Application Form for ART Clinic

Level-1

Application No: TN/AC/2023/14222

General Information

Name of the ART Clinic		
ARR HOSPITAL		
Address		
4M/183/4, MUTHAMMAL COLONY, 3RD STREET EXTENSION		
State	**District**	**Pincode**
TAMIL NADU	TUTICORIN	628002
Nature of the Organisation		
Private		
Name of the Contact Person		
RAJESWARI		
Email ID	**Mobile Number**	**Contact Number**
arrhospitalindia@gmail.com	9789513546	09842132256
Fax	**Website**	
	ww .arrhospital.com	
Date of establishment of ART Clinic		
14/04/2017		
Whether your ART Clinic is registered under MTP act		
Yes		
Whether your ART Clinic is registered under PCPNDCT act		
Yes		

Staff available at ART Clinic

Whether your ART Clinic has Director		
Yes		
Details of Director		
Name	**Qualification**	**Reg No**
S RAJESWARI	MD	74462

Details of Staff			
Name of the Post	**Name of the Staff**	**Qualification**	**Registration Number**
Gynecologist	DR S RAJESWARI	Post Graduate	

Details of the Equipment's

Name of the equipment
CENTERFUGE, MICROSCOPE, REFRIGERATOR

Procedure Undertaken

Indicate which of the following procedure are being routinely carried out at your ART Clinic	
i). Intra-uterine Insemination using Husband Semen (IUI-H)	ii). Intra-uterine Insemination using Donor Semen (IUI-D)

e-Receipt for State Bank Collect Payment

DIR. OF MED AND RUR HEALTH SERVICES ART

259-261 ANNA SALAI TEYNAMPET CHENNAI , CHENNAI , Chennai-600006
Date: 20-Mar-2023

SBCollect Reference Number :	DUK6820074	**Category :**	ART CLINIC LEVEL 1 Rs.50000/-
Amount :	₹50000		
NAME OF ART HOSPITAL / NURSING HOME/ CLINIC :	ARR HOSPITAL		
CONTACT PERSON NAME :	Dr. S RAJESWARI		
ADDRESS OF ART HOSPITAL/NURSIN :	MUTHAMMAL COLONY		
EMAIL ID :	arrhospitalindia@gmail.com		
MOBILE NUMBER :	9789513546		
Amount to be Paid :	50000		
Transaction charge :	17.70		
Total Amount (In Figures) :	50,017.70	**Total Amount (In words) :**	Rupees Fifty Thousand Seventeen and Paise Seventy Only
Remarks :		**Notification 1:**	Contact JAO Mr.Kamalakannan Mobile 9444161736 Dr.Viswanathan JD 9443968192
Notification 2:	For tech support Please call SBI 9003094709		

Serial No 751

Reg. No ART/TUT/010/2025

Certificate No. 010/ART

GOVERNMENT OF TAMILNADU

FORM - 3

(See rule 8)

CERTIFICATE OF REGISTRATION
ART Clinic - Level - I

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021 the District Appropriate Authority, Thoothukudi District is hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 5 years ending on 17.06.2030

   (a) Name and address of the ART Clinic : **ARR Hospital, No.4M/183/4,Muthammal Colony, 3rd Street Extension, Thoothukudi - 628 002.**

   (b) Type of institution : **Private**

   (c) Type of Facility: **Level I**

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 th expiry of the said period of five years.
3. Registration No. allotted ART/TUT/010/2025-1
4. For renewed Certificate of Registration only;
   Period of validity of earlier Certificate of Registration from 18.06.25 to 17.06.2030

Seal

ASSISTED REPRODUCTIVE TECHNOLOGY & SURROGACY (REGULATION) ACT
JDHS THOOTHUKUDI
18.06.25

Date

18/6/25

District Appropriate Authority,
The Assisted Reproductive Technology (Regulation) Act, 2021 &
The Surrogacy (Regulation) Act, 2021
Thoothukudi District

18/6/25