

**FORM 3**

[See rule 8]

**CERTIFICATE OF REGISTRATION**

**ART Clinic (Level-1)**

**(To be issued in duplicate)**

**Certificate No: OD-34**

1. In exercise of the powers conferred under section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority, Odisha 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 years** ending on **03.12.2029**.

a) Name and address of the ART clinic: **Hima Hospital**  
Medical Road, Keonjhar,  
Odisha - 758001

b) Type of institution: **Private**

c) Type of Facility: **ART Clinic: Level-1**

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: **OD/AC/2022/13715/L1/KEONJHAR/34**

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration: NA

(Dr. Jeetendra Mohan Bebortha)  
**Signature, Name and Designation of  
the Appropriate Authority**

**Special Secretary (PH) to Govt. H & FW  
Deptt.-Cum-Chairperson SAA under  
ART Act, 2021 & Surrogacy Act, 2021**

**Date: 04/12/2024**

**Place: Bhubaneswar**

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

\*Strike out whichever is not applicable or necessary.