FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

			Certificate No: AR1 L1 logi	
1.	Tech	xercise of the powers conferred under Section 16 nnology (Regulation) Act, 2021, the Appropriate KERALA hereby grants re	Authority GOVERNMENT OF	
	belo	w for purpose of carrying out Assisted Reproduc	tive Technology procedure as per	
	the aforesaid Act, for a period of 5. year. ending on 12028			
	a)	Name and address of the ART Clinic : SA RECEARCH CENTRE PHYMUVATTY	PYXHA ERNAKYLAM	
	b)	Type of Institution (Government or Private) an	d	
	c)	Type of facility: Level1 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		
	11000	contravention there of shall result in suspension or cancellation of this certificate of		
2)	0.000	stration before the expiry of the said period of five	e years.	
3)		egistration No. allotted ART L 1021		
4)	For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from			
			i irom 10	
/	AND SU	RROGAC	VAM	
100	(= =).			
FOR	No.	Signature, Name and Designation of		
1/2	SONTUA SO	APPROPRIATE PERCO	the Appropriate Authority	
Date	. 28	APPROPRIATE PERSON ART AND SURROGACY FC.	Dr. CHITHRA S. IAS PEN No. 719240	

Health & FW Department Govt. Secretariat. TVPM, Kerala Phone: 0471-2517392, 2327994

Place TRIVANDRUM

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