



FORM 3
[See rule 8]
Certificate Of Registration
ART clinic (Level 1/Level 2) /ART bank
(To be issued in duplicate)



Certificate No:-GJ/ST/ART L2/2024/045

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 Surat 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 5 (five years) ending on 19/09/2028

(a) Name and address of the ART Clinic:- **CANDOR IVF CENTER, 148, 1ST FLOOR, AVLOAN, SHOPPING CENTER APP. PATIDAR BHAVAN, AMBATALAVADI, SURAT**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director/	Dr Jaydev Dhameliya	DGO	G-16209
2	Gynecologist	Dr Dhaval Patel	M.S (Obs&Gync)	G-35155
3	Gynecologist	Dr Pushpaben Gaudani	M.D (Obs&Gync)	G-30869
4	Andrologist	Dr Chetan Sheladiya	Dip N.B Urology	G-21928
5	Anesthetist	Dr Kishor	M.D	G-15191
6	Embryologist	Dr Sonal Navadiya	DCA	R21DPL05
7	Counselor	Dr Namrata Gujarati	B.H.M.S	G-27283
8	Staff Nurse	Ms Riyaben Raut	D.G.N.M	A-II/H-II-28980

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

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

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: **GJ/ST/ART L2/2024/045**
4. For renewed Certificate of Registration only :-.....
- Period of validity of earlier Certificate of Registration from..... to.....

[Signature]
**DISTRICT APPROPRIATE
 AUTHORITY
 ART(REGULATION)ACT, 2021
 AND C.D.M.O./CIVIL SURGEON SURAT**

District:- Surat
Date:-18/09/2024

Display one copy of this certificate at a conspicuous place at the place of business.
***Strike out whichever is not applicable or necessary**