





## 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)

	Certificate no: AP/AC/2022/13660/L2/CHITTOOR/66
1. In exercise of the powers conferred under Se	ection 16 (I) of the Assisted Reproductive Technology
(Regulation) Act, 2021, the Appropriate Author	ority hereby grants registration to the ART Clinic named
	Reproductive Technology procedures as per the
(a) Name and address of the ART Clinic :	Dr.Ramalakshmi Infertility Centre, D.No:17-434, Sundarayyar Street, Chittoor, Chittoor District, A.P.
(b) Type of institution (Govt. or Private)	. Private
(c) Type of facility (Level 1 or Level 2)	Level - 2
	OR
The ART Bank named below for purposes	s 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)	1
This registration is granted subject to the contravention there of shall result in suspendence the expiry of the said period of five years.	ne aforesaid Act and Rules there under and any nsion or cancellation of this certificate of registration years.
3. Registration No. allotted: AP/AC/2022/	13660/L2/CHITTOOR/66
4. Period of validity of earlier Certificate of Reference to	egistration (for renewed Certificate of Registration only)  District Modical & Registration only)
District Immulation Office	Vice-Chairman, ART & Surrogacy Act-2021 Chittoor District. Signature, Name and Designation of the District Appropriate Authority
istrict Nodal Officer (PCR propriet	
Display one copy of the Dertificate at a co	nspicuous piace at the piace of business necessary
Street out willished in a not applicable of	