

**FORMAT FOR CERTIFICATE TO BE OBTAINED FROM ART CLINIC IN INDIA**

This is to certify that Mrs. ....w/o Mr. ....residing at  
.....is/are  
desirous of taking infertility treatment/ management/ option of surrogacy at our clinic  
i.e.....  
.....  
.... (*Name & Address of clinic in India*). The embryos of Mrs. .... and  
Mr. ....have been created at .....  
.....  
(*Name & address of the ART clinic Abroad*) under the supervision of Dr. ....  
I hereby declare that we have no objection in receiving ..... number of embryos which  
have been generated using sperm of Mr. .... and oocyte of Mrs.  
..... I would also like to furnish that our clinic is enrolled with  
**National Registry of ART Clinics and Banks in India** of ICMR with Enrollment No.  
..... . We would also certify that FRRO/FRO and the National Registry of ART Clinics  
and Banks in India of ICMR will be informed about the agreement signed between the surrogate  
and foreign infertile couple.

Please tick the type of ART Services to be availed in India

- 1. Hiring of surrogate
- 2. Transfer of embryo self (infertile women)

Signature & seal of the Director/ In charge

Name:

Date:

Place: