



National
ART &
Surrogacy



FORM3

[See rule 8]

Certificate of Registration

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

Certificate no.: L2/ATP/AP/11

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 03/05/2025 Ending on 02/05/2030

(a) Name and address of the ART Clinic : Dr. P. Rajya Lakshmi, MBBS, DGO., SHREYA HOSPITAL, D.No. 13-2-143, Shiridi Nagar, Near RTC busstand, Anantapuramu

(b) Type of institution (Govt. or Private) : Private

(c) Type of facility (Level1orLevel2) : 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

(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/2024/16486/L2/ANANTHAPUR/309

4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registrationonly) from NIL to NIL



Date : 03.05.2025
Place : Anantapuramu

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

E. B. Rao
Signature, Name and Designation
District Appropriate Authority &
Of the Appropriate Authority &
District Medical & Health Officer,
District ART & Surrogacy Act 2021
Anantapuramu
Anantapuramu District

23/12/25
Date

