FORM 4

[See rule 11]

Certificate of Registration

Surrogacy Clinic

(To be issued in duplicate)

Certificate No- 11/2024

(1) In exercise of the powers conferred under Section 12(1) of the Surrogacy(Regulation)Act,2021 (47 of 2021), The Appropriate Authority ***DISTRICT MAGISTRATE GWALIOR (M.P.)*** 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 ***11/03/2024*** ending on ***10/03/2027*** years.

(a) Name and address of the Surrogacy Clinic: **DR. *VERMA HOSPITAL & FERTILITY CENTER, DAL BAZAR LASHKAR, NEAR CANARA BANK, GWALIOR (M.P***

(b) Type of institution (Govt. /Private): **PRIVATE**

(c) Type of institution: **SURROGACY CLINIC**

(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: **MP/GWL/ SURROGACY CLINIC/ No. 11/2024**

(4) For renewed Certificate of Registrationonly:/

Period of validity of earlier Certificate of Registration from.....NA.....to .....NA....

Signature, Name and Designation of the Appropriate Authority

कलेक्टर,
जिला ग्वालियर (म.प्र.)

Date: 11/03/2024

Place: GWALIOR

SEAL

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

* Strike out whichever is not applicable or necessary.