

Form 3
[See rule 8]
Certificate of Registration
ART Clinic (Level 1/Level2)/ ART bank
(To be issued in duplicate)

Certificate No.: GA/AC/2023/14668/L1/South Goa/07

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

South 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 05 years ending on 14/01/2030

(a) Name and address of the ART Clinic: Singhal Hospital, Near Shivaji Fort
Opp. Gopal Ganpati Temple, Bhonshiwada, Farmagudi, Ponda, Goa-403401

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

(c) Type of facility: Level 1 or Level 2: Level 1

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): 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.

3. Registration No. allotted GA/AC/2023/14668/L1/South Goa/07

4. For renewed Certificate of Registration only: —

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

Date: 14/01/2025

Place: Margao - Goa



Egna dectus
17/1/25
[Egna dectus, IAS]
Signature, Name and

Designation of the Appropriate Authority

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

* Strike out whichever is not applicable or necessary