



सत्यमेव जयते
FORM 3
[See rule 8]



Certificate of Registration

ART Clinic (Level 1/Level 2) ART Bank

Certificate No. : 01

1. In exercise of the powers conferred under section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **Civil Surgeon, Sindhudurg** hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology Procedure, as per the aforesaid Act, for a period of **Five** years ending on : **3rd June 2030**.
- (a) Name & Address of the ART Clinic: **Dr. Dheeraj Suresh Sawant , Bhakti Hospital & Maternity Home, Near Shiroda Naka, New Salai wada, Sawantwadi, Taluka: Sawantwadi, District: Sindhudurg, State: Maharashtra**
- (b) Type of institution (Government/Private) **Private**
- (c) Type of facility : (Level 1 or Level-2) **Level 1**

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 & Address of the ART Bank: Not Applicable
- (b) Type of institution (Government or Private) : Not Applicable
- 2) This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof 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/2022/13649/L1/Sindhudurg/218**
- 4) For renewed Certificate of Registration only:
Period of validity of earlier Certificate of Registration from to

Date:- **4th June 2025**

Place:- **Sindhudurnagari**

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



Shripad H. Patil
Dr. Shripad H. Patil
Civil Surgeon, Sindhudurg
Signature, Name and Designation
of the Appropriate Authority