

**Ahilyanagar Municipal Corporation , Ahilyanagar**  
**Govt. of Maharashtra**



THE ASSISTED REPRODUCTIVE TECHNOLOGY (Regulation) Act, 2021 Form 3

(Sec. rule8)

अहिल्यानगर महानगरपालिका

आरोग्य विभाग

आ.नं. - १४७३

दिनांक: २४/२/२०२६

**CERTIFICATE OF REGISTRATION**

ART Clinic (Level1 / Level 2) ART Bank

Certificate No:- Ahilyanagar/288

5. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Medical Health Officer Ahilyanagar Hereby grants registration to the ART Clinic named below for proposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of Five Years ending On 19/01/2031

(a) Name and address as of the ART Clinic :- Hodshil Hospital and Maternity Home  
Plot no 2/c Viraj Estate Opp.Tarakpur ST Stand, Ahilyanagar

(b) Name of Applicant Registration :-Dr.Shilpa Sachin Hodshil

Type of insitution (Government of Private)- Private

(n) 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 Five years ending on-----

(a)Name and address as of the ART Clinic-----

(b)Name of Applicant Registration-----

2. This registration 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.

13. Registration No. allotted MH/AC/2022/13768/L1/Ahilyanagar/288

14. For renewed Certificate or Registration only:- Period of validity of earlier Certificate of Registraton from 20/01/2026 to 19/01/2031

Date: 20/01/2026

Place Ahilyanagar

Medical Health Officer  
Ahilyanagar Municipal Corporation  
(The Appropriate Authority)

**पंजाब नैशनल बैंक**  
punjab national bank



शाखा/Branch Sansarpur

दिनांक  
Date 

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बचत/चालू/ओडी/नकद उधार/आवर्ती जमा/आवधिक ऋण/मांगऋण खाता संख्या/  
क्रेडिट कार्ड संख्या SF/CA/OD/CC/RD/TL/DL A/c No./Credit Card No.

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नाम/Name M/O/H PERMAMC

दूर/Tel. 9226

राशि  
Amount 

50,000	00
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 पै./P.

राशि शब्दों में/Amount(in words) Rs thousand



चैक न. एवं बैंक का नाम Cheque No. & Name of Bank	₹	पै./P
63796	50,000	00
INDIAN BANK		
<b>Hodshi Hospital</b>	<b>कुल/Total</b>	<b>50,000 00</b>

Officer/Cashier/SWO

Punjab National Bank Toll free  
24 hours call centre 1800 180 2222 / 1800 103 2222