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**FORM 3**  
**[Refer rule 8]**  
**CERTIFICATE OF REGISTRATION**  
**ART clinic (Level 1/Level 2)/ART bank**  
**(To be issued in duplicate)**

Certificate No.: ART/JJR/01 - 24/09/24

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 FIVE Year ending on 23/09/2029.

(a) Name and address of the ART Clinic

: JJ Institute Medical Sciences Pvt. Ltd.  
(Roots IVF & Fertility Institute), MIE  
Part B Main Delhi Rohtak Road  
Bahadurgarh, Jhajjar.

(b) Type of institution (Government or Private) and : 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 XXXX ending on XXXX.

(a) Name and address of the ART Bank

: NA

(b) Type of institution (Govt./Private).

: NA

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.

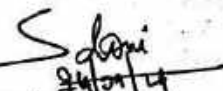
3 Registration No. allotted


: HR/AC/2022/10749/L2/Jjr/20

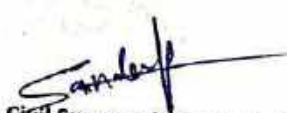
4. For renewed Certificate of Registration only

: NA

Period of validity of earlier Certificate of Registration from XXXX to XXXX.

  
Deputy Commissioner/ADC Jhajjar  
Chairperson,  
Appropriate Authority Haryana

  
Civil Surgeon, Jhajjar Cum  
Vice Chairperson,  
Appropriate Authority Haryana

  
Dy. Civil Surgeon (PNDT), Jhajjar Cum  
Member Secretary,  
Appropriate Authority Haryana

Date: 24/09/24

Place: Jhajjar

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

\*Strike out whichever is not applicable or necessary.

