



FORM 3

[Seerule8]

**Certificate of Registration**

ART clinic (Level 1/Level 2) ART bank (To be issued in duplicate)

Certificate no AP/AC/2024/15888/L2/SRI SATHYA SAI/289

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 30/11/2024 ending on 29/11/2029

(a) Name and address of the ART Clinic: Dr. A.L.NANDITHA, Gynecologist

Vasuki Fertility

D.no.4-5-680-1/6-14 F, Chaitanya Nagar,

HINDUPUR

(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/2024/15888/L2/SRI SATHYA SAI/289

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

Signature, Name and Designation of

the Appropriate Authority

SEAL

Date:

Place:

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