



GOVERNMENT OF MAHARASHTRA
FORM 4
CERTIFICATE OF REGISTRATION

Surrogacy Clinic

[SEE RULES 11]

(To be issued in duplicate)

In exercise of the powers conferred under Sec. 12 (1) of the Surrogacy (Regulation) Act, 2021 (37 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

Name and address of the Surrogacy Clinic:-

Palash Maternity and IVF Center, Palnitkar Hospital, Bhagyangar, Ravindra Hospital Near Baba Petrol Pump, Chhatrapati Sambhaji Nagar.

Name of Applicant for registration: -

Dr. Shubhangi Tandale Palwade.

Name of Director of the Surrogacy Clinic :-

Dr. Shubhangi Tandale Palwade.

Type of institution (Govt. / Private) :-

Private.

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.

Unique Registration No. allotted :- MH/SC/2 022 /10520/SC/Ch Sambhaji Nagar/6

Renewed Certificate of Registration Only: Period of Validity of earlier Certificate of Registration

From _____ To _____

Date: 26/12/2023

Place: _____



[Signature]
(Dr. Purni Mandlecha)
Medical officer of Health &
Appropriate Authority, Municipal
Corporation, Ch. Sambhaji Nagar