradesh.	03782-222188(0)	03782-222188	
3.	Dr. G. Mishra District Medical Officer Cum-Appropriate Authority Seppa, East Kameng District P. O. Seppa Arunachal Pradesh.	03787-222239(0)	03787-222239	
4.	Dr. R. Bori District Medical Officer Cum-Appropriate Authority Yupia, Papum Pare District P.O. Yupia Arunachal Pradesh.	0360-2284915(0)		
5.	Dr. Hage Taki District Medical Officer Cum-Appropriate Authority Ziro Lower Subansiri District P. O. Ziro Arunachal Pradesh.	03788-224258(0)	03788-222574	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
6.	Dr. B. Tobin, District Medical Officer Cum-Appropriate Authority P.O. Koloriang District Kurung Kumey Arunachal Pradesh.	03788-225964(0)		
7.	Dr. Gyati Tatu District Medical officer Cum-Appropriate Authority Daporijo Upper Subansiri District P.O. Daporijo Arunachal Pradesh.	03792-223240(0)	03792-223240	
8.	Dr. R. Rumi District Medical Officer Cum-Appropriate Authority Along West Slang distric P.O. Along Arunachal Pradesh.	03783-222241(0)	03783-223862	
9.	Dr. T. Taleh District Medical Officer Cum-Appropriate Authority Pasighat East Siang Dlst P. O. Paalghat Arunachal Pradesh.	0368-2222253(0)	0368-2222253	
10.	Dr. T. Tanwk District Medical Officer Cum-Appropriate Authority Ylngkieng Upper Siang District. P.O. Yinghiong Arunachel Pradesh.	03777-222379(0)	03777-222379	

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
11.	Dr. T. Darin District - Medical Officer Cum-Appropriate Authority Anini Dibang Valley District P.O. Anini Arunachal Pradesh.	03301-222230(0)	03301-222230	
12.	Dr. A. Yirang District Medical Officer Cum-Appropriate Authority Roing, Lower Eibeng valley District P.O. Roing Arunach Pradesh.	03803-222444(0)	03803-222444	
13.	Dr. Hage Tabyo District Medical Officer Cum-Appropriate Authority Tezu Lohit District P.O. Arunachal Pradesh.	03804-222261(0)	03804-222261	
14.	Dr. Dey District Medical Officer Cum-Appropriate Authority Changlang, Changlang District P.O. Changlaglang Arunachal Pradesh.	03808-222264(0)	03808-222264	
15.	Dr. N. Singh District Medical Officer Cum-Appropriate Authority Khensa, Tirap District P.O Khensa Arunachal Pradesh	03786-222228(0)	03786-222228(0)	

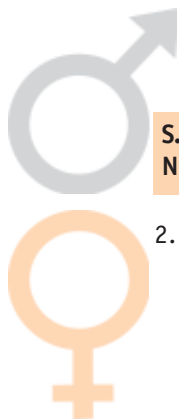
### Chandigarh

- |    |   |         |  |  |
|----|---|---------|--|--|
| 1. | Dr. Inderjit Kaur Walia<br>Director Health Services-cum-<br>Appropriate Authority (PNDT). | 2780781 |  |  |
|----|---|---------|--|--|



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
2.	Ms. Paramvir Nijar Legal Remembrancer, Chd. Admn. as member of Multi Member Appropriate Authority (PNDT).	2741999		
3.	Ms. Harjinder Kaur Ex-Mayor, H.No. 2352 Sec.35-C Multi Member Appropriate Authority.	9814669919(M)	2621111(R)	
4.	Dr. Raman Nijhawan Member Secretary Advisory Committee (PNDT) I/C Radiology Deptt., GH-16 Chandigarh.	2768313	2772265	
5.	Dr. Sarla Gopalan Head of Gynae.& Obst. PGI, Sec. 12. (Member).	2744158 27445161	2744333	
6.	Dr. Vidhu Bhasin, H.O.D. (Gynae. & Obst.) GH-16 (Member).	2768238	2715056	
7.	Dr. Anju, Head of Gynaecology Department GMCH-32 (Member).	2665253 9815909172	2663510	
8.	Dr. S.K. Garg Distt. Family Welfare Officer Chandigarh Member Advisory Committee (PNDT).	2700928	2781044	
9.	Sh. Sunil Dutt Law Offi cer O/o Legal Remembrancer Chd. Admn., Member Advisory Committee (PNDT).	2741999	27771989	

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
10.	Dr. B. S. Chavan President, IMA, IMA Hall Sector-35, Chd. (Member).	2707935	2602595	
11.	Mrs. Sharma Negi Councillor (M), Municipal Corporation, Chd., Member Advisory Committee (PNDT).	9316030567(M)	2691888	
12.	Prof. Aruna Goel Director (ARTS) Punjab University, Member Advisory Committee (PNDT).	2544080 2534762 2534768	2541456	
13.	Director Public Relations, U.T. Chandigarh Member Advisory Committee (PNDT).	2741620		
14.	Dr. S. Lavasa President Indian Academy of Paediatrics U.T. Chandigarh Member Advisory Committee (PNDT).	2782766 2562239	9417262239(M)	
<b>Dadra And Nagar Haveli</b>				
1.	Dr. L.N. Patra Chief Medical Officer Medical and Public Health Department Dadra and Nagar Haveli Silvassa-396230.	0260- 2642061	0260-2642061	pddnh@ rediffmail.com
<b>Daman &amp; Diu</b>				
1.	Dr. S. S. Vaishya Director Medical & Health Services Primary Health Centre Moti Daman, Daman -396 210 Chairman.	02602230847 (0) 02602230470 (0) 02602254371 (R)	02602230570	Ranbir71@ yahoo.com



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
2.	Mrs. Prabhaben Shah Member of Woman Organisation President, Mahila Mandal Near Vegetable Market Nani Daman Daman - 396 220 Member.	2254088 2255715		
3.	Mr. Orlanso Miranda Public Prosecutor Moti Daman Daman - 396 210.	2230567(0) 2230905(R)		

#### Goa

1.	Dy. Director Cum Medical Superintendent, Asilo Hospital - Mapusa (North Goa).	2262372	2262211	asilohospital@hotmail.com
2.	Dy. Director Cum Medical Superintendent Hospicio Hospital Margao (South Goa).	2705167 2705664 2705754	2735972	spiciohospital@hotmail.com

#### Gujarat

1	Dr. L.S. Desai CDHO, Ahmedabad Dist. Ahmedabad.	0792-5507076	0792-5511290	cdhoahd@gujhealth.gov.in
2	Dr. K. B. Patel CDHO, Vadodara Dist. Vadodara.	0265-2432383	0265-2438110 0265-2431036 0265-2431078	cdhobrd@gujhealth.gov.in
3	l/c Dr. N. N. Patel CDHO Mehsana, Dist. Mehsana.	0276-2222324 0276-2220282 0276-2235220	0276-22652203	cdhomeh@gujhealth.gov.in
4	Dr. P.R. Sahay CDHO, Palanpur Dist. Banaskantha.	0274-2252243 0274-2258908	0274-22550530	cdhobnk@health.gov.in

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
5	I/c Dr. G.K. Virda CDHO, Rajkot Dist. Rajkot.	0281-2443235	0281-2479148	cdhoraj@ gujhealth.gov.in
6	I/c Dr. K.H. Dabhi RCHO, CDHO Bhavnagar, Dist. Bhavnagar.	0278-2423665 0278-2423665	0278-2428885	cdhobvn@ gujhealth.gov.in
7	Dr. K. P. Patel CDHO Jamnagar Dist. Jamnagar.	0288-2671097	0288-2552394 0288-2550286	cdhojmr@Dist. gujhealth.gov.in
8	Dr. B. S. Jesalpura CDHO, Junagadh Dist. Junagadh.	0285-2627097	0285-2651981	cdhojnd@ gujhealth.gov.in
9	Dr. P. M. Parmar CDHO, S'nagar Dist. Surendranagar.	0275-2283706 0275-22853315	0275-2283402	cdhosrn@ gujhealth.gov.in
10	Dr. R. K. Nagda CDHO, Himatnagar Dist. Sabarkantha.	0277-2246422 0277-2242552	0277-2243981	cdhosbk@ gujhealth.gov.in
11.	I/c Dr. Rakesh Viddhya Dr. Barot CDHO, Amreli Dist. Amreli.	0279-2223585 0279-2228640	0279-2222115	cdhoamr@ gujhealth.gov.in
12.	I/c Dr. V. H. Pathak CDHO, Bharuch Dist. Bharuch.	0264-2262886 0264-2261332		chokhd@ gujhealth.gov.in
13.	Dr. N. J. Patel CDHO, Nadiad Dist. Kheda.	0268-2556273 0268-2557851	0268-2555282	chokhd@ gujhealth.gov.in
14.	Dr. O. P. Tivari I/c Dr. Varma CDHO, Surat Dist. Surat.	0261-3231787	0261-2412543	cdhosrt@ gujhealth.gov. in



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
15.	l/c Dr. V. R. Gupta CDHO, Valsad Dist. Valsad.	0263-253080 0263-253080	0263-2248315	cdhovld@ gujhealth.gov.in
16.	l/c Dr. P. N. Knnar CDHO, Bhuj Dist. Kutch.	0283-221666	0283-250355	cdhokth@ gujhealth.gov.in
17.	l/c B. P. Itar ADHO, CDHO Godhara Dist. Panchmahal.	0267-2241804 0267-2242356	0267-2241861	cdhopml@ gujhealth.gov.in
18.	Dr. V. K. Mahajan CDHO, Navsari Dist. Navsari.	0263-7575708	0263-7235468 0263-7230954	cdhonav@ gujhealth.gov.in
19.	l/c Dr. Jayesh Patel CDHO, Rajpipla Dist. Narmda.	0264-0224416	0264-0222164 0264-0222038	cdhonrcf@ gujhealth.gov.in
20.	Dr. D. M. Patel CDHO, Dahod Dist. Dahod.	0267-3224320	0267-246548 0267-243350 0267-242430	cdhodhd@ ujhealth.gov.in
21.	Dr. A. C. Vashistha CDHO Anand Dist. Anand.	0269-2268775	0269-2243895	cdhoand@ gujhealth.gov.in
22.	l/c Dr. S. K. Makavana CDHO, Patan Dist. Patan.	0276-6234295 0276-6234274	0276-6221554	cdhoptn@ gujhealth.gov.in
23.	Dr. B. Mahapatra CDHO, Porbandar Dist. Porbandar.	02862-211083	0286-2213735 0286-2211806	cdhopbr@ gujhealth.gov.in
24.	Dr. Dinkar Raval CDHO, Gandhinagar Dist. Gandhinagar.	0792-3222088	0792-3223266	cdhodng@ gujhealth.gov.in
25.	Dr. M. L. Dudhat. ADHO, Dang-Ahwa Dist. Dang.	0263-1220344	0263-1220444	cdhognr@ gujhealth.gov.in



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
<b>Haryana</b>				
1.	Dr. Sushma Madan, Director General Health Services-cum-Chairman State Appropriate Authority Haryana.	0172-2584549 0172-2585189	0172-2585505	dhs.dghs@ hry.nic.in
2.	Dr. B. K. Prinja Civil Surgeon General Hospital, Ambala.	0171-2557473 0171-2556867	0171-2557560	dhs.csamb@ hry.nic.in
3.	Dr. R. S. Dahiya Civil Surgeon General Hospital, Bhiwani.	0166-4242110 0166-248391	0166-242110	dhs.csbnw@ hry.nic.in
4.	Dr. R. C. Aggarwal Civil Surgeon General Hospital, Faridabad.	0129-2415623	0129-2415623	dhs.csfb@ hry.nic.in
5.	Dr. S. L. Mehra Civil Surgeon General Hospital, Fatehabad.	0166-223442 0166-225898	0166-223442	dhs.csftb@ hry.nic.in
6.	Dr. D. V. Saharan Civil Surgeon General Hospital, Gurgaon.	0124-2322412 0124-2334424	0124-2322412	dhs.csgur@ hry.nic.in
7.	Dr. Subodh Naval Civil Surgeon General Hospital Hisar.	0166-278157 0166-278155	0166-278160	dhs.cshsr@ hry.nic.in
8.	Dr. V. P. Maheshwari Civil Surgeon (offi ciating) General Hospital, Jhajjar.	0125-1254014	0125-254014	hs.csj@ hry.nic.in
9.	Dr. Narveer Singh Civil Surgeon General Hospital, Jind.	0168-1245455 0168-1245991	0168-1245455	dhs.csjnd@ hry.nic.in
10.	Dr. R.C. Mittal Civil Surgeon General Hospital, Kaithal.	0174-6230262 0174-6233666	0174-6230262	dhs.csktl@ hry.nic.in



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
11.	Dr. O. P. Mittal Civil Surgeon General Hospital, Karnal.	0184-2267796	0184-2267907	dhs.csknl@hry.nic.in
12.	Dr. M. S. Chaudhary Civil Surgeon General Hospital, Kurukshetra.	0174-4290344 0174-4294683	0174-4290344	dhs.cskkr@hry.nic.in
13.	Dr. Prithvi Raj Civil Surgeon General Hospital, Narnaul.	0128-2251237 0128-2254907	0128-2251237	dhs.csmhn@hry.nic.in
14.	Dr. Satbir Chaudhary Civil Surgeon General Hospital, Panchkuja.	0172-2573907	0172-2590490	dhs.cspkl@hry.nic.in
15.	Dr. (Mrs) Neh Lata Singh Civil Surgeon General Hospital, Panipat.	0180-2630275 0180-2639338	0180-2630275	dhs.cspnp@hry.nic.in
16.	Dr. B. P. Sharma Civil Surgeon General Hospital, Rewari.	0127-4256769 0127-4256086	0127-4256769	dhs.csrwr@hry.nic.in
17.	Dr. G. P. Saluja Civil Surgeon General Hospital, Rohtak.	0126-2212430 Ext. 201	0126-2210636	dhs.csrtk@hry.nic.in
18.	Dr. O. P. Arora Civil Surgeon General Hospital, Sirsa.	0166-6240155	0166-6240303	dhs.cssrs@hry.nic.in
19.	Dr. D. K. Sharma Civil Surgeon General Hospital, Sonapat.	0130-2218407 0130-2233676	0130-2218407	dhs.cssnp@hry.nic.in
20.	Dr. S. C. Bhardwaj Civil Surgeon General Hospital, Yamuna Nagar.	0173-2237811 0173-2247400	0173-2237811	dhs.csynr@hry.nic.in

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
<b>Himachal Pradesh</b>				
1.	Dr. S. C. Verma Chief Medical Officer Bilaspur, District Bilaspur, HP.	01978-222586	01978-222586	
2.	Dr. V. B. Bhardwaj Chief Medical Officer Chamba, District Chamba, HP.	01899-222223	01899-222223	
3.	Dr. P. C. Dogra Chief Medical Officer Hamirpur, District Hamirpur, HP.	01972-222223	01972-222203	
4.	Dr. K. L. Gupta Chief Medical Officer Kangra, Dharamshala District Kangra.	01892-224874	01892-224874	
5.	Dr. B. C. Kapur Chief Medical Officer Kullu, District Kullu, HP.	01902-223077	01902-223077	
6.	Dr. (Miss) Priya Malhotara Chief Medical Officer Kinnaur, District Kinnaur, HP.	01786-222922	01786-222922	
7.	Dr. Vijay Kapoor Chief Medical Officer L-Sipti, District Lahaul Spiti, HP.	01900-222243	01900-222243	
8.	Dr. K. C. Sharma Chief Medical Officer Mandi, District Mandi, HP.	01905-222177	01905-222177	
9.	Dr. R. L. Sharma Chief Medical Officer Shimla, District Shimla, HP.	0177-2657225	0177-2657225	
10.	Dr. R. K. Sahani Chief Medical Officer Solan, District Solan, HP.	01792-224181	01792-224181	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
11.	Dr. (Mrs.) S. L. Gupta Chief Medical Officer Sirmour, Nahan District Sirmour, HP.	01702-222543	01702-222543	
12.	Dr. R. K. Puri, Chief Medical Officer, Una District Una, HP	01975-226064	01975-226064	

### Jharkhand

1.	Dr. P. N. Pandey Civil Surgeon cum CMO C.S. Office, Bokaro.	06542-222454	06542-222454	
2.	Dr. P. C. Hembram Civil Surgeon cum CMO C.S. Office, Chaibasa.	06582-256874	06582-259859	
3.	Dr. Eron Tigga Civil Surgeon cum CMO C.S. Office, Chaibasa.	06541-222870	06541-222965	
4.	Dr. A. K. Mishra Civil Surgeon cum CMO C.S. Office, Chaibasa.	06432-222363	06432-222247	
5.	Dr. R. N. Sinha Civil Surgeon cum CMO C.S. Office, Dhanbad.	0326-2203001	0326-2203001	
6.	Dr. A. P. Singh Civil Surgeon cum CMO C.S. Office Dumka 06434-230032.	06434-222218/	06434-224613	
7.	Dr. S. S. Birua Civil Surgeon cum CMO C.S. Office, Jamshedpur.	0657-2424106 0657-2433278	0657-2424106	
8.	Dr. S. S. Verma C.S. Office, Garhwa.	06561-222385	06561-222385	

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
9.	Dr. V. K. Sharma Civil Surgeon cum CMO C.S. Office, Giridih.	06532-228651 06532-229711	06532-228651	
10.	Dr. Jitendra Civil Surgeon cum CMO C.S. Office, Godda.	06422-220648	06422-223229	
11.	Dr. (Smt) Bironen Tirkey Civil Surgeon cum CMO C.S. Office, Gumla.	06524-223080	06524-222064	
12.	Dr. D. N. Pandey Civil Surgeon cum CMO C.S. Office, Hazaribagh.	06546-222787	06546-222787	
13.	Dr. M. S. Sattar, Civil Surgeon cum CMO C.S. Office, Jamtara.	06433-223330	06433-223330	
14.	Dr. B. B. Sharma Civil Surgeon cum CMO C.S. Office, Koderma.	06534-252222		
15.	Dr. A. K. Das Civil Surgeon cum CMO C.S. Office, Latehar.	06565-228005 065652267702	06565-222188	
16.	Dr. R. P. Singh Civil Surgeon cum CMO C.S. Office, Lohardaga.	06526-224139	06526-224139	
17.	Dr. Jagdish Prasad Civil Surgeon cum CMO C.S. Office, Pakur.	06435-223672	06435-223457	
18.	Dr. R.P. Sinha, Prasad Civil Surgeon cum CMO C.S. Office, Palamu.	06562-224273	06562-228005	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
19	Dr.(Smt) Ashrita Kujur Civil Surgeon cum CMO C.S. Office, Ranchi.	0651-2312618	0651-2312618	
20	Dr. S.N. Mishra Civil Surgeon cum CMO C.S. Office, Sahebganj.	06436-224577	06436-224577	
21	Dr. Narendra Kumar Civil Surgeon cum CMO C.S. Office, Saraikela.	06597-234611	06597-234611	
22	Dr. R.N. Das Civil Surgeon cum CMO C.S. Office, Simdega.	06525-225918		

### Lakshadweep

1. Dr. K. Attakoya  
Director of Medical and Health Services. U.T. of Lakshadweep  
Kavaratti. 04896-262316 04896-262817 kandadiyakkal@04896-262819 yahoo.com
2. Smt. M.P. Sainaba President  
Aykiyam Womens Group  
Kavaratti. 04896-262057
3. Additional Secretary (Legal)  
U.T. of Lakshadweep  
Kavaratti. 04896-262464

### Madhya Pradesh

#### District Advisory Committee, Guna

1. Dr. Vidya Sagar Jain  
Chief Medical & Health Officer  
Appropriate Authority  
PPNT Advisory Committee
2. Dr. S. Diwakar  
Lady Medical Specialist  
District Hospital, Guna.

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
3.	Dr. S.P. Jain Child Specialist District Hospital, Guna.			
4.	Dr. R. Diwakar Medicine Specialist District Hospital, Guna.			
5.	District Public Dealing Officer Guna.			
6.	Shri Vishnu Pal Singh DPO, Guna.			
7.	Shri Ramesh Rathore Mahavirpura, Guna.			
8.	Shri Pooran Lal Kushwah Shivaji Nagar, Guna.			
9.	Smt. Sunita Sharma Kant, Guna.			

**Lower District Advisory Committee, Aron**

1. Dr. K.K. Srivastava  
BMO, Aron, Chief Offi cer.
2. Dr. Smt. Lekha Tiwari  
District Hospital, Guna.
3. Shri Ravikant Dube  
Asstt. Distt. Officer.
4. Shri Ramswarup Namdev  
Aron.
5. Shri Mahendra Shrimal  
Advocate, Aron.
6. Smt. Pushpa Jain  
Aron.



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
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**Lower District Advisory Committee, Radhogarh**

1. Dr. O.P. Gupta, BMO  
(Appropriate Authority).
2. Dr. B.O. Kushwah  
Medical Officer  
Radhogarh.
3. Dr. Shalini  
Tenguria  
Medical Officer, Radhogarh.
4. Dr. Jagbir Singh  
Medical Officer, Jamner.
5. Shri Ravikant Dube  
Asstt. District Officer.
6. Shri Rajendra Chandel  
Ruthiyai.
7. Shri Sudip Nayan Sharma  
Radhogarh.
8. Smt. Shantibai  
Mali, Radhogarh.

**Lower District Advisory Committee, Chanchod**

1. Dr. A.D. Vichurkar  
BMO, Binaganj (Chief Officer).
2. Dr. K.K. Bhargav  
Child Specialist  
Binaganj.
3. Dr. Smt. Sarojini Baig  
Medical Officer, Chanchod.
4. Dr. S.S. Gupta  
Medical Officer, Chanchod.
5. Shri B.R. Srivastava.
6. Smt. Mamta Mina, Chanchod.



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
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7. Shri Hargovind Sharma  
Chanchod.
8. Shri Devendra Kumar Gupta  
Kumbhraj.

#### Lower District Advisory Committee, Bamori

1. Dr. S.P. Jain  
Child Specialist.
2. Smt. S. Diwakar  
Lady Medical Officer  
District Hospital, Guna.
3. Dr. Milind Bhagat  
Medical Officer  
District Hospital, Guna.
4. Shri Nandkishore Pathak.
5. Shri Ramcharan Lodha  
Bagori.
6. Shri Bhanmarji Yadav  
Village Sawarapahad  
Tehsil Guna.
7. Smt. Sarmishtha Kokate  
Guna.

#### District Level

- |    |   |              |        |                       |
|----|---|--------------|--------|-----------------------|
| 1. | Dr. N. K. Sarraf<br>C. M. H. O. Guna.                     | 07542-252746 | 252746 | cmhogun@<br>mp.nic.in |
| 2. | Dr. S. Dewaker<br>Gynaecologist<br>Dist. Hospital Guna.   | 07542-252308 |        |                       |
| 3. | Dr. S.P. Jain<br>Child Specialist<br>Dist. Hospital Guna. | 07542-252308 |        |                       |



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
4.	Dr. R. Dewaker Medical Specialist Dist. Hospital, Guna.	07542-252308		
5.	Mr. Wadhva Dist. Public Relation Officer, Guna.	07542-256389		
6.	Shri Vishnoopal Singh D.P.O., Guna.	07542-251581		
7.	Shri Remesh Singh Rathor J-101 Bhargawa Colony, Guna Social Worker.	07542-224222		
8.	Shri Pooran Lal Kushwaha Shivaji Nagar, Guna Social Worker.			
9.	Smt. Sunitha Sharma Social Worker Cant, Guna.	07542-253138		
10.	Smt. E. Thomas, D.P.H.N.O. C.M.H.O. Office, Guna.	07542-251219		

#### **Sub District Level**

##### **Aron**

1.	Dr. K.K. Shrivastava BMO Aron.	07542-205269		
2.	Dr. Lekha Tiwari Lady Doctor Distt. Hospital Guna.	07542-252308		
3.	Shri Ravikant Dubey Asstt. DPO.			
4.	Shri Ramswarup Namdev Social Worker.			

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
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5. Shri Mahendra Shreemal  
Advocate Aron.

6. Smt. Pushpa Jain  
Social Worker.

### Raghogarh

1. Dr. O.P. Gupta  
Appropriate Authority. 07544-262913

2. Dr. B.L. Kushwah  
Medical Officer.

3. Dr. Shalini Tenduriya  
Medical Officer.

4. Dr. Jagbeer Singh  
Medical Officer.

5. Shri Ravikant Dubey  
Asstt. D.P.O.

6. Shri Rajendra Chandel  
Social Worker.

7. Shri Sudeep Nayan Sharma  
Social Worker.

8. Smt. Shanti Bai Mali  
Social Worker.

### Chachoda

1. Dr. A.D. Vinchoorkar  
Appropriate Authority. 07546-240034

2. Dr. K.K. Bhargava  
Child Specialist.

3. Dr. Smt. Sarojini Beg  
Medical Officer.



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
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4. Dr. S.S. Gupta  
Medical Officer.
5. Shri B.R. Shrivastava  
Asstt DPO.
6. Smt. Mamta Meena  
Social Worker.
7. Shri Hargovind Sharma  
Social Worker.
8. Shri Devendra Kumar Gupta  
Social Worker.

#### Bamori

1. Dr. S.P. Jain  
Child Specialist. 07542-252308
2. Dr. Smt. S. Diwakar  
Gynecologist.
3. Dr. Milind Bhagat  
Medical Officer.
4. Dr. S. Ragi  
Appropriate Authority. 930012951
5. Shri Nand Kishor Pathak  
Asstt. DPO.
6. Shri Ramcharan Lodha  
Social Worker.
7. Shri Bhamar ji Yadav  
Social Worker.
8. Smt. Sharmistha Kokate  
Social Worker.

#### Manipur

1. Director Health  
Lampel Opposite RIMS  
Imphai 2414768 2210964

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
2.	Director (FW) B.T. Road Imphal.	2223824	2446989	
3.	Additional Director (FW) B.T. Road Impahat.	2223824	2446989	
4.	Deputy Secretary (Law) (Govt. of Manipur)			

### District-level Appropriate Authorities

1.	Chief Medical Officer Imphal West.	94360-21236		
2.	Chief Medical Officer Thoubal.	03848-222558(0)		
3.	Chief Medical Officer Bishnupur.	953879222328(M)		
4.	Chief Medical Officer Churachandpur.	03874-234297(0)		
5.	Chief Medical Officer Senapati.	03878-222236 (0)		
6.	Chief Medical Officer Ukhrul.	94306-2067 (0)		
7.	Chief Medical Officer Tamenglong.	03877-222348		
8.	Chief Medical Officer Chandel.	03848-265518		

### Meghalaya

#### STATE LEVEL

1.	Dr. M.C. Mhanta Director of Health Services (MCH&FW) Meghalaya Shillong-793001.	0364-2228493	0364-2228493	
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#### DISTRICT LEVEL

2.	Dr. S. Kharmalki District Medical & Health Officer East Khasi Hills, Shillong-793001.	0364-2226432		
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S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
3.	Dr. B.K. Patgiri District Medical & Health Officer West Khasi Hills Nongstoin-793119.	03654-222248	03654-222248	
4	Dr. P. Chyne Addl. District Medical & Health Officer, Jaintia Hills Jowai-793150.	03652-223883	03652 - 223883	
5	Dr. R.L. Kyndiah District Medical & Health Officer Ri Bhoi District Nongpoh-793102.	03638-232332	03638 - 232332	
6	Dr. (Mrs) M. Sangma District Medical & Health Officer West Garo Hills Tura-794001.	03651-222501	03651-222501	
7	Dr. A.K. Roy District Medical & Health Officer East Garo Hills Williamnagar-794111.	03658-220212	03658 - 220212	
8	Dr. (Mrs) C. Sangma District Medical & Health Officer South Garo Hills Baghmara-794102.	03639-222228	03639-222228	
<b>SUB DISTRICT LEVEL</b>				
1.	Dr. Robin Dkhar District MCH Officer, East Khasi Hills Shillong-793001.	0364-2503665		
2.	Dr. A. Makri District MCH Officer, West Khasi Hills, Nongstoin-793119.	03654 - 222248	03654 - 222248	
3.	Dr. (Mrs) E. Gatphoh District MCH Officer Jaintia Hills, Jowai-793150.	03652-223883	03652 - 223883	

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
4.	Dr. A.C. Hazarika District MCH Officer West Garo Hills Tura-794001.	03651-222410	03651-222501	
5.	District MCH Officer East Garo Hills Williamnagar-794111.	03658-220395	3658 - 220212	
<b>Mizoram</b>				
1 .	Dr. Zahmingthanga CMO, Kolasib District.	03837-220046	03837- 220046	
2.	Dr. Lalengmawia CMO, Mimit District.	0389-2565394	0389-2565394	
3.	Dr. Lawmzuala CMO, Serchhip District.	0383-8222334	03838-222334	
4.	Dr. R. Lalnghinga CMO, Champhai District.	0383-1234493	03831-234493	
5.	Dr. C. Liantluanga Lunglei District.	0372 2324743	0372-2324743	
6.	Dr. R.B. Dey CMO, Saiha District.	03835-222059	03835-222059	
7.	Dr.F. Lallianhlira CMO, Lawngtlai District.	0385-232515	0385-232515	
<b>SUB-DISTRICT LEVEL</b>				
1 .	Chawngte Dr. Lalremsiama SMO.	0372-63228	0372-63228	
2.	Tlabung Dr. Lalchungnunga SMO.	0372-22066	372-22066	
3.	Kawrthah Dr. Lalthlengliani MO.			



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
4.	Hnahthial Dr. L.P. Malsawma MO.			
5.	Vairengte Dr. Fabiola Kharkongar MO.			
6.	Dr. David Zothansanga MO, Saitual.			
7.	Dr. Lalawmkimi Chhakchhuak MO, Biate.			
8.	Dr. Ramdinthari MO, Sakawrdai.			

#### Nagaland

1	Dr. T. Shuya Civil Surgeon Kohima, Nagaland 797001.	(0370) 2228266		
2	Dr. Yangerla Civil Surgeon Mokokchung, Nagaland.	(0369) 2226303		
3	Dr. Laso Lazar Civil Surgeon, Tuensang Nagaland.	(03861) 220213		
4	Dr. Mrs. Toshevi Keditsu Civil Surgeon, Mon Nagaland.	(03869) 221262		
5	Dr. Martin Lotha Civil Surgeon, Wokha Nagaland.	(03860) 222090		
6	Dr. Nihoshe Sema Civil Surgeon, Zunheboto Nagaland.	(03867)220354		



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
7	Dr. Lhouvi Nakhro Civil Surgeon, Dimapur Nagaland	(03862)232410		
8	Dr. Senti Meren Civil Surgeon, Phek Nagaland.	(03865)223137		
<b>New Delhi</b>				
1.	Dr. Avinash Kaur Mehta (Chairperson) Directorate of Family Welfare Govt. of Delhi Malka Ganj Chowk Delhi-110007.	23854839	23855090	
	Dr. Tripta Gupta 182, Mukherjee Park New Delhi-110018.	20550490		
	Joint Secretary (Law & Justice) Dellhi Sectt I. P. Estate New Delhi-2.	23392024		
2.	Dr. G.S. Mathur, Office of the CDMO, Delhi Chief District Medical Officer Admn. Dispy. Bldg. Bagichi Allaudin, Gali No. 4 Nabi Karim, Pahar Ganj NewDelhi-110055.	23616835 23516693		
3.	Dr. Shanti Rai Office of the CDMO, Delhi Chief District Medical Officer Admn. Dispy. Building, Begumpur Village Near Malviya Nagar New Delhi-110017.	26693339	26683389	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
4.	Dr. R.N. Kalita Office of the CDMO, Delhi Admn. Chief District Medical Officer Dispy. Bldg. Sector 2, Dwarka New Delhi-110075.	24918090		
5.	Dr. K.D. Bhardwaj Office of the CDMO, Delhi Admn. Chief District Medical Officer Dispy. Bldg. Gulabi Bagh Delhi-110007.	23646687		
6.	Dr. M.D. Thapa Office of the CDMO, Delhi Admn. Chief District Medical Officer Dispy. Bldg. Sector 13 ROHINI New Delhi-1 10085.	27861464		
7.	Dr. M.G. Gupta Office of the CDMO, Delhi Admn. Chief District Medical Officer Dispy. Bldg. A-14, G-1 Dilshad Garden, Delhi-1 10095.	22583568		
8.	Dr. S.K. Das Office of the CDMO, Delhi Chief District Medical Officer Admn.Dispy. Bldg. A-2 Block, Paschim Vihar New Delhi-110063.	25255021 25287271		
9.	Dr. S.C. Pardhan Office of the CDMO, Delhi Chief District Medical Officer Admn Dispy. Bldg 12/113 Geeta Colony, Delhi-110031.	22042884 22501272		

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
10.	Lt. Col. Dr. Sushil Garg NDMC Health Deptt, Medical Officer (Health) Palika Kendra, 10th Floor Parliament Street New Delhi-110001.	23742752 23746113		
11.	DDMS Deputy Director Medical Services Headquarter Delhi Area Delhi Cantt-110010.	25666050 25666051		
<b>Pondicherry</b>				
1.	Dr. T. B. Kasthuri Medical Superintendent Government Maternity Hospital Pondicherry - 605001.	0413-2336739		
2.	Dr. A. Bhaskaran Thiruvengadam Deputy Director (Immunisation) Karaikal-609 602.	04368 -222574	0413-222574	
3.	Dr. M. Parimala Bai Deputy Director (Immunisation) Mahe - 673310.	0490-2332225	0490-2332225	
4.	Dr. G. L. V. Chalapahy Rao Deputy Director (Immunisation) Yanam - 533464.	0884-2321224	0884-2321224	
<b>Punjab</b>				
1.	Dr. Kamal Jit Singh Civil Surgeon, Amritsar.	0183-2211864 (M)9815029895	0183-2211864	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
2.	Dr. H.S. Dhillon Civil Surgeon, Bathinda.	0164-2212501 (M)9815501713	0164-2211923	
3.	Dr. Rajinder Singh Civil Surgeon, Faridkot.	01639-250947 (M)98140-64704	01639-250959	
4.	Dr. H.P.S. Sandhu Civil Surgeon, Fatehgarh Sahib.	01763-232136 (M)98140-02965	01763-232194	
5.	Dr. Barinder Pal Singh Civil Surgeon, Ferozepur.	01632-245173 (M)9814021498	01632-245173	
6.	Dr. N.S. Suman Civil Surgeon, Gurdaspur.	01874-240990 (M)98140-77742	01874-240990	
7.	Dr. S.P.S. Sohal Civil Surgeon, Hoshiarpur.	01882-252170 (M)9814122143	01882-252170	
8.	Dr. Y.C. Markan Civil Surgeon, Jalandhar.	0181-2224848 (M)9417017786	0181-2224848	
9.	Dr. S.P. Jagat Civil Surgeon, Kapurthala.	01822-233770 (M)9814834011	01822-233488	
10.	Dr. Rajinder Kaur Civil Surgeon, Ludhiana.	0161-2444193 (M)9872218001	0161-2402544	
11.	Dr. Nirpal Singh Civil Surgeon, Mansa.	01652-222369 (M)98140-65284	01652-225068	
12.	Dr. S.K. Bansal Civil Surgeon, Moga.	01636-228110 (M)9815610749	01636-232146	
13.	Dr. J.S. Sadhana Civil Surgeon, Muktsar.	01633-263792 (M)9814299665	01636-241092	
14.	Dr. Dalip Kumar Civil Surgeon, Nawanshahar.	01823-222036 (M)9814293446	01823-222036	
15.	Dr. Yash Pal Singla Civil Surgeon, Patiala.	0175-2211670 (M)09815600053		

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
16.	Dr. Rana Harinder Civil Surgeon, Ropar.	01881-221140 (M)9417200689	01881-221242	
17.	Dr. Inderjit Kaur Walia Civil Surgeon, Sangrur.	01672-234186 (M)98726-22477	01672-234186	

## LIST OF DISTRICT LEVEL APPROPRIATE AUTHORITIES

**District Amritsar**

1.	Senior Medical Officer Tarantaran.	01852-222755		
2.	Senior Medical Officer Patti.	01851-244949		
3.	Senior Medical Officer Khadpor, Sahib.	01859-233296		
4.	Senior Medical Officer Baba Bakala.	0183-2564116		
5.	Senior Medical Officer Ajnala, District Bathinda.	01858-221105		
6.	Senior Medical Officer Talwandi, Sabo.	01665-220111		
7.	Senior Medical Officer Rampura Phool. District Faridkot	01651-220700		
8.	Senior Medical Officer, Jaito, District Ferozepur.	01635-230898		
9.	Senior Medical Officer Zira.	01682-250632		
10.	Senior Medical Officer Fazilka.	01638-262105		
11.	Senior Medical Officer Jalandhar.	01638-250034		
12.	Senior Medical Officer Abohar.	01633-221430		



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
<b>District Fatehgarh Sahib</b>				
13.	Senior Medical Officer Amloh.	01765-2305950		
14.	Senior Medical Officer Bassi Pathana.	01763-2250323		
15.	Senior Medical Officer Nand Pur Klor.	01763-236446		
<b>District Gurdaspur</b>				
16.	Senior Medical Officer Batala.	01871-240144		
17.	Senior Medical Officer Pathankot.	0186-220180		
18.	Senior Medical Officer Dera Baba Nanak.	01870-250338		
19.	Senior Medical Officer Bugal Badhani.	01870-250338		
<b>District Hoshiarpur</b>				
20.	Senior Medical Officer Dasuya.	01883-285083		
21.	Senior Medical Officer Garshankar.	01884-282051		
22.	Senior Medical Officer Mukerian.	01883-246927		
<b>District Jalandhar</b>				
23.	Senior Medical Officer Nakodar.	01821-220053		
24.	Senior Medical Officer Phyllaur.	01826-223166		
25.	Senior Medical Officer Shahkot.	01821-260329		

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
<b>District Kapurthala</b>				
26.	Senior Medical Officer Bholath.	01822-244017		
27.	Senior Medical Officer Phagwara.	01824-260227		
28.	Senior Medical Officer Sultanpur Lodhi.	01828-222032		
<b>District Ludhiana</b>				
29.	Senior Medical Officer Khanna.	01628-221724		
30.	Senior Medical Officer Samrala.	01628-262474		
31.	Senior Medical Officer Jagraon.	01624-22566, 257749		
32.	Senior Medical Officer Payal.	01628-276956		
33.	Senior Medical Officer Raikot.			
<b>District Mansa</b>				
34.	Senior Medical Officer Bhudlada.	01652-253154		
35.	Senior Medical Officer Sardulgarh.	01659-250073		
<b>District Moga</b>				
36.	Senior Medical Officer Nihalsinghwala.	01636-285570		
37.	Senior Medical Officer Bagha Purana.	01636-244317		



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
<b>District Muktsar</b>				
38.	Senior Medical Officer Malout.	01637-262098		
39.	Senior Medical Officer Giddarbaha.	01637-230057		
<b>District Nawanshahar</b>				
40.	Senior Medical Officer Balachaur.	01885-220321		
<b>District Patiala</b>				
41.	Senior Medical Officer Rajpura.	01762-225539		
42.	Senior Medical Officer Dera Bassi.	01762-281010		
43.	Senior Medical Officer Samana.	01764-220041		
44.	Senior Medical Officer Nabha.	01765-226361		
<b>District Ropar</b>				
45.	Senior Medical Officer Kharar.	01888-2255132 2245797, 2280132		
46.	Senior Medical Officer Anadpur Sahib.	01887-232193 231672		
47.	Senior Medical Officer Mohali.	0172-2225264		
<b>District Sangrur</b>				
48.	Senior Medical Officer Barnala.	01679-230414	231275	
49.	Senior Medical Officer Malerkotla.	01675-253057	253206	
50.	Senior Medical Officer Sunam.	01676-220753		



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
51.	Senior Medical Officer Dhuri.	01675-220116		
52.	Senior Medical Officer Moonak.	01676-276387		
<b>Sikkim</b>				
1.	Dr. I.L. Sharma CMO (N), District Hospital Mangan North Sikkim.	03592-234244		
2.	Dr. G. Lama CMO (W), District hospital Gyalshing, West Sikkim.	953595-251089		
3.	Dr. R. Dorjee CMO (s), District Hospital Namchi, South Sikkim.	03595-263830		
4.	Dr. C. Yethenpa CMO (E), District Hospital Singtam, East Sikkim.	03592-235379		
<b>Tripura</b>				
1.	Dr. Jagannath Muhury Chief Medical Officer West Tripura District Palace Compound (West) P.O. Agartala Tripura (West) Pin - 799001.	0381-222-5816	0381-222-5816	
2.	Dr. Brajendra Kr. Sen Chief Medical Officer South Tripura District P.O. Radhakishorepur Tripura (South).	03821-222-221	03821-223-362	
3.	Dr. Samarendra Choudhury Chief Medical Officer North Tripura District P.O. Kailasahar, Tripura (North).	03824-222-240	03824-222-240	



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
4.	Dr. Saroj Das Chief Medical Officer Dhalai District P.O. Ambassa Dhalai District.	03826-222-623	03826-222-623	

### Uttar Pradesh

#### District Level Chief Officer

1. Dr K.K. Singh Chauhan  
(Chief Medical Officer)  
Office of Chief Medical Officer  
Mahamaya Nagar, Hathras. 9412732490

#### District Level Nodal Officer

1. Dr. C.M. Mawar  
(Dy. Chief Medical Officer, Hathras). 9837590317

#### Tehsil Level Chief Officer

1. Dr. Vinay Kumar Yadav  
(Dr. Chief Medical Officer). 9412813893

### Bijnaur

1. Dr. Asha Bhatnagar  
Chief Gynecologist  
Nahteri (Bijnaur). 1346-262210
2. Dr. Babu Singh  
Child Specialist  
District Lady Hospital  
Bijnaur. 9412390472
3. Dr. Vijaybaba Manchanda  
Lady Medical Officer  
PPC, Bijnaur. 1342-263009
4. Shri Pooran Singh  
Advocate  
Bijnaur. 275494

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
5.	Smt. Sudha Rathi Lady Member Gayatri Pariwar, Bijnaur.	263640		
6.	Shri M. Jauhar Member, Muslim Fund Bijnaur.	262767		
7.	Shri Narendra Kumar Marwadi Journalist Bijnaur.	01342-275239		
8.	Shri Rakesh Chauhan Member, Information Deptt. Bijnaur.	01342-262703		
9.	Dr. Rajkumar Tayal Dy. Chief Medical Officer.	01342-264616		
10.	Dr. Shri Ram Dy. Chief Medical Officer.	01342-263033		
11.	Dr. Ten Singh Chaudhary Dy. Chief Medical Officer.	01342-264615		
12.	Dr. S. Kumar Dy. Chief Medical Officer.	01342-263574		
13.	Dr. M.L. Sharma Dy. Chief Medical Officer.	01342-264615		
14.	Dr. Sukhwad Singh Verma Dy. Chief Medical Officer.	01342-264615		
<b>Tehsil Level Advisor Committee</b>				
1.	Dr. Asha Bhatnagar Chief Gynecologist Nahtore.	01344-262210		
2.	Dr. Shri Om Child Specialist.	01345-224300		



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
3.	Dr. Manju Agarwal Lady Medical Officer Chandpur.	01345-220306		
4.	Shri Ghanshyam Singh Karnpal Advocate Chandpur.	01345-220960		
5.	Shri Basangat Sharma Gayatri Pariwar Chandpur.	01345-220142		
6.	Shri Pratap Singh Arya Nagar Sudhar Samiti Chandpur.	01345-221183		
7.	Shri Sharik Miya Bharat Seva Samiti Chandpur.	09719272671		
8.	Shri Omprakash Singh Noorpur.	9817260259		

### West Bengal

1.	Dr. Tomasa Roy Chief Medical Officer of Health Office of the CMOH Cooch Behar West Bengal-736102.	03582-228966	03582-228966	cmoh_cbr@ wbhealth.gov.in
2.	Dr. Bhusan Chakraborty Chief Medical Officer of Health Office of the CMOH Jalpaiguri West Bengal-735701.	03561-232001	03561-232001	cmoh_jal@ wbhealth.gov. in
3.	Dr. T.N. Chattaraj Chief Medical Officer of Health Office of the CMOH Darjeeling West Bengal-734101.	0354-2254777	0354-2254058	cmoh_darj@ wbhealth.gov.in

S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
4.	Dr. Gopal Sarkar Chief Medical Officer of Health Office of the CMOH Malda West Bengal-732102.	03512-252337	03512-254611	cmoh_mld@ wbhealth.gov.in
5.	Dr. Tapan Das Chief Medical Officer of health Office of the CMOH Raigunj Uttar Dinajpur West Bengal-733134.	03523-253661	03523-253661	cmoh_ud@ wbhealth.gov.in
6.	Dr. Subir Bhowmick Chief Medical Officer of Health Office of the CMOH Balurghat D. Dinajpur, West Bengal-733101.	03522-255640	03522-255640	cmoh_dd@ wbhealth.gov.in
7.	Dr. S. Sarkar Chief Medical Officer of Health Office of the CMOH Baharampur Murshidabad West Bengal-742149.	03482-253851	03482-257977	cmoh_msd@ wbhealth.gov.in
8.	Dr. Mrinal Biswas Chief Medical Officer of Health Office of the CMOH Krishnanagar Nadia, West Bengal-713387.	03472-252306	03472-252306	cmoh_nad@ wbhealthgov.in
9.	Dr. P.K. Mondal Chief Medical Officer of Health Office of the CMOH M.R. Bangur Hospital, Kolkata West Bengal-700033.	033-24730294	033-24730294	cmoh_s24@ wbhealth.gov. in
10.	Dr. Kusum Adhikari Chief Medical Officer of Health Office of the CMOH Barasat North 24-Pargs West Bengal-743201.	033-25523129	033-25624789	cmoh_n24@ wbhealth.gov.in



S. No.	Name, Designation & Full Address	Telephone No.	Fax No.	Email
11.	Dr. Shankar Saha Chief Medical Officer of Health Office of the CMOH Howrah West Bengal-711101.	033-26600866	033-26600866	cmoh_hwh@ wbhealth.gov.in
12.	Dr. M. A. Molla Chief Medical Officer of Health Office of the CMOH Chinsurah, Hooghly West Bengal-711712.	033-26801193	033-26804858	cmoh_hugh@ wbhealth.gov.in
13.	Dr. S. K. Sarengi Chief Medical Officer of Health Office of the CMOH Bardhaman West Bengal-713101.	0342-2565817	0342-2565817	cmoh_bwn@ wbhealth.gov.in
14.	Dr. S. P. Basak Chief Medical Officer of Health Office of the CMOH Suri, Birbhum West Bengal-731161.	03462-255216 0	3462-255216	cmoh_birbwb health.gov.in
15.	Dr. M. M. Das Chief Medical Officer of Health Office of the CMOH Bankura West Bengal-722101.	03242-250545	03242-258781	cmoh_ban@ wbhealth.gov.in





## Speaking Up for The Girl Child – Some Quotes

**Message from Mr. Manmohan Singh, H'ble Prime Minister, in his address at a national conference on "Role of Women in Nation-building", The Times of India, 23 August, 2005**

The unacceptable crime of female foeticide, being encouraged by the widespread misuse of modern technology and its mindless commercial exploitation must be stopped.

**Shabana Azmi, Social Activist/Actor in a recent article in Hindustan Times**

What then will the structure of society be with a paucity of women? What will the consequences be for the family and community, and what of the institution of marriage? Imagine the plight of women forced into polyandrous marriages. I shudder when I think of how much more vulnerable a woman would be to sexually transmitted diseases and HIV/AIDS. What of the increase in violence against women? One can only conjecture, but the possible scenarios are frightening.

**Sunil Dutt, Late Minister/ MP/Actor/Producer/Director (in his message on World Population Day, July 11<sup>th</sup> 2004 to CEHAT)**

I am a proud father of my daughter Priya, who has always been a pillar of support to me . From Kalpana Chawla to Kiran Bedi, women have contributed in every field and it's high time we stop discriminating against the girl child.

**Joy Sen Gupta, Theatre and film personality, in "Fine Imbalance," a documentary on sex selection**

When there is going to be no girl child on earth, who will nurture the earth? Since she is the producer, nurturer and preserver, without her how do you expect the earth to exist?



**Mahesh Bhatt, *Film Producer/Director***

It is a shame that today in the 21st century we are still talking about discrimination against the girl child and making all efforts to eliminate her before birth in connivance with doctors and technology. India has made great progress in the virtual world but is far far behind in the REAL WORLD.

**Pooja Bhatt, *Film Actor/Director***

Sex selection is just a more sophisticated form of female infanticide, which has been in our country from time immemorial. Today when girls have reached the stars people are worried about family name and the last rites to be performed by the son! What an irony...



सत्यमेव जयते

Ministry of Health & Family Welfare  
Government of India  
New Delhi



Center for Enquiry Into  
Health and Allied Themes



United Nations Population Fund - India