



National ART & Surrogacy



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/2024/16095/L1/ANNAMAYYA/298**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act-2021, the Appropriate Authority here by 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 **Five Years** from **26.08.2025** ending on **25.08.2030**.

- a) Name and address of the ART Clinic **BHAVANA NURSING HOME,
WARD NO:2/20, G-9, BOYA PALEM,
NEAR RTC BUS STAND, RAJAMPETA - 516 115,
ANNAMAYYA DIST.**
- b) Type of institution (Govt. or Private) **PRIVATE**
- c) Type of facility (Level 1 or Level 2) **LEVEL - 1**

OR

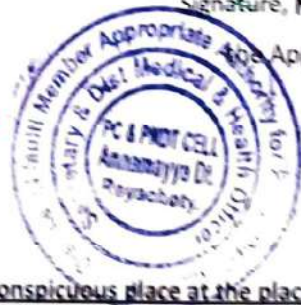
The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of **NOT APPLICABLE** ending on **NOT APPLICABLE**

- (a) Name and address of the ART Bank: **NOT APPLICABLE**
- (b) 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 : **AP/AC/2024/16095/L1/ANNAMAYYA/298**
4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from **NOT APPLICABLE** to **NOT APPLICABLE**

Signature, Name and Designation of

Date :

Place :



Appropriate Authority
DISTRICT APPROPRIATE AUTHORITY
SEAL
ACT/SURROGACY Act 2021
MEDICAL & HEALTH OFFICER
RAJAMPETA, ANNAMAYYA DIST.

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