



**Commissionerate**  
**State Appropriate Authority, ART and Surrogacy Act**  
Health and Family Welfare Services  
Arogya Soudha, 1<sup>st</sup> Cross, Magadi Road,  
Bangalore-560023

Form 4  
**CERTIFICATE OF REGISTRATION**  
**SURROGACY CLINIC**

**Certificate No: KA/SC/2024/10959/SC/Bengaluru Urban /276**

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Commissioner, Health and Family Welfare Services, Bengaluru 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 i.e. from 02-05-2024 to 01-05-2027.

(a) Name and address of the Surrogacy clinic: **ASPIRE FERTILITY CENTER**  
No.2, K No.52/002, 19<sup>th</sup> Main, 4<sup>th</sup> Sector, HSR Layout, Bengaluru – 560102.

(b) Type of institution (Government / 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: **KA/SC/2024/10959/SC/Bengaluru Urban /276**

  
Chairman 2.5.24

**State Appropriate Authority**  
Commissioner

State Appropriate Authority  
ART & Surrogacy Act  
Directorate of Health & Family Welfare Services  
"Arogya Soudha", Bengaluru -560 023.

Date: 02-05-2024

State: KARNATAKA