FORM3

[Seerule8]

**Certificateof Registration**

ART clinic (Level1/Level2) ART bank (To be issued in duplicate)

Certificate no **AP/AC/2025/16314/L1/SRI SATHYA SAI/383**

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 of 04/06/2026 ending on 03/06/2031

(a) Name and address of the ART Clinic: Faria Maternity & Child Clinic

D.no.26-4848,RPGT Road

HINDUPUR

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

(c) Type of facility(Level1or Level2): Level -1

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Actfor a period of Not Applicable ending on Not Applicable

(a) Name and address of the ART Bank 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/2025/16314/L1/SRI SATHYA SAI/383**

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

Signature,NameandDesignationof theAppropriate Authority

SEAL

Dist.Medical & Health Officer
Sri Sathya Sai (Dist.)
PUTTAPARTHY (A.P.)

Date: 22 -06-2026

Place:Puttaparthi.

**Display one copy of this certificate at aconspicuous place at the place of business**
***Strick out which ever is not applicable or necessary**