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/125

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:- Newlife Hospital
209,DREAM SQUARE, NEAR NIRNAYNAGAR UNDERPASS,
AKHABARNAGAR, AHMEDABAD, 380013.

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	Director / Gy- necologist	DR. Neha Patel	MS (DNB)	G-42441
2	Staff nurse	Shreya Tripathi	GNM	A-I/H-I-3207

- (b) Type of institution (Government or Private) and... Private
- (c) Type of facility :- (Level 1 or Level 2) :- ART CLINIC LEVEL-1

OR



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.

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

M.S., DNB Obst & Gynaec Reg. No. G 42441 New Life Hospital, 2nd Floor, Dream Square, Nr. Nirnaynagar Underpass Akhbarnagar, Ahmedabad