



FORM -7

Certificate Of Registration

ART Bank (Semen/Oocyte/Both)

Certificate No:-GJ/PTN/ART BANK/2024/03

1. In exercise of the power conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) ACT, 2021 the District Appropriate Authority **CDMO CUM CIVIL SURGEON, G. H. SIDDHPUR, PATAN** hereby grants registration to the ART BANK 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 **22/ 04/2029**

(a) Name and address of the ART Clinic:- **VEDA IVF CENTERE, 1 ST FLOOR, MARUTI COMPLEX, BUS STATION ROAD, PATAN-384265, GUJARAT.**

Sr. No	Name of the Post	Name of the Staff	Qualification	Registration No
1	Director	Dr. Jaykumar G Patel	M.B.B.S, M.D	G-11459
2	Gynaecologist	Dr. Jaykumar G Patel	M.B.B.S, M.D	G-11459
3	Register Medical Practioner	Dr. Bhagavati P. Joshi	B.H.M.S	G-33928
4	Counselor	Dr. Bhavika B. Patel	B.H.M.S	G-10712
5	Lab Assistant	Vishal Nanubhai Patel	Graduate	-

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

2. 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 BANK/2024/03**

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

S. K. Patel
DISTRICT APPROPRIATE
AUTHORITY
ART(REGULATION)ACT,2021

District:- Patan
Date: 23/04/2024

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