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

Certificate No: **051**

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **District Bhopal** 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 **20/09/2031**

   (a) Name and address of the ART Clinic : **LIFE SPRING MOTHER AND CARDIAC CARE**
   E-3/148 NEAR JUNA GYM, ARERA COLONY BHOPAL MP

   (b) Type of institution (Government or Private) : **PRIVATE**

   (c) Type of facility: Level 1 or Level 2 : **ART CLINIC 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 ..... ending on .....

   (a) Name and address of the ART Bank : .....

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

2. This registration is granted subject to the aforesaid Act and Rules thereunder 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/BPL/ART LEVEL-2 CLINIC/2026/025**

4. For renewal Certificate of Registration only:

   Period of validity of earlier Certificate of Registration from ..... to .....

Signature

Date: 21/09/2026

Priyank Mishra (IAS)
Collector
District Appropriate Authority
ART Act & Surrogacy, District Bhopal
Collector And Appropriate Authority
(ART Act. & Surrogacy)
District Bhopal M.P.

Place: BHOPAL

SEAL

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