

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: 005

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority **Medical Officer of Health, D ward** 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 **02.03.2028**

- (a) Name and address of the Surrogacy clinic: **Fertility Clinic, 101-102, Shanti Niketan, V. Gandhi Road, Gamdevi, Mum-400007**
- (b) Name of applicant for registration: **Dr Sadhana Kantilal Desai**
- (c) Name of Director of Surrogacy Clinic: **Dr Sadhana Kantilal Desai**
- (d) 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 : **MH/SC/2023/10879/SC/MUMBAI/83**

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

PSA

Signature, Name and Designation of the
Appropriate Authority

Dr. Prajakta S. Amberkar
Appropriate Authority PCPNDT
'D' Ward

Date: 03.03.25

Place: MUMBAI

