

# CERTIFICATE OF REGISTRATION

## ART CLINIC (~~LEVEL 1~~ / ~~LEVEL 2~~) / ART BANK

(To be issued in duplicate)

Certificate No: **ART BNK 1007**

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **GOVERNMENT OF KERALA** hereby grants registration to the ART Clinic named below for purpose of carrying out Assisted Reproductive Technology procedure as per the aforesaid Act, for a period of **5 years** ending on **27/11/2028**.
- a) Name and address of the ART Clinic : .....
- b) Type of Institution (Government or Private) and
- c) Type of facility : Level 1 or Level 2

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of **5 years** ending on **27/11/2028**.

- a) Name and address of the ART Bank : **CIMAR COCHIN HOSPITAL  
DEF NH-17, THYKKAMU, CHERANELLORE, EDAPALLY, ERNAKULAM**
- b) Type of Institution (Government or 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 **ART BNK 1007**
- 4) For renewed Certificate of Registration only:  
Period of validity of earlier Certificate of Registration from ..... to .....



CHAIR PERSON  
APPROPRIATE AUTHORITY FOR  
ART AND SURROGACY

Signature, Name and Designation of  
the Appropriate Authority

**Dr. CHITHRA S. IAS**  
PEN No. 719240  
Joint Secretary  
Health & FW Department  
Govt. Secretariat, TVPM, Kerala  
Phone: 0471-2517392, 2327994

SEAL

Date : **28/11/2023**

Place : **TRIVANDRUM**

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