

**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.      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 gynaecological surgery.
- (iii)    Drugs and parental fluid in sufficient supply for emergency cases.
- (iv)    Anaesthetic equipment, resuscitation equipment and sterilization equipment.

Place :

Date :

Signature of the owner of the place

**FORM B**  
**( See sub-rule (6) of rule 5 )**

Certificate of approval.

The place described below is hereby approved for the purpose of the Medical termination of Pregnancy Act, 1971 ( 34 of 1971).

AS READ WITHIN UPTO-----WEEKS

Name of the Place

Address and other descriptions

Name of the owner

Place :

Date :

to the Government of the \_\_\_\_\_