





FORM3 [Seerule8] CertificateofRegistration

ARTclinic(Level1/Level2)ARTbank (To be issued in duplicate)

Certificate No.: AP/AC/2022/12860/L2/VIZIANAGARAM/17

 In exercise of the powers conferred under Section 16 (I) of the Assisted Reproductive Technology (Regulation)Act,2021,theAppropriateAuthority herebygrants 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 <u>Five Years</u> from 19/12/2022...ending on....18/12/2027.....

Name and address of the ART Clinic: Dr. B. Sirisha Rani,

VIZAG IVF CENTER

2nd floor Venkateshwara complex, 100 Ft Ring Road,

Dharmapuri Junction, Vizianagaram. Vizianagaram District, A.P. 535 002.

(a) Typeofinstitution (Govt.orPrivate): Private

(b) Typeoffacility(Level1orLevel2) : Level - 2

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Actfor a period of Not Applicable ending on Not Applicable.

Name and address of the ART Bank:.....Not Applicable.....

- (a) Typeofinstitution(Govt./Private):.....Not Applicable......
- 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.
- Registration No.allotted: AP/AC/2022/12860/L2/VIZIANAGARAM/17

Vizianagaram Dist.

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Surrogacy 6 ART Act 2021

Date:

Place: Vizianagaram

Signature, Name and designation of

the Appropriate Authority

District Appropriate Authority & District Medical & Health Officer

Surrogacy & ART Act-2021 Vizianagaram Dist.

Displayonecopyofthiscertificateataconspicuousplaceattheplaceof business *Strickoutwhicheverisnotapplicableornecessary