



GOVT. OF MAHARASHTRA



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

Certificate No.: 20

I, in exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority HEALTH OFFICER NMC NAGPUR 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 18/09/2025

(a) Name and address of the Surrogacy clinic:
Dr. Shilpa Sub. Saraf Hospital
47, Congress Nagar, OPP Dhanwate College, Nagpur.

(b) Type of institution (Government/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.

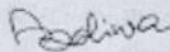
3. Registration No. allotted 20

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from 19/9/22 To 18/9/25

Date: 19/9/22

Place: NAGPUR


Health Officer
NMC Nagpur


Signature, Name and Designation of
The Appropriate Authority
Nagpur Mpl. Corporation
SEAL

Display one copy of this certificate ~~at the place of business~~ at the place of business
*Strike out whichever is not applicable or necessary