

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/100**

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: 03/09/2024** Ending on **Dt: 02/09/2029**.

(a) Name And Address of the ART Clinic:- **Kalpana Munshi hospital LLP**  
**4and 5, SBK Society, Narayan nagarroad,**  
**paldi, Ahmedabad**

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
01	Director & Gynaecologist	Dr. Kalpana Munshi	MD DGO	G-3443
02	Director & Gynaecologist	Dr. Atul Munshi	MD DGO	G-3444
03	Director & Gynaecologist	Dr. Sujal Munshi	MD GYNAC, DNB	G-15338
04	Director & Gynaecologist	Dr. Ami Munshi	MD GYNAC	G-13820
05	Gynaecologist	Dr. Janki Patel	MS OB&GY	G-29084
06	Anaesthetist	Dr. Hemang Shah	MBBS DA (Anesthesia)	G-16701
07	Staff nurse	Twinkle Parmar	GNM	A-II/H-II-17736
08	Staff nurse	Urvashi Vasava	GNM	A-I/H-I-35409
09	Director & Gynaecologist	Dr. Kalpana Munshi	MD DGO	G-3443

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

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

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

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



District :- **AHMEDABAD.**

Date: **03/09/2024**

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,  
GENERAL HOSPITAL SOLA, AHMEDABAD.

**21/09/24**