



**PIMPRI CHINCHWAD MUNICIPAL CORPORATION**  
**Medical Department**  
**ART Clinic (Level 1/Level 2) / ART Bank**

Form -3 (Rule 8)

**Certificate of Registration**

Certificate No.:.....

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Pimpri Chinchwad Municipal Corporation, Pimpri - 411018 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**..... ending on **19-01-2031**

- (a) Name and address of the ART Clinic; **AKSHAY NURSING HOME**  
**PLOT NO. 46, ASHOKA HOUSING SOCIETY, KALEWADI PHATA, THERG**  
 (b) Type of institution (Government or Private) and..... **PRIVATE** **PUNE - 4**  
 (c) Type of facility: Level 1 or Level 2. .... **LEVEL 1**.....

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of ..... ending on .....

- (a) Name and address of the ART Bank; .....  
 .....  
 .....  
 .....  
 (b) Type of institution (Govt. / 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/AC/2022/12919/L1/PUNE/296**

4. For renewed Certificate of Registration only: .....

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

Date: **20-01-2026**

Place: **PIMPRI**

SEAL

*[Signature]*  
 (Dr. **Laxman P. Gophane**)  
 Medical Officer Of Health  
 The Appropriate Authority  
*[Signature]*  
**18/1/26**

OIC  
*[Signature]*