## FORM 4 [See Rule 11]

## CERTIFICATE OF REGISTRATION

## SURROGACY CLINIC

(To be issued in duplicate)

Certificate No: SYR 1001

- 1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority GONERN MENT...

  OF KERALA hereby grants registration of the Surrogacy Clinic named below for purpose of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of Thatee years ending on All Jobb.
  - a) Name and address of the Surrogacy Clinic: PRAN FERTILITY AND
    WELL WOMEN CENTRE THIRLYANANTHAPURAM
  - b) Type of Institution (Government or Private)
- 2) This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.
- 3) Registration No. allotted SYR 1001



Signature, Name and Designation of the Appropriate Authority

CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

Date: 25/1/2023

Plae: TRIVANDRUM

Dr. CHITHRA S. IAS
PEN No. 719240
Joint Secretary
Health & FW Department
Govt. Secretariat. TVPM, Kerele
Phone: 0471-2517392, 2327994

SEAL

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