



PUNE MUNICIPAL CORPORATION
DEPARTMENT OF HEALTH

THE SURROGACY (REGULATION) ACT, 2021
FORM 4 [See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic
(To be issued in duplicate)

Certificate No.: 01/2022

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Assistant Medical Officer of Health, PMC 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 19.10.2025

Name of Applicant : Dr. Mithil Mohanrao Patil.

(a) Name and address of the Surrogacy clinic:

Ashwini Hospital.

Ameya, 2nd floor, S.No. 1/8, Plot No 4, Dasra chowk

Balewadi Pune 411045.

(b) Type of institution (Government / Private)

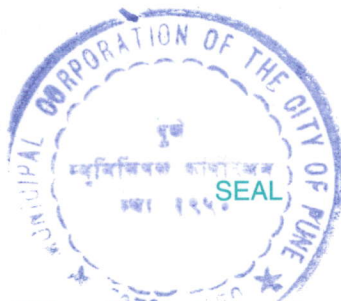
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.

3. Registration No. allotted 01/2022

4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from To

Date: 20.10.2022

Place: Pune



(Dr. Kalpana Baliwant)
Signature, Name and Designation of
the Appropriate Authority
**ASSISTANT MEDICAL OFFICER OF HEALTH AND APPROPRIATE
AUTHORITY SURROGACY ACT.2021**

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

*Strike out whichever is not applicable or necessary