FORM 3

[See rule 8]

Certificate of Registration

ART clinic (Level 1/Level 2) / ART bank/ ART Surrogacy

(To be issued induplicate)

Certificate no. :**AP/AC/2026/17953/L2/ WEST GODAVARI / 374**

1. 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 & SURROGACY named below for purposes of carrying on: ART SURROGACY procedures as per the aforesaid Act, for a period of ..12-06-2026...ending on .11-06-2031.

   (a) Name and address of the ART LEVEL-2 :....**PALLAVI SUDHIRS MEDICARE, PALLAVI FERTILITY, D.NO. 24-10-3, REVENUE WARD NO.1, DNR COLLEGE ROAD, BHIMAVARAM, W.G.DISTRICT**

   (b) Type of institution (Govt. or Private):...PRIVATE

   (c) Type of facility (Level 1 or Level 2) :.....**LEVEL-2**

   OR

   The ART Bank named below for purposes of carrying out activities and pprocedures as per the aforesaid Act for a period of **0**....ending on...**0**...

   (a) Name and address of the ART SURROGACY: ... **PALLAVI SUDHIRS MEDICARE, PALLAVI FERTILITY, D.NO. 24-10-3, REVENUE WARD NO.1, DNR COLLEGE ROAD, BHIMAVARAM, W.G.DISTRICT,**

   (b) 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/2026/17953/L2/ WEST GODAVARI / 374**

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

District Medical & Health Office * W.G. Dist., BHIMAVARAM *

Signature, Name and Ddesignation of the Appropriate Authority

SEAL

12/6/26

District Medical & Health Officer
& District Registering Authority
West Godavari Dist., Bhimavaram.

Date: 12-06-2026

Place: BHIMAVARAM, W G DT

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