

FORM 4 [See rule 11]

CERTIFICATE OF REGISTRATION

SURROGACY CLINIC

(To be issued in duplicate)

Certificate No.
ACS/MOH/461/17.02.23

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority MOH S WARD 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 22.01.2026

(a) Name and address of the Surrogacy clinic: - Dr.L.H.Hiranandani Hospital

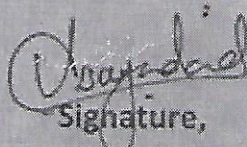
ADDRESS - Hill Side Avenue, Hiranandani Gardens, Powai, M-76

(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: - MOH/5/04/SUR/2023

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from 23.01.2023 To 22.01.2026


Signature,

MEDICAL OFFICER OF HEALTH
S Ward.
Name and Designation of the Appropriate Authority

Date: 17.02.2023.

Place: BHANDUP(W)

