



FORM 4

[See rule 11 ]

**Certificate of Registration**

Surrogacy Clinic  
(To be issued in duplicate)

Certificate no. : AP/SC/2023/10822/SC/VISAKHAPATNAM/132

1. In exercise of the powers conferred under Section 12 (I) of the Surrogacy (Regulation) Act, 2021(47 of 2021), the Appropriate Authority.. District Medical and Health Officer, Visakhapatnam... hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out Surrogacy or Surrogacy procedures as per as per the aforesaid Act, for a period of 3 Years.....years ending on 09.06.2026.....

(a) Name and address of the Surrogacy Clinic : Dr. Adams Hospital and IVF Centre  
D.No. 11-6, MIG 51, Ratnagiri Colony, P.M.Palem, Visakhapatnam

(b) Type of institution (Govt. or Private): Private.....

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/2023/10822/SC/VISAKHAPATNAM/132
4. For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration from NA..... to NA.....

*P. Gagadevarao*

Signature, Name and Designation of  
the Appropriate Authority

District Appropriate Authority &  
District Medical and Health Officer  
Visakhapatnam

Date: 09.06.2023

Place: Visakhapatnam

SEAL

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

\*Strick out whichever is not applicable or necessary