



GOVT. OF MAHARASHTRA



FORM 4

CERTIFICATE OF REGISTRATION

Surrogacy Clinic :
(To be issued in duplicate)

Certificate No.: 06

1. 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 15/09/2025

(a) Name and address of the Surrogacy clinic: DR CHAITANYA SHEMBEKAR
DR MANISHA SHEMBEKAR
Shembekar hospital Pvt Ltd Omesh hospital, 53 LIC Colony Khunta
Rohi Ami Chauk 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 06

4. For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration
from 16/09/22 To 15/09/25

Date : 16/9/22

Place : NAGPUR

Asalinee
Signature, Name and Designation of
the Appropriate Authority
Nagpur

SEAL

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

*Strike out whichever is not applicable or necessary