Directorate of Health Services Madhya Pradesh

IMPORTANT

Bhopal, Date / 1 2022

No. /Regulation/2022/ 265

То

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) Adhiniyam, 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 <u>https://registry.artsurrogacy.gov.in</u> 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)
	ART Bank	50,000/-
(-)	ART Clinic Level-1	50,000/-
()	ART Clinic Level-2	2,00,000/-
	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 <u>Vallabh Bhawan treasury under the departmental budget head</u> 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 inperson 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

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

Bhopal, Date 4 / 7/2022

No./Regulation/2022/ 266

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 Tresury, Bhopal

To be filled in by the Remitter			To be filled	in by the Depa	rtmental Offici	cer 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
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भ्यमा अरने वालेका जाम विंपता	Director, Medical Services, Madhya Pradesh		Rs.	0210-Medical 80-General 800-Other Miscelleneous Receipt.	A.G.M.P. Gwalior	
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		Total no.				

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

ordering the money to be paid in

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

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

31 Notices of Facility 8. Website 9. i. Government ii. Private					and the second	
2. Name of the Facility Keeper/Owner/Director 3. Designation/Qualification and Registration No. (if applicable) of the Facility Keeper/Owner/Director Type of facility Type of facility 4. (Level-1 ART Clinic; Level-2 ART Clinic; ART Bank; Surrogacy Clinic) Status of Facility 5. Address of the Facility BlockDistrictDistrictPin cod 6. Regtd. Telephone/Mobile No. of the facility Topological and the facility 7. Email ID Status of Facility 8. Website Status of Facility 9. İ. Government II. II. Private III. 9. İ. Government Status of Facility is registered under the following Acts or Authorities (Please specify) Wehether the facility is registered under the following Acts or Authorities (Please provide) Y/N Registration No. 10. I. Medical Termination of Pregnancy (MTP) Act Approval date III. Medical Termination of Pregnancy (MTP) Act Approval date III. Medical Termination of Pregnancy (MTP) Act Approval date III. Medical Termination of Pregnancy (MTP) Act Approval date III. Medical Termination of Pregnancy (M	A. 1	Facility I	Details (ART C	Clinic/ART Bar	nk/Surrogacy Clinic)	
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N	Type of ART Clinic/ART Bank/Surrogacy Clinic and Services		
<u> </u>	Type of ART Chinic/ART Bank/Surrogacy Chine 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		
-	a. Carry out storage of gametes (Sperm and Oocy te) of emerged		
	i. Freezing of sperm	1	
	ii. Freezing of oocytes		
	iii. Freezing of zygotes		Sec. Sec. Se
	iv. Freezing of embryos		
	v. Cryopreservation of ovarian tissue and	1	
	vi. Freezing of Testicular tissue		125
	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)		
1	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	1	-
	c. Conduct research (if any)		
	iii ADT 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	Carles a	
	d ART Banks conducting surrogacy procedures		
	(Currecological/Obstetrical/Medical procedures, techniques, tests,		1
	practices or services involving handling of human gametes and human		1.000
	embryos in surrogacy).		
	e. Any Clinical Establishment conducting surrogacy procedures		
	(Gynacological/Obstetrical/Medical procedures, techniques, tests)		
	practices or services involving handling of human gametes and human	n	1.1
	embryos in surrogacy).		
2			
4	i. Level 1 ART Clinic - Minimum 01 gynecologist		
	ii. Level 2 ART Clinic		
	a. Gynecologist		Constanting of the second
-	b. Andrologist		
-	c. Embryologist		_
-	d. Counsellor		
-	e. Anesthetist		
-	f. Director		-
	iii ART Bank	-	
-	a 01 Registered Medical Practitioner trained in the handling, preparation an	d	
	storage of Semen samples/ Screening of oocyte donors		

	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	Sector Sector	1324				
	e. Centrifuge						
	f. Refrigerator						
	g. Equipment for cryopreservation		and a				
	h. Ovum Aspiration Pump						
	i. USG machine with transvaginal probe and needle guard		Contraction of the				
	j. Test tube warmer						
	k. Anesthesia resuscitation trolley						
iii.	ART Banks						
	a. Centrifuge machine						
-	b. Incubator						
	c. Microscope						
-	d. Laminar Air Flow						