## FORM 3 [See Rule 8]

## CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

		Ce	rtificate No:7	7
l.	In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive			
	Technology (Regulation) Act, 2021, the Appropriate Authority Grove RAIDENT			
	OF	KERALA hereby grants registr	ation to the ART Cli	nic named
	below for purpose of carrying out Assisted Reproductive Technology procedure as per			
	the aforesaid Act, for a period of 5. YEARS ending on 29 11 2028			
	a) N	ame and address of the ART Clinic : Gayare	SPECIALITY	<b>/</b>
		HOSPITAL, ATHANI, ERNAKUL	AM	
	b) T	b) Type of Institution (Government-or Private) and		
	c) Type of facility: Level1 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 ending on			
	a) N	fame and address of the ART Bank :		•••••
ALCO UT	b) T	ype of Institution (Government or Private) :		
2)	contrave	istration is granted subject to the aforesaid Act and ention there of shall result in suspension or cancel ion before the expiry of the said period of five year	ellation of this cert	r and any ificate of
3)	Registra	tion No. allotted: KL/Ac/2022/10680/L2/2	irs.	
4)	For rene	wed Certificate of Registration only:	RACAKULANI T	-/
337	Period o	f validity of earlier Certificate of Registration from	n to	
		GOVERNMENT OF THE	TEL	_
			e, Name and Desig	nation of
			the Appropriate	uthority
		APPROPRIATE AUTHORITY FOR	OTIDITA OTT D	
Date	: 30lu	ART AND SURROGACY	SUBHASH. R PEN: 101728 Additional Secretary to Govt.	SEAL

Place THIRUVANANTHAPURAM

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

Health & Family Welfare Department

Government Secretariat, Thiruvananthapuram