FORM 4 [See Rule 11]

CERTIFICATE OF REGISTRATION

SURROGACY CLINIC

(To be issued in duplicate)

- a) Name and address of the Surrogacy Clinic: GYNO SPECIALITY HOSPITAL, ERNAKULAM
- 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: KL/SC/2024/10983/SC/ERWAKULAN/21

Signature, Name and Designation of the Appropriate Authority

CHAIR PERSON PHOPRIATE AUTHORITY FOR APROBRIATE AUTHORITY FOR ART AND SURROGACY

SUBHASH. R PEN: 101728 Additional Secretary to GovSEAL Health & Family Welfare Department Government Secretariat, Thiruvananthapuram

Place THIRLUGALANTHOPURM

FORAR

Date: 27/09/2024

VERIMENT (KERALA

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