

## FORM 3

[See rule 8]

Certificate Of Registration  
ART clinic (Level 1/Level 2)/ ART bank  
(To be issued in duplicate)

Certificate No.: 05/DHD/ART  
clinic-I

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the District Appropriate Authority CDMO DAHD 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 01/05/2030

(a) Name and address of the ART Clinic: Mother Care hospital DAHD

Sr. No.	Name of the Post	Name of the Staff	Qualification	Registration No
<u>2</u>	<u>Rita Nayak</u>	<u>M.S</u>	<u>(Obs &amp; Gyn)</u>	<u>G-22244</u>

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

(c) Type of facility: - (Level 1 or Level 2) Level I clinic ART  
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) Name and address of the ART Bank:   

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

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

3. District Registration No allotted: DHD/ART Clinic/Level I/05  
2025

4. For renewed Certificate of Registration only:   

Period of validity of earlier Certificate of Registration from    to   

  

  
**DISTRICT APPROPRIATE  
AUTHORITY  
ART (REGULATION) ACT,  
2021**

District: DAHD

Date: 02/5/2025

Display one copy of this certificate at a conspicuous place at the place of business.  
\*Strike out whichever is not applicable or necessary