

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/099**

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:- **TRINITY IVF HOSPITAL**  
3<sup>rd</sup> Floor, Vedanta Complex, Opp. Municipal Garden, Usmanpura Char Rasta, Ahmedabad-380013, Guj, India

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
01	Director & Gynecologist	Dr. Mitsu Trivedi	MBBS, DGO	G- 0301
02	Gynecologist	Dr. Sunny Nayak	M.S. (Gynec)	G- 17536
03	Andrologist	Dr. Jain Ravi	M.S DNB	G- 41458
04	Embryologist	Dr. Shabiha Gavli	MSC in Clinical Embryology & ART	2022023900 15
05	Anaesthesiologist	Dr. Bhargav Rawal	M.D (Anaesthesiology)	G- 15756
06	Counsellor	Dr. Laxmi Yadav	B.H.M.S	G-20731
07	Staff nurse	Sejal Bharada	GNM	16DN14032

(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: **03/09/2024**

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

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

\*Strike out whichever is not applicable or necessary.

**TRINITY HOSPITAL**  
304, 305, Vedanta Complex,  
Opp. Municipal Garden,  
Ushmanpura Char Rasta,  
Ahmedabad, Gujarat, India