



FORM 3
[See rule 8]

Certificate of Registration

ART Clinic (Level 1/Level 2) ART Bank

(To be Issued In duplicate)

Certificate No.: 01

5. In exercise of the powers conferred under section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the appropriate Authority **Civil Surgeon, Ratnagiri** hereby grants registration to the ART Clinic named below for purposes of carrying out assisted reproductive Technology Procedure, as per the aforesaid Act, for a period of Five years ending on : XXX

(d) Name & Address of the ART Clinic: XXX
(e) Type of institution (Government/Private) : XXX
(f) Type of facility : Level 1 or Level 2. : XXX

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of Five year ending on **04/03/2023**.

(c) Name & Address of the ART Bank: **NIKAM HOSPITAL LAPAROSCOPY AND IVF CENTER,**

At Post - Sawarde, Tal - Chiplun, Dist - Ratnagiri

(d) Type of institution (Government or Private) **Private**

6. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.

7. Registration No. allotted - **MH/AB/2022/10778/RATNAGIRI/90.**

8. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from **05/03/2025** to **04/03/2030**.

Date :- 05.03.2025.

Place: RATNAGIRI

Display one copy of this Certificate at a conspicuous place of Business.




Civil Surgeon, Ratnagiri
Signature, Name and Designation
of the Appropriate Authority
(Civil Surgeon Ratnagiri)