

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/036**

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: 23/08/2023** Ending on **Dt: 22/08/2028**

(a) Name And Address of the ART Clinic:- **MAYFLOWER WOMEN'S HOSPITAL**
Mayflower House, A Block, Rudra Arcade, Helmet Cross Roads, Drive-in Road, Memnagar, Ahmedabad - 380052

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	Director & Gynaecologist	Dr Sanjaykumar Shankarbhai Patel	MBBS, MD (Obstetrics & Gynaecology)	G-5785
2	Director & Gynaecologist	Dr Smeet Sanjaykumar Patel	MBBS, MS (Obstetrics & Gynaecology)	G-28368
3	Gynecologist	Dr Jaya S Patel	MBBS, DGO	G-9679
4	Gynecologist	Dr Ravina Smeet Patel	MBBS, DGO	G-0569
5	Andrologist	Dr Kamlesh Bhailalbhai Patel	MBBS, M.S., DNB (Uro)	
6	Anesthetist	Dr Sanjiv Pramodrai Upadhyay	MBBS, MD (Anaesthesia)	G-5759
7	Fetal Medicine Consultant	Dr Mayank Ganeshbhai Chaudhary	MBBS, MD (Obstetrics & Gynaecology)	G-9303
8	Chief Embryologist	Hemangini Radadia	B.Sc. in Microbiology and PGD in Plant and Tissue Culture	NA
9	Counsellor	Yashika Parmar	B.Sc. Nursing	A-II/H-II-22811
10	Nurse	Jayshri Jasubhai Rajpuria	GNM	H-I-7348
11	Nurse	Pratiksha Valjibhai Parmar	B Sc Nursing	A-II/H-II/22841
12	Nurse	Sanghmitra Gautambhai Chandrapal	GNM	A-I/H-I-30499
13	CSSD Technician & OT Assistant	Mukeshji Melaji Thakor	UG	NA
14	OT Assistant	Kamalkumar Bharatbhai Solanki	Graduate	NA

(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:- 23/08/2023.

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

*Strike out whichever is not applicable or necessary.

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



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