



Reg. No. ART/MYD/005/2025

Serial No ..... 633 .....

Certificate No...005.....

# GOVERNMENT OF TAMILNADU FORM - 3

(See rule 8)

## CERTIFICATE OF REGISTRATION ART Clinic - Level - I

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021 the District Appropriate Authority, Mayiladuthurai District is 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 ..08-01-2030

(a) Name and address of the ART Clinic : **Kumaran Clinic,**  
**No.34, Mayuranathar Keezhaveethi,**  
**Mayiladuthurai District - 609 801**

(b) Type of institution : **Private**

(c) Type of Facility: **Level I**

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 th expiry of the said period of five years.

3. Registration No. allotted **ART/MYD/005/2025**

4. For renewed Certificate of Registration only;

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



Date : **09-01-2025**

*[Signature]*  
District Appropriate Authority,  
The Assisted Reproductive Technology (Regulation) Act, 2021 &  
The Surrogacy (Regulation) Act, 2021  
Mayiladuthurai District

*[Signature]*  
09/01/25