

FORM 3  
[See Rule 8]

# CERTIFICATE OF REGISTRATION

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

(To be issued in duplicate)

Certificate No: ... **41** .....

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority .. **Govt. 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 : .. **CHITHRA MULTI SPECIALITY**  
..... **HOSPITAL, PATHANAPITHA** .....

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/2022/11864/L2/PATHANAPITHA 770/1041**

4) For renewed Certificate of Registration only:

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



  
**DR. MEENAKSHY. V**

Signature, Name and Designation of  
the Appropriate Authority

VICE CHAIR PERSON SEAL  
APPROPRIATE AUTHORITY FOR  
ART AND SURROGACY

Date : ... **30/3/2023** .....

Place: ... **Trivandrum** .....

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