

FORM 4  
**CERTIFICATE OF REGISTRATION**  
**SURROGACY CLINIC**

Certificate No. ACN/MOH/717 / Dt 31/01/23

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the **Appropriate Authority MOH N 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 of the Surrogacy clinic:- **Bavishi Fertility Institute**

Address of the Surrogacy clinic:- **Bavishi Fertility Institute, 2nd Floor, Vallabh Vihar Co.op Society, M.G. Road Opp. Kotak Bank Ghatkopar (E), Mumbai 400077**

(b) Type of institution (Government / Private) - **Private**

(c) Name of Director:- **Dr Himanshu Bavishi**

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.

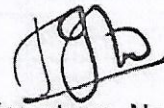
3. Registration No. allotted: - **MOHN / 02 / SUR / 2023**

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration from **23.01.2023** to **22.01.2026**

Date: 23.01.2023.

Place: Ghatkopar Mumbai



Signature, Name  
Appropriate Authority  
Medical Officer of Health N Ward.  
**Medical Officer of Health  
N Ward.**