## FORM 3 [See Rule 8]

## CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

	Certificate No:20
l.	In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority GIONERATOR T
	below for purpose of carrying out Assisted Reproductive Technology procedure as per the aforesaid Act. for a period of 5. Years ending on 26/09/2029
	a) Name and address of the ART Clinic : KATTANAM MEDICAL  CENTRE , PLAPPUZHA
	b) Type of Institution (Government or Private) and
	c) Type of facility:Level1 or <del>Level 2</del> OR
	The ART Bank named below for purposes of carrying out activities and procedures as ending on ending on
2)	This regulation is granted subject to the aforesaid Act and Rules there under and any contribution is granted subject to the aforesaid Act and Rules there under and any contribution where of shall result in suspension or cancellation of this certificate of registrom shafter the expiry of the said period of five years.  Registrom No. allotted: K4/Ac/2022/18774/L1/ACAPPUZHA/20  For registrom a certificate of Registration only:
0 F.S	Period of validity of earlier Certificate of Registration from to
	Signature, Name and Designation of the Appropriate Authority
	SEAL SEAL

Place TRIVENDRUM

CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

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

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