

## GOVT. OF MAHARASHTRA





## FORM 4

## CERTIFICATE OF REGISTRATION

Surrogacy Clinic (To be issued in duplicate)

		Certificate No.: 27	
In exercise of the powers conferred un			
(47 of 2021), the Appropriate Authority	HEALTH	OFFCER MMC NAGPUL	_

(b) Type of institution (Government/Private)

PRIVATE-

- 2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of 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 2 1
- 4. For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration from 26 9122. To 25 9125...

Date: 26/9/22

Place: NAGPUR

Nodal Officer NOT NOT N.M. C., Nagour

Signature, Name and Designation of the Appropriate Authority

SEAL

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