



FORM 3

{See rule 8}

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

Certificate No:- .....

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act 2021, 2021 the Appropriate Authority CIVIL SURGEON, DISTRICT GENERAL HOSPITAL WARDHA Hereby grants registration to the ART Clinic named below for purpose of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of Ending on -----

(a) Name and address of the ART Clinic

(b) Type of institution - (Government / Private) and-----

(c) Type of facility - (Level 1 and Level 2)

**OR**

The ART Bank named,

Wardha Test Tube Baby Center, Acharya Vinoba Bhave Rural Hospital Sawangi Meghe, Wadha, Taluka & Distict-Wardha.

below for purpose of carrying out activites and procedures as per the aforesaid Act for a period of--- 5 Years. ending on--2029

(a) Name and address of the ART Bank: Wardha Test Tube Baby Center

(b) Type of institution ( 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 concellation of this certificate of registration before the expiry of the said period of five years.

3. Registraion No.allotted :- **MH/AB/2022/10637/Wardha/15**

4. For renewal Certificate of Registraion only:

Period of Validity of earlier Certificate of Registration : **04/09/2024 to 03/09/2029**



Signature Name and Designation of  
The Appropriate Authority

General Hospital, Wardha

Date: 04/09/2024

Place: Wardha

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

Strike out whichever is not applicable or necessary.