

**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 L2/2024/023**

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 01/02/2029

(a) Name and address of the ART Clinic:- **RUTA HOSPITAL & IVF CENTRE,
2ND, 3RD & 4TH FLOOR, STERLING POINT,
VARACHHA ROAD, SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director/ Gynecologist	Dr Gopal Vekariya	MD, DGO	G-29994
2	Embryologist	Dr Mansukh Gabani	MD(PATOLOGY & BACTOREIOLOGY)	G-8088
3	Andrologist	Dr Jignesh Ghevariya	DNB(UROLOGY)	G-27657
4	Anesthetist	Dr Shailesh Bhadja	MD (ANAESTHESIA)	G-13119
5	Staff Nurse	Ms Sonaliben Chaudhari	B.Sc. Nursing	A-II/H-II-22985
6	Counselor	Dr Rachana Kakadiya	BHMS	G-18045

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

(c) Type of facility (Level1 or Level2) :- **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 L2/2024/023**
4. For renewed Certificate of Registration only :-.....
Period of validity of earlier Certificate of Registration from..... to.....

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

Received on 24.7.24. 22:30 P.m

Presh B. Indani 9879263672

[Signature]

District:- Surat

Date :- 01/02/2024

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

*Strike out whichever is not applicable or necessary