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

Certificate No.: GS/AHD/127

1.In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation)act, 2021 the District Appropriate Authority <u>GUJARAT STATE</u> 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 <u>Dt: 11/03/2025</u> Ending on <u>Dt:10/03/2030</u>.

(a)Name And Address of the ART Clinic: - SNEHDHRA WOMENS HOSPITAL 235,237-243, CITY GATE, NR. VISHALA, NEW VASNA, AHMEDABAD-380055.

		F40.110140.00		
Sr.	Name of the Post	Name of the staff	Qualification	Registration No.
No 1	Director & GYNECOLOGIST	Dr. ZAID SHIRAZI	MS (OBGY)	G-16724
2	Staff nurse	SANIYA MIRZA	GNM	A-1/H-I-26364

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

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

OR

	The ART bank named below for purposes of carrying out activities and procedures as per the aforesaid
1	Act for a period of Ending on
	(a)Name and address of the ART Bank -
	(NY of Institution (Good / 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:

SUN KIENO ON THE PROPERTY OF THE PARTY OF TH

DISTRICT APPROPRIATE
AUTHORITY

ART (REGULATION) ACT,2021
AND C.D.M.O.CUM CIVIL SURGOEN,
GENERAL HOSPITAL SOLA, AHMEDABAD.

District :- AHMEDABAD. Date: 11/03/2025

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

*Strike out whichever is not applicable or necessary.

For, SNEHDHARA WOMENS HOSPITAL

Authorised Signatories