FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

		Certificate No:	
1.	Tech	Rercise of the powers conferred under Section 16(1) of the Assisted Reproductive mology (Regulation) Act, 2021, the Appropriate Authority GIOVERDENT	
	below for purpose of carrying out Assisted Reproductive Technology procedure as per the aforesaid Act, for a period of 5. YEARS ending on 30 10 2028		
	a)	Name and address of the ART Clinic : ATTUKAL DEVI	
	a)	INSTITUTE OF MEDICAL SCIENCES LTD. THIRUVANONTHAN	
	b)	Type of Institution (Government or Private) and	
	c)	Type of facility: Level 1 o r Level 2	
		OR	
	The ART Bank named below for parcoses of carrying out activities and procedures as per the aforesaid Act, for a period of		
	a)	Name and address of the ART Bank :	
	b)	Type of Institution (Government or Private) :	
2)	cont	registration is granted subject to the aforesaid Act and Rules there under and any revention there of shall result in suspension or cancellation of this certificate of stration before the expiry of the said period of five years. stration No. allotted: KL/Ac/2022//3769/LI/TRIVAN DRUID//3	
22477	regis		
3)	Kegi	or renewed Certificate of Registration only:	
4)	Period of validity of earlier Certificate of Registration from to		
	rein	COVERNMENT OF BE	
		Signature, Name and Designation of	
		CHAIR PERSON the Appropriate Authority APPROPRIATE AUTHORITY FOR SUBHASH R ART AND SURROGACY PEN: 101728 Additional Secretary to GOEAL	
Date :	31	Health & Family Welfare Department Government Secretariat, Thiruvananthapuran	
Place	TH	IRUVAMAN THAPURAM	
Display	one c	opy of this certificate at a conspicuous place at the place of business	