

संचालनालय स्वास्थ्य सेवार्ये  
सतपुड़ा भवन, भोपाल, मध्यप्रदेश

महत्वपूर्ण

क्र./विनियमन/2023/32

भोपाल, दिनांक 25/01/2023

प्रति,

1. समस्त कलेक्टर, म.प्र.।
2. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, म.प्र.।
3. समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक, म.प्र.।

विषय :- Surrogacy (Regulation) Act, 2021 के अंतर्गत जारी नियमों के अनुरूप विभिन्न प्रपत्रों के संबंध में।

- संदर्भ :-
1. भारत का राजपत्र दिनांक 25/12/2021 द्वारा अधिसूचित The Surrogacy (Regulation) Act, 2021
  2. भारत का राजपत्र दिनांक 21/06/2022 द्वारा अधिसूचित The Surrogacy (Regulation) Rules, 2022
  3. भारत सरकार का पत्र क्र. U.11019/255/2022-HR दिनांक 06/01/2023

विषयांतर्गत लेख है कि संदर्भित अधिनियम एवं नियम द्वारा भारत का राजपत्र (असाधारण) में सरोगेसी (विनियमन) अधिनियम, 2021 एवं नियम, 2022 को अधिसूचित किया गया है। सरोगेसी (विनियमन) अधिनियम, 2021 एवं नियम, 2022 अनुरूप आवश्यक प्रमाण-पत्रों का विवरण एवं जारी करने का स्तर निम्नानुसार है:-

SN	Relevant Section of Surrogacy (Regulation) Act	Particular of Certificate	Issuance Level
1.	Section 4 (iii) (a) (I)	Certificate of Medical Indication necessitating Gestational Surrogacy for intending couple	Dist. Medical Board
2.	Section 4 (iii) (a)	Certificate of Essentiality for intending couple	Appropriate Authority having jurisdiction over Dist. Medical Board
3.	Section 4 (b)	Eligibility certificate for surrogate mother	Chairperson, Dist. Appropriate Authority for ART & Surrogacy
4.	Section 4 (b) (V)	Certificate for Medical & Psychological fitness of surrogate mother	Registered Medical Practitioner, preferably OBGY
5.	Section 4 (c)	Eligibility Certificate for intending couple for surrogacy	Chairperson, Dist. Appropriate Authority for ART & Surrogacy
6.	Rule 4	Certification of recommendation	State Board

उपरोक्त हेतु राज्य स्तर से निर्मित 6 प्रपत्रों के प्रारूप उचित स्तर से कार्यवाही हेतु सुलभ संदर्भ के लिए प्रेषित है, ताकि प्रदेश में सरोगेसी हेतु इच्छुक दंपतियों के सरोगेसी आवेदनों का नियमानुसार निराकरण एवं सरोगेट महिला के चिकित्सीय हितों को सुनिश्चित किया जा सके।

संलग्न: 6 प्रपत्रों के प्रारूप ।

(डॉ. सुदान खाडे)  
आयुक्त सह सचिव स्वास्थ्य,  
मध्यप्रदेश

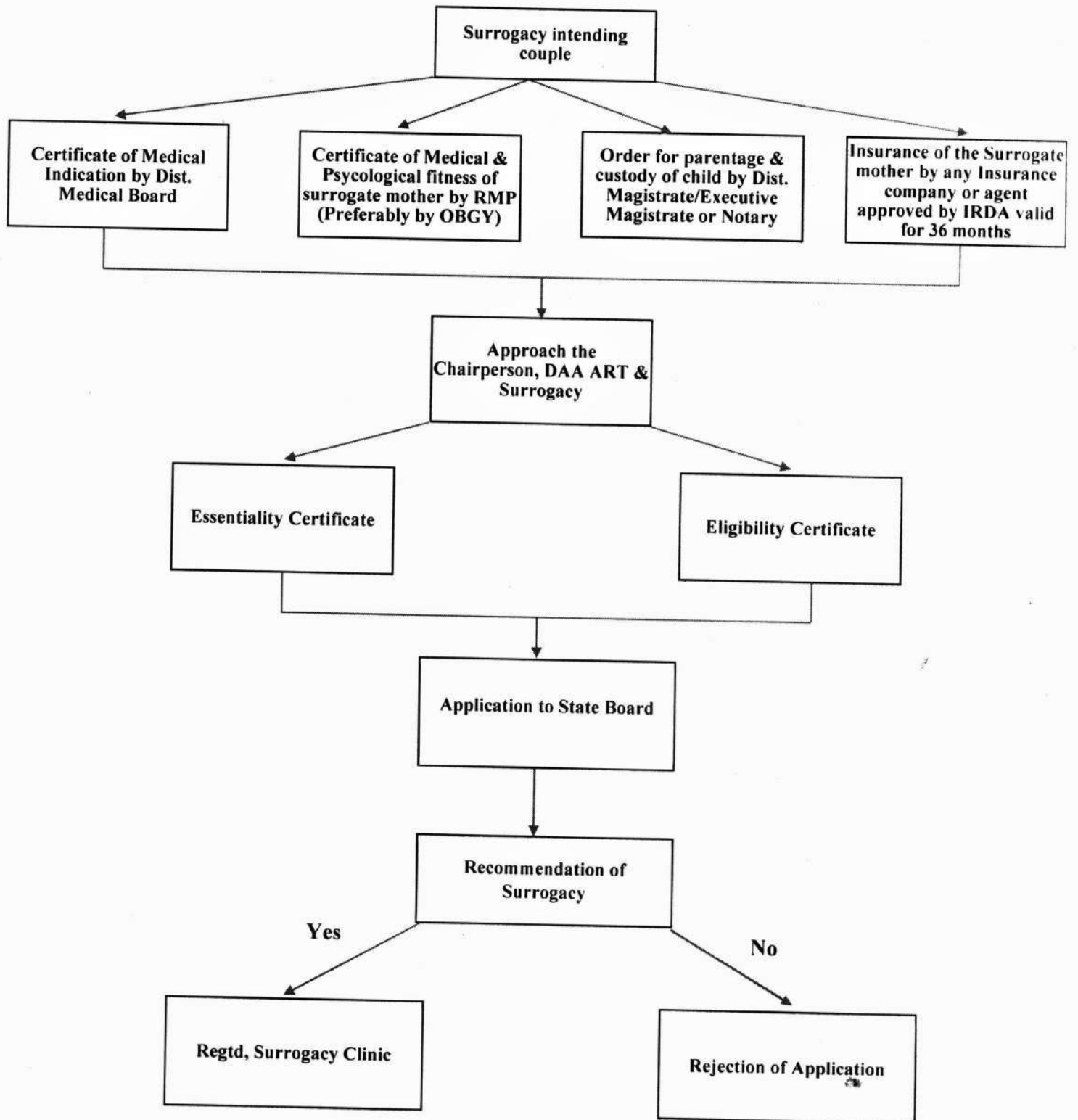
पृ. क्रमांक/विनियमन/2023/33  
प्रतिलिपि :- सूचनार्थ।

भोपाल, दिनांक 25/01/2023

1. अपर मुख्य सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, मंत्रालय, वल्लभ भवन, भोपाल, म.प्र.।
2. श्रीमती गीता नारायण, भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई-दिल्ली।
3. श्री एस.एन.जसरा,संचालक(समन्वय), भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई-दिल्ली।
4. संचालक, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, म.प्र.।
5. अध्यक्ष, नर्सिंग होम एसोसिएशन स्टेट ब्रांच, भोपाल।

आयुक्त सह सचिव स्वास्थ्य,  
मध्यप्रदेश

# Process Flow for Intending couple for Availing Surrogacy



**Certificate of Essentiality\* for Intending Couple**  
*u/s 4(iii)(a)*

**Certificate No.**

Certificate is hereby granted to Smt.....  
W/o Shri..... Resident of  
..... who have been under the treatment of Dr.  
..... of ..... Hospital/Clinic with Surrogacy Clinic Registration  
No. .... for infertility since ..... years. The couple have not been able  
to conceive despite of various treatments till date.

It is hereby certified on the basis of the \*annexed certificates, the above couple requires to undergo surrogacy procedure as advanced treatment which is essential for their treatment of infertility.

**DECLARATION TO BE SIGNED BY THE GOVT. SERVANT**

I hereby declare that the statements in this application are true and correct, based on the documents annexed with the application.

**Signature & Seal**  
**Chairperson,**  
**District Appropriate Authority for ART**  
**and Surrogacy**

**Date:-**

.....

**Place:**.....

**Annexures**

\*To be submitted to the Director or in-charge of the Surrogacy Clinic/Doctor qualified to conduct surrogacy.

SN	Certificates	Issued by	Date of Issuance
I	Certificate of Medical Indication in favor of either or both members of the intending couple or intending woman necessitating gestational surrogacy	District Medical Board	
II	Order concerning the parentage or custody of the child born through surrogacy	Judicial Magistrate First Class	
III	Insurance Coverage of such amount and in such manner as may be prescribed in favor of the surrogate mother for a period of 36 months covering postpartum delivery complications from an insurance company or an agent recognized by Insurance Regulatory and Development Authority (IRDA)	Insurance company or agent	

**Eligibility Certificate for Intending Couple for Surrogacy**  
**u/s 4(c)**

Certificate No.

This is to certify that under the provisions of the Surrogacy (Regulation) Act, 2021 and Rules thereunder Smt. .... age ..... W/o Shri ..... age ..... residing at ..... have applied for the Eligibility Certificate for intending couple for surrogacy. The couple is eligible to undergo surrogacy procedure for the treatment/management of infertility subject to the stipulated terms and conditions\*.

Date :

Place :

Sign & Seal

Chairperson,  
District Appropriate Authority for ART and Surrogacy  
for District ..... M.P.

**\*Terms and Conditions:**

1. The Intending couple are married and between the age of 23 to 50 years in case of female and between 26 to 55 years in case of male on the day of certification ;
2. The intending couple have not had any surviving child biologically or through adoption or through surrogacy earlier;

*Provided that nothing contained in this item shall affect the intending couple who have a child and who is mentally or physically challenged or suffers from life threatening disorder or fatal illness with no permanent cure and approved by the appropriate authority with due medical certificate from a District Medical Board.*

**Certificate of Medical Indication for Intending Couple**  
**u/s 4(iii)(a)(I)**

**Certificate No.**

I, Dr ....., Civil Surgeon cum Chief Hospital Superintendent of Dist. Hospital & Chairperson, District Medical Board of District Hospital ....., Madhya Pradesh hereby certify that Smt. .... W/o Shri ..... have been undergoing treatment for infertility under the supervision of Dr ..... of ..... Clinic/Hospital.

The District Medical Board comprising of a Gynecologist, Pediatrician and Surgeon has medically examined the couple and has opined that the Shri/Smt. .... suffers from ..... (Clinical Condition) and requires to undergo surrogacy procedures as an advanced treatment for infertility.

The District Medical Board has verified all the medical reports of the couple submitted them in the above context.

**Date:** .....

**Place:** .....

**Signature & Seal**

**Civil Surgeon cum Chief Hospital Superintendent of Dist. Hospital  
& Chairperson, District Medical Board of District Hospital....., MP.**

**Eligibility Certificate  
(Surrogate Mother)  
u/s 4(b)**

Certificate No. \_\_\_\_\_

Date. \_\_\_\_\_

This is to certify that Ms ..... age ..... residing at ..... under the provisions of the **Surrogacy (Regulation) Act, 2021 and Rules** thereunder, the surrogate woman is eligible to act as "Surrogate Mother" and undergo surrogacy procedure(s), subject to the terms and conditions, as specified below.\*  
Relationship with the intended couple/woman .....

Date :

Place :

Chairperson,  
District Appropriate Authority for ART and Surrogacy  
for District ..... M.P.

**\*Terms and Conditions:**

1. **No woman, other than ever married woman having a child of her own and between the age of 25 to 35 years on the day of implantation, shall be a surrogate mother or help in surrogacy by donating her egg or oocyte or otherwise;**
2. **A willing woman shall act as surrogate mother and be permitted to undergo surrogacy procedures as per the provisions of this Act;**

*Provided that the intending couple or the intending woman shall approach the appropriate authority with a willing woman who agrees to act as a surrogate mother;*

3. **No woman shall act as surrogate mother by providing her own gametes;**
4. **No woman shall act as a surrogate mother more than once in her lifetime;**

*Provided that the number of attempts for surrogacy procedures on the surrogate mother shall not be more than three times;*

5. **A certificate of medical and psychological fitness for surrogacy and surrogacy procedures has been obtained from a Registered Medical Practitioner;**

**Certificate of Medical & Psychological Fitness of Surrogate Mother**  
*(Preferably to be issued by a Registered Medical Practitioner having degree/diploma in OBGY)*  
**u/s 4(b)(V)**

**Certificate No.**

I, Dr .....registered with the MP Medical Council having MPMC /Addl. MPMC Registration No. .... practicing at ..... Nursing Home/Clinical Establishment hereby certify that I have examined Mrs..... aged ..... and resident of ..... who is intending to act as surrogate mother for the intending couple, Mrs. .... and Mr. .... resident of ..... thoroughly.

I, hereby certify that the intending surrogate Mrs..... does not have any communicable disease or any constitutional affection or bodily infirmity which may affect the surrogacy procedure(s). Based on my examination she is medically and psychologically fit to undergo the surrogacy procedures.

**Name & Signature with seal  
of the Registered Medical Practitioner**

**Date :**

**Place :**



**Certificate of Recommendation for availing Surrogacy Services**  
**[See Section 4 (ii) (a)]**

**Certificate No:.....**

In exercise of the powers conferred under Section 4 (ii) (a) of the Surrogacy (Regulation) Act, 2021 (47 of 2021) and Rule 4 of Surrogacy (Regulation) Rule, 2022, the State Board for Assisted Reproductive Technology and Surrogacy hereby recommends the intending couple Mrs..... and Mr. .... to avail surrogacy services through the surrogate mother Mrs. .... as per the provisions of the aforesaid Act and Rules.

The certificate of recommendation is subject to the Eligibility Certificate and Essentiality certificate issued by the District Appropriate Authority for ART and Surrogacy, Dist. .... of Madhya Pradesh,

**Secretary Health, GoMP**  
**(Member State Board for ART & Surrogacy)**

**Date .....**

**Place .....**

**SEAL**