

User Manual

1. Go to website www.pyaribitiya.org and click on center registration on top.
2. Enter PIN provided to you and click on continue button.


The screenshot shows a web browser window with the address bar displaying `pyaribitiya.org/registrationpin.aspx`. The website header features the **Pyari Bitiya** logo and the text "Initiative of District Magistrate and Appropriate Authority PCPNDT, Jhansi Uttar Pradesh". A navigation bar includes links for Home, User Manual, Active Tracker, Knowledge Centre, Other Links, and Contact Us. The date "Saturday, 28 Mar, 2015" is displayed on the left.

The main content area is titled "PCPNDT / MTP Center Registration" and contains the following form elements:

- Four radio button options for center type:
 - ☒ New Center with Sonography Facility Only
 - ☐ New Center with MTP Facility Only
 - ☐ New Center with Sonography and MTP Facility
 - ☐ Existing Sonography Center with MTP Facility
- Two radio button options for registration type:
 - ☒ Pin Number
 - ☐ PNDT Registration Number
- A text input field for the PIN or PNDT number, preceded by the instruction: *** Enter Valid PIN / PNDT No to Continue Registration :**
- A black "Continue" button.

The footer contains the copyright notice "Copyright pyaribitiya.org 2015. All rights Reserved." and the text "Powered by: **Magnum Opus™**".

3. After entering pin you will get the following screen, then fill the details of your center. Enter your equipment and radiologist details on following link.



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Center Registration

FORM A
[See rules 4(1) and 8(1)]
(To be submitted in Duplicate)
FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF GENETIC COUNSELLING CENTRE/ GENETIC LABORATORY GENETIC CLINIC / ULTRASOUND CLINIC / IMAGING CENTRE.

Owners Information

* Name of Applicant

* Address

Telephone

(e.g 0231123456)

Fax

(e.g 0231123456)

Mobile

(e.g 9999999999)

* Email

(e.g admin@hamatibeti.in)

Centre Information

* PNDD Centre Registration No

12

* Date of Issue

DD/MM/YYYY

(e.g.15/09/2000)

a) Invasive

i) ☐ Amniocentesis

ii) ☐ Chromosomal

iii) ☐ Chorionic villi aspiration

iv) ☐ Biochemical

v) ☐ Molecular

b) ☐ Non Invasive Ultrasonography

* Equipment available with the made and model of each equipment list [Click here to attach](#)

a) Facilities available in the Counselling Centre

If available specify here

b) Wether facilities are or would be available in the laboratory /Clinic for following tests? :

i) ☐ Ultrasound

ii) ☐ Amniocentesis

iii) ☐ Chorionic villi aspiration

iv) ☐ Foetoscopy

v) ☐ Foetal biopsy

vi) ☐ Cordocentesis

Wether the facilities are available in the Laboratory, clinic for following?

i) ☐ Chromosomal studies

ii) ☐ Biochemical Studies

iii) ☐ Molecular Studies

iv) ☐ Preimplantation genetic

* Name,Qualifications,experience and registration number of employees [Click here to attach](#)

* State whether the Genetic Counselling Centre/Genetic Laboratory / Genetic Clinic/ Ultrasound Clinic /imaging centre qualifies for registration in terms of requirements laid down in rule 3]

☐ Agree ☒ Not agree

DECLARATION

I Shri/Smt./Kum./Dr son/daughter/wife of aged Years resident of working as (indicate designation) in (Indicate name of the organization to be registered) hereby declare that I have read and understood the Pre-natal (Regulation and Prevention diagnostic techniques of Misuse) Act, 1994 (57 of 1994) and Pre-natal Diagnostic techniques (Regulation and Prevention of Misuse) Rule, 1996.

I also undertake to explain the said Act and Rules to all employees of the Genetic Counselling Centre / Genetic Clinic/ Ultrasound Clinic/Imaging Centre in respect of which registration is sought and to ensure that Act and Rules are fully complied with

Date

28/03/2015

Place

Name, designation and signature

Of the person authorized to sign on

Behalf of the organization to be registered.

Add equipment from this link

Add Radiologist from this link

qualifies for registration in terms of requirements laid down in Rule 5]

☐ Agree ☒ Not agree

DECLARATION

I Shri/Smt./Kum./Dr son/daughter/wife of aged Years resident of working as (indicate designation) in (Indicate name of the organization to be registered) hereby declare that I have read and understood the Pre-natal (Regulation and Prevention diagnostic techniques of Misuse) Act, 1994 (57 of 1994) and Pre-natal Diagnostic techniques (Regulation and Prevention of Misuse) Rule, 1996.

I also undertake to explain the said Act and Rules to all employees of the Genetic Counselling Centre / Genetic Clinic/ Ultrasound Clinic/Imaging Centre in respect of which registration is sought and to ensure that Act and Rules are fully complied with

Date

Place

**Name, designation and signature
Of the person authorized to sign on
Behalf of the organization to be registered.**

Login Information

Username	<input type="text"/>	Enter your email address as your user name e.g. girish@magnumopus.in
Password	<input type="text"/>	minimum 6 character in length
Retype Your Password	<input type="text"/>	
Email Address	<input type="text"/>	(e.g admin@hamariladli.org)
Security Question	<input type="text"/>	If you forget your password we will ask for the
Security Answer	<input type="text"/>	

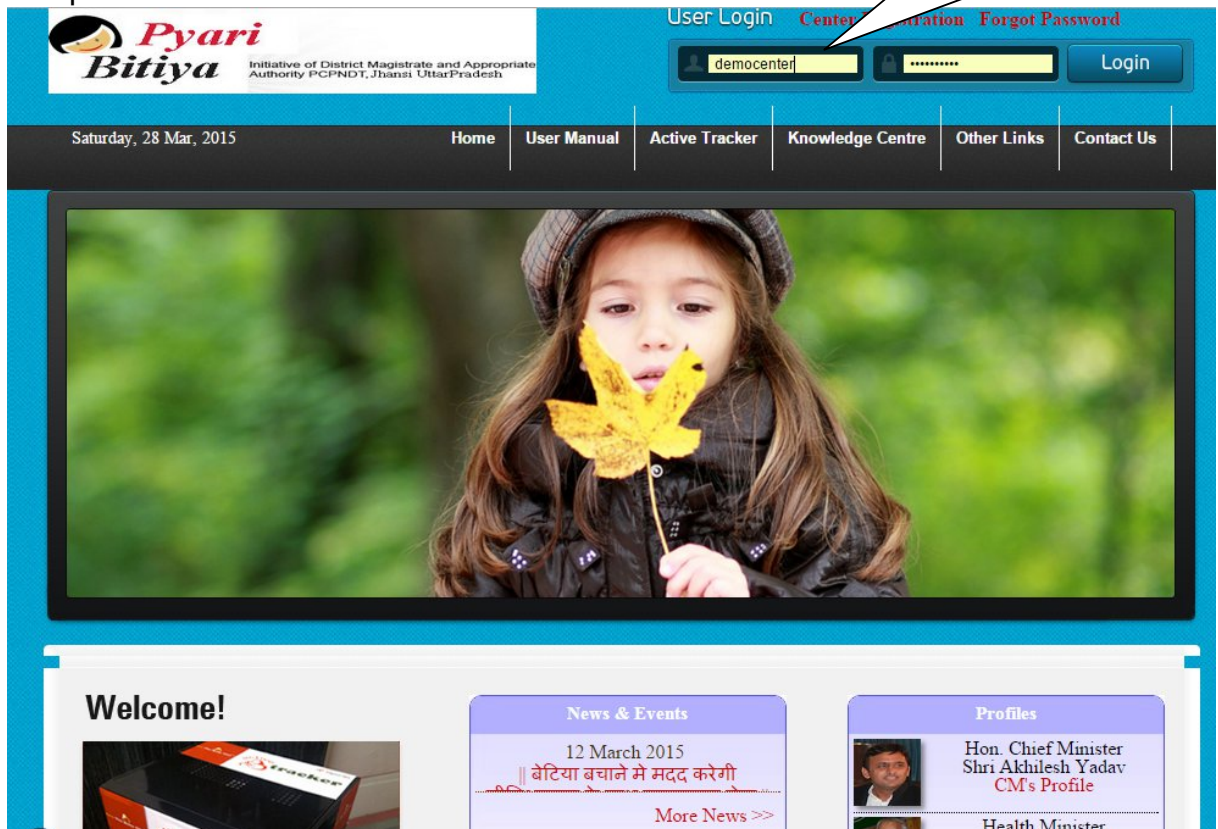
Identity Proof Details

Submit


Click here to submit form

Enter Username and password and click Submit you will get confirmation message of center registration.

4. Go to website www.pyaribitiya.org and click on Login. Login with your user Name and password to fill online F-Form.



6. Once you login with your user name and password you can able to access site And this is your Dashboard/first page. It displays the total number of F form submitted online. It automatically calculates total F forms from 1st March to till today and records of the current month.



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Center Dashboard

"THE DASHBOARD FIGURES ARE DISPLAYED FROM 1ST MARCH 2015. TO VIEW THE OLD DATA SELECT THE MONTH"

Dashboard

Select Month & Year

March▼2015▼

Heading	Records till March - 2015	Records on March - 2015
Total number of Registered Patient	1	1
Total number of patient (above age 35)	0	0
Total number of Followup Visit	1	1

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My Profile:

1. Edit My Profile: Take mouse pointer on my profile and then click on edit my profile, here you can edit your center details which you have fillup during center registration.



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Centre Registration

FORM A

[See rules 4(1) and 8(1)]

(To be submitted in Duplicate)

FORM OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION OF GENETIC COUNSELLING CENTRE/ GENETIC LABORATORY GENETIC CLINIC / ULTRASOUND CLINIC / IMAGING CENTRE.


Owners Information

* Name of Applicant	Mahesh
* Address	jhansi
Telephone	<input type="text"/> (e.g 0231123456)
Fax	<input type="text"/> (e.g 0231123456)
Mobile	<input type="text"/> (e.g 9999999999)
* Email	a@a.com

Centre Information

* PNDT Centre Registration No	2
* Date of Issue	01/03/2015 <input type="text"/> (e.g.15/09/2000)
Facilities to be provided	i) <input checked="" type="checkbox"/> Genetic Counselling Centre ii) <input type="checkbox"/> Genetic Laboratory iii) <input checked="" type="checkbox"/> Genetic Clinic

2. Radiologist: From here you can add your center radiologist.



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Radiologist/Gyn/Others Information

* Category :

Select ▼

* MPMC No

* Name

* Qualification

* Certificate Issue By

* Experience(Min. 1
yr Exp.)



eg: 2.5

* Exp. Issue By

* Training(Min 6
Months)

eg: 12


Add

MPMC No ↕	Category ↕	Name ↕	Qualification ↕	Experience ↕	Training ↕	Edit
15	Radiologist	Amit	MBBS	2	24	
12123	Gynecologist	Vishal	MBBS	1	7	

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Registration:

1.Patient Registration: After login go to registration and then click on patient registration. Fill field compulsory which are shown by *.



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FORM F
[See Proviso to Section 4(3), Rule 9(4) and Rule 10(1A)]

Form for maintenance of record in respect of pregnant woman by genetic clinic/ultrasound clinic/imaging centre

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Centre Name	GOVN. Hospital											
Centre Address	Jhansi											
Centre Registration No	2											
*Patient Registration Date	28/03/2015	DD/MM/YYYY										
Patient Name												
*First Name												
*Husband/Father Name												
*Last Name												
Note: If you enter Date of Birth then age calculate automatically												
Date Of Birth		DD/MM/YYYY										
*Age												
*Number of children	<table><tr><td>Male</td><td colspan="2">Female</td></tr><tr><td>Gender</td><td>Age Year</td><td>Age Month</td></tr><tr><td>Male</td><td></td><td></td></tr></table> Add			Male	Female		Gender	Age Year	Age Month	Male		
Male	Female											
Gender	Age Year	Age Month										
Male												

*Patient Address			
*Area	Urban		
*District	Jhansi		
*Tahesil	Moth		
Mobile No			
Email			
Telephone No			
*Referred By	<input checked="" type="radio"/> Doctor <input type="radio"/> Genetic Counselling Centre <input type="radio"/> Self Referral		
*Referred Doctor Name	Other		
*Doctor Address			
*Referral Note:			
Last Menstrual Period		DD/MM/YYYY	
Weeks of Pregnancy	0		

Submit

Click on submit button after filling the form

[Top]

2. F form registration:

After registration of patient click on f form registration then you will get the following form then fill it and submit it.

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Search Patient

Note: Search Patient Please enter the any of the patient information to search registered patient information.

You can also click on 'Search Button' to search all patient records.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Husband/Father Name	<input type="text"/>	Age (Or)	<input type="text"/>
From Date	<input type="text"/> MM/dd/yyyy	To Date	<input type="text"/> MM/dd/yyyy

[Search](#) [F-Form](#) [New Registration](#) [Print](#)

Select	Sno	First Name	Middle Name	Reg. Date
<input checked="" type="checkbox"/>	1	Anamika	Anamika	28-03-2015

1. enter patient details and then click on search

2. Select record

3. click on f-form button

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After clicking on F-form button, the following form will open then fill it and submit it.

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FORM F

[See Proviso to Section 4(3), Rule 9(4) and Rule 10(1A)]

Form for maintenance of record in respect of pregnant woman by genetic clinic/ultrasound clinic/imaging centre

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*Equipment	sonography
Centre Name	GOVN. Hospital
Centre Address	Jhansi
Centre Registration No	2
*Patient Registration Date	28/03/2015 DD/MM/YYYY
Patient Name	
*First Name	Anamika
*Husband/Father Name	Anamika
*Last Name	Anamika
Date Of Birth	
*Age	22
Number of children	Male 0 Female 0
(a) Number of living Sons with age of each living son (in years or months):	
(b) Number of living Daughters with age of each living daughter (in years	

Invasive procedure / Test carried out Result	(Give details)
Date on which Procedure carried Out	DD/MM/YYYY
The result of pre-natal diagnostic procedure were conveyed to	The Patient On DD/MM/YYYY
Any indication for MTP as per the abnormality detected in the diagnostic Procedures / Tests	(If give details)
Declaration In Case of thumb Impression:	
Name Of the Person Identify by	
Age	
Gender :	Male
Relation if(any)	
Address & Contact No.:	(Give details)
* Date :	28/03/2015 DD/MM/YYYY
* Place :	Jhansi
<input type="radio"/> Agree <input checked="" type="radio"/> Not agree	
Submit	
[Top]	

Click on agree and then submit

Patient:

1. Follow up visit:



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Follow Up Visit

Def Follow Up Visit

Patient Basic Information for FollowUp

Search Patient

Note: Search Patient Please enter the any of the patient information to search registered patient information.

You can also click on 'Search Button' to search all patient records.

First Name

Last Name

Husband/Father Name

Age (Or)

From Date

MM/dd/yyyy

To Date

Search

Search patient and view follow up visit

Select	Sno	First Name	Middle Name	Last Name	Age	Reg. Date
<input checked="" type="checkbox"/>	1	Asha	Asha	Asha	22	25-03-2015

Select patient


New Registration

Edit F-Form

Add Visit

Then click this button to fill visit form

After clicking on add follwup visit, followinf form will open



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Dashboard

My Profile

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Patient Visit Information

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Patient Basic Information

Last Name	Asha	Age (Or)	22
First Name	Asha	Birth Date	
Husband/Father Name	Asha		

Select	Dr. Type	Doctor Name	Registration No	Date of Visit
<input type="checkbox"/>	Radiologist	Amit	15	25-03-2015

New Follow Up Visit


Registration View

View Follow Up

Click here to add new follow up

Reports:

Monthly center report:



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Follow Up Visit
Delivery
Monthly Center F
Monthly

PRECONCEPTION AND PRENATAL DAIGNOSTIC
(PROHIBITION OF SEX SELECTION) ART

Monthly Reporting format for Genetic Counselling Centre/Laboratory/Clinic/Combi Monthly

Note: Add following data to generate Report

Select Month And Year	Mar ▼	2015 ▼	
Malformation(specify)	<input type="text"/>		Enter only digits.
Malformation(specify)-Progressive Count	<input type="text"/>		Enter only digits.
Hereditary Hemolytic Anaemia	<input type="text"/>		Enter only digits.
Hereditary Hemolytic Anaemia -Progressive Count	<input type="text"/>		Enter only digits.
Foetoscopy	<input type="text"/>		Enter only digits.
Foetoscopy -Progressive Count	<input type="text"/>		Enter only digits.
MTP Advised Before 12 Weeks	<input type="text"/>		Enter only digits.
MTP Advised After 12 Weeks	<input type="text"/>		
<input type="button" value="View Report"/>			

Select month and year

Click here to view report

Then the report is as follows:

Print

PDF

**PRECONCEPTION AND PRENATAL DIAGNOSTIC TECHNIQUES
(PROHIBITION OF SEX SELECTION)ART 1994
Monthly Reporting format for Genetic Counselling Centre/Laboratory/Clinic/Combined**

Monthly Report For : Jan- 2012

Name of the Genetic Counselling Centre/laboratory/Clinic: GOVN. Hospital

Registration No: 2

Name Of Director: Mahesh

1. **Total No.of Patients:** 0

From Uttar Pradesh	0
From Other States	0

2. **Issuewise Break up of the patients**

0 Issue	0	2 or 2+ Males	0
Only 1 Male	0	2 or 2+ Females	0
Only 1 Female	0	Other	0


3. **Age-wise Break up of the patients**

Less then 18 years	0	30-35 Years	0
18-30 years	0	Above 35 years	0

4. **Indication for Prenatal Diagnosis**

Sr.No	Type of Indication	During the Month	Progressive
A	PREVIOUS CHILD WITH		

Online complaint:



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Online Complaints

* Complaint Category :

select

Select complaint

Mobile

2134568791

Enter here your contact number and email address

* Email

a@a.com

* Complaint Details

Type your complaint details here

Please enter the code on the right

s156i7

Type this code in text box

Submit

Click on submit button to submit complaint