

FORM 4
CERTIFICATE OF REGISTRATION
Surrogacy Clinic
(To be issued in duplicate)

Certificate No.: 05/2023

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 : **ORTUS MEDICARE LLP**
5Th and 6Th Floor, Madhu's Icon, Beside Yash Complex, Gotri , Vadodara
 - b). Name of applicant for registration : **Dr.Yuvrajsingh Jadeja.**
 - c). Name of Director of the Surrogacy Clinic: **Dr.Yuvrajsingh Jadeja.**
 - 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/05/2023.**
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*Strike out whichever is not applicable or necessary