National ART & Surrogacy

FORM3

[See rule 8]

Certificate of Registration

ART clinic (Level 1/~~Level 2) ART bank~~ (To be issued in duplicate)

Certificate no. : **AP/AC/2025/16375/L1/ANNAMAYYA/306**

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 31.12.2024 ending on 30.12.2029**.

a) Name and address of the ART Clinic — **CHINNARI HOSPITAL, D.NO.2-2946,MALLELA VARI STREET, PILER – 517 214, ANNAMAYYA DIST.**

b) Type of institution(Govt.orPrivate) — **PRIVATE**

c) Type of facility (Level1 or Level2 — **LEVEL - 1**

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/2025/16375/L1/ANNAMAYYA/306**

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

02/05/25

Signature, Name and Designation of the Appropriate Authority

DISTRICT APPROPRIATE AUTHORIITY
ART Act / SURROGACY Act 2021
DIST. MEDICAL & HEALTH OFFICER
RAYACHOTY, ANNAMAYYA DIST.

SEAL

District Medical & Health Officer

Date :

Place:

Display one copy of this certificate at a conspicuous place at the place of business

***Strike out whichever is not applicable or necessary**