

**GUIDELINES FOR APPLICATION FOR COMPETENCY BASED EVALUATION (FOR
EXISTING REGISTERED MEDICAL PRACTITIONERS REGISTERED FOR
ULTRASONOGRAPHY UNDER PCPNDT ACT) AT GOVERNMENT MEDICAL
COLLEGE AND HOSPITAL NAGPUR -440003**

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

IMPORTANT DATES

Date of publication of prospectus in website 12.12.2025

Last date of receipt of application : 09.02.2026

Date of Display of Provisional List of Eligible candidates: 11.02.2026

Date of contacting office (Department of Radio diagnosis) in case of queries: 12.02.2026
(10.00 am to 5.00 pm)

Date of submission of training fees of

Rs 10,000/- (non-refundable) : up to 5 pm on 16.02.2026 in Radio diagnosis Dept.

Date of Theory Examination : 02.03.2026 (09.00 A.M. to 11.00 A.M.)

Date of Practical Examination : To be announced later.

NB: All the information/intimations/allotment etc. relating to this training will be available in the website of www.gmcnagpur.org

All candidates are requested to be in touch with the website. Authorities are not responsible for any postal delay.

A. INTRODUCTION:

Applications are invited from MBBS doctors residing in the districts of Nagpur , Akola , Washim, Yavatmal, Amaravati , Wardha, Bhandara , Gondia, Chandrapur, Gadchiroli who are already registered under the PCPNDT Act and whose registration is due for renewal . An Ultrasonography Selection Committee is constituted as under for selection of candidates for training. The members are :

Dean GMCH Nagpur : Convenor

Professor and Head Radiodiagnosis Department : Chairman

Asso. Professor Radio diagnosis Department : Member

Professor& Head Obstetrics and Gynaecology : Member

B. ELIGIBILITY:

1. The candidate must have passed MBBS from any MCI recognized institution and have registered under any State Council of Medical Registration or MCI.
2. The candidate must be a permanent resident / practicing in the districts of Nagpur, Akola , Washim, Yavatmal, Amaravati , Wardha, Bhandara , Gondia, Chandrapur, Gadchiroli.
3. These candidates are exempted from undertaking the training which is mandatory for MBBS candidates provided they are able to qualify in the said competency based assessment specified in Schedule II of the said Act. If they fail to clear the said competency based assessment they shall have to apply afresh for six months training course and clear the competency based evaluation (final examination) for the purpose of renewal of registrations.

Applications are invited from such candidates in prescribed proforma to appear in the competency-based evaluation along with an application fee of Rs.1000/- . On successful completion of the examination, they will be considered for renewal of their registration.

Candidates who are exempted from undertaking the training are hereby informed that for these candidates the said examination will be conducted only once in the year 2026. After the given dead line these candidates will not be entertained for the training course and examination.

C. Nomenclature of the course:

“The Fundamentals of Abdomino-Pelvic Ultrasonography: level one for MBBS Doctors”

D. NAME OF ACCREDITED INSTITUTION FOR TRAINING:

GOVT MEDICAL COLLEGE AND HOSPITAL NAGPUR 440003

E. FEE STRUCTURE

The training fee shall be Rs. 10,000/, to be deposited in form of Bank Draft from any nationalized Bank drawn in favour of **DEAN GMCH NAGPUR** by eligible candidates in the Radio diagnosis Dept. office latest by 16.02.2026 in office hours (10 am to 5 pm).

F. SUBMISSION OF APPLICATION:

Candidates shall download the application form annexed in this prospectus and apply with duly filled in application form alongwith all requisite documents. They must deposit a sum of Rs. 1000/-in form of Bank Draft from any nationalized Bank drawn in favour of

DEAN Government Medical College and Hospital, NAGPUR alongwith completely filled application form . The application fee is not refundable under any circumstances. The envelope containing the application form must be super scribed as **“APPLICATION FOR COMPETENCY BASED EVALUATION (FOR EXISTING REGISTERED MEDICAL PRACTITIONERS REGISTERED FOR ULTRASONOGRAPHY UNDER PCPNDT ACT) and should be sent to the DEAN Government Medical College NAGPUR (PCPNDT)** by speed post/courier or personally to reach on or before **09.02.2026 by 5.00 pm**. Applications which are incomplete or received late will be rejected. Multiple applications submitted in a single envelope will not be entertained.

G. SCRUTINY OF APPLICATION FORMS AND SELECTION OF CANDIDATES

After scrutiny of the application forms a provisional list of eligible applicants will be prepared and will be displayed on the official website www.gmcnagpur.org **and Office of Radiology Department, Government Medical College Nagpur on 11.02.2026** In case of any queries the candidates should contact the above office on **12.02.2026 from 10 am to 5 pm**.
No queries will be entertained after this date.

H. FEE

The training fee of Rs. 10,000/- is to be deposited in the office of the **Radiology Department, Government Medical College Nagpur** in the form of Demand Draft from any nationalized Bank drawn in Favour of **DEAN GMC NAGPUR latest by 16/02/2026**.

I. EXAMINATION AND CERTIFICATE

On completion of the competency-based evaluation (final examination both – theory and Practical) candidates who are successful will be issued a certificate to the effect by the Dean of the institution. Such certificates will be applicable for obtaining new registration /renewal under the PC&PNDT Act.

J. SCHEME OF EXAMINATION

Theory Assessment (Maximum marks 100) – 2 hours written exam.

Minimum pass marks - 50

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

Practical Assessment (Maximum marks 100) – minimum pass marks - 60

- a. Log book – 20 marks **
- b. Demonstration – 50 marks
- c. Viva – 30 marks

(Three case situations on Clinico- sonographic co-relation and case studies)

** -The candidates will have to contact the Radiology Department for preparing of the log book from 12.02.2026 (10 am to 5 pm)

K. SYLLABUS

The detailed syllabus will be as specified under the said notification released by Ministry of Health and Family Welfare (Department of Health and Family Welfare).

L. WEEDING OUT RULE

The documents related to the selection and allotment will be preserved till 31.03.2028.

M. MISCELLANEOUS

In all matters relating to eligibility or otherwise of a candidate appearing for the competency-based evaluation the decision of the Chairman Selection Committee shall be final.

N. INFORMATION REGARDING THE FOLLOWING WILL BE AVAILABLE ON THE WEBSITE OF

www.gmcnagpur.org

Postal address for correspondence: Office of the Radiology Department, Govt. Medical College & Hospital, Hanuman Nagar, Medical Square, Nagpur-440003

Contact numbers:

Dr.Pooja Raut :- 9673918628

Dr.Tejas Sadavarte :- 8308785699

Dr.Ishwar Chavan :-9420823072

Shri.Shrinivas Seelam :-9404402742

Shri.Umeshkumar Avachar :-9637732637

Committee Members:

Dean GMC Nagpur : President

Professor and Head ,Department of Radiodiagnosis : Member Secretary

Head of the Department,Obestetrics & Gynaecology : Member

Associate Professor,Department of Radiodiagnosis : Member

Bank Account Details of Dean:

Acc no.: 919020046994559

IFSC Code: UTIB0000048

Name of Bank : AXIS BANK,CIVIL LINES BRANCH, NAGPUR.

**APPLICATION FORM TO APPEAR FOR COMPETENCY BASED EVALUATION ADOMINO-PELVIC
ULTRASONOGRAPHY: LEVEL ONE: FOR MBBS DOCTORS**

(For candidates who are already registered under the Act.)

1.	Full Name as in MCI/ State Medical Council Registration		Paste a self-attested passport size recent photo here
2.	Date of birth		
3.	Medical Council Registration Number		
4.	Present address for correspondence		
5.	Mobile No		
6.	Email id.		
7.	Name & address of Genetic Clinic/USG Clinic/Imaging Centre in which working		
8.	Particulars of earlier registration for USG under the ACT. Date of permission of DAA with valid registration number		
9.	Details of work experience in USG in an ultrasound clinic, period of engagement.		
10.	Demand Draft details For Rs. 1000/- towards application fee (non-refundable)		
12.	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. Photo Identity and Address Proof
2. Proof of date of birth.
3. Medical Council Registration Certificate
4. Valid registration for USG/PNDT from appropriate authority.
5. Service certificate from competent authority (if in service)
6. Proof of Residence in Pune Division under Directorate of Health Services Maharashtra.
7. Non refundable Demand Draft of Rs 1000/- only towards application fee.

It will be mandatory to present the Proof of Identity and Address while appearing for the Theory and Practical examination

RADIOLOGY DEPARTMENT GMC CONTACT NO.

Dr.Pooja Raut :- 9673918628
Dr.Ishwar Chavan : -9420823072
Shri.Shrinivas Seelam :-9404402742
Shri.Umeshkumar Avachar :-9637732637

***ALL THE DOCUMENTS MENTIONED ABOVE AND APPLICATION FORM TO BE SUBMITTED IN OFFICE OF THE RADIOLOGY DEPARTMENT,GMCH,MEDICAL SQUARE,NAGPUR.PIN:440003**
