

FORM 4
[See Rule 11]

CERTIFICATE OF REGISTRATION

SURROGACY CLINIC

(To be issued in duplicate)

Certificate No: **SUR 1011**

- In exercise of the powers conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority **GOVERNMENT OF KERALA** hereby grants registration to the Surrogacy Clinic named below for purpose of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of **3** years ending on **05/03/2026**
 - Name and address of the Surrogacy Clinic: **CITY INSITUTE OF MEDICAL SCIENCES KANJANGAD KASARGODE**
 - Type of Institution (Government or Private)
- 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.
- Registration No. allotted **SUR 1011**
- For renewed Certificate of Registration only:
Period of validity of earlier Certificate of Registration from to


Signature, Name and Designation of
the Appropriate Authority

VICE CHAIR PERSON
APPROPRIATE AUTHORITY FOR
ART AND SURROGACY

Date: **06/03/2023**

Place: **TRIVANDRUM**

DR. V. DEEPAKSHI
[Addl. D.H.S. (F.w.)]



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