FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

			.6
			Certificate No:8
1.	Tecl belo	hnology (Regulation) Act, 2021, the Ap KERALA hereby ow for purpose of carrying out Assisted aforesaid Act, for a period of 5. Year	WOMEN AND CHILDREN
	b)	Type of Institution (Government or P	
	c)	Type of facility:Level1 or Level 2	rivate) and
	٠,	OR	
	The	10 15 15 15 15 15 15 15 15 15 15 15 15 15	of aneming out nativities and procedures as
	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	:
	500500	Name and address of the ART Bank	
	b)	Type of Institution (Government or P	
21	20.00	B	
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 2023/14437/LI/TRIVANDRUM/8		
4)	For	renewed Certificate of Registration only	r.
	Period of validity of earlier Certificate of Registration fromto		
		GOVERNMENT OF MERALA	DR.V. MRENAKS HY Signature, Name and Designation of the Appropriate Authority Dr. V. Meenakshy Additional Director (FWEAL Directorate of Health Services PEN. NO: \$78746
Place TRIVANDRUD.			APPROPRIATE AUTHORITY FOR

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