



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 Sambhaji Nagar, 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:-

Indira IVF Hospital, Pvt. Ltd. Second Floor, Kohli Shopping Complex,  
Jalna Road, Seven Hills, Chhatrapati Sambhaji Nagar.

B. Name of Applicant for registration: -

Dr. Dhondiram Bharati.

C. Name of Director of the Surrogacy Clinic :-

Dr. Dhondiram Bharati.

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/2022/10481/SC/Ch. Sambhaji Nagar/G3

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

From \_\_\_\_\_ To \_\_\_\_\_

Date:- 26/12/2023

Place:- \_\_\_\_\_



(Dr. Paras Mundlesha)  
Medical officer of Health &  
Appropriate Authority, Municipal  
Corporation, Ch. Sambhaji Nagar