The genetic diversity is a key essential of our life. Given the lack of canonical recombination with a chromosome partner, such diversity is a difficult proposition in the male-specific region of the Y chromosome. However, considering the frequency of infertile population and ambiguity in clinical significance, the partial AZFc deletions are the most specifically debated variants. The argument is that routine diagnosis for individuals with partial AZFc deletion is not compulsory, due to its incomplete diagnostic significance and unknown consequences of these deletions. On contrary, these AZFc deletions are also openly linked with spermatogenic impairment in numerous geographically well defined populations further driving them to infertility risk. In this concern, identification of these deletions is very much significant and beneficial for understanding the molecular etiology of infertile phenotypes and for providing genetic counseling in terms to preventing transmission of deletion to the upcoming generation.

In country like India, which offers population with different ethnic/racial backgrounds along with variations in environmental, geographical location and lifestyle practices that play vital a role in determining male fertility. In general, considering the present Indian context the following stringent guidelines may be implemented with help of basic science and clinical researcher in all diagnostic laboratories and hospitals for efficient molecular diagnosis and clinical examination of the infertile couples.
i. Implementing fundamental two steps clinical investigation approach. Precisely, comprehensive and systematic semen examination with sperm function assay followed by Y chromosome deletion analysis.

ii. Characterization and validation of specific Y based STS markers may be analysed for an Indian sub-population considering diagnostic evaluation and population variant based studies.

3. Restricted number of diagnostic labs provide Y deletion assay, even then there is no uniformity in the usage of STS markers, and hence consistency in employing STS markers throughout clinical setting may be seriously considered.

4. Infertile conditions such as, severe oligospermic and azoospermic candidates, those who desire for ART or ICSI based treatment a detailed clinical investigation with Y chromosome classical and partial deletion analysis may be executed to rule out any genetic defects passing on to next generation.

5. Finally, Y chromosome AZFc partial deletion analysis specifically may be implemented in all diagnostic labs and hospitals adopting uniform STS markers depending on case severity. In such conditions, combining molecular diagnostic investigation with genetic counseling may be provided.