

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.: 03/202
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 .19:10:202 Name of Applicant: Dr. Manjiri Rohan Valsangkar.
(a) Name and address of the Surrogacy clinic: Bhide Hospital.
18 , Laxmi Park Navi Peth, Pune 411030
p. '. +:
(b) Type of institution (Government / Private)
(b) Type of institution (Government / Private) Private This registration is. granted subject to the aforesaid Act and Rules there under and any
This registration is. granted subject to the aforesaid Act and Rules there under and any
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
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.

Date: 20:10.2022

Place:

(Dr. Kalpaña Baliwant)
Sippanie Name and Bodd Marion of ASSISTANTHE APPRIOR PROFILE A STRONG HEALTH AND APPROPRIATE AUTHORITY SURROGACY ACT.202

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