



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



**Certificate No:-GJ/ST/ART BANK/2024/047**

1. In exercise of the power conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) ACT, 2021 the District Appropriate Authority and CDMO Surat 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 (five years) ending on 22/10/2029

(a) Name and address of the ART Clinic:- **HARI IVF CENTRE,201 & MANGALDEEP COMPLEX,SPP.RAMNAGAR SOC HIRABAUG CIRCLE,VARACHHA,SURAT**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director/ Gynecologist	Dr Rajendra B Desai	MS (O & G)	G-20610
2	Embryologist	Dr Jignasha Vaholiya	BAMS	GBI-20514
3	Andrologist	Dr Chetan Sheladia	DNB(Genito Urinary Surgery)	G-21928
4	Anesthetist	Dr Dhaduk Ghanshyam	Diploma Anesthetist	G-17842
5	Staff Nurse	Miss Archana Vadher	GNM Nursing	F-I-10105
6	Counselor	Gami Rinkal P	BSC	

(b) Type of institution (Government or Private):- **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. District Registration No. allotted: **GJ/ST/ART BANK/2024/047**
4. For renewed Certificate of Registration only :-.....

Period of validity of earlier Certificate of Registration from..... to.....

**DISTRICT APPROPRIATE  
 AUTHORITY  
 ART(REGULATION)ACT, 2021  
 AND C.D.M.O./CIVIL SURGEON SURAT**



District:- Surat  
 Date:-22 /10/2024

*81609-6444*  
*22/10/2024*

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

\*Strike out whichever is not applicable or necessary