

CERTIFICATE OF REGISTRATION

SURROGACY CLINIC

(To be issued in duplicate)

Certificate No: SUR 1007

1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority GOVERNMENT OF KERALA hereby grants registration of the Surrogacy Clinic named below for purpose of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of 3 years ending on 27/12/2026
 - a) Name and address of the Surrogacy Clinic: DREAM FLOWER IVF CENTRE BANK ROAD KASARHODE
 - b) Type of Institution (Government or 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 SUR 1007
- 4) For renewed Certificate of Registration only:
Period of validity of earlier Certificate of Registration from to



CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

Signature, Name and Designation of
the Appropriate Authority

Dr. CHITHRA S. IAS
PEN No. 719240
Joint Secretary
Health & FW Department
Govt. Secretariat, TVPM, Kerala
Phone: 0471-2517392, 2327994

SEAL

Date: 28/1/2023

Place: TRIVANDRUM