

FORM 3

(See rule 8)

Certificate of Registration
ART Clinic (Level1/Level2)/ART Bank
(To be issued in duplicate)

Certificate No. **MP/REWA/2023/ART L-2/01**

I, in exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority... **Collector & District Magistrate**

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 **17-07-2023** ending on **16-07-2028**

(a) Name and address of the ART Clinic, **Sexena infertility & IVF Diagnostic Research Centre**
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**

(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 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/REWA/2023/ART L-2/01**

4. for renewal Certificate of registration Only: **Five Year**

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

Date **17-07-2023**

Place **REWA**

SMT. PRATIBHA PAL
(IAS)
District Magistrate
& Appropriate authority,
ART Act 2021 District Rewa

Display one copy of this certificate at a Conspicuous Place of business.

Strike out whichever is not applicable or necessary