



FORM4

[Seerule11]

Certificate of Registration

Surrogacy Clinic

(To be issued in duplicate)

Certificate no.: **AP/SC/2022/10343/SC/SPSR NELLORE/118**

1. In exercise of the powers conferred under Section 12(I) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority SPSR Nellore District hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out Surrogacy or Surrogacy procedures as per as per the aforesaid Act, for a period of Three years from 27.05.2023 ending on 26.05.2026.

(a) Name and address of the Surrogacy Clinic: **Dr. Swetha Gulabi,
Siddhartha Nursing Home,
Brindavanam, Nellore,
SPSR Nellore District,
Andhra Pradesh.**

(b) Type of institution (Govt. or Private) : **Private**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of 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: **AP/SC/2022/10343/SC/SPSR NELLORE/118.**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from: **Nil to: Nil**

Date: **20.06.2023**

Place: **Nellore**



*Redes
DEMO*

Signature, Name and designation of
the Appropriate Authority

**Vice Chairman
District Appropriate Authority &
District Medical And Health Officer
ART & Surrogacy Acts 2021
SPSR Nellore District,**

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

***Strickout whichever is not applicable or necessary**