



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.: 38/2022

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 03/10/2029 Name of Applicant- Dr. Vaishali Vinay Chandhary.

(a) Name and address of the ART Clinic; Ankur fertility clinic
1298, Anant Society, Off. J.M. road, Opp Gandharv Residency,
Shivajinagar, Pune 411005.

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

(c) 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 of the ART Bank;

(b) Type of institution (Government / Private), _____

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/AC/2022/10530/L1/Pune/161

4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from to

Date:

Place: Pune



[Signature]
डा. कल्पना बळीवंत
(Dr. Kalpana Balwant)
Signature, Name and Designation of
the Appropriate Authority
पुणे महानगरपालिका
प्राथमिक प्रजनन तंत्रज्ञान विभाग, पोस्ट कार्यालय २०२३

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

*Strike out whichever is not applicable or necessary