



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 L2/2024/003

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:- **21st CENTURY FERTILITY CENTRE, RING ROAD, SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director/Gynecologist	Dr Pooja N Singh	MBBS, MD	G-14341
2	Embryologist	Dr Prabhakar Singh	MBBS, MD, MS	G-32285
3	Andrologist	Dr Kishore Nandkarni	MBBS, MS	G-13293
4	Anesthetist	Dr Himanshu Nandkarni	MBBS, MD	G-60558
5	Counselor	Dr Vanita Viradiya	BHMS	G-9607
6	Staff Nurse	Ms Ankitabehn Patel	GNM	A-II/H-II-14875
7	Staff Nurse	Ms Shivanikumari Tandel	GNM	A-II/H-I-18973

(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 L2/2024/003**
4. For renewed Certificate of Registration only :-.....

Period of validity of earlier Certificate of Registration from..... to.....

Surat
01/02/24
9727992979
Gorakh Pimple

**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