FORM 3

[See Rule 8]

Certificate of Registration

ART Clinic (Level 1/Level 2) / ART Bank

(To be issued in duplicate)

Certificate No:**GS/AHD/170**

1.In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) act,2021 the District Appropriate Authority **GUJARAT STATE** 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 **Dt: 26/10/2026** Ending on **Dt: 25/10/2031.**

(a)Name And Address of the ART Clinic:- **SHREE WOMEN'S HOSPITAL ,**
FF-102, SHILP ARCADE,
LAL BAHADUR SHASTRI ROAD,
HIRAWADI, BAPUNAGAR

Sr. No	Name of the Post	Name of the staff	Qualification	Registration No.
1	**Gynecologist**	**Dr. Jignesh K. Dodiya**	**MS (Gynec)**	**G-18582**

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

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

OR

The ART bank named below for purposes of carrying out activities and procedures as per the aforesaid Act,for a period of ..... Ending on .....

(a)Name and address of the ART Bank:-

(b)Type of institution (Govt. / 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:-.....

4. For renewed Certificate of Registration only:- .....
Period of validity of earlier Certificate of Registration from..... To .....

COMO-CUM CIVIL SURGEON GEN. HOSPITAL • SOLA A'BAD •

DISTRICT APPROPRIATE AUTHORITY
ART (REGULATION) ACT,2021
AND C.D.M.O.CUM CIVIL SURGOEN,
GENERAL HOSPITAL SOLA, AHMEDABAD.

District :- **AHMEDABAD.**

Date: **26/10/2026**

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

*Strike out whichever is not applicable or necessary.