



FORM 3

[See rule 8]

**Certificate of Registration**

ART clinic (Level 1/Level 2) ART bank

(To be issued in duplicate)

Certificate no.: AP/AC/2024/16700/L2/PALNADU/329.

1. In exercise of the powers conferred under Section 16 (l) 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 29.08.2025 ending on 28.08.2030

(a) Name and address of the ART Clinic : DR.SAIDHABI SHAIK,  
STAR HOSPITALS & IVF CENTER  
D.No.20-1-9 GUNTUR ROAD  
NARASARAOPET PALNADU

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

(c) Type of facility (Level 1 or Level 2) : 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/2024/16700/L2/PALNADU/329.

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



*[Signature]*  
Vice Chairman  
Signature, Name and Designation of  
**DISTRICT APPROPRIATE AUTHORITY AND**  
the **DISTRICT MEDICAL & HEALTH OFFICER**  
For ART/SURROGACY ACT-2021  
PALNADU DISTRICT.

*[Handwritten initials]*  
SEAL  
DEMO

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