

FORM -3

[See rule 8]

Certificate Of Registration ART Clinic (Level 1/ Level 2) ART bank

Certificate No:-GJ/PTN/ART/2025/10

- 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 CUM CIVIL SURGEON G H SIDDHPUR-PATAN hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedure as per the aforesaid Act. for a period of 5 (five years) ending on 16/02/2030
 - (a) Name and address of the ART Clinic:- JANANI MATERNITY AND NURSING HOME, Raj Mahel Road, Behind Chandan Petrol Pump & V.K Bhula High School, Subhadranagar, Patan-384265, Gujarat.

Sr No	Name of the Post	Name of the Staff	Qualification	Registration No
592.140	Director	Dr. Brijesh Mewada	D.G.O Gynecologist	G-9226
2	Gynecologist	Dr. Brijesh Mewada	D.G.O Gynecologist	G-9226
3	Counselor	Mrs. Karishma Parmar	GNM	A-I/H-I-44490
4	Nursing staff	Mrs. Divyajyoti Parmar	ANM	F-I-13960

- (b) Type of institution (Government or Private) Private
- (c) Type of facility (Level 1 or Level 2) Level 1

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-

Name and address of the ART Bank:-....

- (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 Rule 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/PTN/ART/2025/10
- 4. For renewed Certificate of Registration only :-.... Period of validity of earlier Certificate of Registration from......to.....to. SIUND

DISTRICT APPROPRIATE AUTHORITY ART(REGULATION)ACT,2021

District:- Patan Date: 17/02/2025