

Date: 2011012022

Place: PUNE .



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.: 11/2022

(Dr. Kalpana Baliwant)

Signature, Name and Designation of

the Appropriate Authority

| In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 |
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| (47 of 2021), the Appropriate Authority, Assistant Medical Officer of Health, PMC 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 1910120. Name of Applicant: Dr. Leena Amita Patankar. |
| (a) Name and address of the Surrogacy clinic: Patankar Fertility Solution Rt ltd. |
| 2nd and 3rd flow, 500/B/1, Parvati, Opp. Sansbaug, Pune. 411009 |
| (b) Type of institution (Government / Private) Private |
| This registration is. granted subject to the aforesaid Act and Rules there under 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. |
| Registration No. allotted 11/2022 |
| (For renewed Certificate of Registration only): Period of validity of earlier Certificate of |
| Registration fromToTo |
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Display one copy of this certificate at a conspicuous place at the place of business

*Strike out whichever is not applicable or necessary

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