

FORM 4
CERTIFICATE OF REGISTRATION
SURROGACY CLINIC

Certificate No. ACN/MOH/714/ Dt31/01 /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:-	Amrut Nursing Home
Address of the Surrogacy clinic:-	Amrut Nursing Home, Amrut Nagar Circle Ami Villa 1st Floor. Opp. Police Chawki Ghatkopar (W)
(b) Type of institution (Government / Private) -	Private
(c) Name of Director:-	Dr Surekha P Mathkar

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 / 01 / 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.