



FORM 3  
[See rule 8]

## CERTIFICATE OF REGISTRATION ART CLINIC (~~LEVEL 1/LEVEL 2~~)/ ART BANK

(To be Issued in duplicate)

Certificate No.: MH/AB/2024/10758/Nanded/04

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority NWCMC Nanded 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.....ending on .....
- (a) Name and address of the ART Clinic : .....
- (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 08.04.2024 ending on 07.04.2029.....

- (a) Name and address of the ART Bank : Kahalekar ART Bank Sushrusla Hospital, Chikhawadi Corner, Nanded.....
- (b) Type of institution (Govt. / Private) : 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 five years.
3. Registration No. allotted MH/AB/2022/10758/Nanded/04.....
4. For renewed Certificate of Registration only:  
Period of validity of earlier Certificate of Registration from 08.04.2024 to 07.04.2029

Place : Nanded.....

Date : 08.04.2024.....



T. Bisen  
Signature  
Appropriate Authority or Medical Officer of Health  
Nanded Waghalu City Municipal Corporation  
the Appropriate Authority  
NANDED.



Display one copy of this certificate at a conspicuous place at the place of business

\*Strike out whichever is not applicable or necessary