



FORM 3

[See rule 8]

Certificate of Registration

ART clinic (Level 1/Level 2) ART bank

(To be issued in duplicate)

Certificate no. AP/AC/2024/15292/L2/EASTGODAVARI/220

1. In exercise of the powers conferred under Section 16 (l) 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 Clinic Level - 2**

OR

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

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

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

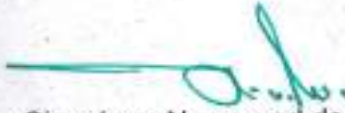
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.

3. Registration No. allotted: **AP/AC/2024/15292/L2/EASTGODAVARI/220** Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from: ...NIL..... to.....NIL.....

Date: 21-03-2024

Place: Rajamahendravaram




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**

**East Godavari District
Rajamahendravaram.**

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