

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/064**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) act, 2021 the District Appropriate Authority **GUJARAT STATE**, 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 **Dt: 04/01/2024** Ending on **Dt: 03/01/2029**

(a) Name And Address of the ART Clinic:- **Mayflower Women's Hospital**
204-206 Second Floor, Satyamev Elite, Under Vakil Saheb
Bridge, SP Ring Road, Bopal, Ahmedabad

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	Dr. Smeet Patel	Director	MS Gynec	G-28368
2	Dr. Sanjay Patel	Director	MD Gynec	G-5785
3	Dr. Ripal Patel	IVFspecialist	MS Gynec	G-26933
4	Dr. Ramanuj	IVFspecialist	DGO	G-0684
5	Dr. Mihir Vasavda	Gynecologist	DGO	G-32057
6	Dr. Santwan Mehta	Gynecologist	MS Gynec	G-21319
7	Dr. Ravina Patel	Gynecologist	DGO	G-0569
8	Dr. Jaya Patel	Gynecologist	DGO	G-9679
9	Dr. Kamleshi Patel	Andrologist	MS, DNB (GU)	G-19986
10	Hemangini Radadia	Cheif Embryologist	M.SC Microbiology	
11	Priyal Shah	Ast Embryo & Andrologist	M.SC Medical Bio Technology	
12	Dr. Sanjiv Upadhyay	Anesthesiologis	M.D. Anesthesiology	G-5759
13	Dr. Himani Dalwadi	Anesthesiologis	M.D. Anesthesiology	G-21189
14	Dr. Riddhi Devani	Anesthesiologis	Diploma in Anesthesia	G-27287
15	Dr. Mayank Chaoudhary	Foetal Medicine	M.D. Gynec	G-9303
16	Miss Christina Ngrouh	Counsellor	B.Sc Nursing	62863
17	Miss Swizina Chriatian	Staff Nurse	Gnm	A-I/H-I-32107
18	Mr. Arvindbhal K. Patel	OT Assistant	BEMS	GBEH01065
19	Mr. Ramesh R. Makwana	OT Assistant	CNA	

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

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

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

(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 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:-
4. For renewed Certificate of Registration only:-
- Period of validity of earlier Certificate of Registration from To.....



District :- AHMEDABAD.

Date:- 04/01/2024.

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

*Strike out whichever is not applicable or necessary.

P. V. Soni
DISTRICT APPROPRIATE
AUTHORITY
ART (REGULATION) ACT, 2021
AND C.D.M.O. CUM CIVIL SURGOEN,
GENERAL HOSPITAL SOLA, AHMEDABAD

