

**FORM 4**  
**CERTIFICATE OF REGISTRATION**

Surrogacy Clinic  
(To be issued in duplicate)

Certificate No.: 06/2023

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021(47 of 2021), the Appropriate Authority Chief District Health Officer-Vadodara 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 3 years ending on **Dt. 19/02/2027**
  - a). Name and address of the Surrogacy Clinic : **Samved IVF & Women's Hospital, & 6<sup>th</sup> Floor, Beside SBI, Productivity Road, vadodara**
  - b). Name of applicant for registration : **Dr.Raghavendrasinh Gohil.**
  - c). Name of Director of the Surrogacy Clinic: **Dr.Raghavendrasinh Gohil.**
  - 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. **GJ-06/VAD/SURROGACY/06/2023.**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from ..... to .....

सत्यमेव जयते

Signature, Name and Designation of  
the Appropriate Authority

**District Appropriate Authorities  
&  
Chief District Health Officer  
District Panchayat Vadodara**

Date:20/02/2024

Place: VADODARA

SEAL



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

\*Strike out whichever is not applicable or necessary