Certificate of Registration

ART Clinic (Level 1/~~Level 2~~)/~~ART Bank~~

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority ~~of Maharashtra~~ 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 years ending on 16/10/2030
   (a) Name and address of the ART clinic :- AVIVA WOMEN'S HOSPITAL, Plot No. 16, Kale Nagar, Anand Valli, Gangapur Road, Nashik.
   (b) Type of institution :- ~~Government~~ or Private — PRIVATE
   (c) Type of facility :- Level 1 or ~~Level 2~~. — LEVEL-1

   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 :- _____
   (b) Type of institution :- ~~Government~~ or Private
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof 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-- URN No. MH/AC/2024/1537/L1/Nashik/272
4. For renewed Certificate of Registration only:
   Period of validity of earlier Certificate of Registration from 17/10/2025 to 16/10/2030

Medical Officer of Health
Nashik Municipal Corporation, Nashik
Medical Officer of Health
Appropriate Authority ART and Surrogacy
Public Health Department,
Nashik Municipal Corporation Nashik

Date:-

Place:-

Display one copy of this certificate at a conspicuous place at the place of Clinic /ART Bank

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