

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 25/12/2026

A. Name and address of the Surrogacy Clinic:-

Ajanta Fertility Center C/o Shewale Hospital PVT LTD, 24, Shreeniketan Colony, Besides LMS Jewellers, Jalna Road, Chhatrapati Sambhajnagar.

B. Name of Applicant for registration:-

Dr. Anuradha Rajendra Shewale,

C. Name of Director of the Surrogacy Clinic :-

Dr. Anuradha Rajendra Shewale,

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/2022/10059/SC/Ch Sambhajnagar/02

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

From _____

Date:- 26/12/2023

Place:- _____

SEAL

Dr. Anuradha Rajendra Shewale
(Dr. Anuradha Rajendra Shewale)
Medical Officer of Health &
Appropriate Authority, Municipal
Corporation, Ch. Sambhajnagar