FORM 4

[Refer rule11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No: OD/SC-8

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 **14.04.2028.**

   a) Name and address of the Surrogacy clinic: **Surrogacy Clinic, IMS & SUM Hospital,** K-8, Kalinga Nagar, Bhubaneswar Dist- Khordha

   b) 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 threeyears.
3. Registration No. allotted: **OD/SC/2023/10926/KHORDHA/8**
4. For renewed Certificate of Registration only:
   Period of validity of earlier Certificate of Registration: NA

15.4.2025

(Dr. Jeetendra Mohan Bebortha)
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: 15.04.2025
Place: Bhubaneswar

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