



FORM 4

[See rule 11]

Certificate of Registration

Surrogacy Clinic

(To be issued in duplicate)

Certificate no. :

AP/SC/2023/10882/SC/VISAKHAPATNAM/ 187

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 29. 12. 2026.....

(a) Name and address of the Surrogacy Clinic : Kutumb IVF Fertility Centre, #18-1-66, Padmaja Plaza, KGH Down Road, 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/2023/10882/SC/VISAKHAPATNAM/ 187
4. For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration from --NA--..... to --NA--.....

P. Gajulawar
6/1/24

Signature, Name and Designation of
the Appropriate Authority

Date: 30. 12. 2023

Place: Visakhapatnam

VICE CHAIRMAN
District Appropriate Authority &
District M. & Health Officer
Surrogacy & ART ACT
Visakhapatnam Dist, 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**