



**FORM 3**  
**[See rule 8]**  
**Certificate of Registration**  
**ART clinic (Level 1/Level 2)**  
**(To be issued in duplicate)**

**Certificate No - 32**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **CHHATTISGARH STATE** 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 **10.02.2023** ending on **09.02.2028**.  
(a) Name and address of the ART Clinic: **AASHIRWAD HOSPITAL ICSI TEST TUBE BABY CENTRE, NEAR SHITLA MATA MANDIR, DANGANIYA, RAIPUR, C.G.**  
(b) Type of institution (Government / Private) and - **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 - **CG/AC/2022/12332/L2/RAIPUR/32**
4. For renewed Certificate of Registration only.

Date: **10.02.2023**

Place: **RAIPUR**

  
Signature, Chairperson of  
the Appropriate Authority

**DIRECTOR**  
**Directorate Health Services**  
**Nava Raipur, Chhattisgarh**

SEAL

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