



## Certificate of Registration

### ART Clinic (Level 1/Level 2) ART Bank

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority OF MEDICAL OFFICER 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 5 year ending on 02/03/2030
  - (a) Name and address of the ART Clinic :- DR. Chaitanya Shembekar, Shembekar Hospital Pvt LTD  
Omega hospital 53 LIC colony, Khamlay Road Ajami chowk NAGPUR
  - (b) Type of institution :- Government or 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 and address of the ART Bank :- \_\_\_\_\_
  - (b) Type of institution :- Government or Private
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 - URN No. MH/AC/2022/10973/L2/NAGPUR/110
4. For renewed Certificate of Registration only:  
Period of validity of earlier Certificate of Registration from \_\_\_\_\_ to \_\_\_\_\_

Date:- 03/03/2025

Place:- NAGPUR

Display one copy of this certificate at a conspicuous place at the place of Clinic /ART Bank

*Dr. D. S. Selokar*  
Signature, Name and Designation  
of the Appropriate Authority  
Medical Officer Health  
Nagpur M.H. Corporation