FORM3

[Seerule8]

Certificate of Registration

ART Level - 1 /~~Level2~~) ~~ART Bank~~ (To be issued in duplicate)

Certificate no: **AP/AC/2026/17770 /L1/VIZIANAGARAM/370**

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 NA

   Name and address of the ART Clinic : **Oasis Fertility A Unit of Sadguru Health Care Servises Pvt. Ltd. Dr.NO: 20-18/1, Second Floor , Amara Towers, Krishna Rajapuram, Near Ice Factory Junction. Vizianagaram.**

   Type of institute on (Govt.orPrivate) : **Private**

   (a) Type of facility (Level1orLevel2) : **ART Level - 1**

   OR

   The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Actfor a period of FIVE Years from **03.06.2026** to **02.06.2031.**

   Name and address of the ART Bank:.....**Not Applicable**.....

   (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/2026/17770 /L1/VIZIANAGARAM/370**

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

Signature,Name and designation of the Appropriate Authority

SEAL

Vice Chairman
District Appropriate Authority &
District Medical & Health Officer
Surrogacy & ART Act-2021
Vizianagaram Dist.

DY HEO DEHO

Date:
Place:Vizianagaram

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

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