



# 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.: 19/2022

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 27/12/2025

..... Name of Applicant - Dr. Avinash Ramchandra Phadnis

(a) Name and address of the Surrogacy clinic:

Oyster and Pearl Hospital,

1671 - 75, Ganeshkhind Road, F.P. No. 92, Shivajinagar, Pune 411005

(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 19/2022

4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from ..... To .....

Date: 28/12/2022

Place: Pune



  
(Dr. Kalpana Baljunt)  
Signature, Name and Designation of  
ASSISTANT MEDICAL OFFICER  
HEALTH AND APPROPRIATE  
AUTHORITY SURROGACY ACT

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

\*Strike out whichever is not applicable or necessary