FORM 3 [See Rule 8]

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

Certificate No: ART BNK 1004

SEAL

Dr. CHITHRA S. IAS

PEN No. 719240 Joint Secretary Health & FW Department

Govt. Secretariat. TVPM, Kerala Phone: 0471-2517392, 2327994

ŕ	In avaraise of the newers conferred under Section 16(1) of the Assisted Penroductive
1.	In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority GIONERNMENT 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 ending on
	a) Name and address of the ART Clinic :
	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
	a) Name and address of the ART Bank : DREAMS ART BANK ULL OOR - AKKULAM ROAD, THIRUYANANTHAPURAM
	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 BNK 1004
4)	For renewed Certificate of Registration only:
l'a	Period of validity of earlier Certificate of Registration from to to
	ET : 1000
SURRO	APPROFRIATE AUTHORITY FOR Signature, Name and Designation of the Appropriate Authority
-	1.7//

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

Date: 28/1/2023

Plae: TRIVANDRUM