

FORM 3 [See rule 8 ]  
Certificate Of Registration  
ART clinic (Level 1/Level 2) / ART bank  
(To be issued in duplicate)

Certificate No. 4

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **CIVIL SURGEON, KTS GENERAL HOSPITAL, GONDIA** 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 **Five years** ending on **17/10/2030**

(a) Name and address of the ART Clinic :- **Ankur Test Tube Baby and Research Centre, Chitnavis Nursing Home And Accident Hospital, Ganesh Nagar, Gondia**

(b) Type of institution (Government or Private) and **PRIVATE HOSPITAL**

(c) Type of facility: Level 1 or Level 2. **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 **N/A** ending on .....

(a) Name and address of the ART Bank; **N/A**

(b) Type of institution (Govt. / Private). **N/A**

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 :- **MH/AC/2022/11233/L2/Gondia/234**

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from:- **18/10/2025 to 17/10/2030**

Date:- 18/10/2025

Place: Gondia



  
Civil Surgeon  
KTS General Hospital, Gondia  
**CIVIL SURGEON**  
**KTS. GEN. HOSPITAL**  
**GONDIA**