



**PUNE MUNICIPAL CORPORATION**  
**DEPARTMENT OF HEALTH**

**THE SURROGACY (REGULATION) ACT, 2021**  
**FORM 4 [See rule 11]**

**CERTIFICATE OF REGISTRATION**

**Surrogacy Clinic**  
**(To be issued in duplicate)**

Certificate No.: 24

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Assistant Medical Officer of Health, PMC 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 23/06/2028

Name of Director : Dr. Sunilkumar. M. Rao

(a) Name and address of the Surrogacy clinic: Sahyadri Hospitals Pvt. Ltd.  
Sahyadri Super Speciality Hospital Shivaji Nagar, Final Plot No. 28,  
CTS 1717, 1719 to 1722, Opp. Sakhar Sankul, Shivaji Nagar  
Pune 411005.

(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 MH/SC/2024/11049/SC/Pune/90

4. (For renewed Certificate of Registration only): Period of validity of earlier Certificate of Registration from ..... To .....

Date: 29/06/2025

Place: Pune



[Signature]  
डा. कल्पना बळवंत  
Signature, Name and Designation of  
the Appropriate Authority  
समुचित प्राधिकारी  
सुरोगसी (नियमन) कायदा २०२१

Display one copy of this certificate at a conspicuous place at the place of business

\*Strike out whichever is not applicable or necessary