



FORM 3

[See rule 8]

**Certificate of Registration**

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

Certificate no. : AP/AC2024/15938/L2/KAKINADA/271

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 from 25-10-2024 ending on 24-10-2029

Name and address of the ART Clinic : **DR. N. KINNERA VEENA,  
MEDWAY SANJIVI HOSPITALS, D.NO. 11-11-1,  
5<sup>th</sup> FLOOR, NEAR NOOKALAMMA TEMPLE,  
RAMARAOPETA, KAKINADA,  
KAKINADA DISTRICT, A.P, 533 004.**

- (a) Type of institution (Govt. or Private): **Private**  
(b) Type of facility (Level-1 or Level 2) : **Level -2**

OR

The 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

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

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/AC2024/15938/L2/KAKINADA/271
4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only ) from NIL to NIL

Date : 30-10-2024

Place : KAKINADA



Signature, Name and Designation of  
the Appropriate Authority

SEAL

**VICE CHAIRMAN**  
**District Appropriate Authority &  
District Medical & Health Officer**  
**Surrogacy & ART Act 2021**  
**Kakinada Dist, Kakinada.**

*Handwritten signature and date: 30/10/24*