



FORM 4
[See Rule 11]

Certificate of Registration

SURROGACY CLINIC

(To be issued in Duplicate)

Certificate No.: AP/SC/2022/10628/SC/NTR/165

1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021, the Appropriate Authority of NTR district, Andhra Pradesh 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 03 Years from **04.10.2023** and ending on **03.10.2026**.

- a) Name and address of the Surrogacy Clinic : **VIGNESH FERTILITY AND CHILDRENS HOSPITAL
Dr.Kodali Mangavalli.
32-6-18C, Prajashakthi Nagar,
Sikhamani Centre, Vijayawada, NTR District.**
- b) Type of Institution (Govt. or Pvt) : Private
- c) Type of Facility : **Surrogacy Clinic**

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 : **AP/SC/2022/10628/SC/NTR/165**

4. For renewed Certificate of Registration only - Period of validity of Certificate of Registration from Nil to Nil.

M. Chandra 4.10.23
Signature, Name and Designation of

the Appropriate Authority
VICE CHAIRMAN

District Appropriate Authority

District Medical & Health Officer

ART & SURROGACY Act 2021

NTR District, Vijayawada.

Date: 04.10.2023

Place: Vijayawada

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

Strike out whichever is not applicable or necessary