



**FORM 3**  
**[See rule 8]**

**Certificate of Registration**

ART clinic (Level 1/Level 2) ART bank  
(To be issued in duplicate)

Certificate no. AP/AB/2024/11372/AB/EASTGODAVARI/221

1. In exercise of the powers conferred under Section 16 (I) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority hereby grants registration to the ART Clinic named below for purposes of carrying on: Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **Five years ending on 20-03-2029**

(a) Name and address of the ART Clinic : PS HEALTH CARE SERVICES

Danavaipeta, Dr.No. 46-12-27 Rajamahendravaram.

(b) Type of institution (Govt. or Private): Private

(c) Type of facility (Level 1 or Level 2) : **ART BANK**

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of .....NA.....ending on.....NA.....

(a) Name and address of the ART Bank: ...NA.....

(b) Type of institution (Govt. / Private): .....NA.....

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.

Registration No. allotted: AP/AB/2024/11372/AB/EASTGODAVARI/221

3. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from ...NIL..... to.....NIL.....

Signature, Name and designation of  
the Appropriate Authority

SEAL  
DISTRICT MEDICAL & HEALTH OFFICER  
EAST GODAVARI DIST., KAKINADA  
VICE CHAIRMAN

District Appropriate Authority  
District Medical & Health Officer  
Surrogacy & ART Act 2021

Rajamahendravaram

Date: 21-03-2024

Place: Rajamahendravaram



**Display one copy of this certificate at a conspicuous place at the place of business**  
**\*Strick out whichever is not applicable or necessary**