



FORM 3
[See rule 8]
Certificate Of Registration
ART bank
(To be issued in duplicate)



CERTIFICATE NO.:- GJ/ST/ART BANK/2024/058

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 Bank 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 10/12/2029

(a) Name and address of the ART Bank:- **PREGA IVF, 2ND FLOOR, PARAM HOUSE,
LALDARWAJA, STATION ROAD, SURAT**

| Sr.No. | Name of the Post | Name of the Staff | Qualification | Registration No. |
|--------|-----------------------|-------------------------|---------------------|------------------|
| 1 | Director/Gynecologist | Dr Ravindra Korat | MS (O & G) | G-17578 |
| 2 | Embryologist | Dr Jigar Patel | DGO | G-20117 |
| 3 | Anesthetist | Dr Prakashkumar Vaghani | MD(Anaesthesiology) | G-17062 |
| 4 | Andrologist | Mr Faizal Malek | DMLT | 406063131392 |
| 5 | Counselor | Miss Sonal Patel | BPharm | G56683 |
| 6 | Staff Nurse | Miss Divya Patel | DANM | F-I-28975 |

(b) Type of institution(Govt./Private) :- Private

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 BANK/2024/058
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 SURGOEN
SURAT**

RECEIVED
[Signature]

12-22-24

Date :- 10/12/2024

District:- Surat

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

*Strike out whichever is not applicable or necessary