National
ART &
Surrogacy

FORM 3

[See rule 8]

Certificate of Registration

ART clinic (Level 1/Level 2) ART bank

(To be issued in duplicate)

Certificate no. : **AP/AB/2022/10477/AB/TIRUPATI/286**

9. 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 , ending on

(a) Name and address of the ART Clinic : **Not Applicable**.

(b) Type of institution (Govt. or Private): **Not Applicable**

(c) Type of facility (Level 1 or Level 2) . **Not Applicable**

OR

The ART Bank named below for purposes of carrying out activities and pprocedures as per the aforesaid Act for a period of 03-12-2024 ending on 02-11-2029.

(u) Name and address of the ART Bank: **LAVANYA FERTILITY AND WOMEN HEALTH CENTER,**
D.NO:15-2,R.S.Copound,Opp Reliance Trends , Near D-Mart Mangalam Road,Tirupati,Tirupati District.

(v) Type of institution (Govt. / Private): **PRIVATE**

10. 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.

11. Registration No. allotted: **AP/AB/2022/10731/AB/TIRUPATI/111**

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

Signature, Name and Ddesignation
ofthe Appropriate Authority
SEAL
District Medical & Health Officer,
Vice-Chairman, ART & Surrogacy Act-2021
Tirupathi District.

Date: 03/12/2024

Place: Tirupati

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