

### FORM 3

[Refer rule 8]

#### CERTIFICATE OF REGISTRATION

#### ART Clinic Level-I

(To be issued in duplicate)

Certificate No. **ART/GGM/53**

Date: **19/09/2024**

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Haryana 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 **18/09/2029**

(a) Name and address of the ART Clinic-

**Aashtha Medicare, 185P, Sector-5,  
Opp. HUDA, Dusshera Ground,  
Gurugram**

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

**Private**

(c) Type of facility:

**Level-I**

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

3. Registration No. **HR/AC/2024/15495/L-1/GGM/82**

**19/09**  
**CIVIL SURGEON**  
District Civil Surgeon  
**GURUGRAM**  
Gurugram *dr*

Date: **19/09/2024**

Place: **Gurugram**

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

\*Strike out whichever is not applicable or necessary.