

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



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

(Sec. ruleB)

**CERTIFICATE OF REGISTRATION**

ART Clinic (Level 1 / Level 2) ART Bank

Certificate No- Ahilyanagar/  
butward-317/2025-419

1. 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 Name below for proposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of Five Years ending On 25/05/2030

- (a) Name and address as of the ART Clinic Saidesp Healthcare & Research Pvt.Ltd.  
Yashwanth Colony, Viraj Estate, Tansikpur, Ahilyanagar
- (b) Name of Applicant Registration Dr. Nalishah Kiran (MS OBGY)
- (c) Type of institution (Government of Private) Private
- (d) Type of facility Level 1 or Level 2 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 25/05/2030

- (a) Name and address as of the ART Clinic Saidesp Healthcare & Research Pvt.Ltd.  
Yashwanth Colony, Viraj Estate, Tansikpur, Ahilyanagar
- (b) Name of Applicant Registration Dr. Nalishah Kiran (MS OBGY)

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 period of five years.
3. Registration No. allotted MH/AB/2022/10761/Ahilyanagar/101
4. For renewed Certificate or Registration only:- Period of validity of earlier Certificate of Registration from 26/05/2025 to 25/05/2030

Date: 26/05/2025  
Place Ahilyanagar



Medical Health Officer  
Ahilyanagar Municipal Corporation  
(The Appropriate Authority)

डॉ. नलिशा आरोग्य अधिकारी  
अहिल्यानगर महानगरपालिका



ब्रांच/Branch Sarjie Durg

चैक नंबर/Check No. 

2	1	0	9	2	0	2	2
---	---	---	---	---	---	---	---

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

5	0	3	0	0	1	2	0	0	0	0	0	8	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---

नाम/Name Mohit P. Pndt AMC

टेलीफोन नंबर/Tel. 9226472881

रकम/Amount 

₹	50000	₹	00
---	-------	---	----

शब्दों में/Amount (in words) Rs. Fifty thousand

चैक नंबर/Check No.	रकम/Amount	पै./P.
21092022	50000/-	00
पंजाब नैशनाल बैंक		
Sahakari Bank		
कुल/Total	50000/-	00

कैशियर/Signer/SWO  
महिप

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