

Reg. No. **SURKHE1017/2023**



Certificate No. **017**

GOVERNMENT OF TAMILNADU

FORM - 4

(See rule 11)

CERTIFICATE OF REGISTRATION Surrogacy Clinic

1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021) the District Appropriate Authority, Chennai District is 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 3 years ending on **14/06/2026**....

(a) Name and address of the Surrogacy Clinic: **CM Hospital,
No.1, 47th Street,
Nanganallur,
Chennai.**

(b) Type of institution (Govt. / 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 th expiry of the said period of three years.

3. Registration No. allotted **SURKHE1017/2023**....



Date : **15/06/2023**.....


15-06-2023
District Appropriate Authority,
The Assisted Reproductive Technology (Regulation) Act, 2021 &
The Surrogacy (Regulation) Act, 2021
Chennai District