FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

| | | Certificate No: ART L'I 1012 |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1. | In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive | |
| | Technology (Regulation) Act, 2021, the Appropriate Authority GOVERNMENT | |
| | OF KERALA hereby grants | registration to the ART Clinic named |
| | below for purpose of carrying out Assisted Reprod | uctive Technology procedure as per |
| | the aforesaid Act, for a period of 5. Years end | ing on 27 112028 |
| | a) Name and address of the ART Clinic : A CENTRE PUT LTD - ARMC IVE | SIAN REPRODUCTIVE CENTRE PUTHIYARA KKD |
| | b) Type of Institution (Government or Private) | |
| | 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 ending on | |
| | | |
| | b) Type of Institution (Government or 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 ART L II 1012 | |
| 4) | For renewed Certificate of Registration only: | |
| | Period of validity of earlier Certificate of Registration | on from to |
| | 1 APPEN | Jaithe . |
| | E Sim | notes and Davis of |
| | STE CONFERNIOR OF STEEL | nature, Name and Designation of the Appropriate Authority |
| | S O Marie S | The Appropriate Authority |
| Date | TOUANDOUM APPROPRIATE AUTHORITY FOR | Dr. CHITHRA S. IAS SEAL PEN No. 719240 Joint Secretary |
| Place | TRIVANDRUM APPROPRIATE AUTHORACY | Health & FW Department Govt. Secretariat. TVPM, Kerala Phone: 0471-2527392, 2327984 |

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