FORM 4 [See Rule 11]

CERTIFICATE OF REGISTRATION

SURROGACY CLINIC

(To be issued in duplicate)

Certificate No: Syr 1003

| 1. | | cise of the powers conferred under Section 12(1) of the Surrogacy |
|-------|---|--|
| | (Regulat | tion) Act, 2021 (47 of 2021), the Appropriate Authority GOVERNMENT |
| | | Hereby grants registration of the Surrogacy |
| | Clinic n | amed below for purpose of carrying out surrogacy or surrogacy procedures |
| | as per the | e aforesaid Act, for a period of years ending on 24 1202 |
| | a) N | lame and address of the Surrogacy Clinic : SAMAD HOSPITAL |
| | | PATOOR THIRU YANANTHAPURAM |
| | b) T | ype of Institution (Government or Private) |
| 2) | This registration is granted subject to the aforesaid Act and Rules there under and | |
| | any cont | ravention thereof shall result in suspension or cancellation of this certificate |
| | of regist | ration before the expiry of the said period of three years. |
| 3) | Registra | tion No. allotted SUR 1003 |
| 4) | For rene | wed Certificate of Registration only: |
| | Period o | f validity of earlier Certificate of Registration from to |
| JI EC | RAG | |



Signature, Name and Designation of the Appropriate Authority

CHAIR PERSON APPROPRIATE AUTHORITY FOR Date: 25/1/2023

ART AND SURROGACY

Dr. CHITHRA S. IAS PEN No. 719240 Health & FW Department SEAL Govt. Secretariat. TVPM, Kerala Phone: 0471-2517392, 2327994

Plae: TRIVANDRUM

Display one copy of this certificate at a conspicuous place at the place of business