

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.: 10/2022

	• • • • • • • • • • • • • • • • • • • •
1.	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 1 De Shilpa Visced Edathara.
	(a) Name and address of the Surrogacy clinic:
	Jehangir Hospital.
	32, Sassoon Road, Pune 411001.
	(b) Type of institution (Government / Private)
2.	This registration is, granted subject to the aforesaid Act and Rules there under and any
9	contravention thereof 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
4.	(For renewed Certificate of Registration only): Period of validity of earlier Certificate of
	Registration from To
	DO ROTTAN OF TO NOTAR SOR

ate: 20.10.2022

म्या १९५) के SEAL

Dr. Kalpana Baliwant)
Signature Name Saliwant (
ASSISTANT the DAPPOPRIATE 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