

To,

Principal Secretary (Health)/Secretary (Health)
[All States/UTs]

Subject: Change in name, address and manpower of a registered clinic/bank under ART (Regulation) Act, 2021 and Surrogacy (Regulation) Act, 2021. Instructions thereof- reg.

Madam/ Sir,

I am directed to draw attention to the above noted subject and to say that the procedure for change in the name, address and manpower of a registered clinic/bank under ART (Regulation) Act, 2021 and Surrogacy (Regulation) Act, 2021 shall be as under:

(A) Applications for Address Change: If an ART Clinic, Bank, or Surrogacy clinic needs to change its registered address post-registration due to rental contract termination, relocation, or other reasons, the following steps should be followed:

- i. The complete process of re-registration for the new premises must be carried out which would include an inspection of the new premises by the State Board, as mandated under Section 16(5) of the Assisted Reproductive Technology (Regulation) Act, 2021.
- ii. The clinic/bank must submit the required registration fee in accordance with Para 7 of the ART (Regulation) Rules, 2022, and Para 10(2) of the Surrogacy (Regulation) Rules, 2022, as applicable.
- iii. Upon completion of the re-registration process, the registration certificate for the old premises will be automatically cancelled for the reasons recorded in writing by the State/UT Authority and a new registration certificate shall be issued. The copy of the new registration certificate must be uploaded on the National Registry Portal by the State Appropriate Authority. The Department must be accordingly informed and a copy of the cancellation order and new registration certificate must be provided to DHR for record.
- iv. The original registration certificate issued for the old premises must be returned by the owner of the clinic/bank to the State/UT Appropriate Authority after the completion of the re-registration process and issuance of a new certificate.

(B) Applications for Name Change : Any change in the name of the clinic/bank shall require approval from the State/UT Appropriate Authority. The State/UT AA should:

- i. Ensure the facility submits all necessary documents proving the new name (such as updated Udyam Registration or a legal name change certificate).
- ii. Review and verify the name change request to ensure there is no impact on the

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facility's existing operational capabilities.
iii. The State Appropriate Authority will issue a revised certificate with the changed name. Copy of the revised registration certificate must be provided to DHR for record.

(C) **Changes in Manpower (e.g., Gynecologists/Directors etc.):** Any change in the manpower shall require approval from the State/UT Appropriate Authority. The State/UT AA should:

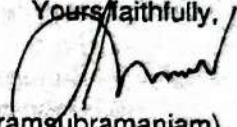
- i. Ensure that new manpower should meet the qualification criteria outlined in the ART Act, 2021 and Surrogacy Act, 2021 and Rules made there under.
- ii. Ensure that the facility provides credentials and qualifications of the manpower to verify compliance with the registration standards.
- iii. This change should be noted in the facility's records and the State/UT Authority must inform the Department of Health Research (DHR) for record.

(D) **Timeline for taking action by State/UT AA:**

- (i) For applications for change of address of a clinic/bank the timelines shall be as stipulated under ART Act, 2021 and Surrogacy Act, 2021.
- (ii) Applications for changes in the name and manpower of a registered clinic/ bank should be addressed by the State/UT AA. within one month from the date of receipt of application.

2. This issues with the approval of competent authority.

Yours faithfully,



(N Sriramsubramaniam)

Under Secretary to the Government of India

Tel: 011-23736085

Copy to: All Nodal Officers: ART /Surrogacy (States/UTs)

कार्यालय महानिदेशक, परिवार कल्याण, उत्तर प्रदेश, E-Mail

जगत नारायण रोड, लखनऊ-226003

पृ०सं०:प.क./ए.आर.टी. व सरोगेसी/03/2025/16662-156 लखनऊ, दिनांक 23 जनवरी 2025
प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

- (1) प्रमुख सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन।
- (2) महानिदेशक, चिकित्सा एवं स्वास्थ्य, उत्तर प्रदेश।
- (3) महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उत्तर प्रदेश।
- (4) महानिदेशक, प्रशिक्षण, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
- (5) मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उत्तर प्रदेश।
- (6) अनु सचिव, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वास्थ्य अनुसंधान विभाग, समन्वय अनुभाग, आई.आर.सी.एस. बिल्डिंग, रेड क्रॉस रोड, नई दिल्ली-110001
- (7) समस्त जिला-मजिस्ट्रेट, उत्तर प्रदेश।
- (8) समस्त मुख्य चिकित्सा अधिकारी, उत्तर प्रदेश।



(डा० अश्विनी कुमार)

संयुक्त निदेशक, पी०सी०पी०एन०डी०टी०,
उत्तर प्रदेश, लखनऊ।