



FORM 3

[See rule 8]

**Certificate of Registration**

ART clinic (Level 1/Level 2) ART bank

(To be issued in duplicate)

Certificate no. : 01

1. In exercise of the powers conferred under Section 16 (1) 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 26-12-2022 ending on 25-12-2027

Name and address of the ART Clinic : **DR. A.A.L. SATYAVATHI,  
SRUJANA MULTI SPECIALITY HOSPITAL,  
D.No.2-27-24/1, Gokul street, Sri Nagar, Kakinada,  
Kakinada District, A.P, 533003.**

(a) Type of institution (Govt. or Private) : **Private**

(b) Type of facility (Level 1 or Level 2) : **Level 2**

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of NOT APPLICABLE ending on NOT APPLICABLE

Name and address of the ART Bank: NOT APPLICABLE

(a) Type of institution (Govt. / Private): NOT APPLICABLE

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: 001 / 2022
4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only ) from NIL to NIL

Signature, Name and Designation of  
the Appropriate Authority  
**VICE CHAIRMAN**  
SEAL **District Appropriate Authority &  
District Medical & Health Officer  
Surrogacy & ART Act 2021  
Kakinada Dist, Kakinada**

Date: 27-12-2022

Place: KAKINADA

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