



GOVERNMENT OF MAHARASHTRA

FORM 3

[SEE RULES 8]

CERTIFICATE OF REGISTRATION

ART Clinic(Level 1/ Level 2) ART Bank

(To be issued in duplicate)

1. In exercise of the powers conferred under Sec. 16 (1) of the Assisted Reproductive Technology (Regulation) Act 2021, the Appropriate Authority Civil Surgeon Civil Hospital,
Chhatrapati Sambhajinagar. 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 Five Years ending on 21/07/3030

A. Name and address of the ART Clinic / ART Bank :-

RAIN IVF AND WOMEN HOSPITAL PVT. LTD.

Opp. AURIC City Ladgaon Gate, Hivra Fata, Karmad, Jalna Road, Chh. Sambhajinagar - 431 007.

B. Name of Applicant for registration: -

Dr. Suryakant Pophale

C. Name of Director of the Surrogacy Clinic :-

D. Type of institution (Govt. / Private) :-

Private.

E. Type of Facility :-

ART LEVEL-2 CLINIC

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. Unique Registration No. allotted :- MH/AC/2024/15478/L2/Ch. Sambhajinagar / 207.

4. For Renewed Certificate of Registration Only: Period of Validity of earlier Certificate of Registration

From _____ To _____

Date:- 22/07/2025

Place:- Chh. Sambhajinagar



Dr. Kamlakar M. Mudkhedkar
(Dr. Kamlakar M. Mudkhedkar)
Civil Surgeon
Civil Hospital Chh. Sambhajinagar
&

Appropriate Authority
CIVIL SURGEON
Chhatrapati Sambhajinagar