



FORM 3

[See rule 8]

**Certificate of Registration**

ART clinic (Level 1/Level 2) ART bank

(To be issued in duplicate)

AP/AC/2023/14285/L2/PRAKASAM  
Certificate no. : ..... /14

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 22-04-2023 ending on 21-04-2028

- (a) Name and address of the ART Clinic : ORCHID FERTILITY CENTRE  
4-49(2), NEAR VIJAYA HOSP, 50 FEET ROAD, NEAR RTC DEPOT
- (b) Type of institution (Govt. or Private): PRIVATE SATYANARAYANAPURAM
- (c) Type of facility (Level 1 or Level 2) : LEVEL - 02 ONGOLE

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of NILL ending on NILL

- (a) Name and address of the ART Bank: NOT APPLICABLE  
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/2023/14285/L2/PRAKASAM/14

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

*For abhineem*

Signature, Name and Designation of

the Appropriate Authority  
**VICE CHAIRMAN**  
SEAL District Appropriate Authority &  
District Medical & Health Officer,  
Surrogacy & ART Act 2021  
Ongole, Prakasam District.

Date: 30-06-2023

Place: ONGOLE

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