

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/085**

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:- **Anand Surgical Hospital Pvt. Ltd.**  
**Near Memco Cross Road, Naroda Road, Ahmedabad,**  
**Gujarat-382330.**

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	DIRECTOR	DR YASH SANGHAVI	M.S GENERAL SURGERY	G-24482
2	IVF SPECIALIST & GYNECOLOGIST	DR. NIRALI SANGHAVI	DGO	G-23026
3	GYNECOLOGIST	DR ASTHA MULANI	M.S GYNEC	G-20090
4	ANESTHESIOLOGIST	DR NIRAVBHAI VAIDYA	M.B.B.S, D.A	G-30425
5	ANESTHESIOLOGIST	DR EKTABEN PATEL	M.B.B.S	G-23546
6	COUNSELOR	DR BHAVESH JAIN	B.H.M.S	G-29647
7	ANDROLOGIST	DR NARENDRA SANGHAVI	M.S GENERAL SURGERY	G-2702
8	EMBRYOLOGIST	DIVYESH BHALODIYA	M.PHARM	
9	STAFF NURSE	NISHA MESARIYA	GNM	A-II/H-II-220930

(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:- **09/07/2024.**

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

\*Strike out whichever is not applicable or necessary.

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

