



GOVERNMENT OF MAHARASHTRA

FORM 3

[SEE RULES 8]

CERTIFICATE OF REGISTRATION

ART Clinic(Level 1/ Level 2) ART Bank

(To be issued in duplicate)

1. In exercise of the powers conferred under Sec. 16 (1) of the Assisted Reproductive Technology (Regulation) Act 2021, the Appropriate Authority Medical Officer of Health, Municipal Corporation, Chhatrapati Sambhajnagar, hereby grants registration to the ART Clinic/Bank* named below for purposes of carrying out Assisted Reproductive Technology Procedures as per the aforesaid Act, for a period of Five Years ending on 18/08/2030

A. Name and address of the ART Clinic / ART Bank :-

Life Cryo Bank, Plot No. 03, Gut No. 107, Ranukamata Kaman, Beed By
Pass road, Sataraparisar, Chhatrapati Sambhajnagar.

B. Name of Applicant for registration: -

Dr. Yogesh Sakharam Shinde

C. Name of Director of the Art Bank Clinic :-

Dr. Yogesh Sakharam Shinde

D. Type of institution (Govt. / Private) :-

Private.

E. Type of Facility :-

ART BANK

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. Unique Registration No. allotted :- MH/AB/2023/11282/Ch. Sambhajnagar/113

4. For Renewed Certificate of Registration Only: Period of Validity of earlier Certificate of Registration

From _____ To _____

Date:- 13 / 08 / 2025

Place:- _____



(Dr. Paras Mandlecha)
Medical officer of Health
&

Appropriate Authority, Municipal
Corporation, Ch. Sambhajnagar