



FORM -3

[See rule 8]

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

Certificate No:-GJ/PTN/ART/2024/07

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 **05/08/2029**

(a) Name and address of the ART Clinic:- **SEWA INFERTILITY & MATERNITY HOSPITAL- Pareva Park Society, Karmabhumi Road Patan-384265, Gujarat.**

Sr. No	Name of the Post	Name of the Staff	Qualification	Registration No
1	Director	Dr. Satyam Jani	D.G.O	G-11119
2	Gynecologist	Dr. Satyam Jani	D.G.O	G-11119
3	Counselor	Jagrutiben Parmar	GNM	A-I/H-I-35260

(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 per the aforesaid ACT, for a period of -----ending on-----

Name and address of the ART Bank:-.....

(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 Rule 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/PTN/ART/2024/07**

4. For renewed Certificate of Registration only :-.....

Period of validity of earlier Certificate of Registration from.....to.....

**DISTRICT APPROPRIATE
AUTHORITY
ART(REGULATION)ACT,2021**

District:- Patan

Date: 06/08/2024

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