

FORM 3
[See rule 8]
Certificate Of Registration
ART clinic (Level 1/Level 2)/ ART bank
(To be issued in duplicate)

Certificate No.: 04/ART-2025/DHD

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the District Appropriate Authority CDMO, DAHOD 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 years ending on 19/04/2030

(a) Name and address of the ART Clinic: Siddhivinayak Women's Hospital

Sr. No.	Name of the Post	Name of the Staff	Qualification	Registration No
1	Dr. Hiterh Parmar	M.S. (Obs & Gynec)		G-26529
	Gynecologist			

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

(a) Name and address of the ART Bank:-

(b) Type of institution (Govt. /Private):-

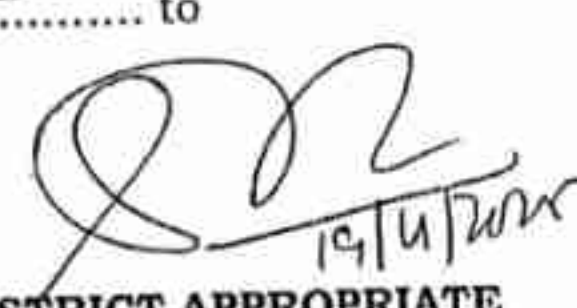
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years

3. District Registration No allotted: DHD/ART clinic level 1/04/year 2025

4. For renewed Certificate of Registration only:-

Period of validity of earlier Certificate of Registration from to

ART Clinic No 03/
Dahod
approved on 19/04/2025
C year 2025


19/04/2025
DISTRICT APPROPRIATE
AUTHORITY
ART (REGULATION) ACT,
2021

District: DAHOD

Date: 19/04/2025

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

*Strike out whichever is not applicable or necessary

Original
Preserved
Vijay