



मिरा-भाईंदर महानगरपालिका

MIRA-BHAINDAR MUNICIPAL CORPORATION

कार्यालय : स्व. इंदिरा गांधी भवन छत्रपती शिवाजी महाराज मार्ग, भाईंदर (प.), ता. जि. ठाणे-४०११०१.

दुरध्वनी : 022-28192828 / 28193028 / 28181183 / 28181353 / 28145985

ईमेल : headoffice@mbmc.gov.in वेबसाईट : www.mbmc.gov.in

मुख्य कार्यालय



जा.क्र./मिभा/मनपा/सा.प्र. 3A/E08/2024+2E

दिनांक ११/०६/२०२४

FORM 3

See rule 8 |

Certificate Of Registration
ART clinic (Level 1/Level 2) / ART bank
(To be issued in duplicate)

Certificate No..I....

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **MEDICAL OFFICER OF HEALTH** 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- **01/06/2030**

(a) Name and address of the ART Clinic - **DR MAYA PRASAD, ANSH HOSPITAL,
1ST FLOOR A WING SHOP NO.1-7 VISHWASHER
TOWER, INDRALOK, PHASE-6 BHAYANDER EAST
THANE, MAHARASHTRA -401105**

(b) Type of institution (Government or Private) - **PRIVATE**

(2) Type of facility: Level 1 or Level 2 - **ART 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; - **NA**

(b) Type of institution or (Govt Private) - **NA**

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/AC/2022/11287/L2/Thane/105**

4. Period of validity of earlier Certificate of Registration.....-..... from-.....to.....-.....
(For renewed Certificate of Registration only)



Signature, Name and Designation of
the Appropriate Authority

Medical Health Office PCPNDT
Mira Bhaindar Municipal Corporation

Date :- **02/06/2025**

Place :- **Bhayander**

Received
Maya

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

❖ Strike out whichever is not applicable or necessary

“आपली जबाबदारी व अधिकार, मजबूत लोकशाहीचा आधार”

“जागरूक मतदार लोकशाहीचा आधार”