

FORM 3

(See rule 8)

Certificate of Registration
ART Clinic (Level 1/Level 2)/ART Bank
(To be issued in duplicate)

Certificate No. **MP/REWA/2023/ART CLINIC LEVEL-01/02**

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **COLLECTOR AND DISTRICT MAGISTRATE**

Hereby grants Registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology Procedures as per the afore said Act, for a period of

05/12/2023 ending on **05/12/2028**

(a) Name and address of the ART Clinic, **ART Clinic**

**Indira IVF first floor angira empire near sirmour
allahabad Road Rewa (M.P.)**

(b) Type of institution (Government or
Private) and

Private

(c) Type of facility: Level 1 or Level 2

ART Clinic Level -1

Or

The ART Bank named below for purposes of carrying out activities and procedures as per the
aforesaid act, for a period of **N/A** ending of **N/A**

(a) Name and address of the ART Bank

N/A

(b) Type of institution (Govt./Private)

N/A

2. This registration is granted subject to the 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- **MP/REWA/2023/ART CLINIC LEVE-1/02**

4. for renewal Certificate of registration Only: **FIVE YEAR**

Period of validity of earlier Certificate of registration from **N/A** to **N/A**

**PRATIBHA PAL
(IAS)**

**DISTRICT MAGISTRATE
& APPROPRIATE AUTHORITY
ART ACT 2021 DISTRICT REWA**

Date **05/12/2023**

Place **REWA**

Display one copy of this certificate at a Conspicuous Place of business

Strike out whichever is not applicable or necessary