



# FORM 3

[Refer rule 8]

## CERTIFICATE OF REGISTRATION

**ART Clinic Level-II**  
(To be issued in duplicate)

Certificate No. ART/ L2/2025/ 55

Date: 16/6/25

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Hisar 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 Years ending on 16-09-2029.

- a) Name and address of the ART Clinic- **Goswami Fertility Centre, Goswami Hospital, Second Floor, Rishi nagar, Hisar.**
- b) Name of applicant for registration:- **Dr. ANIKA MOHAN**
- c) Name of Director of the ART Clinic:- **Dr. PALLAV GOSWAMI**
- d) Type of institution (Government or Private)- **Private**
- e) Type of facility: **Level-II**

2. This registration is granted subject to the aforesaid Act and Rules thereunder and any contravention thereof 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/2022/10721/L-2/Hsr/72.**

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from ...NA..... to .....NA.....

  
Vice Chairman cum Civil  
Surgeon, Hisar  
8/6/25

Date:

Place: HISAR

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