FORM 3	
See	Rule 8]

## CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

- - a) Name and address of the ART Clinic DHANALAKSHOL HOSPITAL PVT LTD, KANNUR
  - b) Type of Institution (Government or Private) and
  - c) Type of facility :Level1 or Level 2

OR

- 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 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: KL AC 2022 12863/LI KANNUR 03



Date: 24 01 2023

Signature, Name and Designation of the Appropriate Authority

VICE CHAIR PERSON APPROPRIATE AUTHORITY FOR ART AND SURROGACY

R Dr. V. Meenakshy Additional Director (W) Directorate of Health Services PEN, NO: \$78746

Place THIRUUANANTHAPURAM

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