



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 BY MEDICAL OFFICER HEALTH NMC NAGPUR

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 20/01/2026 ending on 19/01/2031

(a) Name and address of the ART Clinic: PRIME IVF FERTILITY CENTRE, 4th FLOOR
Life Line Hospital Plot No 5 Amolnagar, Nagpur

(b) Type of institution :- Government or Private

(c) Type of facility :- Level 1 or Level 2

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/2024/16034/L2 | NAGPUR | 285

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from _____ to _____

Abhayan

Dr. D. S. Selokar
Signature, Name and Design

of the Appropriate Authority

SEAL

Date:-

Place:- NAGPUR

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