

GOVT. OF MAHARASHTRA



FORM 4

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: 09

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority HEALTH OFFICER NMC NAGPUR

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 15/09/2025

(a) Name and address of the Surrogacy clinic: DR. Sarita Rai, medical multyspec hospital nagpur NAGPUR
(b) Type of institution (Government/Private) PRIVATE

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 this certificate of registration before the expiry of the said period of three years.

3. Registration No. allotted 09

4. For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration from 16/09/22 to 15/09/2025

Date: 15/09/22

Place: NAGPUR

Nodal Officer
NMC

N.M.C., Nagpur

Signature Name and Designation of
the Appropriate Authority
Medical Officer Health
Nagpur MHC Nagpur, SEAR

one of this certificate to be kept in a conspicuous place at the place of business