FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

Certificate No. ART LI 1015

		Certificate 110	
1.	In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive		
	Tech	Technology (Regulation) Act, 2021, the Appropriate Authority SONERNMENT OF	
		KERALA hereby grants registration of the ART Clinic named	
	below for purpose of carrying out Assisted Reproductive Technoogy procedure as per		
	the aforesaid Act, for a period of Syeass ending on 27 (12028		
	a)	Name and address of the ART Clinic : ARMC IVF PERINTHAL MANNA BYE PASS ROAD, PERINTHALMANNA MALAPPIRAM	
	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)	conti	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)		stration No. allotted ART L 1 1015	
4)	For renewed Certificate of Registration only:		
	Period of validity of earlier Certificate of Registration fromto		
	107.107.77		
		faither.	
		Signature, Name and Designation of	
		the Appropriate Authority	

Plae: TRIVANDRUM.

Date: 28 1 2023 .

CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

Dr. CHITHRA S. IAS
PEN No. 719240
Joint Secretary
Health & FW Department
Govt. Secretarist. TVPM, Kerela
Phone: 0471-2517392, 2327994

SEAL

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