



**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 L2/2026/03**

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 Dt.18/01/2031

(a) **Name and address of the ART Clinic:- SUNFLOWER IVF CENTRE SURAT LLP, 422-427, 4<sup>th</sup> FLOOR, FOUR POINT COMPLEX, VIP ROAD, VESU, SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director & Gynecologist	DR SANDIP PATEL	MD, DGO	G-41993
2	Andrologist	DR NEEL PATEL	M.CH.(UROLOGY)	G-30325
3	Anesthetist	DR JIGAR PATEL	M.D.(Anaesthesiology)	G-26409
4	Embryologist	MS. PRIYANKA RAJPUT	M.Sc. (BIOTECHNOLOGY)	
5	Staff Nurse	MS. URVIBEN PATEL	DGNM	A-I/H-I-19131
6	Counselor	DR DIVYA PATEL	DIPLOMA IN GYNAECOLOGY & OBSTETRICS	G-0730

(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 L2/2026/03

4. For renewed Certificate of Registration only :-.....

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



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

District:- Surat

Date :- 19/01/2026

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

\*Strike out whichever is not applicable or necessary