



61-2  
30/9/25

FORM 3

[See rule 8]

**Certificate of Registration**

ART clinic (Level 1/Level 2) / ART bank

(To be issued induplicate)

Certificate no. : **AP/AC/2025/16832/ L1/ WEST GODAVARI / 331**

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 Level-1 named below for purposes of carrying on: ART LEVEL-1 procedures as per the aforesaid Act, for a period of ..18-09-2025...ending on ..17-09-2030.

(a) Name and address of the ART LEVEL-1 :...**SVR MATERNITY HOSPITAL, IRRINKI VARI STREET, JP ROAD, BHIMAVARAM**

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

(c) Type of facility (Level 1 or Level 2) :.....ART LEVEL-1

OR

The ART Bank named below for purposes of carrying out activities and pprocedures as per the aforesaid Act for a period of **18-09-2025**....ending on...**17-09-2030**.....

(d) Name and address of the ART Bank: ... **SVR MATERNITY HOSPITAL, IRRINKI VARI STREET, JP ROAD, BHIMAVARAM**

(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/AC/2025/16832/ L1/ WEST GODAVARI / 331**

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



Date: 18-09-2025

Place: BHIMAVARAM, W G DIST.

Signature, Name and Designation of the Appropriate Authority  
SEAL

*[Handwritten Signature]*  
18/9/25  
District Medical & Health Officer  
& District Registering Authority  
West Godavari Dist., Bhimavaram

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