



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



**Certificate No:-GJ/ST/ART L2/2024/020**

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 Surat 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 (five years) ending on 01/02/2029

(a) Name and address of the ART Clinic:- **SHARDA HOSPITAL AND RESEARCH CENTRE, MAJURA GATE, SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director/ Gynecologist	Dr Zarna Patel	DNB	G-25578
2	Gynecologist	Dr Falgun Patel	DGO	G-0156
3	Embryologist	Mrs Nehal Naik	MSc (MICROBIOLOGY), MCE	
4	Andrologist	Dr Samarth Patel	MCH (UROLOGY)	G-32795
5	Anesthetist	Dr Bharat Panchal	MD	G-14695
6	Counsellor	Dr Aesha Viraparia	BHMS	G-12045
7	Staff Nurse	Ms Krupakumari Sinhal	DGNM	A-II/H-II-26086

(b) Type of institution (Government or Private):- **Private**

(c) Type of facility (Level 1 or Level 2) :- **Level 2**

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: GJ/ST/ART L2/2024/020
4. For renewed Certificate of Registration only :-NA

Period of validity of earlier Certificate of Registration from..... to.....

DISTRICT APPROPRIATE  
AUTHORITY  
ART(REGULATION)ACT, 2021  
AND C.D.M.O./CIVIL SURGEON  
SURAT

*DEEPEENDRA SINGH*

*[Signature]*  
937477886  
04.05.24

District:- Surat

Date :- 01 /02/2024

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

\*Strike out whichever is not applicable or necessary