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 _____ 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 21 July 2031.
   (a) Name and address of the ART Clinic :- Saste Fertility, Lonand. Near Durga mata Mandir, Lonand Tal- Khandala Dist - Satara.
   (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 & 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/2023/14067/L1/Satara/335.
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from _____ to _____ 22/07/2026 21/07/2031.

Date :- 03/08/2026.
Place :- SATARA

DISTRICT HOSPITAL SATARA

District Civil Surgeon or
District Appropriate Authority ART and Surrogacy Public Health Dept. Maharashtra
Civil Surgeon, Satara

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