

## 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.: 14 2022

In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (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 ...19 10 2025 Name of Applicant - Dr. Amol Subhash Lunkad. (a) Name and address of the Surrogacy clinic: India IVF Hospital Private Limited. Office no. 2011 207, IInd floor, Office No. 301, IIInd floor, Anand Emrald, Sakore Nagar, Near Symbiosis College, New Airport Road, Vimannagar, Pune 411014 (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 14 2022 (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from ......To ......

Date: 20/10/2022

Place: PUNE



(Dr. Katpana Baliwant) Signature, Name and Designation of the Appropriate Authority

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