

FORM A

(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 upto 12 weeks
- B. Pregnancy can be terminated upto 20 weeks
 - 1. **Name of the place (in capital letters)**

 - 2. **Name of the place (in capital letters)**

 - 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

- i. An operation table and Instruments for performing abdominal or gynaecological surgery.
- ii. Drugs and parental fluid in sufficient supply for emergency cases.
- iii. Anaesthetic equipment, resuscitation equipment and sterilization equipment.

Place:

Date: