

# 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 GOVERNMENT OF 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 FERTILITY CENTRE, PALAKKAD
- b) Type of Institution (~~Government or Private~~) and
- c) Type of facility : ~~Level 1~~ 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/L1/PALAKKAD/16
- 4) For renewed Certificate of Registration only:  
Period of validity of earlier Certificate of Registration from ..... to .....



Signature, Name and Designation of  
the Appropriate Authority

Date : 23/02/2024

Place : THIRUVANANTHAPURAM

CHAIR PERSON  
APPROPRIATE AUTHORITY FOR  
ART AND SURROGACY

SUBHASH.R  
PEN: 101728  
Additional Secretary to Govt.  
Health & Family Welfare Department  
Government Secretariat, Thiruvananthapuram

SEAL

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## 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 GOVERNMENT  
OF 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 : ANALIA FERTILITY  
CENTRE, PALAKKAD
- b) Type of Institution (~~Government or Private~~) and
- c) Type of facility : ~~Level 1 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) : .....

Registration is granted subject to the aforesaid Act and Rules there under and any  
violation there of shall result in suspension or cancellation of this certificate of  
registration before the expiry of the said period of five years.

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