



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 L1/2024/048

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 22/10/2029

(a) Name and address of the ART Clinic:- **NAVELI HOSPITAL, PLOT NO. 07, OPP. THOMAS SCHOOL, NEW CITY LIGHT ROAD, SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director / Gynecologist	Dr Reshma Yagnik	MD (O&G)	G-11645
2	Staff Nurse	Mr Priteshkumar Patel	DGNM	B-I/H-I-2782

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

(c) Type of facility (Level1 or Level2) :- **Level 1**

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 L1/2024/048**
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**

25/11/24

Pritesh Patel

8980075494



District:- Surat

Date:- 22/10/2024

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

*Strike out whichever is not applicable or necessary