



GOVERNMENT OF MAHARASHTRA

FORM 4

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

[SEE RULES 11]

(To be issued in duplicate)

1. In exercise of the powers conferred under Sec. 12 (1) of the Surrogacy (Regulation) Act, 2021, (47 of 2021), the Appropriate Authority Medical Officer of Health, Municipal Corporation, Chhatrapati Sambhajnagar, 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 24/06/2028

A. Name and address of the Surrogacy Clinic:-

Smita's Infertility Center and Maternity, Plot No 1, D Sector N 1 2, Hudco

Apposite Swami Vivekanand Garden VIP Road, Chhatrapati Sambhajnagar.

B. Name of Applicant for registration: -

Dr. Smita Ashis Kathale.

C. Name of Director of the Surrogacy Clinic :-

Dr. Smita Ashis Kathale.

D. Type of institution (Govt. / 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. Unique Registration No. allotted :- MH/SC/2 024 /10966/SC/Ch Sambhajnagar/85

4. For renewed Certificate of Registration Only: Period of Validity of earlier Certificate of Registration

From _____ To _____

Date:- 25/06/2025

Place:- _____



(Dr. Parus Mandlecha)
Medical officer of Health
&

Appropriate Authority, Municipal
Corporation, Ch. Sambhajnagar