





## FORM 3 [See rule 8]

## Certificate of Registration

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

am/ 188

		AP/AB/2023/11228/AB/Visakhapatn
1.	ART	exercise of the powers conferred under Section 16 (I) of the Assisted Reproductive choology (Regulation) Act, 2021, the Appropriate Authority hereby grants registration to the Clinic named below for purposes of carrying on: Assisted Reproductive Technology cedures as per the aforesaid Act, for a period of 5 Years
	(a)	Name and address of the ART Clinic:NA
		***************************************
	(b)	Type of institution (Govt. or Private):
	(c)	Type of facility (Level 1 or Level 2) :
		OR
	17. (7.50)	ART Bank named below for purposes of carrying out activities and procedures as per aforesaid Act for a period of
	(a)	Name and address of the ART Bank: Kutumb IVF Fertility Centre, #18-1-66, Padmaja Plaza, KGH Down Road, Visakhapatnam
	(b)	Type of institution (Govt. / Private): Private
2.	contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.	
4.	Peri	iod of validity of earlier Certificate of Registration (for renewed Certificate of istration only) fromNA toNA
		Signature, Name and Designation of
		the Appropriate Authority
		SEAL VICE CHAIRMAN
	Date	District Appropriate Authorise

Place:

Visakhapatnam

Surrogacy & ART ACT 2021 Visakhapatnam Dist, Visakhapatnam

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