



FORM3

[See rule 8]

**Certificate of Registration**

ART clinic (Level 1/Level 2) ART bank

(To be issued in duplicate)

Certificate no: **AP/AB/2025/11650/AB/SPSR NELLORE/327**

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 **Not Applicable**.

- (a) Name and address of the ART Clinic: **Not Applicable**  
(b) Type of institution (Govt. or Private) : **Not Applicable**  
(c) Type of facility (Level 1 or Level 2) : **Not Applicable**.

OR

The ART Bank named below for purposes of carrying out activities and 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 Bank:

**Mythri Fertinest ,  
PMR Arcade, 3<sup>rd</sup> Floor, Mini Bypass Road,  
Nellore, SPSR Nellore District,  
Andhra Pradesh.**

- (a) Type of institution (Govt./ Private) : **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/AB/2025/11650/AB/SPSR NELLORE/327**.
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.**



*V. Sujatha*  
Signature, Name and Designation of  
the Appropriate Authority

**SEAL**  
**Vice Chairman**  
**District Appropriate Authority &**  
**District Medical And Health Officer**  
**ART & Surrogacy Act 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**