

**FORM 3**  
**[See rule 8]**  
**Certificate of Registration**  
**ART clinic (Level 1/Level 2)**  
**(To be issued in duplicate)**

**Certificate No.AN/AC/2022/12146/L2/SOUTH ANDAMAN/01**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority of **Andaman and Nicobar Islands** 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 **01.05.2028**

(a) Name and address of the ART Clinic: **ARUNS FERTILITY & IVF CENTRE,  
ARAV SQUARE, GARACHARMA**

(b) Type of institution (Government or Private): **PRIVATE**

(c) Type of facility: Level 1 or Level 2: **LEVEL 2**

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. Registration No. allotted: **AN/AC/2022/12146/L2/SOUTH ANDAMAN/01**

  
**Dr. Munni Singhania,**  
**Director of Health Services/**  
**Appropriate Authority**

Date: 03.05.2023  
Place: Port Blair



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

\* Strike out whichever is not applicable or necessary