



FORM 4

[See rule 11]

**Certificate of Registration**

**Surrogacy Clinic**

(To be issued in duplicate)

Certificate no. : AP/SC/2022/10732/SC/GUNTUR/63.

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, Guntur hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out Surrogacy or Surrogacy procedures as peras per the aforesaid Act, for a period of Three years from 24.01.2023 ending on 23.01.2026.

(a) Name and address of the Surrogacy Clinic : DR. Y. SWAPNA.

KOMALI FERTILITY CENTER.

6<sup>TH</sup> Floor. RAMESH HOSPITALS.

Collector Office Road. Guntur.

Guntur District. A.P.. 522004.

(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/2022/10732/SC/GUNTUR/63.
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from. NIL to NIL.

Signature, Name and Designation of  
the Appropriate Authority

Date : 28.06.2023

Place: GUNTUR



VICE-CHAIRMAN  
District Appropriate Authority &  
District Medical & Health Officer  
ART & SURROGACY ACT 2021  
Guntur Dist.

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