



## 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 OFFICER HEALTH MMC 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 5 year ending on 06/05/2030

(a) Name and address of the ART Clinic :- SHRIKHANDE HOSPITAL RESEARCH CENTRE  
34/2 ABHYANKAR ROAD DHANTOL 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 \_\_\_\_\_

Name and address of the ART Bank :- \_\_\_\_\_  
 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/2022/11640/L2/NAGPUR/166

For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from \_\_\_\_\_ to \_\_\_\_\_

Date: 07/05/2025

Place: NAGPUR

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

D. S. Selokar  
**Dr. D. S. Selokar**  
 Signature, Name and Designation  
 of the Appropriate Authority  
 Medical Officer Health  
 Nagpur  
 SEAL  
 Maharashtra Corporation