

CHECK LIST

Fresh & Renewal of Registration under ART & Surrogacy ACT

1. Print out of Application Form as submitted on National Registry portal under ART & Surrogacy Act (2 copies).
2. Demand Draft in the favor of ***“Assisted Reproductive Technology & Surrogacy Act 2021”***

The fee structure as prescribed in the ART & Surrogacy Act as below

- I. ART Level 1 Clinic – Rs. 50,000/-
- II. ART Level 2 Clinic – Rs. 2,00,000/-
- III. ART Bank – Rs. 50,000/-
- IV. Surrogacy Clinics- Rs. 2,00,000/-

3. Degree, qualification & Uttarakhand Medical Council registration of Director, Gynaecologist, Embryologist, Andrologist (minimum three year of experience for level - 2 clinic), Anesthetist, Counsellor, Radiologist, Sonologist (as per ART & Surrogacy Act, 2021 and PC& PNDT Act) with phone number and e-mail ID and Documents pertaining to permanent /Local address of the applicant. (Photo ID Proof) along with Two recent Passport Size Photographs of the Director/applicant, & 1 photographs of Radiologist, Gynaecologist, Embryologist, Andrologist, Anesthetist, Counsellor, Radiologist, Sonologist self-attested.
4. Other staff details and documents attached (Staff Nurse, Lab Technician/Imaging Technician/OT Technicians etc.)
5. Invoice and list of Equipment's (Machine Number, Model No, etc. (as prescribed in ART & surrogacy as per type of centers) - Annexure I
6. Copy of PNDT & MTP registration certificate of the center.
7. Grievance cell details in Center Letter Head.
8. Address proof Documents pertaining to the address of the center. Certified copies from the Competent Authority regarding Property papers/Lease agreement with minimum validity of five years as per Indian Registration Act 1908 to be submitted.
9. Following details in Centres letter head: -
 - a) Type of ownership of Organisation (individual ownership/partnership /company/co-operative/any other to be specified). In case type of organization is other than individual ownership, furnish copy of articles of association and names and addresses of other persons responsible for management, Registration Certificate Trade Marks Act, 1999, certificate of Incorporation Affidavit regarding board regulation etc. as enclosure duly certified by competent authority.
 - b) Type of Institution (Govt. Hospital/Municipal Hospital/Public Hospital/Private Hospital/Private Nursing Home/Private Clinic/Private Laboratory/any other to be stated.)
10. Bank details of the Organization (A/c no., Bank Details with copy of PAN Card, Name & address of the Bank with 6-month bank statement)

11. Affidavits from Director/applicant, Gynaecologist, Embryologist, Andrologist, Counsellor, Radiologist, Registered Medical Practitioner/ Sonologist on Rs. 10/- stamp paper, Registered Notary/ Oath Commissioner attested, as per format.**(As per Annexure- I)**

12. Affidavit by the hospital owner on Rs.10/-stamp paper, Registered Notary/ Oath commissioner attested certifying that the centre conform the provision of compendium of norms for designing of hospitals and medical institutions (issued by CPWD, Ministry of Housing and Urban Affairs, Govt. of India.

--Fire NOC form Department of Fire services, GNCTD if applicable) & built as per the instructions on Rs.10/-stamp paper, Registered Notary / Oath commissioner attested.

13. Affidavit by the owner certifying that the ART / Surrogacy clinic, ART bank conforms the provisions of Master Plan for Uttarakhand State on Rs. 10/-stamp Paper, Registered Notary/ Oath Commissioner attested.

14. Affidavit by the owner and radiologist that no court case is pending against his/her in any court related to PC & PNDT Act, 1994.

15. As per aforementioned point 9 private limited company certified copies of Memorandum of Association.**(As per Annexure II & III)**

16. Map of the center showing location of the ultrasound room/ART-IVF OPD/Procedure Room/OT/Lab/Sample Collection Room/Waiting Area/ Entry- Exit etc.

NOTE- ALL DOCUMENTS & PHOTOGRAPHS SHOULD BE SELF ATTESTED COMPUTER TYPED AND TO BE PLACED IN SERIAL ORDER IN A FILE WITH PAGING FOR ACKNOWLEDGEMENT.

[Sample affidavit for employees/Doctors]**(Affidavit to be attested from Oath Commissioner.)**

I, S/O, D/O, W/O age sex Resident of do hereby solemnly affirm as under.

1. That my Govt. issued ID No. (Aadhar/PAN Card/ Voter ID/Passport/Driving License etc.) with Date of issue (copy to be enclosed).

2. That my contact details are listed below:

1	Mobile No.	
2	Email ID	
3	Communication Address	
4.	Permanent Address	

3. That my work details in all centres are mentioned below : (Appointment letter/Joining letter/ offer letter etc. to be enclosed)

S. NO	Name of Centre/Hospital/Clinic	Designation	Date of Joining	Working days	Duty Timing
1					
2					
3					

4. That I have read and understood the ART Act/Rules 2021, Surrogacy Act/Rules 2021 and PC &PNDT Act/Rules 1994 ensure that no provision of the said Acts and this rules are violated in any manner.

5. That I have read and understood all the provisions of ART & Surrogacy (Regulation) Act, 2021 including section 26 & 32 and shall abide by the same.

Deponent**Verification :**

Verified that the contents of the above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent

[Affidavit for Board resolution in case of private company/partnership etc.]**(Affidavit to be attested from Registered Notary/ Oath Commissioner)**

We the board of directors of(Name of the Company/Partnership/Co-operative/any other to be specified) do hereby solemnly affirm as under.

- 1) That the members of board of directors as constituted are – (Copy of MOU/MOA/AOA etc., to be enclosed)

S. No.	Name	Designation

- 2) That any change of above i.e. (point no. 1) will be intimated 7 days prior to the expected date of such change without any fail.

- 3) That we have read and understood the ART Act/Rules 2021, Surrogacy Act/Rules 2021 and PC &PNDT Act/Rules 1994

- 4) That we also undertake to explain the said Acts and Rules to all employees of the ART centre/hospital/ART bank/Surrogacy Clinic in respect of which registration is sought and to ensure that Act and Rules are fully complied with.

- 5) That we unanimously authorise Mr./Ms. Designation as signatory authority for all kind of communication purpose only under ART Act/Rules 2021 , Surrogacy Act/Rules 2021 and PC &PNDT Act/Rules 1994 for the..... (Name of the Clinic/Centre/Hospital/ART bank).....type of registration(ART level-1/ ART level-2/ ART Bank/ Surrogacy Clinic)(address)

(Copy of board resolution/authorization to be enclosed)

- 6) That we will intimate any change of point no.1, 7 days prior to the date of change without any fail.

- 7) That we accept our vicarious liability as on behalf of the(Name of the Company/Partnership/Co-operative/any other to be specified) under all applicable laws as deemed fit.

- 8) That we will follow instructions issued by the Appropriate Authority, GNCTD from time to time.

- 9) That , there is no court case pending under said Acts/ Rules against any of the board members and employees of (Name of the Company/Partnership/Co-operative/any other to be specified).

10) That We will neither engage our-self and our centre into any techniques/ methods etc which is capable of Pre Conception /Pre Natal Determination of sex nor shall disclose the sex of foetus to anybody.

11) That we shall exercise all due diligence to prevent the commission of any offence, punishable under the said Acts/ Rules committed by M/s -----
- (Name of the Company/Partnership/Co-operative/any other to be specified) and shall be liable to be proceeded against and punished accordingly.

Deponent

Verification :

Verified that the contents of the above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent

[Affidavit in case of Individual Ownership]**(Affidavit to be attested from Registered Notary/ Oath Commissioner.)**

I,.....Age.....Gender.....Address.....
 do hereby solemnly affirm as under.

1) That I am is the only owner of the (Name of the Clinic/Centre/Hospital/ART bank).....type of registration(ART level-1/ ART level-2/ ART Bank/ Surrogacy Clinic)(address)

2) That any change of above i.e. (point no. 1) will be intimated 7 days prior to the expected date of such change without any fail.

3) That my Govt. issued ID No. (Aadhar/PAN Card/ Voter ID/Passport/Driving License etc.) with Date of issue (copy to be enclosed).

4) That my contact details are listed below :

1	Mobile No.	
2	Email ID	
3	Communication Address	
4	Permanent Address	

5) That I have read and understood the ART Act/Rules 2021 , Surrogacy Act/Rules 2021 and PC &PNDT Act/Rules 1994

6) That I also undertake to explain the said Acts and Rules to all employees of the ART centre/hospital/ART bank/Surrogacy Clinic in respect of which registration is sought and to ensure that Act and Rules are fully complied with.

7) That I accept my vicarious liability as on behalf of the (Name of the ART centre/hospital/ART bank/Surrogacy Clinic) under all applicable laws as deemed fit

8) That I will follow instructions issued by the Appropriate Authority, GNCTD from time to time.

9) That, there is no court case pending under said Acts/ Rules against myself or any other employees(Name of ART centre/hospital/ART bank/Surrogacy Clinic).

10) That I will neither engage our-self and our centre into any techniques/ methods etc which is capable of Pre Conception /Pre Natal Determination of sex nor shall disclose the sex of foetus to anybody

Annexure – III (contd.)

11) That I shall exercise all due diligence to prevent the commission of any offence, punishable under this Act committed by M/s ----- (Name of the Clinic/Centre/Hospital) and shall be liable to be proceeded against and punished accordingly.

Deponent

Verification :

Verified that the contents of the above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent

To be submitted with application form

Index list of the Doctor's/Embryologist/Medical Geneticist etc.

S.No.	Name	Designation	Qualification	UKMC Reg. No. if any	Date of Joining in Hospital/ Centre	Enclosure Documents Annexed at (Page No)
1						
2						
3						
4						
5						
6						

Date :

Place :

*Name, designation and signature
of the person authorized
to sign on behalf of the organization to be registered.*

To be submitted with application form

List of Equipment's/Devices

S. No.	Type of equipment/Device	Brand Name and Model No.	Equipment Serial No.	Location at the Centre/Clinic/Hospital
1				
2				
3				
4				
5				
6				
7				
8				

Date :

Place :

Name, designation and signature

of the person authorized

to sign on behalf of the organization to be registered.

(Add Additional list if item no. more than 08.)

The minimum equipment required in ART clinics, ART Banks & Surrogacy Clinic:-

(a) ART Level 1 clinics:

1. Microscope
2. Centrifuge
3. Refrigerator

(b) ART Level 2 clinics:

1. Microscope;
2. Incubator (minimum 02 in number);
3. Laminar Airflow;
4. Sperm counting Chambers;
5. Centrifuge;
6. Refrigerator;
7. Equipment for cryopreservation;
8. Ovum Aspiration Pump;
9. USG machine with transvaginal probe and needle guard;
10. Test tube warmer and
11. Anesthesia resuscitation trolley.

(c) ART banks

1. Centrifuge machine;
2. Incubator;
3. Microscope and
4. Laminar Air Flow

(d) Surrogacy clinic:

1. Incubator (minimum 02 in number);
2. Laminar Airflow;
3. Sperm counting Chambers;
4. Centrifuge;
5. Refrigerator;
6. Equipment for cryopreservation;
7. Ovum Aspiration Pump;
8. Ultrasonography machine with transvaginal probe and needle guard;
9. Test tube warmer
10. Anesthesia resuscitation trolley.