

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION**Surrogacy Clinic**

(To be issued in duplicate)

Certificate No.: 14/2026

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the **District Appropriate Authority and Chief District Health Officer, Surat** 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 **17/5/2029**

a) Name of Applicant :	DR. ZARNA FALGUN PATEL
b) Name and address of the Surrogacy Clinic:	FUSION BIOCELL FUSION FERTILITY 401,4 TH FLOOR,SOLSRIS,VESU , SURAT.
c) 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. District Registration No. allotted : **GJ-05/SUR/SURROGACY/14/2026**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from _____ - _____ to _____ - _____

Date: 18/05/2026

Place: Surat



FEBRUARY 18/5/26
Appropriate Authority
(Surrogacy Act, 2021) and
Chief District Health Officer,
Surat.

*Appropriate Authority,
(Surrogacy Act, 2021) and*

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