



FORM 3
[See rule 8]
Certificate Of Registration
ART clinic (Level 1/Level 2) /ART bank
(To be issued in duplicate)



CertificateNo:-GJ/ST/ART L2/2025/080

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 14/10/2030

(a) Name and address of the ART Clinic:- **FUSION BIOCELL FUSION FERTILITY, 401, 4TH FLOOR, SOLSRIS KODE, VESU, SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	RegistrationNo.
1	Director	Ms. Nehal D Naik	PG	-
2	Gynecologist	Dr Zarna Patel	MBBS, DNB	G-25678
3	Gynecologist	Dr Falgun Patel	MBBS, DGO	G-0156
4	Embryologist	Ms. Nehal D Naik	PG	-
5	Andrologist	Dr Samarth Patel	MBBS, MCH (UROLOGY)	G-32795
6	Anesthetist	Dr Dharmesh Patel	MBBS, DA	G-26758
7	Counselor	Dr Pooja Patel	BHMS	G-19987
8	Staff Nurse	Ms Mandaben Palvi	DPN	A-I/H-I-38006

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

(c) Type of facility (Level1 orLevel2):- **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 L2/2025/080**

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**

District:- Surat

Date :-14/10/2025

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

*Strike out whichever is not applicable or necessary