GOVT.OF MAHARASHTRA

Public Health Department

THE ASSISTED REPRODUCTIVE TECHNOLOGY (Regulation) Act, 2021
FORM 3 (See Rule 8)

CERTIFICATE OF ACCREDITATION

ART clinic (Level 1/Level 2) / ART bank

(To be issued in duplicate)

Certificate No.: 010

1. In exercise of the powers conferred under Section (11) 6 of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Civil Surgeon, Civil Hospital, Aundh, Pune - 411027 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..... ending on..03-08-2031

(a) Name and address of the ART Clinic : Shivnandan Test Tube Baby Center Shivnandan Hospital, Deshpande Estate. Opp. English Medium School, Hariknpanagar, Indapur Road, Baramati, Pune

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

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

or

The ART Bank named below for purposes of carrying out activities and procedure 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) _____

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/2022/12708/L2/Pune/348

4. For renewed Certificate of Registration only:
period of validity of earlier Certificate of Registration from..04-08-2026..to..03-08-2031.....

District Hospital Pune-27

Date : 04/08/2026

Signature, Name & Designation of the Appropriate Authority
Civil Surgeon
DISTRICT HOSPITAL, AUNDH, PUNE-27

Place :

Display one copy of this certificate at a conspicuous place at the place of

*Strike out whichever is not applicable or necessary