Form 4

CERTIFICATE OF REGISTRATION

Surrogacy Clinic (To be issued in duplicate)

> Certificate ACPN/1104/MOH/21.01.2023

- 1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority <u>MEDICAL OFFICER OF HEALTH, P/NORTH WARD</u> hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of $\underline{5}$ years ending on $\underline{15/01/2028}$.
- (a) Name and address of the Surrogacy clinic: SARAOGI MATERNITY & GENERAL HOSPITAL, 1ST FLOOR, KHETAN APTS, S.V.ROAD, NEAR MALAD TELEPHONE EXCHANGE, MALAD WEST, MUMBAI – 400064
- (b) Name of applicant for registration: DR. MOHIT SARAOGI
- (c) Name of Director of the Surrogacy Clinic: DR. MOHIT SARAOGI
- (d) Type of institution (Government / Private): 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 five years.
- 3. Registration No. allotted PN/2023/SR-0001
- 4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from 16/01/2023 to 15/01/2028.

·· 29/01/2023 Signature, Name and Designation of the Appropriate Authority

Medical Officer of Health P/North Ward

Date: 21.01.2023 Place: Malad West

Display One Copy of This Certificate at a conspicuous place at the place of business

*Strike out whichever is not applicable or necessary focusod.

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