

# GUIDELINES FOR APPLICATION

FOR  
COMPETENCY BASED ASSESSMENT  
**(FOR EXISTING REGISTERED MEDICAL PRACTITIONERS  
UNDER PC-PNDT ACT)**

2021

*(As per the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (Six months Training) Rules, 2014 and Amendments.)*

*(Approved by Govt. vide letter No.ME-II-M-01/2018 -1428/H Dt. 16.01.2018)*

## **IMPORTANT DATES**

Date of publication of prospectus in website	17.03.2021
Last date of receipt of application	31.03.2021
Date of publication of eligible applicant list	17.04.2021
Date of Assessment	will be notified
Date of publication of result	will be notified

**NB: All the information/intimations/allotment etc. relating to this training will be available in the website of DMET (O) i.e. [www.dmetorissa.gov.in](http://www.dmetorissa.gov.in). All candidates are requested to be in touch with the website. Authorities are not responsible for any postal delay.**

**GUIDELINES**  
**FOR COMPETENCY BASED EVALUATION**  
**FOR DOCTORS ALREADY REGISTERED UNDER PCPNDT ACT**

**A. INTRODUCTION:**

Eligible registered medical practitioner of the state, who have already registered for Ultrasonography under the ACT, on basis of one year experience of working in a Genetic Clinic or Ultrasound Clinic or Imaging Centre or have undergone six months training elsewhere, are required to clear the competency based Assessment for consideration of renewal of their registration.

The candidates are allowed to appear the Assessment for maximum of three attempts. In case the candidates are unable to clear the Assessment they may apply (if eligible), for six months training course.

Applications are invited from such candidates in prescribed proforma to appear in the competency based Assessment along with an application fee of Rs.1000/- (Rupees one thousand only) which is non refundable. On successful completion of the Assessment they will be considered for renewal of their registration.

An Ultrasonography Selection Committee is constituted as under for selection of candidates for training. The members are:

DMET, Odisha	- Chairman
Director Family Welfare, Odisha.	- Member
HoD, O & G, SCB MCH Cuttack.	- Member
HoD, RD, SCB MCH Cuttack.	- Member
Addl. DMET Odisha	- Member Convener
Jt. DMET Odisha	- Coordinator

The Committee will function in the office of the DMET, Odisha, and will carry out the following works.

- a. The Chairman will be the controlling & supervising authority and must see that the counseling and admission are done in strict conformity with the laws laid down. He will approve the budget of expenditure and will release funds in time for smooth selection and

admission.

- b. The Convener is authorized to float advertisements, convene meetings, and conduct selection and allotment of seats strictly as per the guidelines in consultation with the Selection Committee members. He is the custodian of all documents including vouchers of expenditure of counseling process and will produce them as and when required. He will file affidavits in legal matters on behalf of the Chairman, Selection Committee.

## **B. SUBMISSION OF APPLICATION**

Candidates shall download the application form annexed in this prospectus and submit the duly filled in application along with all requisite documents. They have to deposit a sum of Rs. 1000/- by SBI Collect [*Method of Payment of Fees: Google → State Bank Collect → click Check box & Proceed → Select State (Odisha) → Select Govt Department → Select DMET Odisha Convener Selection Committee → Select USG APPLICATION FEE → fill up & Submit → Payment ... Print receipt copy*] and submit the original receipt along with the application form towards application fee. The application fee is not refundable under any circumstances. The envelope containing the application form must be superscribed as “APPLICATION FOR COMPETENCY BASED ASSESSMENT” and should be sent to the “**Convener, Additional, Director, DMET, Odisha, HOD Building, Bhubaneswar, 751001**” by speed post/courier, so as to reach on or before 31.03.2021. Applications incomplete or received late will be rejected. Multiple applications submitted in a single envelope will not be entertained.

## **C. SELECTION**

A list of eligible applicants will be prepared who will be allowed to appear in the Assessment. The detail schedule and venue etc of Assessment will be notified later in the website of DMET(O).

## **D. FEE**

The fee for Assessment and certification is Rs. 10,000/- which is to be deposited by SBI Collect if selected. [*Method of Payment of Fees: Google → State Bank Collect → click Check box & Proceed → Select State (Odisha) → Select Govt Department → Select DMET Odisha Convener Selection Committee → Select USG ADMN FEE → fill up & Submit → Payment ... Print receipt copy* ]

## **E. EVALUATION & CERTIFICATE**

On successful completion of the evaluation a certificate to the effect will be issued by the DMET odisha. Such certificates will be applicable for obtaining new registration /renewal under the PC-PNDT Act in all States.

**SCHEME OF ASSESSMENT:**

Theory Assessment (FM 100) – 2 hours written exam.

Minimum pass mark - 50

- a. 50 MCQs 1 mark each– 50 marks
- b. 10 short answerer questions of 5 marks each – 50 marks

Practical Assessment (FM 100) – minimum pass mark - 60

- a. Demonstration – 60 marks (Six demos of 10 mark each)
- b. Viva – 40 marks (Case situations on Clinico-sonographic co-relation, video clip, and case studies)

**F. SYLLABUS**

The detail syllabus will be available in the Department Radiology / O & G of the Institution. They have to follow the Schedule II of the syllabus.

**G. MISCELLANEOUS**

- a. In all matters relating to eligibility or otherwise of a candidate for undergoing assessment, the decision of the Chairman Selection Committee shall be final.
- b. No TA/DA will be paid during the period of Assessment.
- c. The candidates are to abide by the rules and regulations of the institution / assessment.
- d. Candidates must comply as per the Schedule – II of the syllabus for appearing in the final competency bases assessment.
- e. All related information shall be notified in the website of DMET Odisha i.e. [www.dmetodisha.gov.in](http://www.dmetodisha.gov.in). No postal communication / intimation shall be done.

**FORM-2**  
**APPLICATION FORM**  
**TO APPEAR IN COMPETENCY BASED ASSESSMENT**  
**ABDOMINO-PELVIC ULTRASONOGRAPHY: LEVEL ONE: FOR MBBS**  
**DOCTORS**  
**(For candidates who are already registered under the Act.)**

1.	Name		Paste a passport size recent photo here
2.	Fathers Name		
3.	Date of Birth		
4.	Medical Council Registration Number		
5.	Present address for correspondence		
6.	Mobile No		
7.	E-mail		
8.	Name & address of Genetic Clinic/USG Clinic/Imaging Centre in which working/worked		
9.	Particulars of earlier registration for USG under the ACT.		
10.	Work experience in USG in years/months/days from district appropriate authority.		

11.	State Bank of India e receipt For Rs. 1000/- towards application fee (non-refundable)	
12.	State Bank of India Bank e-receipt for Rs. 10,000/- towards assessment (Admission) fee (non-refundable)	
13.	If in-service, name and address of present station.	

**Declaration**

I Dr. ....do hereby declare that the facts and figures stated above are true to the best of my knowledge and belief. If subsequently any of above information is/are found to be false/forged, necessary legal action as deemed proper may be initiated against me and my candidature will be rejected.

Full signature of the candidate.  
Date.

**DOCUMENTS REQUIRED**

Self attested photocopy of documents to be submitted along with the application form:

1. 10th/11<sup>th</sup> pass Certificate.
2. MBBS Registration Certificate.
3. Earlier training certificate in USG
4. Earlier registration for USG/PNDT
5. Work experience in USG from district appropriate authority.
6. Service certificate from competent authority (if in service)
7. e receipts towards application & assessment fee.

**COMPETENCY BASED ASSESSMENT FOR ULTRASONOGRAPHY-2021**

**ADMIT CARD**

Name of the Candidate Dr. \_\_\_\_\_

(The applicant to write his / her name)

Roll No. \_\_\_\_\_

Examination Centre

Time:

NOTE:

1. Issue of this card does not necessarily mean acceptance of eligibility which will be further scrutinized at subsequent stages of selection
2. Please do not detach the Attendance Card

Please affix  
passport size photo  
self attested in  
front side

**Convenor**

Full signature of the Candidate

(Not in Capital Letter)

**COMPETENCY BASED ASSESSMENT FOR ULTRASONOGRAPHY - 2021**

**ATTENDANCE CARD**

Name of the Candidate Dr. \_\_\_\_\_

(The applicant to write his / her name)

Roll No. \_\_\_\_\_

Examination Centre

Please affix  
passport size photo  
self attested in  
front side

**Signature of the invigilator**

Full signature of the Candidate

(To be signed before invigilator)

**INSTRUCTION TO THE CANDIDATES**

1. The card must be shown to the Officer Supervising the examination. A candidate without the valid Admit Card shall be debarred from the Entrance Examination.
2. You should report one hour before the commencement of examination at the Center (9.00 AM). You must occupy your seat 30 minutes before the commencement of examination (i.e. 9.30 AM).
3. No candidate shall be allowed to the examination hall soon after the commencement of examination. No candidate will be allowed to leave the hall till the end of the examination.
4. The candidate must observe complete silence and shall concentrate to his/her Q & A booklet. Violation of any instruction and adoption of any unfair means on the examination hall shall render a candidate liable for cancellation of his/her Q & A booklet and forfeiture of his/her claim for admission. Decision of the centre Superintendent shall be final.
5. Use blue ball pen.
6. The candidates are not allowed to carry bits of paper / any textbook / manuscript except their Admit Card to the Examination Hall.
7. No T.A. and D.A. will be paid appearing the entrance examination.
8. No mobile phone or any other electronic communication system will be allowed into the examination hall.

**BY REGISTERED POST/SPEED POST**

To

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mob No \_\_\_\_\_ PIN \_\_\_\_\_

(Write your name and address on the card)

Affix Postage Stamp
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**From:**  
**Convenor Addl. Director,**  
**DMET, Odisha.**