

FORM 3  
[ See Rule 8 ]  
Certificate of Registration  
ART Clinic (Level 1/Level 2) / ART Bank  
(To be issued in duplicate)

Certificate No. : G5/AHD/078

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021 the District Appropriate Authority GUJARAT STATE 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 Dt: 27/03/2024 Ending on Dt: 26/03/2029

(a) Name And Address of the ART Clinic:- **BALAJI HORIZON WOMEN'S HOSPITAL  
323 TO 326, SATYAMEV EMINENCE , BESIDE SAPTAK  
BUNGALOWS, NEAR AUDA WATER TANK,  
SCIENCE CITY ROAD, AHMEDABAD - 38060**

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
01	<b>Director &amp; Gynecologist</b>	Dr. Priyadatt Patel	MS (Obs& Gyn.)	G - 24264
02	<b>Gynecologist</b>	Dr. Shreya Patel	MS(Obs& Gyn)	G - 24297
03	<b>Gynecologist</b>	Dr. Meena Jhala	DGO	G - 6588
04	<b>Andrologist</b>	Dr. Pathik Parghi	MS ,DNB, (Genito-urinary surgery )	G - 3639
05	<b>Anesthesiologist</b>	Dr. Bhadresh Patel	Diploma in Anaesthesiology	G - 13341
06	<b>Counselor, Embryologist</b>	Harmi Thakkar	B.SC (Biochem)	NA
07	<b>Embryologist</b>	Saurabh Trivedi	M. Sc. (Zoology) & Diploma Clinical Embryology & Assisted reproductive technology	NA
08	<b>Staff nurse</b>	Hetvi Patel	GNM	A-1/H-I-35212
09	<b>Staff nurse</b>	Bharti Parmar	GNM	A-1/H-I-37008
10	<b>Staff nurse</b>	Radha Katara	GNM	A-1/H-I-37009

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

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

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:- .....

4. For renewed Certificate of Registration only:- .....

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



District :- **AHMEDABAD.**

Date: **27/03/2024**

*P. V. Soni*  
DISTRICT APPROPRIATE  
AUTHORITY  
ART (REGULATION) ACT, 2021  
AND C.D.M.O. CUM CIVIL SURGOEN,  
GENERAL HOSPITAL SOLA, AHMEDABAD.

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

\*Strike out whichever is not applicable or necessary.

