FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

		(To be issued in duplicate)
		Certificate No. 19
1.	Tech	Act, for a period of 5. YEARS ending on 18/08/2029 Name and address of the ART Clinic : T.: 10. Hospital. (A. Unit of Hrupoya Healthcare Put. Ltd.), Thrissur. Type of Institution (Government or Private) and Type of facility: Levell of Level 2
		OR
	The per (The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of
	b)	Type of Institution (Government or Private) :
2)	cont	registration is granted subject to the aforesaid Act and Rules there under and any ravention there of shall result in suspension or cancellation of this certificate of stration before the expiry of the said period of five years.
3)	Registration No. allotted: KL/Ac/2024/15209/LI/THRISSUR/19	
4)	For	enewed Certificate of Registration only:
	Penc	od of validity of earlier Certificate of Registration from to
		Signature, Name and Designation of
		the Appropriate Authority
Date	: 19	O 8/2024 SEAL

PEN: 101728 SEAL
Additional Secretary to Govt.
Health & Family Welfare Department
Government Secretariat, Thiruvananthapuram

Place THIRLNAMANT HAPURAN

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