

**FORM 3**  
**[See Rule 8]**  
**Certificate of Registration**  
**ART Clinic (Level 2)**  
**(To be issued in duplicate)**

**Certificate No: KKR/AC-2024/L2/01**

**Date 21.08.2024**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act 2021, the Appropriate Authority **Kurukshetra** a 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 (05) Years** ending on **20.08.2029**

(a) Name and address of the ART Clinic;

**Virk Fertility, Virk Hospital**  
**SCO 16-17, Sector 17, KKR**

(b) Type of institution (Government or Private) **Private**

(c) Type of facility: **Level 2**

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 **HR/AC/2022/10300/L2/KKR/62**

**Vice Chairman**  
**cum Civil Surgeon**  
**Kurukshetra**

No. PNDT-2024/314

Date **21.08.2024**

Place **Kurukshetra**

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

\*Strike out whichever is not applicable or necessary