FORM 3
{See rule 8}
Certificate of Registration
ART Clinic (Level 1/ Level 2/ ART Bank
(To be issued in duplicate)

Certificate No:-.....

1. In excersice of the powers conferred under Section 16 (1) of the Assisted Reporoductive Technology(Regulation) Act 2021,2021, the Appropriate Authority **CIVIL SURGEON, DISTRICT GENERAL HOSPITAL WARDHA.** hereby grants registration to the ART Clinic named below for purpose of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 5 Year's, ending on **2031**

(a) Name and address of the ART Clinic
Varma Test Tube Baby & IVF Center, 343,Snehal Nagar, Mahilashram, Sevagram Road,Wardha,Taluka & District-Wardha.

(b) Type of institution - (Government / **Private**) and

(c) Type of facility - (Level 1 and **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 (Govt.Private) **Private**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspention or concelllation of this certificate of registration before the expiry of the said period of five years.

3.Registraion No.allotted :- MH/AC/2022/11197/L2/Wardha/365

4. For renewed Certificate of Registraion only: **ART Level 2**
Period of Validity of earlier Certificate of Registration: **30/07/2026 to 29/07/2031**

CIVIL SURGEON * GENERAL HOSPITAL, WARDHA *
SEAL

Signature, Name and Designation of the Appropriate Authority
CIVIL SURGEON,
General Hospital, Wardha

Date: 31st July 2026
Place: Wardha.

Display one copy of this certificate at a conspicuous place at the place of business.
Strike out whichever is not applicable or necessary.
(First Original Registration Certificate)