FORM 4

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: GJ-01/AHD/09/2023

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the <u>District Appropriate Authority</u> and <u>Chief District Health Officer. Ahmedabad</u> 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 31.03.2026.....

a) Name of Applicant :	Dr. Vandana Amin
b) Name and address of the Surrogacy Clinic:	Flora Fertility Centre, A-Block, Sahjanand Avenue, Opp. Binali Complex, Nr. Torrent Power, Naranpura, Ahmedabad-380013
c) Type of institution: (Government/ Private)	Private

- 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. District Registration No. allotted : GJ-01/AHD/09/2023

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

Date:01/08/2023

Place: AHMEDABAD

Dr. S.B. Parmar

Appropriate Authority (Surrogacy Act,2021) and Chief District Health Officer,

Ahmedabad

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

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