

FORM 4

[Refer rule11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic
(To be issued in duplicate)

Certificate No: KDR/Surrogacy -002/2023

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Government of Odisha 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 **15.06.2026**.

a) Name and address of the Surrogacy clinic: **Dr. Sasmita Nayak, (Center Head)
INDIRA IVF Hospital Private Ltd
Triplex, 2nd Floor, Gajapati Nagar
Near Saink School, Bhubaneswar
Dist- Khordha**

b)

c) Type of institution:

Private

2. This registration is granted subject to the aforesaid Act and Rules thereunder 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:

OD-KDR/Surrogacy - 002/2023

4. For renewed Certificate of Registration only:

Period of validity of earlier Certificate of Registration: NA

(Dr. Ajit Kumar Mohanty)

**Signature, Name and Designation of
the Appropriate Authority**

**Special Secretary (PH) to Govt. H & FW
Deptt.-Cum-Chairperson SAA under
ART Act, 2021 & Surrogacy Act, 2021**

Date: 16.06.2023

Place: Bhubaneswar

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

*Strike out whichever is not applicable or necessary.