

CMHO Phone :- 07162-243442  
NRHM Phone :- 07162- 247559



CMHO Email:- cmhoch@mp.nic.in  
NRHM Email :- dpmuchi@mp.nic.in

कार्यालय मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी छिन्दवाड़ा

FORM 3

[See rule 8]

Certificate of Registration  
ART Clinic (Level 1/ Level 2)ART Bank  
( To be issued in duplicate)

Certificate No: MP/CHHINDWARA/ART Level-2 Clinic/12218

1- in exercise of the powers conferred under section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority CHHINDWARA Hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 28-07-2023 ending on 31-03-2028

(a) Name and address of the ART Clinic :- Dubey Nursing Home, H No 563 KUKDA  
JAGAT, City Chhindwara

(b)Type of Institution (Government or private ) and :- Private

(c)Type of facility : Level 1 or Level 2 :- ART Level - 2

OR

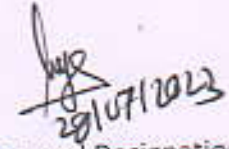
The Art Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of NiLL ending of NiLL

(a) Name and address of the ART Bank :- NiLL

(b)Type of Institution (Government or private ) and :- NiLL

- 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 saidperiod of five years
- 3- Registration No. allotted
- 4- For renewal certificate of registration only:

Period of validity of earlier Certificate from 28-07-2023 to 31-03-2028

  
Signature, Name and Designation of  
The Appropriate Authority

Date:- 28-07-2023  
Place:- CHHINDWARA

SEAL

Display one copy of this certificate at a conspicuous place of business.  
Strike out whichever is not applicable or necessary