

FORM 4

[See rule 11]

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

Certificate No.: 08/2024

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the **District Appropriate Authority and Chief District Health Officer, Surat** 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 **03/05/2027**

a) Name of Applicant :	DR. HIMANSHU BAVISHI
b) Name and address of the Surrogacy Clinic:	BAVISHI FERTILITY INSTITUTE 9 TH FLOOR,PARAM DOCTOR HOUSE,LAL DARWAJA ,STATION ROAD, SURAT.
c) 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. District Registration No. allotted : **GJ-05/SUR/SURROGACY/08/2024**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from _____ to _____

Date: 04/05/2024

Place: Surat



APPROPRIATE
4/5/24
Appropriate Authority
(Surrogacy Act, 2021) and
Chief District Health Officer,
Surat.

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

Received by
Shikuma Dajji
Original Two
copy of
Certificate