## 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/055

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: 04/11/2023</u> Ending on <u>Dt: 03/11/2028</u>

(a)Name And Address of the ART Clinic:- SGVP Holistic Hospital, SGVP Campus ,Opp.Nirma Uni.S.G. Highway, Ahmedabad -382481

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	coo	Dr.Hiren Kaswala	MBBS	G-43088
2	Gynecologist	Dr.Hetal Patolia	MD (obgy)	G-8733
3	Staff Nurse	Ankita Gameti	GNM	A-I/H-1

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

(c) Type of facility :- (Level 1 or Level 2) :- ART CLINIC LEVEL-1

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The ART b	bank named below for purpos	es of carrying out activities and procedures as per the
aforesaid	Act, for a period of	Ending on
(a)Na	ime and address of the ART Ba	nk:
(b)Ty	pe of institution (Govt. / Privat	te):
		a aforesaid Ast and Bules there under and any control

- 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:- .....

DISTRICT APPROPRIATE
AUTHORITY
RT (REGULATION) ACT, 20

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

District :- AHMEDABAD

Date:- 04/11/2023.

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

\*Strike out whichever is not applicable or necessary.

