

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION**Surrogacy Clinic**

(To be issued in duplicate)

Certificate No.: 13/2025

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the **District Appropriate Authority and Chief District Health Officer, Surat** 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 **13/06/2028**

| | |
|--|---|
| a) Name of Applicant : | DR. BHAVESH HIRPARA |
| b) Name and address of the Surrogacy Clinic: | BLISS IVF FERTILITY AND ANDROLOGY 3 RD FLOOR, LE-GRAND BUILDING, OPP. APPLE HOSPITAL, UDHANA DARWAJA, RING ROAD, SURAT. |
| c) 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. District Registration No. allotted : **GJ-05/SUR/SURROGACY/13/2025**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from _____ to _____

Date: 13/06/2025

Place: Surat



**Appropriate Authority
(Surrogacy Act, 2021) and
Chief District Health Officer,
Surat.**

*received two original copy
Pooja K. Desai*

*MBR/2025
13/6/25*
Appropriate Authority,
(Surrogacy Act, 2021) and
Chief District Health Officer, Surat

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