FORM 4

[See Rule 11]

CERTIFICATE OF REGISTRATION

SURROGACY CLINIC

(To be issued in duplicate)

Certificate No: .....17.....

1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority ...GOVT.....OF..... .....KERALA..... hereby grants registration of the Surrogacy Clinic named below for purpose of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of ...THREE..... years ending on 05/05/2026

   a) Name and address of the Surrogacy Clinic : ....KINDER WOMEN'S.... ..HOSPITAL...AND FERTILITY CENTRE., ALAPPUZHA.....

   b) Type of Institution (Government or 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) Registration No. allotted KL/SC/2022/10375/SC/ALAPPUZHA/17

4) For renewed Certificate of Registration only:

   Period of validity of earlier Certificate of Registration from ..... to .....

Dr. V. Meenakshy
Additional Director (FW)
Directorate of Health Services

Signature, Name and Designation of the Appropriate Authority

VICE CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

SEAL

Date : 06/05/2023.....

Plae : ....TRIVANDRUM.....

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