





FORM 4 [See rule 11]

Certificate of Registration

Surrogacy Clinic (To be issued in duplicate)

| | AP/SC/2022/10114/SC/VISAKHAPATNAM/3 |
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| 1. | In exercise of the powers conferred under Section 12 (I) of the Surrogacy (Regulation) |
| | Act, 2021(47 of 2021), the Appropriate Authority. District. Medical and Health |
| - | Officer. Visakhapatnom. hereby grants registration to the Surrogacy Clinic |
| | named below for purposes of carrying out Surrogacy or Surrogacy procedures as per |
| | as per the aforesaid Act, for a period of3Yearsyears |

- (a) Name and address of the Surrogacy Clinic: ...Padmasri. I.VF. .Centre........ D.No; 49-48-16/5, NGO's Colony, Akkayyapalem High Way, Visakhapatnam
- Type of institution (Govt. or Private): Private.....
- 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 three years.
- Registration No. allotted: AP./SC/2022/10114/SC/VISAKHAPATNAM/38
- 4. For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration from . .--NA-- to

Signature, Name and Designation of the Appropriate Authority

agalerwales

04.01.2023 Date:

Visakhapatnam Place:

VICE CHAIRMAN District Appropriate Authority & District Medical & Health Officer Surrogacy & ART ACT 2021 Visakhapatnam Dist, Visakhapatha SEAL

Certificate no.:....

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