

**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 L2/2024/008**

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 01/01/2029

(a) Name and address of the ART Clinic:- **BELLY & LOVE WOMEN'S CARE, MILESTONE ETERNIS, OPP. MAHAVIR CARDIAC HOSPITAL, ATHWAGATE, SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director	Dr Rahul Naik	MBBS, MS	G-14659
2	Gynecologist	Dr Sejal Naik	MS (Obs & Gynec)	G-15034
3	Embryologist	Ms Nehal Naik	Master of Clinical Embryology	
4	Andrologist	Dr Yash Vaidya	M.Ch. Urology	G-24372
5	Anesthetist	Dr Vimal Mahipal	MBBS, MD	G-31036
	Counselor	Ms Anjani Khoni	M.Sc.	
6	Staff Nurse	Ms Trushna Rathod	Diploma in Nursing	277627

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

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

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 L1/2024/008
4. For renewed Certificate of Registration only :-.....
- Period of validity of earlier Certificate of Registration from..... to.....

Dr. N. N. Naik
15/11/2024
9974274699

**DISTRICT APPROPRIATE
 AUTHORITY
 ART(REGULATION)ACT, 2021
 AND C.D.M.O./CIVIL SURGEON
 SURAT**

District:- Surat

Date :- 01/01/2024

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

*Strike out whichever is not applicable or necessary