



FORM -3

[See rule 8]

Certificate Of Registration ART clinic (Level 1/Level2) ART bank (To be issued in duplicate)

Certificate No:-GJ/BK/ART Clinic Level-201/2026

1. In exercise of the power conferred under Section 16(1) of the Assisted Reproductive Technology(Regulation)ACT,2021 the District Appropriate Authority and CDMOBanaskantha hereby grants registration to the ART Clinic Level-1 named below aforesaid Act,for a period of 5 (five) years ending on **22/06/2031**

Name and address of the ARTClinic **Level-2:-Hope IVF A Unit of New Maheshwari Female Hospital,Palanpur(B.K)**

Address:-Behind Dhundhiyawadi Police Station At The End of Railway BridgeDhundhiyawadiPalanpur

Sr.No	Name of the Post	Name of the Staff	Qualification	Registration No
1	Director	DRDARSHAN D KELA	M.B.DGO	G-48523
2	Gynecologist	DRDARSHAN D KELA	M.B.DGO	G-48523
3	Embryologist	Mr.AshishP.Ramani	Graduate	-
4	Andrologist	Dr.MilanJ.Patel	DiplomateN.B	G-30614
5	Anesthetist	DrSachinM.Patel	M.D.Anaest.	G-30960
6	Counselor	Mr.Shaileshchhatraliya	12 Pass	-
7	Nursing Staff	SangitabenR.Bothiya	ANM	F-I-20027
8	Nursing Staff	DipikabenR.Parmar	ANM	F-I-22631
9	Nursing Staff	MaitribenK.Makwana	ANM	F-I-25085
10	Nursing Staff	MittalbenR.Bothiya	GNM	A-I/H-I-39314
11	Lab Tac	Nilesh.G.Ranavasiya	PGDMLT	-

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

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

This registration is granted subject to the aforesaid Act and Rule there under and any contravention ther of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years

District Registration No allotted: **GJ/BK/ART Clinic Level-201/2026**

**DISTRICT APPROPRIATE
AUTHORITY
ART(REGULATION)ACT,2021**

District:-Banaskantha

Date:-**23/06/2026**

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

*Strike out whichever is not applicable or necessary