

FORM 4

[Refer rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No. **ART/GGM/55**

Date:- **19/09/2024**

4. In exercise of the powers conferred under section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority Haryana 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 **three years** ending on. **18/09/2027**

- (d) Name and address of the Surrogacy clinic:

**Thakral Hospital and Fertility
Centre, 316/16, Shivaji Nagar,
Gurugram**

- (b) Type of institution - **Private**

This registration is granted subject to the aforesaid Act and Rules thereunder 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.

- (f) Registration No. **HR/SC/2024/10989/SC/GGM/87**

19/09
CIVIL SURGEON
GURUGRAM
Civil Surgeon
Gurugram *ab*

Date: **19/09/2024**

Place: **Gurugram**

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

*Strike out whichever is not applicable or necessary.