



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 L2/2024/049

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 13/11/2029

(a) **Name and address of the ART Clinic:- PAYAL MATERNITY HOME FERTILITY CENTRE, 6-7 MANI NAGAR SOCIETY, BESIDE RANG AVDHUT TEMPLE, DHAMDOD KADOD ROAD, BARDOLI.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director/Gynecologist	Dr Payal J Gamit	MBBS, DGO	G-15600
2	Embryologist	Dr Vivek Patel	MSc, Phd. Biotechnology	SSSBTECH1602W
3	Andrologist	Dr Parekh Narendrakumar Ramanlal	DNB (UROLOGY)	G-23008
5	Anesthetist	Dr Chintan Vyas	MBBS, DA	G-13260
6	Counselor	Mr Pinank Patel	MSc.	-
7	Staff Nurse	Ms Shalini Chaudhari	DGNM	A-I/H-I-29386

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

(c) Type of facility (Level1 or Level2) :- 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 L2/2024/049
4. For renewed Certificate of Registration only :-.....

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**

Received
[Signature]
21/11/24

District:- Surat

Date :- 13 /11/2024

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

***Strike out whichever is not applicable or necessary**