

Form 3
[See rule 8]

Certificate of Registration
ART Clinic (Level 1/Level 2)/ ART bank
(To be issued in duplicate)

Certificate No.: GA/AC/2022/10253/L2/NORTH-GOA/02

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority,

NORTH - GOA

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 18/03/2030

(a) Name and address of the ART Clinic: SUNSHINE IVF CENTRE, VISION HOSPITAL, 3RD FLOOR, VISION HOSPITAL NEW WING, NAPUSA, DULER NORTH - GOA

(b) Type of institution (Government or Private) PRIVATE

(c) Type of facility: Level 1 or Level 2: 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 (Govt./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.

5 Registration No. allotted GA/AC/2022/10253/L2/NORTH-GOA/02

4. For renewed Certificate of Registration only: _____

Period of validity of ~~Certificate~~ Certificate of Registration from _____ to _____



Date: 21/03/2025
Place: PANAJI GA
Appropriate Assisted Reproductive Technology
and Surrogacy Authority North Goa.

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

* Strike out whichever is not applicable or necessary