



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/2025/16857/L1/ANNAMAYYA/336

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 Five Years from 03.09.2025 ending on 02.09.2030.

- a ) Name and address of the ART Clinic      SHIFA WE CARE FERTILITY AND MULTI SPECIALITY HOSPITAL,  
D.NO:4-3-A-2,KRISHNA NAGAR-2,MADANAPALLE RAJAMPETA – 517 325, ANNAMAYYA DIST.
- b) Type of institution(Govt.orPrivate)      PRIVATE
- c) Type of facility (Level1 or Level2)      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 NOT APPLICABLE ending on NOT APPLICABLE

- (a) Name and address of the ARTBank: 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/2025/16857/L1/ANNAMAYYA/336
- 4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only ) from NOT APPLICABLE to NOT APPLICABLE

*[Signature]*  
Signature, Name and Designation of

the Appropriate Authority



*[Signature]*  
Date

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**