## FORM 3

## [Refer rule 8]

## CERTIFICATE OF REGISTRATION

## ART clinic (Level 1/Level 2)/ART bank

(To be issued in duplicate)

Certificate No.: ART/JJR/02 - 24/19/24

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Haryana 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 FIVE Year ending on 23/09/2029.

(a) Name and address of the ART Clinic

: Megha IVF Centre

Delhi Hospital and Nursing Home

Main Rohtak Road, Bahadurgarh, Jhajjar.

(b) Type of institution (Government or Private) and : Private : Level 2

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

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of XXXX ending on XXXX.

(a) Name and address of the ART Bank

: NA

(b) Type of institution (Govt./Private).

: NA

2. This registration is granted subject to the aforesaid Act and Rules thereunder and any contravention thereof 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

: HR/AC/2023/14983/L2/Jir/67

4. For renewed Certificate of Registration only

Period of validity of earlier Certificate of Registration from XXXX to XXXX.

Deputy Commissioner/ADC Jhajjar

Chairperson,

Appropriate Authority Haryana

Civil Surgeon, Ibajjar Cum

Vice Chairperson,

Appropriate Authority Haryana

Dy. Çivil Surgeon (PNDT), Jhajjar Cum

Member Secretary,

Appropriate Authority Haryana

Date: 24/09/24

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

\*Strike on whichever is not applicable or necessary.