PUNE MUNICIPAL CORPORATION

DEPARTMENT OF HEALTH

THE ASSISTED REPRODUCTIVE TECHNOLOGY (Regulation) Act, 2021

FORM 3 [See rule 8]

CERTIFICATE OF REGISTRATION

ART clinic (Level 1/Level 2) / ~~ART bank~~

(To be issued in duplicate)

Certificate No.: 88

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority, Assistant Medical Officer of Health, PMC 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 Years ending on .....

   (a) Name and address of the ART Clinic ; _____

   (b) Type of institution (Government or Private) and _____

   (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 Five Years ending on 12/01/2030

NAME OF APPLICANT : Dr. RATNAPRABHA RAJGURU

(a) Name and address of the ART Bank, Eggs Donors Pune ART Bank
7 Ganga Complex Airport Road, Yerwada Pune - 411006

(b) Type of institution (Government / Private), Private - 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. Registration No. allotted MH/AB/2022/10860/Pune/74
4. (For renewed Certificate of Registration only) : Period of validity of earlier Certificate of Registration from ..... to .....

Date: 16/01/2025

Place: PUNE

MUNICIPAL CORPORATION OF THE CITY OF PUNE
SEAL

डॉ. कल्पना बळीवंत

Signature, Name and Designation of the Appropriate Authority

Display one copy of this certificate at a conspicuous place at the place of business

*Strike out whichever is not applicable or necessary