



Certificate of Registration

No-002

Surrogacy Clinic

1. In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority CIVIL SURGEON 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 01-04-2025 years ending on 31-03-2028

(a) Name and address of the Surrogacy Clinic: - ARCADE MATERNITY & NEST FERTILITY CENTER

Ambedkar Chowk Pune-Nashik Hwy, Chakan Pune

(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 - URN No. MH/SC/2022/10325/SC/Pune/79

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from _____ to _____

Date:- 01-04-2025

Place:- Pune

Display one copy of this certificate at a conspicuous place at the place of Surrogacy Clinic



[Signature]

Additional-Director
Civil Surgeon Pune
State Appropriate Authority
ART and Surrogacy
Public Health Dept. Maharashtra