



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.: 02/2022

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 : Dr. Yashwant Shivanna.

- (a) Name and address of the Surrogacy clinic:

Sahyadri Hospital Pvt. Ltd, Sahyadri Superspeciality Hospital,
Nagar Road, S.No. 185A, 199, 200 A-B, 201, Hermes Heritage,
Phase II, Shastrinagar, Yerwada, Pune 411006.

- (b) Type of institution (Government / Private) Private

2. 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.
3. Registration No. allotted 02/2022
4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from _____ To _____

Date: 20.10.2022

Place: Pune



(Dr. Kalpana Baliwant)
Dr. KALPANA S. BALIWANT
Signature, Name and Designation of
ASSISTANT MEDICAL OFFICER OF
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