



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/2024/11354/AB/TIRUPATI/207

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 Clinic named below for purposes of carrying on: Assisted Reproductive Technology procedures as per the aforesaid Act.

- (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 procedures as per the aforesaid Act for a period of 05 Years ending on 04-08-2031.

- (a) Name and address of the ART Bank : SUBHASHINI FERTILITY CENTRE,
D.No.3-5&6, Kapu Street, Puttur, Tirupati 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: Online application no. /Level of ART clinic or ART Bank / District name/ Certificate no. AP/AB/2024/11354/AB/TIRUPATI/207
4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from NIL to NIL.

Signature, Name and Designation of
the Appropriate Authority

SEAL

District Medical & Health Officer
Vice-Chairman, ART & SURROGACY Act-2021
Tirupati District

Date : 05-08-2026.

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