

PNDT ONLINE FORM-F ENTRY

WEBSITE – <http://pcpndt.ap.gov.in>

REQUIREMENTS BEFORE STARTING ONLINE ENTRY

1. PATIENT REQUISITION FORM WITH BRIEF CLINICAL DATA, INDICATION FOR SCAN & REFERRAL DOCTOR SIGN, AND SEAL CONTAINING NAME, QUALIFICATION , APMC REGISTRATION NUMBER, WORK PLACE .
2. PATIENT SCAN REPORT WITH NAME & SEAL OF THE DOCTOR WHO DID SCAN

ONLINE FORM FILLING PROCEDURE - FLOW CHART

OPEN WEBSITE → HOSPITAL LOGIN → CLICK REPORTING IN LEFT TAB
→ SELECT DISTRICT & ENTER REGISTRATION NUMBER → SUBMIT
OPEN FORM F → SELECT NON-INVASIVE → FILL ALL DETAILS → SUBMIT

PRINT FILLED IN FORM →

GET SIGNS FROM THE PATIENT AND THE DOCTOR WHO DID SCAN

→ PUT DOCTOR STAMP SEAL

→ SCAN DOCUMENT AGAIN → CONVERT ALL PAGES INTO 1 PDF

NOW OPEN WEBSITE → UPLOAD SCANNED FORM (PDF FORMAT)

TOTAL SIGNS –

1. PATIENT – **3 SIGNS**– IN REPORT (1), IN PREGNANT REGISTER (1), IN ONLINE PRINTED FORM F (1),
2. DOCTOR SIGN - **5 SIGNS** - IN REPORT(1), IN PREGNANT REGISTER(1), IN PRINTED FORM F(3) WITH SEAL

PRESERVE BELOW– FOR 2 YEARS

- 1. HARD COPY OF FINAL FORM –F WITH ORIGINAL SEAL AND SIGNS
- 2. PREGNANT SCAN REFERRAL SLIP/REQUISITION FORM
- 3. SCANNED COPY OF REPORT.