



**FORM 3**  
**(See rule 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 Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **Medical Health Officer of K.M.C.** 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 05 years ending on **03.10.2029**

- (a) Name and address of the ART Clinic:- Sunanda IVF Pvt. Ltd. - Pristin Womens Hospital 395/02 Square 9 old assembly Road Kolhapur
- (b) Type of institution - **Private**
- (c) Type of facility: - **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 - ~~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 – URN NO.- MH/AC/2022/10292/L2/KOLHAPUR/64

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from 04.10.2024 to 03.10.2029

*o/c*  
*Revised*  
*17/3/25*  
*60612*  
*66065380*  
**Sunanda IVF Private Limited**  
Date: 12.03.2025

**Director**

Place: Kolhapur



*SE*

*13.3.25*  
**Medical Health Officer**  
**Or Appropriate Authority**  
**ART And Surrogacy**  
**Kolhapur Municipal Corporation**

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