



**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 BANK/2026/04**

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. 08/03/2031

(a) Name and address of the ART Bank :- **DESTINYIVF & WOMENS CARE,**  
**307-312, A WING, MILLENNIUM POINT, LAL**  
**DARWAJA, STATION ROAD SURAT.**

Sr.No.	Name of the Post	Name of the Staff	Qualification	Registration No.
1	Director/ Gynecologist	DR DILIP DHOLARIA	D.G.O.	G-18491
2	Embryologist & Anesthetist	DR JASMIN DHOLARIA(MUNGA RA)	MD ANAESTHESIOLOGY	G-22156
3	Andrologist	DR CHETAN SHELDIA	DNB (Genito Urinary Surgery)	G-21928
4	Staff Nurse	MS. TEJALBEN KOKANI	DGNM	A-II/H-II-33813
5	Counselor	DR DHRUTI KIKANI	BHMS	G-37266

(b) Type of institution (Government or 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/2026/04
4. For renewed Certificate of Registration only :-.....  
**Period of validity of earlier Certificate of Registration from..... to.....**



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

**District:- Surat**  
**Date :- 09/03/2026**

**Display one copy of this certificate at a conspicuous place at the place of business.**  
**\*Strike out whichever is not applicable or necessary**