

**Directorate of Health Services
Madhya Pradesh**

IMPORTANT

No. /Regulation/2022/ 265

Bhopal, Date 4/7/2022

To

1. All Collectors and District Magistrates, M.P.,
Chairperson Ex-officio District Appropriate Authority for Assisted Reproductive
Technology and Surrogacy, M.P.
2. All Chief Medical and Health Officers, M.P.
Supervising Authority under MP Upcharyagriha Tatha Rujopchar Sambandhi
Sthapnaye (Registrikaran Tatha Anugyapan) Adhinyam, 1973
3. The President, Madhya Pradesh Nursing Home Association.
4. The President, FOGSI, M.P.

Sub.: - Regarding account details for submission of registration fee under the Assisted
Reproductive Technology (Regulation) and Surrogacy (Regulation) Act, 2021.

- Ref.: -
1. GoI, Gazette notification dated 25/12/2021 regarding The Surrogacy (Regulation)
Act, 2021
 2. GoI, Gazette notification dated 20/12/2021 regarding The Assisted Reproductive
Technology (Regulation) Act, 2021
 3. MP, Gazette notification dated 26/05/2022 regarding District Appropriate
Authority for Assisted Reproductive Technology, M.P.
 4. DO letter of JS, MoHFW No. U11019/16/2022-HR dated 04/05/2022

This has bearing on the fact that the National Assisted Reproductive Technology and
Surrogacy Registry under Dept. of Health Research has been notified for the purposes of the Assisted
Reproductive Technology (Regulation) Act, 2021 and the Surrogacy (Regulation) Act, 2021. The link
for the National Assisted Reproductive Technology and Surrogacy Registry is
<https://registry.artsurrogacy.gov.in> which has been made operational by the Ministry w.e.f
22/04/2022.

It is noteworthy that all clinics/banks shall need to submit an application to the National
Registry and pdf printout of the filled in application form duly signed by the authorized
secretary/competent authority on behalf of the clinic/bank to the Appropriate Authority through the
office of the Secretary (Health) of Govt. of Madhya Pradesh. The details of the registration fee
stipulated under the above Acts are as follows: -

SN	Particular	Registration Fees (INR)
(i)	ART Bank	50,000/-
(ii)	ART Clinic Level-1	50,000/-
(iii)	ART Clinic Level-2	2,00,000/-
(iv)	Surrogacy Clinic	2,00,000/-

It is directed that: -

1. District Appropriate Authority for Assisted Reproductive Technology and Surrogacy has
been notified vide GoMP Gazette notification dated 26/05/2022.
2. All competent authorities intending to operate an ART clinic (Level-1/Level-2), ART bank
or Surrogacy clinics should submit application to the National Registry and download the
PDF.

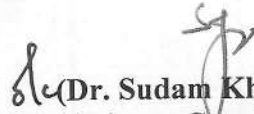
3. The registration fee is to be submitted by Challan using Form (M.P.T.C.7) (See Subsidiary Rule 69 and paid into the Vallabh Bhawan treasury under the departmental budget head 0210-80-800. Draft of Form (M.P.T.C.7) is annexed herewith.
4. The PDF printout of application to the National Registry should be signed by the authorized signatory (with name and contact details in block letters) on behalf of the clinic/bank, should be submitted along with the copy of Challan by registered post or in-person to the office of the Secretary Health, GoMP, 4th Floor, Annexe-III, Vallabh Bhawan, Bhopal.
5. The State office shall forward the application to the Dist. Appropriate Authority for grant of registration/rejection of application.
6. The Dist. Appropriate Authority for Assisted Reproductive Technology and Surrogacy, M.P. after due inspection of premises, infrastructure, essential staff and minimum equipment requirement for ART clinics and banks, shall grant registration or reject the application within the timelines as indicated below: -

SN	Type of Facility	Period of Disposal of Application by DAA	Validity of Registration
1.	ART clinic/bank	30 days from receipt of application	5 years
2.	Surrogacy clinic	90 days from receipt of application	3 years

7. Indicative checklist for inspection ART clinic/ART bank/Surrogacy clinic under the Assisted Reproductive Technology (Regulation), 2021 and Surrogacy (Regulation), 2021 is annexed herewith.

Enclosed: 1. Challan Form (M.P.T.C.7)

2. Indicative checklist for inspection ART clinic/ART bank/Surrogacy clinic



 (Dr. Sudam Khade)
 Commissioner Cum Secretary,
 Dept. of Public Health and Family Welfare
 Madhya Pradesh

No./Regulation/2022/ 266

Bhopal, Date 4/7/2022

Copy for kind information & necessary action: -

1. Additional Chief Secretary, DoPHFW & DoME Mantralaya Vallabh Bhawan, Bhopal, M.P.
2. Joint Secretary, GoI, MoHFW, Dept. of Health Research, Nirman Bhawan, New Delhi.
3. Mission Director, National Health Mission, M.P.
4. All Divisional Commissioners, M.P.
5. Addl. Director Finance, Directorate of Health Services, Satpura Bhawan, Bhopal, M.P.
6. All Civil Surgeon cum Chief Hospital Superintendent, M.P.


 Commissioner Cum Secretary,
 Dept. of Public Health and Family Welfare
 Madhya Pradesh

FORM (M.P.T.C. 7)
(See Subsidiary Rule 69)
CHALLAN

No.....

Chalan of cash paid into Treasury / Sub-Treasury / State / Reserve Bank of India

At Vallabh Bhawan Treasury, Bhopal.....

Under Rs - मात्र)

To be filled in by the Remitter			To be filled in by the Departmental Officer or the			
By whom Tandered	Name or Designation and Address of the person on whose behalf money is paid	Full particulars of the remittance and of the authority (if any)	Amount	Head of Accounts adjustable	Accounts Officer by whom adjustable	Order to the bank
1.	2.	3.	4.	5.	6.	7.
समाप्त करने वाले का नाम लिखें	Director, Medical Services, Madhya Pradesh		Rs.	0210-Medical 80-General 800-Other Miscellaneous Receipt.	A.G.M.P. Gwalior	**
Total Rs.						

Date
Correct Received and grant receipt signature and full designation of the officer ordering the money to be paid in

Received payment (in words) Rupees...

To be used only in the case of remittance for the Bank through
Departmental Officer for the Treasury Officer

TRESURER

ACCOUNTANT

DATE

TREASURY OFFICER

Sr. No.	Name of the Bank	CHQ.No./Date	Amount
1			
Total :-			

**Indicative Checklist for Inspection
(ART Clinic/ART Bank/Surrogacy Clinic)
Assisted Reproductive Technology (Regulation) 2021 and Surrogacy (Regulation) 2021**

A. Facility Details (ART Clinic/ART Bank/Surrogacy Clinic)						
1.	Name of the Facility					
2.	Name of the Facility Keeper/Owner/Director					
3.	Designation/Qualification and Registration No. (if applicable) of the Facility Keeper/Owner/Director					
4.	Type of facility (Level-1 ART Clinic; Level-2 ART Clinic; ART Bank; Surrogacy Clinic)					
5.	Address of the Facility				Block.....District.....Pin code.....	
6.	Regtd. Telephone/Mobile No. of the facility					
7.	Email ID					
8.	Website					
9.	Status of Facility					
	i. Government					
	ii. Private					
	iii. Any other (Please specify)					
Whether the facility is registered under the following Acts or Authorities (Please provide) Y/N						
10.	i. Madhya Pradesh Upcharyagriha Tatha Rujopchar Sambandhi Sthapnaye (Registrikaran Tatha Anugyapan) Adhinyam evam Niyam				Registration No.	
					Validity till	
	ii. Medical Termination of Pregnancy (MTP) Act				Registration No.	
				Approval date		
iii. Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act				Registration No.		
				Validity till		
Details of the Facility Staff engaged in ART Clinic/ART Bank/Surrogacy Clinic (Staff Nurse/Lab Technician/ Imaging Technician/OT Technician/Any other)						
11.	SN	Name	Post	Qualification	Registration No. (if applicable)	
	1					
	2					
	3					
	4					
	5					
B. Details of Inspecting Team and Date						
Inspecting DAA members or as designated by the Chairperson DAA (Dist. Collector) (if applicable):						
1.	SN	Name	Post	Qualification	Registration No. (if applicable)	
2.	Date and Time of Inspection					

C. Details of Inspection			
SN	Inspection Points	Yes/No	Remark
1	Type of ART Clinic/ART Bank/Surrogacy Clinic and Services		
	i. Level 1 ART Clinics (Carrying out only Intra-Uterine Insemination (IUI))		
	a. Intra-Uterine Insemination using Husband's semen (IUI-H)		
	b. Intra-Uterine Insemination using Donor's semen (IUI-D)		
	ii. Level 2 ART Clinics (one or more of the following)		
	a. Carry out storage of gametes (Sperm and Oocyte) or embryos		
	i. Freezing of sperm		
	ii. Freezing of oocytes		
	iii. Freezing of zygotes		
	iv. Freezing of embryos		
	v. Cryopreservation of ovarian tissue and		
	vi. Freezing of Testicular tissue		
	b. Perform any kind of procedure or technique involving gametes or embryos		
	i. Intra-Uterine Insemination using Husband's semen (IUI-H)		
	ii. Intra-Uterine Insemination using Donor's semen (IUI-D)		
	iii. Intra-Cytoplasmic Sperm Injection (ICSI)		
	iv. Processing or storage of gametes (Sperm and Oocyte) and or embryos of patients		
	v. Pre-implantation genetic testing		
	vi. In-Vitro Fertilization – Embryo Transfer (IVF-ET)		
	vii. Altruistic Surrogacy		
	c. Conduct research (if any)		
	iii. ART Bank		
	a. Screening, collection and registration of the semen donor and cryopreservation		
b. Screening and registration of oocyte donor			
c. Operate as semen banks or oocyte banks or both			
iv. Surrogacy Clinic			
a. Center conducting ART Services			
b. In-vitro Fertilization Services			
c. Genetic Counselling Center/Genetic Laboratory			
d. ART Banks conducting surrogacy procedures (Gynecological/Obstetrical/Medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryos in surrogacy).			
e. Any Clinical Establishment conducting surrogacy procedures (Gynecological/Obstetrical/Medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryos in surrogacy).			
2	Staff Requirement		
	i. Level 1 ART Clinic - Minimum 01 gynecologist		
	ii. Level 2 ART Clinic		
	a. Gynecologist		
	b. Andrologist		
	c. Embryologist		
	d. Counsellor		
	e. Anesthetist		
	f. Director		
	iii. ART Bank		
a. 01 Registered Medical Practitioner trained in the handling, preparation and storage of Semen samples/ Screening of oocyte donors			

3 Minimum Equipment Requirement of ART Clinics and Banks			
	i. Level 1 ART Clinic		
	a. Microscope		
	b. Centrifuge		
	c. Refrigerator		
	ii. Level 2 ART Clinic		
	a. Microscope		
	b. Incubator (minimum 02 in number)		
	c. Laminar Airflow		
	d. Sperm counting chambers		
	e. Centrifuge		
	f. Refrigerator		
	g. Equipment for cryopreservation		
	h. Ovum Aspiration Pump		
	i. USG machine with transvaginal probe and needle guard		
	j. Test tube warmer		
	k. Anesthesia resuscitation trolley		
	iii. ART Banks		
	a. Centrifuge machine		
	b. Incubator		
	c. Microscope		
	d. Laminar Air Flow		