

FORM3

[See rule 8]

Certificate of RegistrationART clinic (Level 1/Level 2)-ART bank (To
be issued in duplicate)Certificate no. : **AP/AC/2024/15399/L1/ANNAMAYYA/266**

exercise of the powers conferred under Section 16 (I) of the Assisted Reproductive Technology (Regulation) Act-2021, the Appropriate Authority here by 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 from 20.09.2024 ending on 19.09.2029.**

Name and address of the ART Clinic	SRINIVASA NURSING HOME, D.NO:2-990, S.V.DELUXE ROAD, PILER – 517 214, ANNAMAYYA DIST.
Type of institution (Govt. or Private)	PRIVATE
Type of facility (Level 1 or Level 2)	LEVEL - 1

OR


ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of **NOT APPLICABLE** ending on **NOT APPLICABLE**

Name and address of the ART Bank: **NOT APPLICABLE**Type of institution (Govt./Private) : **NOT APPLICABLE**

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 after the expiry of the said period of five years.

Registration No. Allotted : **AP/AC/2024/15399/L1/ANNAMAYYA/266**

Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration) from **NOT APPLICABLE** to **NOT APPLICABLE**


Signature, Name and Designation of

the Appropriate Authority

SEAL