





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)

C	ertificate no: AP/AC/2022/13654/L1/CHITTOOR/67
1. In exercise of the powers conferred under Sec	ction 16 (I) of the Assisted Reproductive Technology
(Regulation) Act, 2021, the Appropriate Author	rity hereby grants registration to the ART Clinic named
below for purposes of carrying on: Assisted aforesaid Act for a period of 5 years	
(a) Name and address of the ART Clinic :	Preetham Hospital, D.No:2-5/1, Kangareddypalli, Near RTC Over Bridge, Officers Lane, Chittoor, 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 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)	· ······
	e aforesaid Act and Rules there under and any sion or cancellation of this certificate of registration ears.
Registration No. allotted: AP/AC/2022/1	3654/L1/CHITTOOR/67
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	10.000 (0.000
from	gistration (for renewed Certificate of Registration only)
Date: 20-03-2023	Jack 19023
Place: CHITTOOR	District Medical & Health Officer,
Chittoor)	Chittoor District.
District Immulization Officer	Signature, Name and Designation of the District Appropriate Authority
District Nodal Officer (PC&PNDT) Display one copy of this certificate at a con-	
*Street GOT Wischet er is not applicable or ne	ecessary