



**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.: 45

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 16.11.2030 Name of Applicant :- Dr. Meenakshi Yelvantge

(a) Name and address of the ART Clinic: Destination Fertility  
G 37, Destination Center 1, Manded city, Sinhgad  
Road, Pune 411041

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

(c) Type of facility: 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/2022/12617/L1/Pune/259

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

Date: 17/10/2025

Place: Pune.



[Signature]  
**डॉ. ललितेश शशीवंत**

Signature Name and Designation of the Appropriate Authority  
**पुणे महानगरपालिका**

Display one copy of this certificate at a conspicuous place at the place of business  
 \*S... but whichever is not applicable or necessary