

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

Certificate No.: 02 / 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-Vadodara here by 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. ~~28~~11/2026
 - a). Name and address of the Surrogacy Clinic :
BAVISHI FERTILITY INSTITUTE
4th Floor, Trisha Square, Sampatrao colony, alkapuri, Vadodara.
 - b). Name of applicant for registration : Dr. HIMANSHU P. BAVISHI
 - c). Name of Director of the Surrogacy Clinic: ---
 - 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. **GJ-06/VAD/SURROGACY/02/2023**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from to

Date: **28/11/2023**

Place: VADODARA

SEAL




Signature, Name and Designation of
the Appropriate Authority
District Appropriate Authorities
&
Chief District Health Officer
District Panchayat Vadodara

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

*Strike out whichever is not applicable or necessary