

**FORM 3**

( See rule 8 )

**Certificate of Registration  
ART Clinic (Level 1)  
( To be Issued in duplicate)**

Certificate No: **MP/KHANDWA/2026/ART Level-1 Clinic/01**

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **COLLECTOR AND DISTRICT MAGISTRATE** hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **FIVE YEARS** ending on **24-03-2031**

(A) Name and address of the ART Clinic: **ATRIWAL HOSPITAL,PLOT NO- 03,  
SHEET NO-18,KHASRA NO-7/4 KHANDWA,  
TAARAF MALI BADGAON BHEELA ROAD  
KHANDWA 450001**

(B) Type of institution (Government or  
privet )and: **PRIVATE**

(C) Type of facility : Level 1 or Level 2 : **LEVEL-1**

**OR**

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

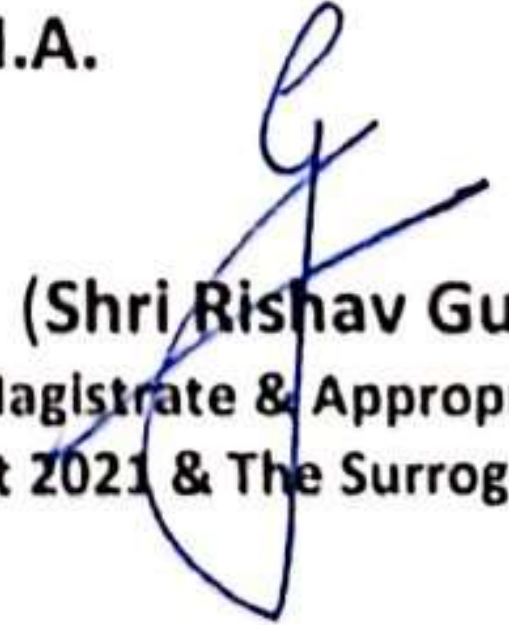
(A) Name and address of the ART Bank **NOT APPLICABLE**

(B) Type of institution (Govt./Private). **NOT APPLICABLE**

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 **MP/KHANDWA/2026/ART Level-1 Clinic/01**

4. For renewal Certificate of Registration only : **FIVE YEARS** Period of validity of earlier Certificate of Registration from **N.A. To N.A.**

  
**(Shri Rishav Gupta) IAS**  
District Magistrate & Appropriate Authority  
ART Act 2021 & The Surrogacy Act 2021

Date :- **25-03-2026**Place:- **KHANDWA**

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

\*Strike out whichever is not applicable or necessary