FORM 3
[See rule 8]
Certificate of Registration
ART clinic (Level 1/Level 2) / ART bank
(To be issued in duplicate)

Certificate No. 11 / 2026

I. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority..... CIVIL SURGEON, JALGAON ..... 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 30/07/2031

(a) Name and address of the ART Clinic ; Dr. Mukund Karambelkar.
Shalyashobha Stree Arogya Bhuvan & IVF, Chalisgaon.

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

(c) Type of facility: Level 1 or Level 2. 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 ..... NA ..... ending on ..... NA .....

(a) Name and address of the ART Bank; ..... NA .....

(b) Type of institution (Govt. / Private). ..... NA .....

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/2024/15241/L2/Jalgaon/442
4. For renewed Certificate of Registration only:
Period of validity of earlier Certificate of Registration ..... from 31/07/26 to 30/07/2031

CIVIL HOSPITAL JALGAON

Signature, Name and Designation of the Appropriate Authority
CIVIL SURGEON, JALGAON

SEAL

Date: 31 JUL 2026

Place: Jalgaon

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