

FORM 4
[See rule 11]
Certificate of Registration
Surrogacy clinic
(To be used in duplicate)

Certificate No- PB/SC/2024/11011/SC/Bathinda/ 034

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate AuthorityPunjab..... hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out Surrogacy and Surrogacy procedures as per the aforesaid Act, for a period of three years ending on ..18/11/2027

a) Name and address of the Surrogacy Clinic; **Goldmedica Superspeciality Hospital, Power House Road, Bathinda**

b) Type of institution (Government / Private): **Private**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of 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: PB/SC/2024/11011/SC/Bathinda/ 034

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

Date: ..19/11/2024.....

Place: Chandigarh.....

Signature, Name and Designation of
the Appropriate Authority
Jasmininder 19/11/24
Director Health Services (FW)
Punjab, Chandigarh SEAL

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

*Strike out whichever is not applicable or necessary