GOVT. OF MAHARASHTRA

बेटी बचाओ
Save the girl child

FORM 4
CERTIFICATE OF REGISTRATION
~~Surrogacy~~ Clinic
(To be issued in duplicate)

Certificate No. : MH/SC/2025/11200/SC/NAGPUR/120

1. In exercise of the powers conferred under section 12(1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority of Medical officer Health NMC NAGPUR hereby grants registration of 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 Surrogacy clinic : Omega Hospital Run By Shembekar Hospital PVT LTD, plot No-4, NARGUN-DKar Layout Khamla Road Near Dee-nagar Sq NAGPUR.

   (b) Type of institution (Government / ~~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 cerificate of registration before the expiry of the said period of three years.

3. Registration No. Allotted – MH/SC/2025/11200/SC/NAGPUR/120.

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

Dr. D. S. Selokar

Signature, Name and Designation of the Appropriate Authority

Date : 22/07/2026

Place : NAGPUR

SEAL

SEAL

Display one copy of this certificate at a conspicuous place at the place of business
*Strike out whichever is not applicable or necessary.