



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 ending on 17/10/2030

(a) Name and address of the ART Clinic: Dr. Pravin Thakare
Thakare Hospital, at near Trimurti Complex Giant square
Warud, Dist. Amravati.

(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/2024/15882/LL/Amravati/268

4. For renewed Certificate or Registration Only:

Period of validity of earlier Certificate of Registration from _____ to _____

Date : 27/10/2025
Place : Amravati




Signature
Name And Designation of
The Appropriate Authority