



**FORM 3**  
**[See rule 8]**  
**Certificate of Registration**  
**ART bank**  
**(To be issued in duplicate)**

**Certificate No - 17**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **CHHATTISGARH STATE** hereby grants registration to the ART Bank named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **23.12.2022** ending on **22.12.2027**.

(a) Name and address of the ART Bank - **DR. VERONICA YUEL FERTILITY AND IVF CLINIC, BYRON BAZAR, RAIPUR, C.G.**

(b) Type of institution (Govt./Private) - **Private**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.

3. Registration No. allotted - **CG/AB/2022/10376/AB/RAIPUR/17**

4. For renewed Certificate of Registration only.

Date: **23-12-2022**

Place: **RAIPUR**

  
**Signature, Chairperson of**  
**the Appropriate Authority**  
**DIRECTOR**  
**Directorate Health Services**  
**Nava Raipur, Chhattisgarh**

**SEAL**

**Display one copy of this certificate at a conspicuous place at the place of business**

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