



FORM 4

[See rule 11]

Certificate of Registration

Surrogacy Clinic

(To be issued in duplicate)

AP/SC/2023/10835/SC/PRAKASAM/04
Certificate no.

- In exercise of the powers conferred under Section 12 (I) of the Surrogacy (Regulation) Act, 2021(47 of 2021), the Appropriate Authority...DMHO...SURROGACY & ART...2021...PRAKASAM...DISTRICT... hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out Surrogacy or Surrogacy procedures as per as per the aforesaid Act, for a period ofTHREE.....years ending on ...21...-04...-2026
(a) Name and address of the Surrogacy Clinic : ORCHID FERTILITY CENTRE
4-49(2), NEAR VIJAYA HOSP, SOFET ROAD, SATYANIKAYANAPURAM
(b) Type of institution (Govt. or Private):.....PRIVATE..... RTC DEPOT
ONGOLE
- 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.
- Registration No. allotted: AP/SC/2023/10835/SC/PRAKASAM/04
- For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration fromNIL..... to.....NIL.....

Pranlanshu

Signature, Name and Designation of
the Appropriate Authority

VICE CHAIRMAN
District Appropriate Authority
District Medical & Health Officer
Surrogacy & ART Act 2021
Ongole, Prakasam District.

Date: 30-06-2023

Place: ONGOLE

SEAL

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

***Strick out whichever is not applicable or necessary**