

FORM A - Form of application for the approval of a place under clause (b) of section 4 Category of approved place

(See sub-rule (2) of rule 5)

Form of application for the approval of a place under clause (b) of section 4

Category of approved place:

A	Pregnancy can be terminated up to 12 weeks	
B	Pregnancy can be terminated up to 20 weeks	
1	Name of the place (in capital letters)	
2	Address in full	
3	Non-Government/Private/Nursing Home/Other Institutions	
4	State, if the following facilities are available at the place	
	Category A	
i)	Gynecological examination / labour table	
ii)	Resuscitation equipment	
iii)	Sterilization equipment	
iv)	Facilities for treatment of shock, including emergency drugs	
v)	Facilities for transportation, if required	
	Category B	
(ii)	An operation table and Instruments for performing abdominal or gynecological surgery.	
(iii)	Dugs and parental fluid in sufficient supply for emergency cases	
(iv)	Anesthetic equipment, resuscitation equipment and sterilization equipment	

Place :

Date :

Signature of the Owner of the

Place with rubber stamp