

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER

VIZIANAGARAM District

Acknowledgment for ART/Surrogacy application for registration

No: AP/SC/2026/11313

The application for ART Bank / ART Clinic (Level -1) / ART Clinic (Level-2) / Surrogacy Clinic (Surrogacy Clinic by Dr. Mohini Sombayy (Name and address of applicant) has been received by the Appropriate Authority...18/05/2026.....on (date).

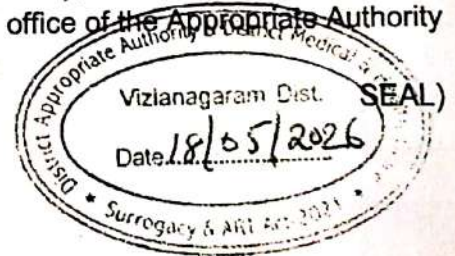
*The list of enclosures attached to the application

- | | |
|---|--------------------|
| 1. Application form | {Yes/No} |
| 2. MTP Certificate (if Yes in application form column no.-3(1)) | {Yes/No} |
| 3. PNDT Certificate (if Yes in application form column no.-3(2)) | {Yes/No} |
| 4. Director Certificate of qualification (if Yes in application form column no.- 4) | {Yes/No} |
| 5. Qualification certificates of Staff | |
| a. Gyneacologist | {Yes/No} |
| b. Anesthetist | {Yes/No} |
| c. Clinical Embryologist | {Yes/No} |
| d. Andrologist | {Yes/No} |
| e. Counsellor | {Yes/No} |
| 6. DD for Rupees enclosed | 2,00,000/- Rupees. |

DD No: 268023.

DD Date: 11/05/2026.

(Sue)
Signature of Appropriate Authority
Authority, or authorised person in the
office of the Appropriate Authority



Date: 18/05/2026

Place: Vizianagaram.

*Strike out whichever is not applicable or not necessary.
All enclosures are to be authenticated by signature of the applicant.

Received by
P. Puneeth Kumar
9618175708
20-05-26
P. Puneeth Kumar