



National
ART &
Surrogacy



FORM3

[See rule 8]

Certificate of Registration
ARTclinic (Level-1) (Level-2) (ARTBank)
(To be issued in duplicate)

BO/mt

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

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 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 (Level1 or Level2) : ART Bank

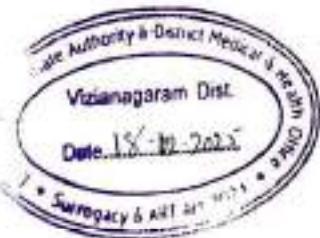
OR

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

Mch. Chellu
S/CEO DEMO

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

P. N. Venk

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