

Form 3
[See rule 8]
Certificate of Registration
ART Clinic (Level 1/Level2)/ ART bank
(To be issued in duplicate)

Certificate No.: GA/AC/2022/10579/L2/NORTH GOA/01

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority.

NORTH - GOA hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 5 YEARS ending on 04-02-2030

(a) Name and address of the ART Clinic: DR. KEDAR'S MATERNITY, INFERTILITY AND SURGICAL HOSPITAL, 201, 202, AKASH BHAVAN, OPPOSITE MATHIAS PLAZA, PANAJI- GOA

(b) Type of institution (Government or Private) PRIVATE

(c) Type of facility: Level 1 or Level 2: 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 _____ ending on _____~~

~~(a) Name and address of the ART Bank: _____~~

~~(b) Type of institution (Govt./Private): _____~~

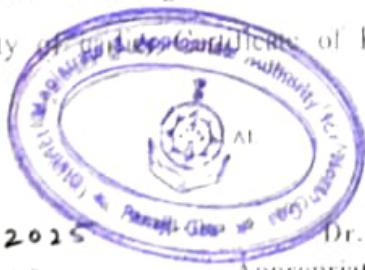
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.

5 Registration No. allotted GA/AC/2022/10579/L2/NORTH GOA/01

4 I or renewed Certificate of Registration only: -

Period of validity of ~~the Certificate~~ of Registration from _____ to _____

Date: 11/02/2025
Place: PANAJIM



Dr. Sneha Gite
Dr. Sneha Gite (IAS) Collector
Appropriate Assisted Reproductive Technology
and Surrogacy Authority North Goa.

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

*Strike out whichever is not applicable or necessary