



**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 L2/2024/038**

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 08/08/2029

**Name and address of the ART Clinic:- TRINITY TEST TUBE BABY CENTRE**  
**GULAMBABA MILL COMPOUND STATION,**  
**SURAT**

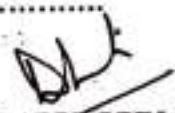
Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director / Gynecologist	Dr Ashish Viradiya	M.B.B.S/M.S	G-18024
2	Embryologist/	Dr Mita Patel	B.H.M.S	G-3660
3	Andrologist	Roma	G.N.M	A-I/H-I-7738
4	Anesthetist	Dr Manoj	D.A	G-31230
5	Lab Tec	Mis Urmila	B.Sc Micro Bio	
6	Assistant Gynec	Dr.Nimesh	D.G.O	G-23293
7	OT Tec	Dr.Bhumika	B.H.M.S	G-21085

(b) Type of institution (Government or Private):- Private

(c) Type of facility (Level1 or Level2) :- Level 2

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 L2/2024/038
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:-09 /08/2024**

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

**\*Strike out whichever is not applicable or necessary**