Commissionerate

State Appropriate Authority, ART and Surrogacy Act

Health and Family Welfare Services
Arogya Soudha, 1st Cross, Magadi Road,
Bangalore-560023

Form 4

CERTIFICATE OF REGISTRATION
SURROGACY CLINIC

Certificate No: KA/SC/2026/11299 /SC/Bengaluru Urban/449

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority, Commissioner, Health and Family Welfare Services, Bengaluru 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 i.e. from 01-07-2026 to 30-06-2029.

   (a) Name and address of the Surrogacy clinic: **BIRTHRIGHT FERTILITY A UNIT OF RAINBOW CHILDRENS MEDICARE LIMITED**
   Sy.No.25/7,Second Floor,Doddanekkundi Village,K R Puram Hobli,Bengaluru-560037.

   (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: KA/SC/2026/11299 /SC/Bengaluru Urban/449

Chairman
State Appropriate Authority
Commissioner
State Appropriate Authority
ART & Surrogacy Act
Directorate of Health & Family Welfare Services
"Arogya Soudha", Bengaluru -560 023.

Date: 01-07-2026

State: KARNATAKA