



# Certificate of Registration

## ART Clinic (Level 1/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 of MEDICAL OFFICER HEALTH NMC NAGPUR 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 year ending on 06/05/2030

(a) Name and address of the ART Clinic :- CENTRAL INDIA FERTILITY CENTRE AND WELL WOMEN CLINIK  
PLOT NO 1, 13 LOKMANYA SARNIKA TILAK NAGAR NAGPUR

(b) Type of institution :- Government or 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 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.

3. Registration No. allotted - URN No. MH/AC/2022/11351/L2/NAGPUR/167

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from \_\_\_\_\_ to \_\_\_\_\_

Dr. D. S. Selokar

Dr. D. S. Selokar

Date:- 07/05/2025

Place:- NAGPUR

Signature, Name and Designation  
of the Appropriate Authority

Dr. D. S. Selokar  
Medical Officer Health NMC  
Nagpur

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