





OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER :: CHITTOOR DISTRICT FORM 3

[See rule 8]

CERTIFICATE OF REGISTRATION ART Clinic (Level 1/ Level 2) ART bank

(To be issued in duplicate)

Ce	ertificate no: AP/AC/2022/13521/L1/CHITTOOR/68
1. In exercise of the powers conferred under Sec	tion 16 (I) of the Assisted Reproductive Technology
(Regulation) Act, 2021, the Appropriate Authori	ty hereby grants registration to the ART Clinic named
below for purposes of carrying on: Assisted I aforesaid Act for a period of	Reproductive Technology procedures as per the 19-03-2028 Saai Ram ART Clinic, Saai Ram Multi, Speciality Hospital, D.No:13-209/3, Lingayath Street, Kothapeta, Palamaner, Chittoor District, A.P.
(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	of carrying out activities and procedures as per the
aforesaid Act for a period of	.ending on
(a) Name and address of the ART Bank	Not Applicable
(b) Type of institution (Govt. / Private)	* *************************************
	aforesaid Act and Rules there under and any sion or cancellation of this certificate of registration ars.
3. Registration No. allotted: AP/AC/2022/13	3521/L1/CHITTOOR/68
4. Period of validity of earlier Certificate of Reg	istration (for renewed Certificate of Registration only)
from to	
Date: 20-03-2023	7 ably 3023
Place: CHITTOOR SEAL SEAL SEAL STATE ST	District Medical & Health Officer, Vice-Chairman, ARC& Surrogacy Act-2021 Chittoor District. Signature, Name and Designation of the District Appropriate Authority
strict Immuization Officer	A AND DANK ALL WAS SECURE
trict Display one copy of this certificate at a cons *Strick out whichever is not applicable or ne	spicuous place at the place of business cessary
Chittoor District	