

**FORM 3**  
**[See rule 8]**  
**Certificate of Registration**  
**ART Bank**  
**(To be issued in duplicate)**

**Certificate No-** PB/AB/2025/11603/AB/Ludhiana/063

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority ...Punjab.....hereby grants registration to the ART Bank named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of five years ending on 20/03/2030

- (a) ~~Name and address of the ART Clinic;~~  
(b) ~~Type of institution (Government or Private)~~  
(c) ~~Type of facility;~~

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of five years ending on 20/03/2030

- (a) Name and address of the ART Bank- **Dr. Anju Clinic ART Bank, 677-F, F Block, SBS Nagar, Pakhowal Road, Ludhiana**  
(b) Type of institution (Govt. / Private). **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- PB/AB/2025/11603/AB/Ludhiana/063
4. ~~For renewed Certificate of Registration only:~~  
~~Period of validity of earlier Certificate of Registration from ..... to .....~~

Signature, Name and Designation of  
**Jasmininder**  
21/03/25  
the Appropriate Authority  
Director Health Services (FW)  
Punjab, Chandigarh  
SEAL

Date: 21/03/2025

Place: Chandigarh.....

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

\*Strike out whichever is not applicable or necessary