Reg. No. ART/ERD/003/2026

Serial No 913

Certificate No. 003/913

GOVERNMENT OF TAMILNADU

FORM - 3

(See rule 8)

CERTIFICATE OF REGISTRATION
ART Clinic - Level -

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021 the District Appropriate Authority, 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 18.06.2031

   (a) Name and address of the ART Clinic : Rhythm Medical Centre and hospital
   10, Karur bye pass road
   Near Carmel School,
   Kollampallayam, Erode-638002

   (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/ERD/003/2026
4. For renewed Certificate of Registration only;
   Period of validity of this Certificate of Registration from 19.06.2026 to 18.06.2031

DISTRICT APPROPRIATE AUTHORITY
ART ACT 2021
Seal
THE SURROGACY ACT 2021
ERODE DISTRICT

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

Date : .....

DISPLAY ONE COPY OF THIS CERTIFICATE AT CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

DMRHS Chennai

DIR. OF MED AND RUR HEALTH SERVICES ART

259-261 ANNA SALAI TEYNAMPET CHENNAI , CHENNAI , Chennai-600006
Date: 22-May-2025

SBCollect Reference Number :	DUO1015812
Category :	ART CLINIC LEVEL 1 Rs.50000/-
Amount :	₹50000
NAME OF ART HOSPITAL / NURSING HOME/ CLINIC :	RHYTHM MEDICAL CENTRE AND HOSPITAL
CONTACT PERSON NAME :	DR KAMALA VENI S MS DGO
ADDRESS OF ART HOSPITAL/NURSIN :	10 KARUR BYE PASS ROAD NEAR CARMEL SCHOOL KOLLAM PALAYAM
EMAIL ID :	rmcerode@gmail.com
MOBILE NUMBER :	9943043033
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 :	ART LEVEL 1 RHYTHM HOSPITAL,ERODE
Notification 1:	Contact JAO Mr.Kamalakannan Mobile 9444161736 Dr.Viswanathan JD 9443968192
Notification 2:	For tech support Please call SBI 9003094709