



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 District
Satara. 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 24/04/2030.
- (a) Name and address of the ART Clinic :- Suvarada IVF Fertility Clinic, c/o-Sanjeevan Medical Center,
Shaniwar Peth, Karad.
- (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 :- _____
- (b) Type of institution :- Government or Private.
2. This registration is granted subject to the aforesaid Act & 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/2022/12584/L2/satara/143.
4. For ~~renewed~~ Certificate of Registration only: Period of validity of ~~earlier~~ Certificate of Registration from 25/04/2025 to 24/04/2030.

Date :- 28/05/25.

Place :- SATARA

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



[Signature]
District Civil Surgeon or
District Appropriate Authority ART and Surrogacy Public
Health Dept. Maharashtra,
Civil Surgeon, Satara.