National
ART &
Surrogacy

FORM 3
[See rule 8]
Certificate of Registration
ART clinic (Level 1/Level 2) ART bank
(To be issued in duplicate)

Certificate No. :01/2023/AP/L1

1. 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 **28.01.2023** ending on **27.01.2028**.

   (a) Name and address of the ART Clinic : **JayaSree Hospital, Main Road, Parvathipuram**

   (b) Type of institution (Govt. or Private) **Private**

   (c) Type of facility (Level 1 or Level 2) : **Level - 1**

   OR

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

   (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/Ac01/2023/12585/L1/ PVPM/64.**

4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) : **Not Applicable.**

Signature, Name and Designation
of the Appropriate Authority
SEAL Dist. Medical & Health Officer
PARVATHIPURAM
Manyam District

Date: 28. 01.2023

Place: **Parvathipuram**

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