

FORM 4
CERTIFICATE OF REGISTRATION
SURROGACY CLINIC

Certificate No. MH/SC/2025/11109/SC/MUMBAI/118

1. In exercise of the power conferred under Section 12(1) of the Surrogacy (Regulation) Act, 2021, the Appropriate Medical Officer of Health H/West 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

: **Luma Fertility (A Unit of Sparrow Health Technologies Private Limited), Mansionz One, 2nd floor, Linking Rd, Above Shoppers Stop, Plot No. 260 & 265, CTS No. F745 & 71/2 (Part) Bandra(W) Mumbai- 50.**

b) Name of Applicant for registration

: **Mrs. Neha Motwani**

c) Name of Director of the Surrogacy Clinic

: **Mrs. Neha Motwani**

d) Type of Institution (Govt./Pvt) : **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.

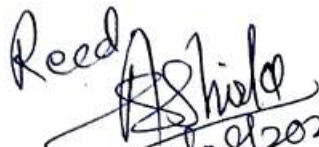
3. Registration No. allotted - **MH/SC/2025/11109/SC/MUMBAI/118**.

4. For renewed certificate of Registration only : Period of Validity of earlier Certificate of registration from to : **Not Applicable.**


Signature, Name and Designation of
the Appropriate Authority

Medical Officer of Health
HW Ward

Date : -22.07.2026
Place :- Khar


08/08/2026.