



CERTIFICATE

OF REGISTRATION

ART Clinic (~~Level~~ Level 2) ~~ART~~ Bank



1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority District Satara 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 5 yrs. ending on 18 May 2030.
- (a) Name and address of the ART Clinic :- Hirrayagabha fertility Centre, Satara, S.No 39/2+3, Plot No 20, Godoli, Satara.
- (b) Type of institution :- ~~Government~~ Private
- (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 _____ ending on _____
- (a) Name and address of the ART Bank :- _____
- (b) Type of institution :- Government or Private.
2. This registration is granted subject to the aforesaid Act & 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.
3. Registration No. Allotted URN No.: MH/AC/2024/16009/L2/Satara/206.
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from 19 May 25 to 18 May 2030.

Date :- 14/04/2025.

Place :- SATARA

Display one copy of this certificate at a conspicuous place at the place of Clinic / ~~ART~~ Bank.



District Civil Surgeon or District Appropriate Authority ART and Surrogacy Public

Dy. Surgeon, Satara