

FORM 3

Original

[See rule 8]

Certificate of Registration

ART clinic (Level 1/Level 2) / ART bank

(To be issued in duplicate)

Certificate No: MZ/AC/2026/18189/L1/05

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **MIZORAM** 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 **4th October, 2031**.
 - (a) Name and address of the ART Clinic: **Christian Hospital, Serkawn, Lunglei, Mizoram.**
 - (b) Type of institution (Government or Private): **Private**
 - (c) Type of facility: Level 1 or Level 2: **Level - 1**
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: **MZ/AC/2026/18189/L1/05**
4. For renewed Certificate of Registration only:
Period of validity of earlier Certificate of Registration from **N/A** to **N/A**


(Dr. ZONUNMAWII PACHUAU)
Director
Director Hospital & Medical Education
&
Chairperson
Appropriate Authority (ART & Surrogacy)
Mizoram

Date: **5th October, 2026**

Place: **Aizawl**

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

Director
Hospital & Medical Education
&
Chairperson
Appropriate Authority (ART & Surrogacy)
Mizoram, Aizawl