



FORM 4

[See rule 11]

Certificate of Registration

Surrogacy Clinic

(To be issued induplicate)

Certificate No.: **AP/SC/2022/10774/SC/WEST GODAVARI/218**

1. In exercise of the powers conferred under Section 12 (i) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority **WEST GODAVARI DISTRICT, BHIMAVARAM** 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 **THREE.....** years ending on **....20-04-2027**.
(a) Name and address of the Surrogacy Clinic :... GIFT FERTILITY HOSPITAL, BEHIND ABHIRUCH HOTEL, JP ROAD, BHIMAVARAM
(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/2022/10774/SC/WEST GODAVARI/ 218.**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from.-..... to.....-.....-.....

Date: 03-06-2024

Place: BHIMAVARAM, W.G. DISTRICT

DRH 3/6/24
Signature, Name and designation of
DRH 3/6/24
the Appropriate Authority
District Medical & Health Officer
& District Registering Authority
West Godavari Dist., Bhimavaram
SEAL



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

***Strick out whichever is not applicable or necessary**