

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

Certificate No.: 03 / 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 **Dt.09/10/2026**
 - a). Name and address of the Surrogacy Clinic : **Priya Hospital And IVF Center**
 - b). Name of applicant for registration : **Dr. Jitendra Patel, MB,DGO**
 - c). Name of Director of the Surrogacy Clinic: **Dr. Jitendra Patel, MB,DGO**
 - 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/03/2023**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from to



As per
District Appropriate Authority
(Surrogacy Act-2021) And
Chief District Health Officer
Signature, Name and Designation of
the Appropriate Authority

Date: 10/10/2023

Place: Anand...

SEAL

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

*Strike out whichever is not applicable or necessary