



## Commissionerate

### State Appropriate Authority, ART and Surrogacy Act

Health and Family Welfare Services  
Arogya Soudha, 1<sup>st</sup> Cross, Magadi Road,  
Bangalore-560023

Form 4

## CERTIFICATE OF REGISTRATION SURROGACY CLINIC

Certificate No: KA/SC/2022/10178/SC/Bengaluru Urban/406

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Commissioner, Health and Family Welfare Services, Bengaluru 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 i.e. from 28.04.2026 to 27.04.2029

(a) Name and address of the Surrogacy clinic: **WELLSPRING FERTILITY CENTRE**

No. 904, 5th A Cross, 1<sup>st</sup> Block, HRBR Layout, Kalyanagar, Bangalore – 560043.

(b) Type of institution (Government / Private) : 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: **KA/SC/2022/10178/SC/Bengaluru Urban/406**

Chairman

State Appropriate Authority

Commissioner

State Appropriate Authority

ART & Surrogacy Act  
Directorate of Health & Family Welfare Services  
Arogya Soudha, Bengaluru -560 023.

Date: 28.04.2026

State: KARNATAKA