

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/106**

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: 23/10/2024** Ending on **Dt: 22/10/2029**.

(a) Name And Address of the ART Clinic: - **Reshambai Hospital  
Swastik Complex, Opp. Rajsthan Hospital, Shahibaug,  
Ahmedabad - 38004**

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
01	Director & Gynecologist	Dr. Hasmukh Agrawal	MD (Obs & Gynec)	G-5691
02	Gynecologist	Dr. Rushabh Agrawal	MS (Obs & Gynec)	G-36281
03	gynecologist	Dr laxmi Agrawal	Mbbs ,DGO-gynec	G-24030
04	gynecologist	Dr kantilal sutaria	MD-gynec	G-6089
05	Andrologist	Dr. Rupesh Shah	MS, DNB (Genito Urinary Surgery)	G-20746
06	Embryologist	Hiren Kotadiya	Bsc-microbiology	
07	Embryologist	Shabia ghavli	Msc-bio medical tecnology	
08	Anaesthesiologist	Dr. Abhay Shah	DA (Anaesthesia)	G-13810
09	Counselor	Dr Rajesh Chauhan	MS-(GYNEC)	G-3699
10	Staff nurse	Nasimbanu Dodiya	GNM	A-18715

(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: **23/10/2024**

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.

**RESHAMBAI HOSPITAL**  
**Dr. Hasmukh N. Agrawal**  
Reg No 5691 MD (G & O)  
Swastik Complex,  
Opp Rajasthan Hospital,  
Shahibaug, Ahmedabad-4