

FORMAT FOR CERTIFICATE TO BE OBTAINED FROM FOREIGN ART CLINIC

This is to certify that Mrs. w/o Mr.residing at
.....is undergoing treatment for infertility under
supervision of Dr.at

.....
(Name & address of clinic Abroad) and she cannot conceive because of medical reasons and/or
such conception if take place, may be unsafe or may lead to undesirable medical implications.
Therefore I recommend the transfer of number of embryos generated at

.....
(Name & address of clinic abroad) to
..... *(Name & address of clinic in India)*

for the treatment of infertility including providing them the option of surrogacy, if necessary. I
also hereby declare that the embryos generated have been created using Sperm of Mr.
..... and oocyte of Mrs.

In addition I would also like to certify that no sex selection has been done on these embryos.
The details of the ART clinic in India are enclosed below:

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

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

Details of ART clinic in India

- 1. Name of Incharge/Director :
- 2. Postal Address of the Clinic :
- 3. Contact Number :
- 4. Email Id. :
- 5. ICMR Enrollment Number :

Signature & seal of the Director/ In charge
Name:

Date:

Place: