



Certificate of Registration ART Clinic (Level 1/Level 2) ART Bank



In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority of MEDICAL HEALTH OFFICER, NMC NAGPUR, MAHARASHTRA,

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 2/03/2030

(a) Name and address of the ART Clinic:- DR. SARDANA PATWARDHAN, NAGPUR TEST TUB BABY CENTRE
1st FLOOR, JP CHAMBERS 2, MADHAV NAGAR, SOUTH AMBANGI ROAD NAGPUR

(b) Type of institution :- Government or Private

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

(a) Name and address of the ART Bank :- _____

(b) Type of institution :- Government or Private

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.

Registration No. allotted - URN No. MH/AC/2022/10063/L2/NAGPUR-107

For renewed Certificate of Registration only:

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

Date:- 03/03/2021
Place:- NAGPUR

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

SEAL

Signature, Name and Designation
of the Appropriate Authority

Dr. S. S. Lokesh

[Signature]