FORM 3

[See rule 8]

Certificate OF Registration

ART clinic (Level 1/Level 2) / ART bank(To be issued in duplicate)

Certificate No. - 001

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **District Guna** 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 **05 Years** ending on.

(a) Name and address of the ART Clinic ; **New Hope (A Unit of USPL)**

(b) Address : **20/649 Near Kamla Petrol Pump, A.B. Road Guna M.P. 473001**

(c) Type of institution (Govternment or Private): **PRIVATE**

(d) Type of facility: Level 1 or Level 2. - **ART CLINIC LEVEL 01**

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 on .....**NA**..... Name and address of the ART Bank;

Type of institution (Govt. / Private).

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

Registration No. allotted - **MP/GUNA/ART LEVEL 01 UNIT/2024/001**

2. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from 26/7/24 to 25/7/29

26/7/2024

Signature, Name and Designation of the Appropriate Authority

DATE - 26/7/2024

SEAL

PLACE- GUNA

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

* Strike out whichever is not applicable or necessary.