



GOVERNMENT OF MAHARASHTRA

# CERTIFICATE OF REGISTRATION

Form 3 (See Rule 8)

ART clinic (level 1/ level 2) ART bank  
(to be issued in duplicate )

Certificate No. 1

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority: CIVIL SURGEON  
DIST. GEN. HOS. AMRAVATI 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 5 yrs ending on 24.10.2030

(a) Name and address of the ART Clinic: Dr. Amal Chinchale  
Sai Hospital Maternity and Surgical Nursing Home,  
Achalpur Road, near Gulab Bag, Paratwada.

(b) Type of institution :- Government  or Private

(c) Type of facility: Level 1  or 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 \_\_\_\_\_ ending on \_\_\_\_\_

(a) Name and address of the ART Bank: \_\_\_\_\_  
Not Applicable

(b) Type of institution :- Government  or 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 cancellation of this certificate of Registration before the expiry of the said period of ..

3. Registration No. allotted MH/AC/2024/15373/LL/Amravati/244

4. For renewed Certificate or Registration Only:

Period of validity of earlier Certificate of Registration from \_\_\_\_\_ to \_\_\_\_\_

Date : 17.10.2025  
Place : Amravati.



  
Signature  
Name And Designation of  
The Appropriate Authority