



# 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: CAMA AND ALBLESS HOSPITAL, BMC OFFICE, MAHAPALIKA MARG, OPP. AZAD MAIDAN, DHOBI TALAO, CHHATRAPATI SHIVAJI MAHARAJ

(b) Type of institution:- Government or Private  TERMINAL, FORT 400001

(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/2024/15218/L1/MUMBAI/270

4. For renewed Certificate of Registration only:

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

Date: 17/10/2025

Place: F/MUMBAI  
Parel - Mumbai - 12

*Signature*  
Special Officer  
Family Welfare Dept.

*Signature*  
Joint Executive Health Officer  
Public Health Department

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

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