



GOVT. OF MAHARASHTRA



सत्यमेव जयते

Public Health Department

(SURROGACY CLINIC)

[Form 4 Rule 11]

CERTIFICATE OF REGISTRATION

Certificate No:- 01

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 Nashik Municipal Corporation** hereby grants registration to the Surrogacy Clinic named below for purpose of carrying out surrogacy or surrogacy procedure as per afoesaid Act, for period of **3** years ending on **19/10/2026**

(a) **Name and Address of the Surrogacy Clinic :- DR YASHWANT MANE
ATHARVA INFERTILITY CENTER, TRIMBAK NAKA SIGNAL, OLD MUMBAI AGRA
HIGHWAY ,NASHIK.**

(b) **Type of Institution (Government/Private) :-**

2. This Registration is granted subject to the afoesaid 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 :- MH/SC/2022/10768/SC/Nashik/77**

4. For renewed Certificate of Registration only: period of Validity of certificate of Registration From **20/10/2023 To 19/10/2026**

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Medical Officer of Health
Nashik Municipal Corporation, Nashik
Signature, Name and Designation
of the Appropriate Authority
No. 10.23

Date:- **20/10/2023**

Place:- **NASHIK**

