

FORM 3
(See rule 8)
Certificate of Registration
ART Clinic (Level 1/Level 2)/ART bank
(To be issued in duplicate)

Certificate No.10/AND/ART Clinic/2026

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the District Appropriate Authority **ANAND** hereby grants registration to the ART Clinic named below for purpose of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **26/05/2026** ending on **26/05/2031**

- (a) Name and address of the ART Clinic: **-IRIS HOSPITAL, (TULIPS HEALTHCARE LIMITED) UNIT-2, NEAR NANI KHODIYAR, ANAND, 388001**
(b) Type of institution (Government or Private): **PRIVATE** and
(c) Type of facility: - (Level 1 or Level 2): **LEVEL 2**

OR

The ART Bank 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 (Govt./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. District Registration No allotted: **10/AND/ART Clinic/2026**

4 For renewed Certificate or Registration only: - _____
Period of validity of earlier Certificate of Registration from to _____


**DISTRICT APPROPRIATE
AUTHORITY
ART (REGULATION) ACT, 2021**

District: **ANAND**

Date: **26/05/2026**

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

*Strike out whichever is not applicable or necessary

