



### FORM3

[See rule 8.]

**Certificate of Registration**

#### ART clinic (Level 1/Level 2) ART bank

(To be issued in duplicate)

Certificate no: AP/AC/2025/16228/L1/SPSR NELLORE /325

1. In 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 **Five Years** From : **22.07.2025** Ending on **21.07.2030**.

(a) Name and address of the ART Clinic:

**Lotus Hospital ,  
D.No: 16-02-50 & 51, Near S2 Cinema Hall,  
Pogathota, Nellore, SPSR Nellore District,  
Andhra Pradesh.**

(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

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: AP/AC/2025/16228/L1/SPSR NELLORE /325.
4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from: Nil to: Nil

Date : 22.07.2025

Place : Nellore.

Signature, Name and Designation of  
V. S. Pathak, I.A.S.

**SEAL Vice Chairman  
District Appropriate Authority &  
District Medical And Health Officer  
ART & Surrogacy Acts 2021  
SPSR Nellore District.**

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