



FORM 4  
[See Rule 11]

**Certificate of Registration**

**SURROGACY CLINIC**

(To be issued in Duplicate)

Certificate No.: AP/SC/2023/10883/SC/NTR/282


1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021, the Appropriate Authority of NTR district, Andhra Pradesh 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 03 Years from **16.11.2024** and ending on **15.11.2027**.

- a) Name and address of the Surrogacy Clinic : **Universal Health Care,  
Dr.Namratha Pachipala  
# 59-6-20, Kanchukota vari Street,  
Opp.Maris Stella College, Near Benz Circle,  
Vijayawada, NTR District.**
- b) Type of Institution (Govt. or Pvt) : Private
- c) Type of Facility : **Surrogacy Clinic**

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/2023/10883/SC/NTR/282**

4. For renewed Certificate of Registration only - Period of validity of Certificate of Registration from Nil to Nil.

  
Signature, Name and Designation of  
the Appropriate Authority

**VICE CHAIRMAN** SEAL  
**District Appropriate Authority &  
District Medical & Health Officer  
ART & SURROGACY Act 2021**

Date: 16.11.2024

Place: Vijayawada

**Display one copy of this certificate at a conspicuous place at the place of business**  
**Strike out whichever is not applicable or necessary**