

FORM 6
Certificate of Registration
ART Clinic (Level-1)

Certificate No. :JHV/ART/09/25-26

1. In exercise of the power conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021 the Appropriate Authority **CHIEF DISTRICT MEDICAL OFFICER CUM CIVIL SURGEON, JAMNABAI GENERAL HOSPITAL, VADODARA** 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 **10/03/2025** ending on **10/03/2030**.
 - a) Name and Address of the ART Clinic: **ZYDUS HOSPITAL,AKSHAR CHOWK,OLD PADRA ROAD,VADODARA-390020**
 - b) Name of application for registration : **ZYDUS HOSPITAL**
 - c) Name of Director of the ART Clinic : **DR. RESHMI BANERJEE**
 - d) Type of Institution (Govt./Private) : **PRIVATE**
 - e) Type of Facility : **ART Clinic Level-1**
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.
3. Registration No. Allotted : **JHV/ART/09/25-26**
4. For renewed Certificate of Registration only :
Period of validity of earlier Certificate of Registration form: **NOT APPLICABLE**


**DISTRICT APPROPRIATE
AUTHORITY
ART (REGULATION) ACT, 2021
&
CHIEF DISTRICT MEDICAL OFFICER
CUM CIVIL SURGEON
JAMNABAI GENERAL HOSPITAL,
VADODARA**

DATE: 10/03/2025

PLACE: VADODARA

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

Strike out whichever is not applicable or necessary.