

## FORM -3

|See rule 81

## Certificate Of Registration ART Clinic (Level 1/ Level 2) ART bank

Certificate No:-GJ/PTN/ART/2024/06 1. In exercise of the power conferred under Section 16 (1) of the Assisted Reproductive Technology(Regulation) ACT,2021 the District Appropriate Authority and CDMO CUM CIVIL SURGEON G H SIDDHPUR-PATAN hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedure as per the aforesaid Act, for a period of 5 (five years) ending on \_01/07/2029

(a) Name and address of the ART Clinic:- YASHFEEN HOSPITAL- 7, Railway Station Road

Patan-384265, Gujarat.

Sr. No	Name of the Post	Name of the Staff	Qualification	Registration No
·1	Director	Dr. Vasim M. Piprani	D.G.O	G-20885
2	Gynecologist	Dr. Vasim M. Piprani	D.G.O	G-20885
3	Counselor	Tahurabanu S. Shekh	ANM	F-I-17311

(b) Type of institution (Government or Private)-Private

(c) Type of facility (Level 1 or Level 2)-Level 1

OR

The ART Bank named below for purposes of carrying out activities and procedures as	
the aforesaid ACT, for a period ofending on	æ
Name and address of the ART Bank:	
(a) Name and address of the ART Bankt-	
(b) Type of institution (Govt. / Private):-	
This registration is granted subject to the aformula to a not to a	

- 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: GJ/PTN/ART/2024/06
- 4. For renewed Certificate of Registration only :-.... Period of validity of earlier Certificate of Registration from......to......to......

DISTRICT APPROPRIATE AUTHORITY ART(REGULATION)ACT,2021

District:- Patan Date: 02/07/2024

Display one copy of this certificate at a conspicuous place at the place of business,