



PUNE MUNICIPAL CORPORATION
DEPARTMENT OF HEALTH

THE ASSISTED REPRODUCTIVE TECHNOLOGY (Regulation) Act, 2021
FORM 3 [See rule 8]

CERTIFICATE OF REGISTRATION

ART clinic (Level 1/Level 2) / ART bank
(To be issued in duplicate)

Certificate No.: **62**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority, Assistant Medical Officer of Health, PMC 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 Five Years ending on

- (a) Name and address of the ART Clinic ; _____

 (b) Type of institution (Government or Private) and _____
 (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 Five Years ending on **12/01/2030**

- (a) Name and address of the ART Bank;
NAME OF APPLICANT : NEERAJ ARUN ADKAR
Saishree Infertility and Test Tube Baby Centre
251/252, Opp. Telephone Exchange, Ramban soc. Near Dr. Babasaheb
Ambedkar Chowk, Aundh, Pune - 411007
 (b) Type of institution (Government / Private), **Private - ART BANK**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of 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/AB/2022/10724/Pune/87**

4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from to

Date: **16/01/2025**

Place: **PUNE**



[Signature]
 डॉ. कल्पना बळीवंत

Signature, Name and Designation of
 the Appropriate Authority

सहायक प्रजनन तंत्रज्ञान (मिचमन) अँड कॅर वायदा २०२१
 पुणे महानगरपालिका

Display one copy of this certificate at a conspicuous place at the place of business
 *Strike out whichever is not applicable or necessary