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/128

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) act, 2021 the District Appropriate Authority <u>GUJARAT STATE</u> 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 <u>Dt: 11/03/2025</u> Ending on <u>Dt:10/03/2030</u>.

(a)Name And Address of the ART Clinic:- NAVJEEVAN VANITA HEALTH

182, SATYAGRAH CHHAVANI, OPP. SATELLITE POLICE
STATION, BRTS ROAD, SATELLITE, AHMEDABAD 380015.

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	DIRECTOR & GYNECOLOGIST	Dr VIPUL OZA	MD (GYN)	G-15424
2	STAFF NURSE	NAYANABEN CHHAGANLAL AHIR	GNM	A-I/H-I 3142

(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 b	elow for purposes of carrying out activities and procedures as per the aforesaid
Act, for a period of	Ending on
(a)Name and addre	ss of the ART Bank:-
(b)Type of institutio	on (Govt. / Private):
	d subject to the aforesaid Act and Rules there under and any contravention ther or cancellation of this certificate of registration before the expiry of the said pe
3. District Registration No a	llotted:
	of Registration only:
Period of validity of earlie	er Certificate of Registration from



District :- AHMEDABAD. Date: 11/03/2025 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.

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