

FORM -3

See rule 81

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

Certificate No:-GJ/PTN/ART/2024/08

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 _08/10/2029

(a) Name and address of the ART Clinic:- BLESSINGS WOMEN'S HOSPITAL - 17, Subhadranagar, Near Bagwada Darwaja Patan-384265, Gujarat.

	Name of the Post	Name of the Staff	Qualification	Registration
1	Director	Dr. Bhadresh Panchiwala	MS. Obs & Gyn	
2	Gynecologist		The second secon	G-19943
3	Andrologist	Dr. Bhadresh Panchiwala	MS. Obs & Gyn	G-19943
718	Androtogist	Dr. Rupesh Gupta	MCH Urology	G-64191
4	Anesthetist	Dr. Mehul Modh	Diploma in Anesthesia	G-25844
5	Medical Officer	Dr. Vipul Soni		
6	Clinical	Mr. Ashish P Ramani	BAMS	GB I-19738
	Embryologist		BSC (zoology)	_
7	Counselor	Mrs. Iveti D. D. 1111		. 7
8	Nursing staff	Mrs. Jyoti B. Pachichiwala	Graduate	
	transmit som	Miss. Arti Parmar	GNM	A-I/H-I-3646

- (b) Type of institution (Government or Private) Private
- (c) Type of facility (Level 1 or Level 2) 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----Name and address of the ART Bank:-...

- (a) Name and address of the ART Bank:-....
- (b) Type of institution (Govt. / Private):-....
- 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/2024/08

DISTRICT APPROPRIATE
AUTHORITY

ART(REGULATION)ACT,2021

District:- Patan