



Certificate of Registration

ART Clinic (Level 1/Level 2) ART Bank

Certificate no.:

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority of 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 YRS ending on 16.10.2030

(a) Name and address of the ART Clinic: TOUCH OF JOY WOMEN'S CLINIC AND FERTILITY CENTRE, 304, SAI ICONIC BLDG, LOKHANDWALA ROAD, ANDHERI (WEST)

(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 5 years 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/2022/12365/LI/MUMBAI/253

4. For renewed Certificate of Registration only:

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

Executive Health Officer
District Appropriate Authority
ART and Surrogacy
Public Health Department, Mumbai

Date: 17/10/2025 Place: MUMBAI

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