Serial No ...............



Reg. No.f.RT./.NkL/001/2023

Certificate No....Ql.....

## GOVERNMENT OF TAMILNADU FORM - 3

(See rule 8)

## CERTIFICATE OF REGISTRATION ART Clinic - Level - I

- - (a) Name and address of the ART Clinic: Thangam Fertility Clinic (ART Clinic), ,Thangam Hospital, No.54, Dr.Sankaran Road,

Namakkal - 637001.

(b) Type of institution:

Private

(c) Type of Facility:

Level I

- 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 . ART. INKL / 001/2013
- For renewed Certificate of Registration only;

Period of validity of earlier Certificate of Registration from .......to......to......



District Appropriate Authority,
The Assisted Reproductive Technology (Regulation) Act, 2021 &
The Surregacy (Regulation) Act, 2021
Namakkal District

Date: 28:08:2023