

PUNE MUNICIPAL CORPORATION

DEPARTMENT OF HEALTH

THE SURROGACY (REGULATION) ACT, 2021 FORM 4 [See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic (To be issued in duplicate)

Certificate No.: 17 | 2022

(47	of 2021), the Appropriate Authority, Assistant Medical Officer of Health, PMC hereby grant
reg	sistration to the Surrogacy Clinic named below for purposes of carrying out surrogacy of
sur	rogacy procedures as per the aforesaid Act, for a period of three years ending on .19.10.26
	Name of Applicant - Mr. Nikhil Rajaram Gosavi.
	Name and address of the Surrogacy clinic:
(/	Embryonic fertility & IVF Centre.
	5th floor, Siddharth Mansion Opposite Agakhan Palace,
	Nagar Road, Shashinagar, Yerawada, Pune 411006.
(b)	8 . L
Thi	s registration is, granted subject to the aforesaid Act and Rules there under and any
cor	stravention thereof shall result in suspension or cancellation of this certificate of registration
bef	ore the expiry of the said period of three years.
	gistration No. allotted17/2022
Reg	distration 140. director
	r renewed Certificate of Registration only): Period of validity of earlier Certificate of
(Fo	

Date: 20/10/2022

Place: Pune

(Dr. Kalpana Baliwant)
SDMAKALPANA 5. BALIWANPP of
ASSISTANT MEDPERPOPRIATE
HEALTH AND APPROPRIATE
AUTHORITY SURROGACY ACT. 2021

Display one copy of this certificate at a conspicuous place at the place of business
*Strike out whichever is not applicable or necessary