FORM 4

[See Rule 11]

CERTIFICATE OF REGISTRATION

SURROGACY CLINIC

(To be issued in duplicate)

Certificate No. Sur 1004

- 1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority GOVERNMENT.

 OF KERALA hereby grants registration of the Surrogacy Clinic named below for purpose of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of 3. Years ending on 27 112026
 - a) Name and address of the Surrogacy Clinic: YANA FERTILITY & IVF
 CENTRE, MEDICAL (OLLEGE P.O. ULLOOR TVM
 - b) Type of Institution (Government or 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 SUR 1004



Date : 28/1/2023

Plae: TRIVANDRUM

Signature, Name and Designation of the Appropriate Authority

Dr. CHITHRA S. IAS
PEN No. 719240
Joint Secretary
Health & FW Department
Govt. Secretariat. TVPM, Kern

Govt. Secretariat. TVPM, Kerala Phone: 0471-2517392, 2327994 SEAL

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