

FORM 4
CERTIFICATE OF REGISTRATION
Surrogacy Clinic
(To be issued in duplicate)

Certificate No.: 02 / 2023

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021(47 of 2021), the Appropriate Authority Chief District Health Officer-Anand 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 18-08-2026
 - a). Name and address of the Surrogacy Clinic : **Usha IVF Center**
 - b). Name of applicant for registration : **Dr. Dipan Thakkar,MD,Gynec**
 - c). Name of Director of the Surrogacy Clinic: **Dr. Dipan Thakkar, MD,Gynec**
 - d). 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 the expiry of the said period of Three years.
3. Registration No. **GJ23/ANAND/SURROGACY/02/2023**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from to



Date: 19-08-2023

Place: Anand.....

SEAL

Dipankar
District Appropriate Authority
(Surrogacy Act-2021) And
Chief District Health Officer
District Panchayat, Anand

Signature, Name and Designation of
the Appropriate Authority

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

*Strike out whichever is not applicable or necessary