FORM 4

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be Issued in duplicate)

Certificate No.: GJ-01/AHD/27/2026

1. In exercise of the powers conferred under Section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the **District Appropriate Authority and Chief District Health Officer, Ahmedabad** 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 ending on 09 /07/2029

a) Name of Applicant :	Dr. Pranay Shah
b) Name and address of the Surrogacy Clinic:	**Wellspring IVF and Womens Hospital,** 440, TCC Mall, 100 Feet Road, Near Sachin Tower, Anandnagar, Satellite, Ahmedabad-380015
c) 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. District Registration No. allotted : **GJ-01/AHD/27/2026**
4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from _____ to _____

Date:10/07/2026

Place: AHMEDABAD

APPROPRIATE AUTHORITY SURROGACY ACT, 2021 & D.H.O. AHMEDABAD GUJARAT STATE

Dr. R.B.Kapadiya
Appropriate Authority
(Surrogacy Act,2021) and
Chief District Health Officer,
Ahmedabad

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

I. S. Pranay Received on 10/7/2026