

**FORM 3**  
**[SEE RULE 8]**  
**CERTIFICATE OF REGISTRATION**  
**ART CLINIC (LEVEL 1/LEVEL 2/ ART BANK**  
**(TO BE ISSUED IN DUPLICATE)**

Registration No: MN/AC/2022/13776/L2/Imphal East/04

*1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority ..... **MANIPUR STATE** ..... hereby grants registration to the **ART** Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for the period of ..... **FIVE YEARS** ..... ending on ..... **19th JANUARY 2028** .....*

*(a) Name and address of the Art Clinic:*

HOPE IVF CENTRE, REMEDY HOSPITAL AND RESEARCH CENTRE  
PUREILOMBA KHONGNANGKHONG, PALACE GATE, IMPHAL EAST, MANIPUR

*(b) Type of institution (Government or Private) and:* PRIVATE

*(c) Type of facility: Level 1 or Level 2* LEVEL 2

*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 said period of five years.*

**(Dr. Th. Dineshwar Singh)**  
Joint Director (FW)/ State Nodal Officer  
State Appropriate Authority  
ART & Surrogacy (Regulation) Act, 2021  
Manipur

**(H. Rosita)**  
Special Secretary (Health & FW)/Chairperson,  
State Appropriate Authority  
ART & Surrogacy (Regulation) Act, 2021  
Manipur

Date :

Place: Imphal

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