

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

Certificate No: MP/CHHINDWARA/ART BANK/19626

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the <sup>7</sup>Appropriate Authority CHHINDWARA hereby grant 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 NILL ending on NILL

(a) Name and address of the ART Clinic;

NILL

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

NILL

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

NILL

**OR**

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of 12-12-2025 ending of 11-12-2030

(a) Name and address of the ART Bank

NAVYAM TEST TUBE BABY CENTRE , NEAR DOLLSON HOTEL PG COLLEGE ROAD CHHINDWARA

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

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. Registration No. allotted

4. For renewal Certificate of Registration only:

Period of validity of earlier Certificate of Registration from 12-12-2025 to 11-12-2030

Digitally signed by  
Harendra Narayan  
Date: 12-01-2026  
18:53:18

**Signature, Name and Designation of  
the Appropriate Authority**

Date: 12-12-2025

Place: CHHINDWARA

**SEAL**

Display one copy of this certificate at a conspicuous place of business.  
Strike out whichever is not applicable or necessary