

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

Certificate: KUT/L-1/01/2026

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.13/01/2026 ending on Date.12/01/2031**

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



[Signature]
15/1/26

DISTRICT APPROPRIATE
AUTHORITY
ART (REGULATION ACT)2021
Chief District Medical Officer
Cum Civil Surgeon Kutchh

[Signature]