

FORM 4
[See rule 11]
Certificate of Registration
SURROGACY CLINIC
(To be issued in duplicate)

Certificate No.AS/03

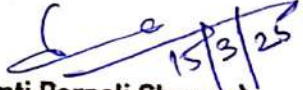
1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Assam under the ART & Surrogacy Act, hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for the **period of Three (3) years ending 14/03/2028.**

(a) Name and address of the Surrogacy Clinic: **APOLLO FERTILITY**
4th Floor, Golden Heights,
Christan Basti, Guwahati-05

(b) Type of institution: 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. **AS/Surrogacy/Pvt./01/2025**


(Smti Barnali Sharma)
Secretary to the Govt. of Assam cum
Chairperson, Appropriate Authority
ART & Surrogacy Act, Assam
Health & Family Welfare Department
Dispur, Guwahati-06.

Date: 15/03/2025

Place: Guwahati

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

