



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/2025/16203/L1/VISAKHAPATNAM/303

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 5 Years ending on 10.04.2030

(a) Name and address of the ART Clinic : KIMS ICON Hospital (A Unit of ICONKRISHI Institute of Medical Services Pvt Ltd.), Sheela Nagar, Visakhapatnam

(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 NA ending on NA

(a) Name and address of the ART Bank: NA

(b) Type of institution (Govt. / Private): NA

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/2025/16203/L1/VISAKHAPATNAM/303

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

P. Jayadev
Signature, Name and Designation of 22/4/25

the Appropriate Authority

SEAL

Date: 11.04.2025

Place: Visakhapatnam

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