

FORM 4
CERTIFICATE OF REGISTRATION
SURROGACY CLINIC
(To be issued in duplicate)

Certificate No:-
A/13/PCPNDT

1. In exercise of the powers conferred under section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority **MEDICAL OFFICER OF HEALTH, A WARD** 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 **22/01/2026**.

(a) Name and address of the Surrogacy clinic:- **Malpani Infertility Clinic PVT LTD.**

ADDRESS:- 5th Floor, Jamuna Sagar, Shahid Bhagat Singh Road, Near Colaba Bus Station, Colaba, Mumbai – 400005.

(b) Name of applicant for registration:- **Dr. Aniruddha Malpani**


(c) Name of Director of the Surrogacy Clinic:- **Dr. Aniruddha Malpani**

(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. allotted:- **MOH/A/01/SUR/2023**

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from _____ to _____ : **N.A**


Signature, Name and Designation of
the Appropriate Authority
Appropriate Authority
PCPNDT
'A' Ward

Date:- **01/02/2023**

Place:- **Fort, Mumbai.**

SEAL