

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/015**

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: 27/07/2023** Ending on **Dt: 26/07/2028**

(a) Name And Address of the ART Clinic:- **PRATHAM IVF AND UROLOGY CLINIC  
135-136, FIRST FLOOR ADVAIT COMPLEX, NR. SANDESH PRESS,  
VASTRAPUR, AHMEDABAD, GUJARAT**

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	Gynaecologist	DR KAUSHAL KAPADIA	M.S. Ob & Gy	G-17215
2	Gynaecologist	DR TUSHAR SHAH	M.D. Ob & Gy	G-1555
3	Andrologist	DR KALPESH KAPADIA	M.CH(UROLOGY)	G-18401
4	Clinical Embryologist	DR DHARMESH KAPADIA	Master in clinical embryology	G-27787
5	Clinical Embryologist	PUJA JUVALIYA	M.Sc. genetics	
6	Clinical Embryologist	RAM PRAKASH RAO	B.Sc.Zooligy	
7	Clinical Embryologist	KOMAL CHAUHAN	B.Sc. clinical lab. Tech.	
8	Counsellor	VRUSHTI GANDHI	M.Sc. in lifescience	
9	Anaesthetist	DR SHAILESH TALSANIYA	M.D.Anaesthesia	G-16167
10	NURSE	HITAXI PRAJAPATI	ANM	

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

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

4. For renewed Certificate of Registration only:- .....

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



District :- AHMEDABAD.

Date:- 27/07/2023.

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

\*Strike out whichever is not applicable or necessary.

*P. V. Soni*  
DISTRICT APPROPRIATE  
AUTHORITY  
ART (REGULATION) ACT, 2021  
AND C.D.M.O.CUM CIVIL SURGOEN,  
GENREAL HOSPITAL SOLA, AHMEDABAD.

*[Signature]*  
PRATHAM I.V.F. & UROLOGY CLINIC  
135/136, FIRST FLOOR,  
ADVAIT COMPLEX,  
NR. SANDESH PRESS, VASTRAPUR,  
REG. NO. :- 1052 DATED 24/4/13