



FORM 3

(See rule 8)

Certificate of Registration
ART Clinic (Level1/Leve2)/ART Bank
(To be issued in duplicate)



App. No- **MP/AC/2023/13985** Certificate No **MP/REWA/ART LEVEL-2 CLINIC/No.03**

Exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology Regulation Act, 2021, the Appropriate Authority **Collector & District Magistrate Rewa** hereby grants. Registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology Procedures as per the afore said Act, for a period of **25 JULY 2024** ending on **24 JULY 2029**

(a) Name and address of the ART Clinic, **MINERVA THE MEDICITY HOSPITAL
OLD BUS STAND KHANNA TOWER REWA (M.P.)**

(b) Type of institution (Government or Private) and **PRIVATE**

(c) Type of facility Level 1 or Level 2 **LEVEL-2 ART CLINIC**
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**
Lending of

(a) Name and address of the ART Bank **N/A**

(b) Type of institution (Govt./Private) **N/A**

2. This registration is granted subject to the to the aforesaid Act and Rules there under and any contra-vention 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/REWA/ART LEVEL-2 CLINIC/No.03**

4. for renewal Certificate of registration Only, **FIVE YEAR**

Period of validity of earlier Certificate of registration from **N/A** to **N/A**

Date: - **25 JULY 2024**

Place **REWA**

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

Strike our whichever is not applicable or necessary


PRATIBHA PAL
(IAS)
DISTRICT MAGISTRATE
& Appropriate Authority
ART Act 2021 District Rewa