National ART & Surrogacy

NATIONAL HEALTH MISSION

FORM3

[See rule 8]

Certificate of Registration

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

(To be issued in duplicate)

Certificate no. : **AP/AC/2026/17555/L2/NANDYAL /389**

1. In exercise of the powers conferred under Section 16 (I) of the Assisted ReproductiveTechnology (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 Five Years from 06-07-2026 ending on 05-07-2031**

a) Name and address of the ART Clinic	**THE SARAH IVF CENTRE** **A UNIT OF RAPHA HOSPITAL** **H NO: 26-130-B** **OPPSITE :ITC, GNANAPURAM,** **NANDYAL TOWN, AP.**
b) Type of institution(Govt.orPrivate)	**PRIVATE**
c) Type of facility (Level1 or Level2	**LEVEL - 2**

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of **NOT APPLICABLE** ending on **NOT APPLICABLE**

(a) Name and address of the ARTBank: **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/2026/17555/L2/NANDYAL/389**

4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from **NOT APPLICABLE** to **NOT APPLICABLE**

Received original copy from DSMO office of ITC DM&HO Nandyal.

MP DEMO 25-07-2026

Signature, Name and Designation of the Appropriate Authority

SEAL

District Medical & Health Officer
Nandyal

Date : 06-07-2026

Place:NANDYAL

28/7/26

97033 ₹1000