FORM 3

(See rule 8)

Certificate of Registration

ART Clinic (Level 2)

Certificate No : MP/INDORE/2026/ART L-2/53

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **COLLECTOR AND DISTRICT MAGISTRATE** 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 **FIVE YEARS** ending on 24.09.2031

(a) Name and address of the ART Clinic :	**MOTHERHOOD HOSPITAL (A UNIT OF RHEA HEALTH CARE PVT LTD) RAJIV GANDHI CIRCLE INDORE MP**
(b) Type of institution (Government or Private) and	**PRIVATE**
(e) Type of facility: Level 1 or Level 2	**LEVEL - 2**

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of **N.A.** ending of **N.A.**

(a) Name and address of the ART Bank **NOT APPLICABLE**

(b) Type of Institution (Govt./Private) **NOT APPLICABLE**

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 : **MP/INDORE/2026/ART L-2/53** For renewal Certificate of Registration only: **FIVE YEARS** Period of validity of earlier Certificate of Registration from **N.A. TO N.A.**

(SHIVAM VERMA) IAS
District Magistrate & Appropriate Authority
ART Act 2021 & The Surrogacy Act 2021
District INDORE M.P.

Date:- 25.09.2026

Place : INDORE

Display one copy of this certificate at a conspicuous place of business,

***Strike out whichever is not applicable or necessary**