



# 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 yrs. ending on 03 Oct 2029.

(a) Name and address of the ART Clinic :- Dr. Joglekar Fertility Centre, Near Joglekar Hospital, Pune Banglewade Highway, Shirwal, Tal. Khandala, Dist. Satara.

(b) Type of institution :- ~~Government~~ Private

(c) Type of facility :- ~~Level 1/Level 2~~ 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~~ Private.

2. This registration is granted subject to the aforesaid Act & 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 five years.

3. Registration No. Allotted URN No.: MH/AC/2024/15400/L2/Satara/69.

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from 04 Oct 2024 to 03 Oct 2029.

Date :- 06/Nov/2024.  
Place :- SATARA  
Display one copy of this certificate at a conspicuous place at the place of Clinic / ART Bank



[Signature]  
District Civil Surgeon or  
Health Dept. Maharashtra,  
Civil Surgeon, Satara.