FORM-3

(See rule 8)

Certificate or Registration

ART clinic (Level-1/~~Level-2/ART Bank~~

(To be issued in duplicate)

1. In exercise of the power conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, **The Appropriate Authority (ART & Surrogacy Act)-Cum- Chief Medical Officer Mandi, Distt. Mandi HP** hereby grants registration to the ART Clinic name below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of Five Years ending on **19-08-2031**

   Name and Address of ART Clinic: **KS Hospital 245,5/5 Hospital Road, Place Colony Mandi,District Mandi HP.**

   (a) Type of Institute (Government or Private) : **Private**

   (b) Type of Facility **Level-1** or ~~Level-2~~ : **Level-1**

2. This registration is granted subject to the aforesaid Act, and Rule there under any contravention there of shall result in suspension or cancellation of this certificate before the expiry of the said period of five years.

3. Registration No. Allotted : **HP/MND/AC/2026-002**

4. Application Number: HP/AC/2026/18255

5. For renewed Certificate of Registration only : **NA**

Period of validity of earlier Certificate of registration Form: **NA**

Distt. Appropriate Authority (ART & Surrogacy Act)
-Cum- Chief Medical Officer
Mandi, District Mandi HP

Dated: 19-08-2026
Place: Mandi

Display on copy of this certificate at a conspicuous place at the place of business.
Note: the owner/Firm/company including staff shall be bound to strictly abide by the ART & Surrogacy Act, and further the Rules made there under.