FORM 3 [See Rule 8]

## CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

	Certificate No	11
1.	In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority GOUSENMENT Clinic name of the ART Clinic name	T.
	below for purpose of carrying out Assisted Reproductive Technology procedure as pe	
	the aforesaid Act, for a period of 5 YEARS ending on 29/04/2029	
	a) Name and address of the ART Clinic ARCHANA HOSPITAL	
	THODUPUZHA , DUKKI	
	<ul> <li>Type of Institution (Government or Private) and</li> </ul>	
	c) Type of facility: Level 1 or Level 2	
	OR	
	The ART Bank named below for purposes of carrying out activities and procedures a	as
	per the aforesaid Act, for a period of ending on	
	a) Name and address of the ART Bank :	
	b) Type of Institution (Government or Private) :	
2)	This registration is granted subject to the aforesaid Act and Rules there under and ar contravention there of shall result in suspension or cancellation of this certificate or registration before the expiry of the said period of five years.	ny
3)	Registration No. allotted: KC Ac 2022 11399 LI IDUKKI /17	
4)	For renewed Certificate of Registration only:	
225	Period of validity of earlier Certificate of Registration from	

Signature, Name and Designation of the Appropriate Authority

CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

SUBHASH. R
PEN; 101728
Additional Secretary to Govt.

SEAL

Date: 30 04 2024

Health & Family Welfare Department Government Secretariat, Thiruvananthapuram

Place THIRUVANANTHAPURAM

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