



**PUNE MUNICIPAL CORPORATION**  
**DEPARTMENT OF HEALTH**  
**THE SURROGACY (REGULATION) ACT, 2021**  
**FORM 4 [See rule 11]**

**CERTIFICATE OF REGISTRATION**

Surrogacy Clinic  
(To be issued in duplicate)

Certificate No.: 9/2022

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Assistant Medical Officer of Health, PMC 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 19.10.2025  
Name of Applicant : Dr. Chaitanya Shreed Ganapule

(a) Name and address of the Surrogacy clinic:

Pearl womens Hospital & Yash IVF India Pvt. Ltd.

Office no -102, 1st floor, S.No. 1277, final plot No. 102, Kumar

Renaissance, J.M. Rd, Deccan Gymkhana, Pune. 411004

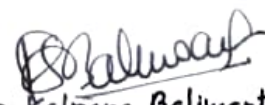
(b) Type of institution (Government / Private) Private

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 9/2022
4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from ..... To .....

Date: 20/10/2022

Place: Pune



  
(Dr. Kalpana Baliwani)  
Signature, Name and Designation of  
ASSISTANT the Appropriate Authority  
HEALTH AND APPROPRIATE  
AUTHORITY SURROGACY ACT.2021

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

\*Strike out whichever is not applicable or necessary