



**FORM 3**

**Certificate Of Registration ART Clinic  
(Level 2)**

**Certificate No:001**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **Chief District Medical Officer** 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 YEARS** ending on **22/06/2028**.

a) **Name and address of the ART Clinic: RAMABHEN HOSPITAL**

Fountain Plaza Vejalpore, Navsari, Gujrat

b) **Name of applicant for registration: Dr.Vipul D.Kapadia**

c) **Name of Director of the ART Clinic: Dr.Vipul D.Kapadia**

d) **Type of Institution (Govt. / Private) Private**

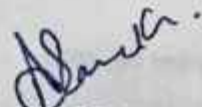
e) **Type of facility: Level 2**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.

3. Registration No. **NAV/21/001/2023**  
**NAV**

**Date: June 23, 2023**

**Place: NAVSARI**

  
**Chief District Medical Officer**  
**GMERS Medical Collage & Hospital**  
**Navsari, Gujrat.**