



FORM 3  
[See rule 8]



## Certificate of Registration

ART Clinic (Level 1/Level 2) ART Bank

Certificate No. : 04

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. Minal M. Nagvekar, Vardaan Fertility Clinic and Test tube baby centre, Nagvekar Hospital, Vidyanager, Kankavli Taluka: Kankavli, District: Sindhudurg, State: Maharashtra**
- (b) Type of institution (Government/Private) **Private**
- (c) Type of facility : (Level 1 or Level 2) **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 & 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/2022/11021/L2/Sindhudurg/144**
- 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.



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