

# CERTIFICATE OF REGISTRATION

## ART CLINIC (~~LEVEL 1~~ / LEVEL 2) / ~~ART BANK~~

(To be issued in duplicate)

Certificate No: ....66.....

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority ....GOVT. OF.....  
.....KERALA..... hereby grants registration to the ART Clinic named below for purpose of carrying out Assisted Reproductive Technology procedure as per the aforesaid Act, for a period of 5 years ending on 12/04/2028
- a) Name and address of the ART Clinic : COSMOPOLITAN  
HOSPITAL, TRIVANDRUM
- b) Type of Institution (~~Government~~ or Private) and
- c) Type of facility : ~~Level 1~~ or Level 2

OR

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

- a) Name and address of the ART Bank : .....
- b) Type of Institution (Government or 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) Registration No. allotted KL/AC/2022/11780/L2/TRIVANDRUM/66
- 4) For renewed Certificate of Registration only:  
Period of validity of earlier Certificate of Registration from ..... to .....



Addl. D.H.S. (Rw.)  
DR. V. MEENAKSHY  
Signature, Name and Designation of  
the Appropriate Authority  
VICE CHAIR PERSON  
APPROPRIATE AUTHORITY FOR  
ART AND SURROGACY SEAL

Date : 13/04/2023.....

Place: TRIVANDRUM.....

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