

FORM 3

[See rule 8]

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

Certificate No- 10/2024

(1) In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **DISTRICT MAGISTRATE GWALIOR (M.P.)** 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 **11/03/2024** ending on **10/03/2029**

(a) Name and address of the ART Clinic:- **INDIRA IVF CLINIC, (A Unit Of Indira IVF Hospital) 2nd Floor Orion Tower Plot No. 11 City Center, GWALIOR (M.P.)**

(b) Type of institution (Govt. /Private):- **PRIVATE**

(c) Type of facility: Level 1 / 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 **...NA...** ending of **.....NA....**

(a) Name and address of the ART Bank **...NA...**

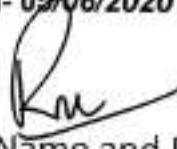
(b) Type of institution (Govt./Private) **...NA...**

(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:- **MP/GWL/ ART Level-1 Clinic/ No. 10/2024**

(4) For renewed Certificate of Registration only:-

Period of validity of earlier Certificate of Registration From- **05/06/2020 To 04/06/2025.**


Signature, Name and Designation of
the Approving Authority (only)

Date:- **11/03/2024**

Place:- **GWALIOR**

SEAL

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

* Strike out whichever is not applicable or necessary