

FORM 3  
(See rule 8)  
Certificate of Registration  
ART Clinic (Level 1/Level 2)/ART bank  
(To be issued in duplicate)

Certificate:- KUT-16/L2ARTCLINIC/2025

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act.2021, the District Appropriate Authority KUTCH hereby grants registration to the ART Clinic named below for purpose of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **Date.10/10/2025 ending on Date.09/10/2030**

(g) Name and address of the ART Clinic :- **KUTCH WOMENS HOSPITAL**

(h) Type of institution (Government or Private) :- **PRIVATE**

(i) Type of facility: - (Level 1 or Level 2):- **LEVEL-1 ART CLINIC**

OR

The ART Bank below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of \_\_\_ ending on \_\_\_

(i) Name and address of the ART Bank: -

(1) Type of institution (Govt. /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. District Registration No allotted:

4. For renewed Certificate or Registration only: \_\_\_\_\_  
Period of validity of earlier Certificate of Registration from to \_\_\_\_\_



  
DISTRICT APPROPRIATE  
AUTHORITY  
ART (REGULATION ACT)2021

Chief District Medical Officer  
Cum Civil Surgeon Kutch

District: KUTCH  
Date: