

**MODIFIED A FORM**

**FOR THE INSPECTION OF INSTITUTIONS APPLYING FOR PURPOSE OF  
MEDICAL TERMINATION OF PREGNNCY ACT, 1971.**

1	Name of the Institution	
2	Address in detail	
3	Name of the Owner of the Institution (Full Name)	
4	Is there facilities for admission if so, No. of beds available	
5	Are there facilities available for (Office Use)	
	a	Clean Operation Theatre
	b	Oxygen administration
	c	Vacuum Aspirator
	d	Bellow's for resuscitation
	e	Administration of parental fluids
	f	Auto clave (One drum ) and Instrument Sterilizer
	g	Facilities for laparotomy
	h	Facilities for Blood Transfusion
6	Full name & Qualification with Registration No. (Maharashtra Medical Council of the Medical Practitioner who will be Performing MTP at this Institution & Training in MTP Technique)	

7	Full Name, Qualification & MMC No. of the Anesthetist who will be available on call	
8	Full Name & Qualification, MMC No, & experience (In years) of the person assisting MTP (Minimum 3 years experience is sufficient)	
For Office Use Only(Point 9 and 10)		
9	Remarks of the Inspection authority whether the termination can be done under safe & hygienic condition or no	
10	Recommendation of Inspecting Officer, recognized for MTP	
	i) Up to 12 weeks	
	ii) For above 12 weeks & up to 20weeks, Reasons for non-recommendation	

Name & Signature of the Inspecting

Authority with rubber stamp.

Note : If all the facilities mentioned at Sr. No. 5 are available in that case the Centre can be recommended to carry out MTP up to 20 weeks.

In the absence of facilities at g, h, a of Sr. No. 5 the Centre can be recommended to carry out MTP up to 12 weeks only.

Information in the form should be fill up in typing only.

\* Name, Address, Distance (KMS) & Time taken, from Blood Bank.