CHECKLIST OF DOCUMENTS

Fresh Registration and Renewal of Registration of ART Clinics (Level 1 and Level 2), ART Banks and Surrogacy Clinics

under the Assisted Reproductive Technology (Regulation) Act, 2021 and the Surrogacy (Regulation) Act, 2021, and the Rules made thereunder

PART A – GENERAL INSTRUCTIONS

1. The application is to be filled online on the National ART & Surrogacy Registry Portal (registry.artsurrogacy.gov.in). A printout of the submitted application, signed by the authorised signatory, is to be submitted in this office along with the documents listed in Part B and the prescribed fee. The application is taken up from the date on which the signed printout and the fee are received in this office.

2. A separate online application, with separate fee, is required for each category of registration sought, namely ART Level 1 Clinic, ART Level 2 Clinic, ART Bank and Surrogacy Clinic. Applications are made in Form 1 (ART Clinic) and Form 2 (ART Bank) under Rule 7 of the ART (Regulation) Rules, 2022, and in Form 3 (Surrogacy Clinic) under Rule 10 of the Surrogacy (Regulation) Rules, 2022. The same Forms are used for renewal.

3. An ART Bank needs its own registration as a bank, even where it is located within an ART Level 1 or Level 2 clinic, and must separately meet the staff and equipment requirements for a bank [Section 27(1) of the ART (Regulation) Act, 2021; DHR FAQ No. 45]. ART Level 1 and Level 2 also need separate registrations, and a satellite centre is to be registered separately as Level 1 or Level 2 (DHR FAQ Nos. 59 and 60).

4. The fee and the period of validity are as under:

Category	Fresh registration (Rs.)	Renewal, if applied at least 60 days before expiry (Rs.)	Renewal, if applied later (Rs.)	Validity
ART Level 1 Clinic	50,000/-	25,000/-	50,000/-	5 years
ART Level 2 Clinic	2,00,000/-	1,00,000/-	2,00,000/-	5 years
ART Bank	50,000/-	25,000/-	50,000/-	5 years
Surrogacy Clinic	2,00,000/-	1,00,000/-	2,00,000/-	3 years

(Rules 7 and 8A of the ART (Regulation) Rules, 2022 and Rules 10 and 11A of the Surrogacy (Regulation) Rules, 2022, as amended on 17.06.2026; Sections 16(6) and 17 of the ART Act and Section 12(3) of the Surrogacy Act.)

5. The fee is to be paid by Demand Draft in favour of "U.T. Appropriate Authority ART & Surrogacy, GNCT of Delhi", or by such other mode as this office may notify for deposit in the bank account of the Appropriate Authority (Rule 7A of the ART Rules and Rule 10A of the Surrogacy Rules). The fee is non-refundable. No fee is payable on re-submission of an application for the same clinic or bank after its rejection. Establishments run by Government institutes are exempt from the fee.

6. The renewal application becomes available on the portal 60 days before the date of expiry of the registration. It should be filed and the signed printout with fee submitted in this office at least 60 days before expiry. Where it is received later, the fee applicable for fresh registration is payable.

7. Registration is granted or renewed only after inspection of the premises and verification of manpower, equipment and documents [Section 16(5) of the ART Act, Section 12(1) of the Surrogacy Act, Rule 8A(6) of the ART Rules and Rule 11A(6) of the Surrogacy Rules]. The

applicant will be informed of any deficiency, and no application is rejected without an opportunity of being heard.

8. The signed printout of the online application, with the fee and documents, should reach this office within 7 days of online submission. An application whose physical copy is not received within 7 days, or which is received without the prescribed fee, is liable to be rejected. Where any document is found wanting, a show cause notice will be issued and the documents are to be submitted within 15 days of its issue, failing which the application is liable to be rejected. A clinic or bank whose application is pending or rejected shall not provide ART or surrogacy services. [OM No. U.11019/49/2025-HR dated 07.05.2026 of the Department of Health Research, Government of India]

9. Cases where a fresh application is required. As per the above OM dated 07.05.2026, the clinic or bank is to apply afresh on the National Registry portal, as a new application with fee, documents and inspection, in the following cases:

   (a) Change in ownership of a registered clinic or bank. The application is processed as a new application. After the certificate is issued to the new owner, the previous owner is to return the earlier certificate, which will be cancelled.

   (b) Change in address or premises of a registered clinic or bank, for any reason such as end of rent agreement or relocation. The complete registration process for the new premises is to be gone through, including inspection under Section 16(5) of the ART Act and payment of fee under Rule 7 of the ART Rules / Rule 10(2) of the Surrogacy Rules. After the new certificate is issued, the earlier certificate is to be returned, and it will be cancelled.

   (c) Where an application has been rejected because the physical copy was not received, the fee was not paid, documents were not completed after the show cause notice, or the application was withdrawn. The application is to be re-submitted on the portal. No fee is payable again if it was already paid for the same clinic or bank (proviso to Rule 7, ART Rules; Rule 10(2), Surrogacy Rules).

10. A change in the name of the clinic or bank, or a change in manpower (gynaecologist, director etc.), does not need a fresh application, but it needs the prior approval of this office. The centre is to apply with documents proving the new name, or with the credentials and qualifications of the new staff. A revised certificate is issued for a change in name, and new staff are verified against Part C. Such requests are disposed of within one month of receipt.

11. No ART or surrogacy service is to be provided at new premises, or under new ownership, until registration is granted [Section 15(1) of the ART Act; Sections 3(i) and 11(1) of the Surrogacy Act]. A clinic or bank found providing services without valid registration is liable to closure and penal action under the Acts.

12. All documents and photographs are to be self-attested, computer-typed, arranged in the serial order of Part B, page-numbered and placed in a file with an index. The page number of each document is to be written against it in the last column of Part B.

13. Affidavits are to be on Rs. 10/- non-judicial stamp paper or e-stamp paper and attested only by a Registered Notary or Oath Commissioner, in the formats at Annexures I to IV. Affidavits attested in any other manner will not be accepted.

14. Abbreviations used in Part B: L1 – ART Level 1 Clinic; L2 – ART Level 2 Clinic; AB – ART Bank; SC – Surrogacy Clinic; R – required additionally at the time of renewal.

PART B – CHECKLIST OF DOCUMENTS

S. No.	Document	Applicable to	Provision / Remarks	Page No.
I. Application and fee				
1.	Covering letter on the letterhead of the centre, signed by the authorised signatory, giving the portal application number(s), the category of registration sought (fresh or renewal) and the details of the Demand Draft (number, date, bank and amount).	All		
2.	Printout of the application submitted on the National Registry portal, signed by the authorised signatory (two copies).	All	Form 1 / Form 2, Rule 7 and Rule 8A(4), ART Rules; Form 3, Rule 10 and Rule 11A(4), Surrogacy Rules	
3.	Demand Draft for the prescribed fee, as per Part A.	All (except Government institutes)	Rules 7, 7A and 8A, ART Rules; Rules 10, 10A and 11A, Surrogacy Rules	
II. Ownership, premises and statutory clearances				
4.	Statement on the letterhead of the centre giving (a) type of ownership: individual, partnership, company, trust, society, co-operative or other (to be specified); and (b) type of institution: Government hospital, municipal hospital, public hospital, private hospital, private nursing home, private clinic, private laboratory or other (to be specified).	All		
5.	Documents of the organisation, where ownership is other than individual: certified copies of certificate of incorporation, Memorandum and Articles of Association, partnership deed, trust deed or society registration certificate (as applicable); list of directors, partners or trustees with addresses; and the Board resolution or authority letter in favour of the authorised signatory.	All	Annexure II	
6.	Affidavit by the owner: Annexure II (company, firm, trust, society or other body) or Annexure III (individual ownership), attested by a Registered Notary or Oath Commissioner.	All	Annexure II / III	
7.	Photo identity proof and address proof (permanent and local) of the owner, Director and authorised signatory, with two recent passport-size photographs of the Director or applicant.	All	Masked Aadhaar may be given	
8.	Proof of premises: certified copy of ownership documents, or a lease or rent agreement registered under the Registration Act, 1908, with a minimum validity of five years.	All		

S. No.	Document	Applicable to	Provision / Remarks	Page No.
9.	Layout plan of the centre, signed by the owner, showing the ultrasound room, ART / IVF OPD, procedure room, OT, embryology laboratory, semen collection and andrology area, cryostorage area, recovery area, waiting area, and entry and exit.	All		
10.	Affidavit by the owner on conformity of the premises with the CPWD Compendium of norms for designing of hospitals and medical institutions, the Master Plan for Delhi and fire safety requirements, attested by a Registered Notary or Oath Commissioner.	All	Annexure IV	
11.	Fire NOC from the Delhi Fire Service, where applicable to the building.	All		
12.	Copy of registration certificate under the PC&PNDT Act, 1994, showing the ultrasound machine(s) installed at the centre.	L2, SC (and L1 or AB if any ultrasound machine is installed)	USG with transvaginal probe is minimum equipment for L2 and SC	
13.	Copy of MTP approval of the place, if any.	L2, SC	Disclosed in Form 1 / Form 3	
14.	Copy of registration under the Delhi Nursing Homes Registration Act, 1953 and authorisation from the Delhi Pollution Control Committee under the Bio-Medical Waste Management Rules, 2016, where applicable.	All		
15.	Bank details of the organisation: name and address of the bank, account number, cancelled cheque, copy of PAN card of the organisation and bank statement of the last six months.	All		
III. Manpower				
16.	Index list of doctors, embryologist, counsellor and other professional staff.	All	Annexure V	
17.	For each doctor and professional: degree and post-graduate certificates; registration with the Delhi Medical Council / National Medical Commission / State Medical Council (for medical practitioners); experience certificates as prescribed; appointment or joining letter; photo identity proof; address proof; mobile number and e-mail ID; and one recent passport-size photograph. The staff and qualifications must meet Part C.	All	Schedule I Part 1, ART Rules and Surrogacy Rules (as amended on 11.07.2023)	

S. No.	Document	Applicable to	Provision / Remarks	Page No.
18.	Gynaecologist: record of 50 ovum pick-up procedures and certificate of three years of working experience in an ART clinic, or DM / fellowship in reproductive medicine with three years of experience in an ART clinic.	L2, SC	Part C	
19.	Embryologist: qualification and experience certificates matching one of the options in Part C, with the count of procedures where the one-time provision is claimed.	L2, SC	Part C	
20.	Andrologist (where employed): qualification certificate, certificate of two years of experience and record of at least 15 surgical sperm retrieval procedures.	L2, AB, SC (where employed)	Amendment Rules dated 11.07.2023	
21.	Sonologist / Radiologist performing ultrasound at the centre: qualification as required under the PC&PNDT Act and Rules, and name entered in the PC&PNDT registration of the centre.	L2, SC	PC&PNDT Act, 1994 and Rules, 1996	
22.	Details of other staff (staff nurse, laboratory technician, OT technician, imaging technician etc.) with qualification.	All		
23.	Affidavit by each doctor and professional staff member, attested by a Registered Notary or Oath Commissioner.	All	Annexure I	
IV. Equipment				
24.	List of equipment with make, model number and serial number, along with copies of invoices or purchase bills. The minimum equipment must meet Part D.	All	Annexure VI; Schedule I Part 2, ART Rules and Surrogacy Rules	
V. Services and arrangements				
25.	Details of the Grievance Cell on the letterhead of the centre: names and designations of members, contact details, method of receiving complaints and time for disposal. Complaints are to be received in Form 5 of the ART Rules.	All	Section 21(f), ART Act; Rule 11, ART Rules	
26.	MoU with an ART Bank registered under the ART Act, where donor gametes are used.	L1, L2, SC (where donor gametes are used)	Sections 21(b) and 27(1), ART Act	
27.	MoU with a Genetic Laboratory registered under the PC&PNDT Act, 1994, where pre-implantation genetic testing is offered.	L2, SC (where PGT is offered)	Rule 13(1)(d) and (e), ART Rules	
VI. Additional documents at the time of renewal				
28.	Copy of the registration certificate due for renewal (Form 3 under the ART Rules or Form 4 under the Surrogacy Rules).	R		

S. No.	Document	Applicable to	Provision / Remarks	Page No.
29.	Statement of changes since the last registration in ownership, name, staff, equipment or premises, with copies of approvals of the Appropriate Authority, if any.	R		
30.	Confirmation on the letterhead that the patient and donor data are being reported on the National Registry portal, with a summary of procedures done since the last registration.	R	Sections 21(j) and 23(b), ART Act	
31.	Details of any show cause notice, suspension, complaint or court case relating to the centre since the last registration, and action taken (also to be stated in Annexure II / III).	R		

Declaration by the applicant: I certify that the documents listed above have been enclosed at the pages shown, and that the information given is true and correct.

Date: …… Place: ……

Signature: ……

Name and designation of the authorised signatory, with seal

PART C – MINIMUM STAFF AND QUALIFICATIONS

(Schedule I, Part 1 of the ART (Regulation) Rules, 2022 and Schedule I, Part 1 of the Surrogacy (Regulation) Rules, 2022, as amended on 11.07.2023)

Category	Minimum staff
ART Level 1 Clinic	At least one Gynaecologist.
ART Level 2 Clinic	At least one Gynaecologist, one Anaesthetist, one Embryologist and one Counsellor. A Director and an Andrologist may also be employed.
Surrogacy Clinic	At least one Gynaecologist, one Anaesthetist, one Embryologist and one Counsellor. A Director, an Andrologist and other staff needed for day-to-day work may also be employed.
ART Bank	At least one Registered Medical Practitioner trained in the handling, preparation and storage of semen samples.

Post	Qualification
Gynaecologist (L1)	Medical post-graduate in Obstetrics and Gynaecology.
Gynaecologist (L2, SC)	Medical post-graduate in Obstetrics and Gynaecology with a record of 50 ovum pick-up procedures under supervision of a trained ART specialist and at least three years of working experience in an ART clinic under supervision; or Medical post-graduate in Obstetrics and Gynaecology with DM or fellowship in reproductive medicine and not less than three years of working experience in an ART clinic. Gynaecologists working in ART clinics before the commencement of the Act: post-graduate degree with three years of experience and a record of 50 ovum pick-up procedures.
Embryologist (L2, SC)	Any one of the following: (i) Post-graduate in clinical embryology (full-time programme of at least four semesters) from a recognised university, with three years of human ART laboratory experience in handling human gametes and embryos; (ii) Full-time Ph.D. related to clinical embryology, ART or fertility from a recognised university, with one year of such experience; (iii) MBBS or BVSc with a full-time post-graduate degree in clinical embryology, with two years of such experience; (iv) Post-graduate in life sciences or biotechnology with at least one year of on-site, full-time, certified clinical embryology training and four years of experience in handling human gametes and embryos in a registered ART Level 2 clinic. One-time provision for embryologists working before commencement: graduate in life sciences, biotechnology, reproductive biology or veterinary science with at least five years of work in a registered ART / IVF clinic and at least 500 IVF laboratory procedures (including ICSI) and 100 cycles of embryo cryopreservation.
Anaesthetist (L2, SC)	Medical post-graduate in Anaesthesia.
Counsellor (L2, SC)	Graduate in Psychology, Clinical Psychology, Nursing or Life Sciences.
Andrologist (where employed)	MCh / DNB in Urology, or MS General Surgery, or FNB / MCh / DM in Reproductive Medicine, with at least two years of experience and hands-on experience of at least 15 surgical sperm retrievals (PESA / TESA / TESE / MESA / Micro-TESE).

Post	Qualification
Director (where employed)	Post-graduate degree in Medical Sciences, Life Sciences or Management Sciences.
Sonologist / Radiologist	As required under the PC&PNDT Act, 1994 and Rules, 1996 for the person performing ultrasonography at the centre.

PART D – MINIMUM EQUIPMENT

(Schedule I, Part 2 of the ART (Regulation) Rules, 2022 and Schedule I, Part 2 of the Surrogacy (Regulation) Rules, 2022)

Category	Minimum equipment
ART Level 1 Clinic	(i) Microscope; (ii) Centrifuge; (iii) Refrigerator.
ART Level 2 Clinic	(a) Microscope; (b) Incubator (minimum two); (c) Laminar airflow; (d) Sperm counting chambers; (e) Centrifuge; (f) Refrigerator; (g) Equipment for cryopreservation; (h) Ovum aspiration pump; (i) Ultrasound machine with transvaginal probe and needle guard; (j) Test tube warmer; (k) Anaesthesia resuscitation trolley.
ART Bank	(a) Centrifuge machine; (b) Incubator; (c) Microscope; (d) Laminar airflow.
Surrogacy Clinic	(a) Microscope; (b) Incubator (minimum two); (c) Laminar airflow; (d) Sperm counting chambers; (e) Centrifuge; (f) Refrigerator; (g) Equipment for cryopreservation; (h) Ovum aspiration pump; (i) Ultrasound machine with transvaginal probe and needle guard; (j) Test tube warmer; (k) Anaesthesia resuscitation trolley.

ANNEXURE I

AFFIDAVIT BY DOCTOR / PROFESSIONAL STAFF

(On Rs. 10/- non-judicial stamp paper / e-stamp paper, attested only by a Registered Notary or Oath Commissioner)

I, ……, S/o / D/o / W/o ……, aged …… years, resident of ……, working as …… (designation) at …… (name and address of the ART clinic / ART bank / surrogacy clinic), do hereby solemnly affirm and declare as under:

1. That my Government-issued photo identity document is …… (Aadhaar (masked) / PAN / Voter ID / Passport / Driving Licence), No. ……, issued on ……. A self-attested copy is enclosed.
2. That my contact details are as under:

1.	Mobile No.	
2.	E-mail ID	
3.	Communication address	
4.	Permanent address	

3. That I hold the qualification of …… and my registration number with the …… (Delhi Medical Council / National Medical Commission / State Medical Council, where applicable) is ……. I meet the qualification and experience prescribed for my post in Schedule I of the ART (Regulation) Rules, 2022 / Surrogacy (Regulation) Rules, 2022, as amended. Copies of my certificates are enclosed.
4. That I am working at the following centre(s). Copies of my appointment or joining letters are enclosed.

S. No.	Name and address of centre / hospital / clinic	Designation	Date of joining	Working days	Duty timings
1.					
2.					
3.					

5. That I have read and understood the Assisted Reproductive Technology (Regulation) Act, 2021 and Rules, 2022, the Surrogacy (Regulation) Act, 2021 and Rules, 2022, and the PC&PNDT Act, 1994 and Rules, 1996, and I shall abide by them.
6. That I shall not offer, conduct or help in sex selection or determination of the sex of a foetus or embryo in any form, including the acts prohibited under Section 26 of the ART (Regulation) Act, 2021, Section 3(viii) of the Surrogacy (Regulation) Act, 2021 and the PC&PNDT Act, 1994; and I shall not take part in any advertisement prohibited under Section 32 of the ART (Regulation) Act, 2021 or Section 3(v) of the Surrogacy (Regulation) Act, 2021.
7. That no case is pending against me, and I have not been convicted, under any of the Acts mentioned above.
8. That I shall inform the Appropriate Authority through the centre if I leave the centre or if any of the details given above changes.

DEPONENT

Verification:

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

DEPONENT

ANNEXURE II

AFFIDAVIT BY THE BOARD OF DIRECTORS / PARTNERS / TRUSTEES

(Where ownership is other than individual)

(On Rs. 10/- non-judicial stamp paper / e-stamp paper, attested only by a Registered Notary or Oath Commissioner)

We, the members of the Board of Directors / Partners / Trustees / Governing Body of …… (name of the company / firm / trust / society / other body), having its registered office at ……, do hereby solemnly affirm and declare as under:

1. That the present members of the Board are as under. A copy of the Memorandum and Articles of Association / partnership deed / trust deed / registration certificate, as applicable, is enclosed.

S. No.	Name	Designation	Address and contact number
1.			
2.			
3.			
4.			

2. That the organisation runs / proposes to run …… (name of the centre) at …… (address) and has applied for fresh registration / renewal of registration as ART Level 1 Clinic / ART Level 2 Clinic / ART Bank / Surrogacy Clinic (strike out what is not applicable).
3. That by Board resolution dated …… (copy enclosed), we have authorised Mr. / Ms. ……, …… (designation), as the authorised signatory of the above centre for all communication and compliance under the ART (Regulation) Act, 2021, the Surrogacy (Regulation) Act, 2021, the PC&PNDT Act, 1994 and the Rules made under them.
4. That we have read and understood the said Acts and Rules. We undertake to explain them to all employees of the centre and to ensure that they are fully complied with.
5. That the centre shall not offer or conduct sex selection in any form, shall not disclose the sex of a foetus or embryo to anyone, and shall not issue, publish or circulate any advertisement prohibited under Section 32 of the ART (Regulation) Act, 2021 or Sections 3(v) and 38 of the Surrogacy (Regulation) Act, 2021. We are aware of Section 26 of the ART (Regulation) Act, 2021, Section 3(viii) of the Surrogacy (Regulation) Act, 2021 and the PC&PNDT Act, 1994.
6. That the centre shall not undertake, promote or associate with commercial surrogacy in any form [Section 3(ii) of the Surrogacy (Regulation) Act, 2021]. (For surrogacy clinics.)
7. That the centre shall allow inspection of its premises, equipment and records, and shall report information to the National Registry as required under the Act and Rules.
8. That no case is pending under the said Acts against the organisation, any member of the Board or any employee of the centre, and no show cause notice, suspension or cancellation has been issued to the centre, except as stated here: …….
9. That any change in the Board, ownership, name, authorised signatory, staff, equipment or premises shall be intimated to the UT Appropriate Authority at least seven days before the change. In case of change in ownership or premises, we shall apply afresh for registration and shall not provide any ART or surrogacy service there until registration is granted.
10. That we shall follow the instructions issued by the UT Appropriate Authority (ART & Surrogacy), GNCT of Delhi from time to time.

11. That we shall exercise all due diligence to prevent any offence under the said Acts by or in the centre, and we accept our liability on behalf of the organisation under the applicable laws.

Signature, name and designation of each member of the Board:

1. …… 2. ……

3. …… 4. ……

DEPONENTS

Verification:

Verified at …… on …… that the contents of the above affidavit are true and correct to the best of our knowledge and belief, and nothing material has been concealed therein.

DEPONENTS

ANNEXURE III

AFFIDAVIT BY THE OWNER

(Individual ownership)

(On Rs. 10/- non-judicial stamp paper / e-stamp paper, attested only by a Registered Notary or Oath Commissioner)

I, ……, S/o / D/o / W/o ……, aged …… years, gender ……, resident of ……, do hereby solemnly affirm and declare as under:

1. That I am the sole owner of …… (name of the centre) at …… (address), which has applied for fresh registration / renewal of registration as ART Level 1 Clinic / ART Level 2 Clinic / ART Bank / Surrogacy Clinic (strike out what is not applicable).
2. That my Government-issued photo identity document is …… (Aadhaar (masked) / PAN / Voter ID / Passport / Driving Licence), No. ……, issued on …… A self-attested copy is enclosed.
3. That my contact details are as under:

1.	Mobile No.	
2.	E-mail ID	
3.	Communication address	
4.	Permanent address	

4. That I have read and understood the ART (Regulation) Act, 2021 and Rules, 2022, the Surrogacy (Regulation) Act, 2021 and Rules, 2022, and the PC&PNDT Act, 1994 and Rules, 1996. I undertake to explain them to all employees of the centre and to ensure that they are fully complied with.
5. That the centre shall not offer or conduct sex selection in any form, shall not disclose the sex of a foetus or embryo to anyone, and shall not issue, publish or circulate any advertisement prohibited under Section 32 of the ART (Regulation) Act, 2021 or Sections 3(v) and 38 of the Surrogacy (Regulation) Act, 2021. I am aware of Section 26 of the ART (Regulation) Act, 2021, Section 3(viii) of the Surrogacy (Regulation) Act, 2021 and the PC&PNDT Act, 1994.
6. That the centre shall not undertake, promote or associate with commercial surrogacy in any form [Section 3(ii) of the Surrogacy (Regulation) Act, 2021]. (For surrogacy clinics.)
7. That the centre shall allow inspection of its premises, equipment and records, and shall report information to the National Registry as required under the Act and Rules.
8. That no case is pending under the said Acts against me or any employee of the centre, and no show cause notice, suspension or cancellation has been issued to the centre, except as stated here: …….
9. That any change in ownership, name, staff, equipment or premises shall be intimated to the UT Appropriate Authority at least seven days before the change. In case of change in ownership or premises, I shall apply afresh for registration and shall not provide any ART or surrogacy service there until registration is granted.
10. That I shall follow the instructions issued by the UT Appropriate Authority (ART & Surrogacy), GNCT of Delhi from time to time.
11. That I shall exercise all due diligence to prevent any offence under the said Acts by or in the centre, and I accept my liability as owner under the applicable laws.

DEPONENT

Verification:

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

DEPONENT

ANNEXURE IV

AFFIDAVIT ON BUILDING NORMS, MASTER PLAN AND FIRE SAFETY

(By the owner of the centre)

(On Rs. 10/- non-judicial stamp paper / e-stamp paper, attested only by a Registered Notary or Oath Commissioner)

I, ……, S/o / D/o / W/o ……, owner / authorised signatory of …… (name of the centre), do hereby solemnly affirm and declare as under:

1. That the centre is functioning at …… (address), which is owned by / taken on registered lease by the centre. Copies of the ownership documents / registered lease deed are enclosed.
2. That the premises conform to the Compendium of Norms for Designing of Hospitals and Medical Institutions issued by the Central Public Works Department, Ministry of Housing and Urban Affairs, Government of India, as applicable to the services offered.
3. That the use of the premises conforms to the Master Plan for Delhi in force, including clause 15.7 of the Master Plan for Delhi-2021, and the building has been constructed as per the applicable building bye-laws.
4. That a Fire NOC has been obtained from the Delhi Fire Service (copy enclosed) / a Fire NOC is not required for the building for the following reason: …… (strike out what is not applicable).
5. That if any of the above is found to be false, the Appropriate Authority may take action as per law, including rejection of the application or suspension or cancellation of the registration.

DEPONENT

Verification:

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

DEPONENT

ANNEXURE V

INDEX LIST OF DOCTORS AND PROFESSIONAL STAFF

S. No.	Name	Designation	Qualification	DMC / NMC Reg. No. (if any)	Date of joining the centre	Documents at page No.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Date: …… Place: ……

Name, designation and signature of the authorised signatory, with seal

ANNEXURE VI

LIST OF EQUIPMENT

S. No.	Type of equipment / device	Brand name and model No.	Serial No.	Invoice No. and date	Location in the centre
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(Add a further sheet if there are more than 12 items. The list must cover the minimum equipment in Part D.)

Date: …… Place: ……

Name, designation and signature of the authorised signatory, with seal