





## 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/2024/11425/AB/VISARHAFATNAM/242
L	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
	(a) Name and address of the ART Clinic: Amrutha Fertility and IVF (A unit of
r	Vasudha Healthcare Pvt Ltd
	(b) Type of institution (Govt. or Private):NA
v	(c) Type of facility (Level 1 or Level 2) :=NA==
	OR
	The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of5. Yearsending on22.00.2029
,	<ul> <li>(a) Name and address of the ART Bank: Amounth a Factility and IVF (A unit of Vasudha Healthgare Pvt Ltd), D.No:2-39-1/3, Sector-10, MVP Colony, Visakhapatnam</li> <li>(b) Type of institution (Govt / Private): Private</li> </ul>
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.
3.	Registration No. allotted: AP/AB/2024/.11425/AB/VISAKHAPATNAM/242
4.	Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from . 23, 95, 2024. to 22, 05, 2029
	Signature, Name and Designation of the Appropriate Authority  SEAL

Date: 23.05.2024

Place: Visakhapatnam

District Appropriate Authority & District Medical and Health Officer Visakhapatnam

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