



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

**Certificate No. – 11**

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021, the Appropriate Authority **CHHATTISGARH STATE** 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 **09/02/2026**.
  - a). Name and address of the Surrogacy Clinic:- **SARVODAYA HOSPITAL & TEST TUBE BABY CENTRE, DUBEY COLONY, MOWA, RAIPUR, C.G.**
  - b). Name of applicant for registration **DR. SUSHMA VERMA**
  - c). Name of Director of the Surrogacy Clinic:- **DR. SUSHMA VERMA**
  - 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. allotted - **CG/SC/2023/10779/SC/RAIPUR/11**

Date: - **10/02/2023**

Place:- **RAIPUR**

  
Signature, Name and Designation of  
the Appropriate Authority  
**DIRECTOR**  
Directorate Health Services  
Nava Raipur, Chhattisgarh

SEAL

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

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