## FORM 3 [See Rule 8]

## CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

Joint Secretary Health & FW Department

Govt. Secretariat. TVPM, Kerala

Phone: 0471-2517392, 2327994

		Certificate No: ARTLII 1002	
1.		exercise of the powers conferred under Section 16(1) of the Assisted Reproductive	
		hnology (Regulation) Act, 2021, the Appropriate Authority GOVERNMENT  hereby grants registration of the ART Clinic named	
		aforesaid Act, for a period of 5 yeas ending on 34 12028.	
	a)	Name and address of the ART Clinic SAMAD HOSPITAL PATOOR THIRUVANANTHAPURAM	
	b)	Type of Institution (Government or Private) and	
	c)	Type of facility: Lvel 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 ending on		
	a) 	Name and address of the ART Bank :	
	b)	Type of Institution (Government or Private):	
2)	This registration is granted subject to the aforesaid Act and Rules there under and any		
	cont	travention there of shall result in suspension or cancellation of this certificate of stration before the expiry of the said period of five years.	
3)	1.0	istration No. allotted ART L 1 1004	
4)	For renewed Certificate of Registration only:		
100	Perio	od of validity of earlier Certificate of Registration from to	
(340)	- OR		
2 (00y	Comment o	1 1 3 3 miles	
2	CERLA	Signature, Name and Designation of	
(2)	1	the Appropriate Authority	
	# AJ	Dr. CHITHRA S. IAS	
Date	. 25	CHAIR PERSON PEN No. 719240 SEAL Joint Secretary Health & FW Department	

APPROPRIATE AUTHORITY FOR

ART AND SURROGACY

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

Plae: TRIVANDRUM