FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

	Certificate No: 16		
1.	In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Grovernier)		
	DE KERALA hereby grants registration to the ART Clinic named		
	below for purpose of carrying out Assisted Reproductive Technology procedure as per		
	the aforesaid Act, for a period of 5. YEARS ending on 22/02/2029		
	a) Name and address of the ART Clinic AHALIA FERTILTY		
	CENTRE, PALAKKAD		
	b) Type of Institution (Government or Private) and		
	c) Type of facility :Level1 or Level 2		
	OR		
	The ART Bank named below for purposes of carrying out activities and procedures 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 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/2022/185653/LI/PACAKEAD/16		
4)	For renewed Certificate of Registration only:		
	Period of validity of earlier Certificate of Registration from to		
	Period of validity of earlier Certificate of Registration from		
	GOVERNIERT OF S		
	Signature, Name and Designation of		
	the Appropriate Authority		

CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

SUBHASH.R PEN: 101728

SEAL

He

Additional Secretary to Govt.

Health & Family Welfare Department
Government Secretariat, Thiruvananthapuram

Place THIRLYONANTHAPURAM

Date: 23/02/2024

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

FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

		Certificate No. 16		
1.		sercise of the powers conferred under Section 16(1) of the Assisted Reproductive		
		inology (Regulation) Act, 2021, the Appropriate Authority GroverNIDENT. hereby grants registration to the ART Clinic named		
	10000	w for purpose of carrying out Assisted Reproductive Technology procedure as per		
		foresaid Act, for a period of 5 YEARS ending on 22/02/2029		
	a)	Name and address of the ART Clinic PHALIA FERTILTY		
	b)	Type of Institution (Government or Private) and		
	c)	Type of facility: Level1 or Level 2		
		OR		
		The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of		
	a)	Name and address of the ART Bank		
		Type of Institution (Government or Private)		
		stration is granted subject to the aforesaid Act and Rules there under and any		
	1004	ention there of shall result in suspension or cancellation of this certificate of tration before the expiry of the said period of five years.		
į.		Registration No. allotted: K4/Ac/2022/185658/L1/PACAKKAD/16		
		enewed Certificate of Registration only:		
)		d of validity of earlier Certificate of Registration from to		
	/	STHORUTY FOR ARE		



Signature, Name and Designation of the Appropriate Authority

CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

SUBHASH R PEN: 101728

SEAL

Additional Secretary to Govt.

Health & Family Welfare Department
Government Secretarist, Thiruvananihapuram.

Place THIRUVONANTHAPURAM

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