

### FORM-3

{See rule 8}  
**ART Clinic (Level 2)**  
**(To be issued in duplicate)**

**Office letter No:GGH/JAM/Steward/31588/2025**

**Date: - 03/12/2025**

**1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act. 2021, the District Appropriate Authority for ART Act and Chief District Medical Officer, Jamnagar hereby grants registration to the ART Clinic (Level 2) named below for purpose of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 5 Years ending on 02/12/2030.**

<b>(a) Name and address of the ART Clinic:</b>	<b>Shree keshav Women's Hospital Valekshwari Nagari, B/h Aatithya Restaurant,Nr-Sat Rasta Circle, Jamnagar</b>
<b>(b) Type of institution (Government or Private):</b>	<b>PRIVATE</b>
<b>(c) Type of Facility:</b>	<b>ART CLINIC LEVEL-2</b>

**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: DAAART/JAM/08/2025**

**4. Date of issue of Registration: 03/12/2025**

  
**District Appropriate Authority,  
Art (Regulation) Act and CDMO,  
Jamnagar**

**Date: - 03/12/2025**

**Place: - Jamnagar**

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