

FORM 3
[See Rule 8]

CERTIFICATE OF REGISTRATION
ART CLINIC (LEVEL 1/LEVEL 2) / ART BANK

(To be issued in duplicate)

Certificate No : **53**

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **GOVERNMENT 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 **18/05/2031**

- a) Name and address of the ART Clinic : **Mak Hospital Pvt Ltd,**
- Koyas Hospital Feroke Calicut, Kozhikkode - 673631**
- b) Type of Institution (**Government** or Private) and
- c) Type of facility: Levell or **Level 2**

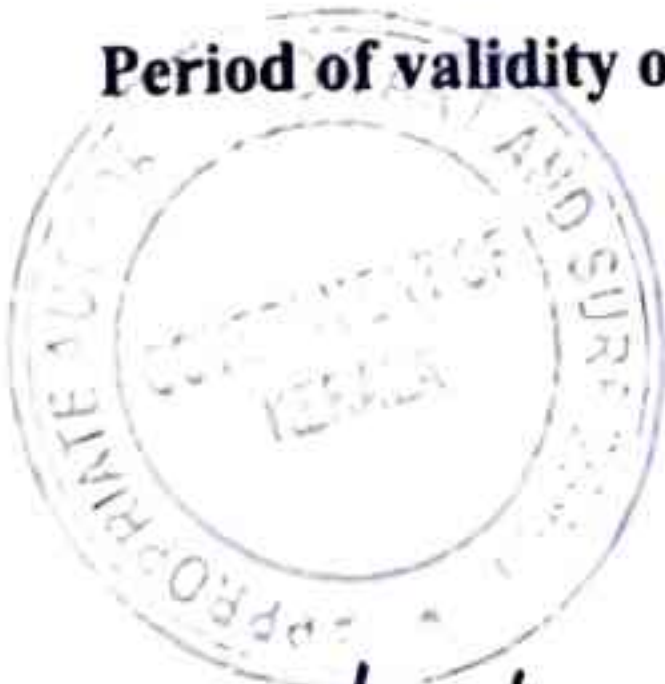
OR

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 :
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- 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/2023/13937/L1/KOZHICKODE/53**
- 4) For renewed Certificate of Registration only :

Period of validity of earlier Certificate of Registration from to



CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

**Signature, Name and Designation of
the Appropriate Authority**

SHEEBA GEORGE IAS SEAL
Special Secretary,
Health & Family Welfare Dept.,
Government of Kerala,
Thiruvananthapuram.

Date: **19/05/2026**

Place **THIRUVANANTHAPURAM**

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