



# PUNE MUNICIPAL CORPORATION

## DEPARTMENT OF HEALTH

THE SURROGACY (REGULATION) ACT, 2021

FORM 4 [See rule 11]

### CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: 18/2022

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Assistant Medical Officer of Health, PMC 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 24/10/2025

..... Name of Applicant - Dr. Amit Mohan Shah

- (a) Name and address of the Surrogacy clinic:

APS Nursing Home

1st, 2nd floor, Ramanand complex co-op Hsg Society, S.No 228 -1/8A

228-1/8B, Madapsar, Pune 411028

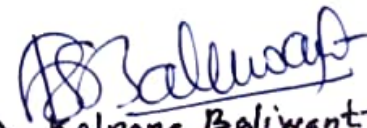
- (b) Type of institution (Government / Private) Private

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. Registration No. allotted 18/2022
4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from ..... To .....

Date: 25/10/2022

Place: Pune



  
(Dr. Kalpana Baliwani)  
**DR. KALPANA S. BALIWANI**  
Signature, Name and Designation of  
the Appropriate Authority  
ASSISTANT MEDICAL OFFICER OF  
HEALTH AND APPROPRIATE  
AUTHORITY SURROGACY ACT.2021

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

\*Strike out whichever is not applicable or necessary