

Certificate No. 02

FORM 4 (See rule 11)

CERTIFICATE OF REGISTRATION

Surrogacy Clinic
(To be issued in duplicate)

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021.

(47 of 2021), the Appropriate Authority: Medical offices of Health

Municipal Corporation Amravati Here by 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 Year's ending on 10-8-2026

(a) Name and address of the Surrogacy Clinic: Dr. Bhushan Ramesh Mukey

Daffodils

Mudholkar peth Amravati

(b) Type of institution (Government / Private) and N.A.

2. This registration is granted subject to the aforesaid Act and Rules there under and Any Contravention there of shall result in suspension or cancellation of registration before the expiry of the said period of Three years.

3. Registration No. allotted MH/SC/2022/10619/SC/Amravati/57

4. For renewed Certificate of Registration Only: 10-8-2026

Period of validity of earlier Certificate of Registration from 11-8-2023 to 10-8-2026

Date: 11-8-2023

Place: Amravati



Signature, Name and Designation of
the Appropriate Authority
Medical Officer of Health
Municipal Corporation, Amravati