

FORM 4
[See Rule 11]
CERTIFICATE OF REGISTRATION
Surrogacy Clinic
(To be issued in Duplicate)

Certificate No. ART/YNR/2025/52

Date: 12/05/2025

1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority Haryana 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 3 years ending on 11.05.2028**

(a) Name and address of the Surrogacy Clinic : Srijan Test Tube Baby Centre at
Chadha Hospital 409-L, Model
Town Sarni Chowk Yamuna Nagar

(b) Type of institution (Govt. or Pvt.) : Private

2. This registration is granted subject to the aforesaid Act and Rules thereunder 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. **HR/SC/2022/10403/SC/YNR/95**

Date: 12.05.2025
Place Yamuna Nagar

[Signature]
Civil Surgeon cum Vice Chairperson
(ART & Surrogacy)
District Appropriate Authority
Yamuna Nagar

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

*Strike out whichever is not applicable or necessary.