

**FORM 4**  
**CERTIFICATE OF REGISTRATION**  
**Surrogacy Clinic**  
(To be issued in duplicate)

Certificate No.: 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 Chief District Health Officer-Anand 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 3 years ending on .....10-7-2026.....

- a). Name and address of the Surrogacy Clinic : **Akanksha Hospital & Research Institute Unit of Sat Kaival Hospital Pvt. Ltd. Opp. Guruvilla Bunglow At.Po. Lambhvel, Ta. Anand, Dist. Anand**
- b). Name of applicant for registration : **Dr. Naynaben .H. Patel**
- c). Name of Director of the Surrogacy Clinic: **Dr. Naynaben .H. Patel**
- d). Type of institution (Govt. / 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 Three years.

3. Registration No. **GJ23/ANAND/SURROGACY/01/2023**

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from ..... to .....

Date: ....11-7-23.....

Place: ....Anand.....

SEAL



Signature, Name and Designation of the Appropriate Authority

*Prasadia*  
**District Appropriate Authority  
(Surrogacy Act-2021) And  
Chief District Health Officer  
District Panchayat, Anand**

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

\*Strike out whichever is not applicable or necessary