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/090

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: 09/07/2024 Ending on Dt: 08/07/2029

(a) Name And Address of the ART Clinic:- POOJAN IVF CENTRE 4th FLOOR, F.P. NO-66, RANGAT SIGNATURE, GOTA OVER BRIDGE, S.G. HIGHWAY, GOTA AHMEDABAD.

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	Director & Gynae- cologist	DR. RAKESH PATEL	MD (OBS & GYN)	G-9310
2	Counseller	ROSHANI JADAV	M.A in phycology and Diplomain Applied Clinical counselling & PSCHOTHERAPY	
3	Sr. Embryologist	AMIT RABARI	M.SCin clinical Embryology and ART	
4	Jr.Embryologist	ANILBHAI GADHIYA	M.sc in Zoology	

(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 belo	w for purposes of carrying out activities and procedures as per the aforesaid Act,
for a period of	Ending on
	of the ART Bank:-
(b)Type of institution (Govt. / Private):
	ubject to the aforesaid Act and Rules there under and any contravention there of

- 2.Th shall result in suspension or cancellation of this certificate of registration before the expiry of the said period
- 3. District Registration No allotted:-
- 4. For renewed Certificate of Registration only:-

ART (REGULATION) ACT, 2021 AND C.D.M.O.CUM CIVIL SURGOEN, GENERAL HOSPITAL SOLA, AHMEDABAD.

District :- AHMEDABAD. Date:- 09/07/2024.

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

*Strike out whichever is not applicable or necessary.

DR. RAKESH R. PATEL COPON REG.NO. G-24760 M.D.(OBC & GYNAEC)

AUTHORITY