

FORM 4 [See rule 11]

CERTIFICATE OF REGISTRATION SURROGACY CLINIC

(To be Issued in duplicate)

Certificate No.: MHJSc/2023/10782/Sc/Nauded 73

- 1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority Nanded Waghala City Municipal Corporation, Nanded. 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 09:10:2024. Years ending on 08:10:2027
 - (a) Name and address of the Surrogacy clinic: Hope INF. Center, PNA. Utcl.

 DOSIMUKN Plaza, 2nd Floor, Doctor's Lawe, Nazirabad Nauded-431601

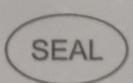
 (b) Type of institution (Government/Private) Private
- 2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.
- 3. Registration No. allotted MHI Sc | 2023 | 10782 | Sc | Nauded | 73

Place : . Manded ...

Date: 09.10.2024



Appropriate Authority



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

*Strike out whichever is not applicable or necessary