



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 L1/2025/079

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 13/08/2030

(a) Name and address of the ART Clinic:- **SHREE SIDDHI VINAYAK HOSPITAL,
 1ST FLOOR, SAIFEE COMPLEX,
 OPP. BRC, MAIN ROAD, UDHANA,
 SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director	Dr Dinesh P. Patel	D.G.O	G-8122
2	Gynecologist	Dr Dinesh P. Patel	D.G.O	G-8122
3	Staff Nurse	Ms. Mahimaben Gamit	DGNM	A-II/H-II-30936

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

(c) Type of facility (Level 1 or Level 2) :- **Level 1**

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 L1/2025/079

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

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

[Handwritten Signature]
 19/07/2025

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

District:- Surat

Date :- 13/08/2025



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

*Strike out whichever is not applicable or necessary