

FORM 3  
[See Rule 8]

# CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

Certificate No: ART LII 1016

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Government 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 27/1/2028
- a) Name and address of the ART Clinic : GOODWILL IVE UNIT OF NEHA HOSPITAL, KOTTACKAL P.O MALAPPURAM
- 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 ART LII 1016
- 4) For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from ..... to .....



CHAIR PERSON  
APPROPRIATE AUTHORITY FOR  
ART AND SURROGACY

Signature, Name and Designation of  
the Appropriate Authority

Date : 28/1/2023

Place : TRIVANDRUM

Dr. CHITHRA S. IAS  
PEN No. 719240  
Joint Secretary  
Health & FW Department  
Govt. Secretariat, TVPM, Kerala  
Phone: 0471-2517392, 2327994

SEAL

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