



FORM 3

[See rule 8]

**Certificate of Registration**

ART clinic (Level-1) (Level-2) (ART Bank)

(To be issued in duplicate)

Certificate no: **AP/AB/2025/11755/AB/VIZIANAGARAM/354**

1. In exercise of the powers conferred under Section 16 (I) 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 NA.....

(a) Name and address of the ART Bank : **AMRUTHA HOSPITAL**  
No, 60/1 D.No 6-615 Srikakulam Road  
Rajaam, Vizianagaram, 535127  
Andhra Pradesh.

(b) Type of institute on (Govt. or Private) : **Private**

(c) Type of facility (Level 1 or Level 2) : **ART Bank**

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 **17.12.2025** ending on **16.12.2030**

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/2025/11755/AB/VIZIANAGARAM/354**

4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from: ... **NA** ..... to ..... **NA** .....



Signature, Name and designation of the Appropriate Authority

SEAL

Date:

Place: Vizianagaram

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

Received

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