

CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

Certificate No:038.....

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate AuthorityGovt. 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 ..29/03/2028
- a) Name and address of the ART Clinic : ...DR. K. M. CHERIAN.....
.....INSTITUTE OF MEDICAL SCIENCE, ALAPPUZHA.....
- 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/2022/12989/L2/ALAPPUZHA/038
- 4) For renewed Certificate of Registration only:
Period of validity of earlier Certificate of Registration from to

Dr. V. MENAKSHY. V

Signature, Name and Designation of
the Appropriate Authority

[Addl. D.H.S. (F.w.)

VICE CHAIR PERSON SEAL
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY



Date :30/03/2023.....

Place:TRIVANDRUM.....

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