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

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: 03/07/2025 Ending on Dt: 02/07/2030.

(a)Name And Address of the ART Clinic: BAVISHI FERTILITY INSTITUTE

501, HILL TOWN PLAZA, NR. AMAR JAWAN CIRCLE, RING ROAD JUNCTION, NIKOL AHMEDARAD, 382350

| Sr. | Name of the  | None of the ROAD JUNCTION, NIKOLAHMEDABAD-382350  |  |                     |
|-----|--|---|--|---------------------|
| No  | The state of the s | Name of the staff                                 | Qualification  | Registration No     |
| 1   | GYNECOOGIST  | Dr. Himanshu Bavishi                              | M.D. gynec   | C 2202              |
| 2   | GYNECOOGIST  | Dr Parth Bavishi                                  | M.D. gynec   | G-3303              |
| 3   | Gynecologist   | Dr. Jaydeep Patel                                 | M.B.B.S,D.G.O  | G-18976             |
| 4   | Anaesthetist   | Dr. Atul Gandhi                                   | MD (Anaesthesia)   | G-0371              |
| 5   | Anaesthetist   | Dr. Alpa Gandhi                                   | MD(Anaesthesia)  | G-6892              |
| 6   | Anaesthetist   | Dr.Kuntal Patel                                   | MD(Anaesthesia)  | G-6893              |
| 7   | Clinical<br>Embryologist   | Dr. Mahendra Bhalodia                             | Mv.Sc  | G-24262<br>GVC-1937 |
| 3   | Clinical<br>Embryologist   | Ms. Stuti Julasna                                 | B Sc,M.Sc(Clinical   | NA                  |
|     | Clinical<br>Embryologist   | Ms. Komal Parmar                                  | embryology and ART) M.Sc (Zoology), Diploma in Clinical embryology and ART | NA                  |
| 0   | Andrologist  | Dr.Mayank Rawal                                   | M.S(General surgery))  | C 4005              |
| 1   | Counsellor   | Ms.Archana Makwana                                | B.A (Psychology)   | G-4935              |
| BIT | uno of levelle ston to   | CHARGO CO. C. | - denotogy)  | NA                  |

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

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

OR

|                          | r a period of   |
|--------------------------|---|
| Act, fo                  | r a period of Ending on   |
|                          | (a)Name and address of the ART Bank:-   |
|                          | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-  |
| 2.This<br>shall<br>of fi | registration is granted subject to the aforesaid Act and Rules there under and any contravention there of<br>I result in suspension or cancellation of this certificate of registration before the expiry of the said period<br>we years. |
| 3. Dist                  | rict Registration No allotted:-   |
| 77.2 300.                | renewed Certificate of Registration only:<br>od of validity of earlier Certificate of Registration from   |
|                          | To  |

SURGEON CONTROL OF THE STREET OF THE STREET

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

District :- AHMEDABAD. Date: 03/07/2025

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

\*Strike out whichever is not applicable or necessary.

501, HILL TOWN PLAZA, NR. AMAR JAVAN CIRCLE, NIKOL, AHMEDABAD-382350

