

To  
The Principle Secretary  
Dept. of Health & Family Welfare  
Mahanadi Bhawan Naya Raipur (C.G.)

**Sub: Submitting registration form of ART clinic Level-2**

Dear Sir/Madam,

Please find enclosed herewith the application form for registration of our ART clinic lever-2, as per the new ART regulation act in form 3(rule no. 10) along with the copy of the documents as per the list.

The online registration of ART clinic registry has been submitted being application number CG/AC/2022/12299

Please let us know of any other compliance.

Thanking you

Dated: 22/07/2022

Thanks & Regards

*[Signature]*  
Shri Siddhi Vinayak Test Tube Baby Centre  
Add-Doctors Colony Pratap Chowk  
Bilaspur (C.G.)

**Acknowledgement**

Received application form (Name) Dr. Priya Mishra HSS/CD/CC/OD/A/c. No. \_\_\_\_\_  
Rs. 9,0000/- on (Date) 21/2/2023 at Time \_\_\_\_\_ for funds transfer under RTGS/NEFT.  
Reference No. CBINH23052369489

Seal

Shri Siddhi Vinayak Test Tube Baby  
Centre (Doctors colony Pratap chowk Bsp)



Signature of the Office