





## FORM 3 [See rule 8]

## Certificate of Registration

ART clinic (Level 1/Level 2) ART bank (To be issued in duplicate)

	(10 bb ibbabb in depriority)	
	Certificate no.:	
L	n 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	
	(a) Name and address of the ART Clinic: SISU Fertility Centre,	
	#18-1-65, KGH Down Road, Visakhapatnam	
	(b) Type of institution (Govt. or Private): Private	
	(c) Type of facility (Level 1 or Level 2) : Level-2	
4	OR	
	The ART Bank named below for purposes of carrying out activities and procedures as the aforesaid Act for a period of	per
	(a) Name and address of the ART Bank: =-NA	
	(b) Type of institution (Govt. / Private):	
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/AC/2023/14558/L2/VISAKHAPATNAM/189	
4.	Period of validity of earlier Certificate of Registration (for renewed Certificate Registration only ) from	e of
	Signature, Name and Designation	1 245
	the Appropriate Authority	
	SEAL VICE CHAIRMAN District Appropriate Author	N 2
	Date: 30 . 12 . 2023 Surrogacy & ART ACT 20	flic
	Place: Visakhapatnam Dist, Visakhap	

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

Place: Visakhapatnam