



**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 <sup>✓</sup>bank**  
**(To be issued in duplicate)**

Certificate No.: 100/2023

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 03/10/2029

(a) Name and address of the ART Bank; Name of Applicant - Dr. Elizabeth Sada-Churmit ART Bank

Mankhi Apt 2, Akash Darshan Society, Shop no 05, Salisbury Park  
Pune 411037

(b) Type of institution (Government / Private), Private

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/AS/2023/11107/Pune/18

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

Date: \_\_\_\_\_

Place: Pune



**Dr. Kalpana Balwant**  
Signature, Name and Designation of  
the Appropriate Authority

Display one copy of this certificate at a conspicuous place at the place of business

\*Signatures which are not applicable or necessary