FORM 4

CERTIFICATE OF REGISTRATION
Surrogacy Clinic
(To be issued in duplicate)

Certificate No. MH/SC/2022/10504/SC/MUMBAI/113

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021, the Appropriate Authority **MEDICAL OFFICER OF HEALT R/SOUTH WARD** 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 3 years ending on **21-07-2029**

   a). Name and address of the Surrogacy Clinic: **Firstchoice Hospital (Baby Beats IVF Centre)**
   b). Name of applicant for registration : **DR. Shital Narendra Jadhav**
   c). Name of Director of the Surrogacy Clinic: **DR. Shital Narendra Jadhav**
   d). Type of institution (Govt. / 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 3 years.

3. Registration No. allotted - **MH/SC/2022/10504/SC/MUMBAI/113**

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from ..... to ..... - **NOT APPLICABLE**

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Signature, Name and Designation
Of the Appropriate Authority
Medical Officer of Healt
R/South Ward

Date: 22-07-2026

Place: KANDIVALI

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