FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

KI	I CLINIC (LEVEL 1 / LEVEL 2) / MKI BMNK
	(To be issued in duplicate)	
	C	ertificate No:21
belo the a	WAYANAD	ration to the ART Clinic named e Technology procedure as per n 22/01/2030
b) c)	Type of facility: Level 1 or Level 2 OR	
per t	he ART Bank named below for purposes of carrying of er the aforesaid Act, for a period of Name and address of the ART Bank	ending on
b) This contregis Regis For r Perio	his registration is granted subject to the aforesaid Act a contravention there of shall result in suspension or can egistration before the expiry of the said period of five ye egistration No. allotted: KL/AC/2024 15974 Cor renewed Certificate of Registration only: eriod of validity of earlier Certificate of Registration from the contract of the said period of the said period of the said period of five years are renewed Certificate of Registration only:	and Rules there under and any neellation of this certificate of ears.
SAIRTE	GOVERNMENT OF SIGNATU	re, Name and Designation of the Appropriate Authority

Date: 23 01 2025

2)

3) 4)

> APPROPRIATE AUTHORITY FOR ART AND SURROGACY

SUBHASH R

Health & Family Welfare Department

Additional Secretary to Govt.

. . b. whose of business

Place TRIVANDRUM

FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

	Certificate No:21
	In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority GIONERADENT. OF KERALA hereby grants registration to the ART Clinic named below for purpose of carrying out Assisted Reproductive Technology procedure as per
	the aforesaid Act, for a period of .5. YEARS, ending on 22/01/2030
	Name and address of the ART Clinic : LEO HOSPITAL, WAYAWAD
	b) Type of Institution (Government or Private) and
	c) Type of facility: Level 1 or 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
	b) Type of Institution (Government or Private) :
	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.
	Registration No. allotted: KL AC 2024 15974 LI WAYAWAD 21
	For renewed Certificate of Registration only:
	Period of validity of earlier Certificate of Registration from to
-	COVERNO DE LA CO
1	Signature, Name and Designation of

CHAIR PERSON

ART AND SURROGACY

APPROPRIATE AUTHORITY FOR Pernament Secretariat, Thirarananthapuram

the Appropriate Authority SUBHASH R PEN: 101728 Additional Secretary to Govt. SEAL

Health & Family Welfare Department

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

Date: 23 01 2025

Place TRIVANDRUM

2)

3) 4)