



JAMNABAI GENERAL HOSPITAL, VADODARA
NEAR MANDVI, PANIGATE ROAD, VADODARA 390017
PHONE NO. (0265) 2517400, 2517915-16-19-20,
FAXNO. (0265)2518134
Email: cdmo.health.jamnabai@gmail.com
aha.health.jamnabai@gmail.com

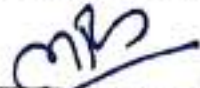


FORM 6
Certificate of Registration
ART Clinic (Level-1)

Certificate No. :JHV/ART/02/.23-24

5. In exercise of the power conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021 the Appropriate Authority **CHIEF DISTRICT MEDICAL OFFICER CUM CIVIL SURGEON** Here by 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 **03/07/2023** ending on **02/07/2028**.
- f) Name and Address of the ART Clinic: **DR.MAHESH PANDYA ADVANCE INFERTILITY TREATMENT CENTRE, 38-B, SAHAJANAND SOCIETY,DHAVAL CHAR RASTA,OPP. HDFC BANK,HARNI-VARASIA RING ROAD,VADODARA-18.**
- g) Name of application for registration : **DR.MAHESH PANDYA ADVANCE INFERTILITY TREATMENT CENTRE**
- h) Name of Director of the ART Clinic : **DR. JIGISHABEN J. PANDYA**
- i) Type of Institution (Govt./Private) : **PRIVATE**
- j) Type of Facility : **Level-1**
6. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.
7. Registration No. Allotted
8. For renewed Certificate of Registration only :
Period of validity of earlier Certificate of Registration form **03/07/2023** to **02/07/2028**.




**DISTRICT APPROPRIATE
AUTHORITY
ART (REGULATION) ACT, 2021
&
CHIEF DISTRICT MEDICAL OFFICER
CUM CIVIL SURGEON
JAMNABAI GENERAL HOSPITAL,
VADODARA**

DATE: 03/07/2023
PLACE: VADODARA

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

ST 1/2/28
7/7/23

Application Form for ART Clinic

Level-1

Application No: GJ/AC/2022/11198

OK

આવક નં. ૨૮૭૭ શાખા. HIC
મુખ્ય છલ્લા તબિબી અધિકારી
સહ સિવિલ સર્જન શ્રીની કચેરી,
જમનાબાઈ જનરલ હોસ્પિટલ,
વડોદરા. તા. ૧૦-૦૫-૨૦૨૩

DEPOSIT / PAY IN SLIP / जमा / जमापर्ची
SBI भारतीय स्टेट बैंक / STATE BANK OF INDIA
 શાખા/Branch-SAVLI વિનાંક/Date 10/05/2023
 ર./પા./જા.જ./બો./વ.જા.મિ./માં લોન ખાતા ક્ર./ક્રિડીટ કાર્ડ ક્રમાંક
 SB/CA/RD/OD/CC/TL/DL/ Ac./Credit Card No.
 41896614324
 ચીફ ડોક્ટર મનિવલ્લભીજી વામ
 સર્જન No. 8238012081
 રાશિ/Amount 50000 = 0
 રૂ./Rs. ₹. /P.
 રૂપાંચે રકમો ને/Rupees in words Fifty thousand only.
 ચેક સંખ્યા/ દિનાંક/બેંક ના નામ ઓર શાખા
 Cheque No./Date & Name of Bank & Branch
 SBI 114643
 10-05-23
 રૂ./Rs. 50000 -
 રૂ./P.
 રૂ./Total 50000 =
 પાસ કર્તા /પાસ કર્તા અધિકારી
 SWO/Passing Officer

PAY IN SLIP / जमा / जमापर्ची
ST बैंक / STATE BANK OF INDIA
 વિનાંક/Date 10/05/2023
 રાખ/મિ./માં લોન ખાતા ક્ર./ક્રિડીટ કાર્ડ ક્રમાંક
 SB/CA/RD/OD/CC/TL/DL/ Ac./Credit Card No.

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 રૂ./Rs. ₹. /P.
 રૂપાંચે રકમો ને/Rupees in words Fifty thousand only.

538
 ચેક સંખ્યા/ દિનાંક/બેંક ના નામ ઓર શાખા
 Cheque No./Date & Name of Bank & Branch
 SBI 114643
 10-05-23
 રૂ./Rs. 50000 -
 રૂ./P.
 રૂ./Total 50000 =
 પાસ કર્તા /પાસ કર્તા અધિકારી
 SWO/Passing Officer

15-3-23