

FORMAT FOR CERTIFICATE TO BE OBTAINED FROM INFERTILE COUPLE

This is to certify that Mrs. w/o Mr.
residing at
have been undergoing treatment of infertility under the supervision Dr.
of.....
..... (Name & address of clinic abroad).

We would wish to transfer ournumber of embryos generated by
.....
.....
(Name & address of the clinic abroad) to
.....
..... (Name & address of clinic in India)

which is enrolled with **National Registry of ART Clinics and Banks in India** of ICMR with
Enrollment No. for continuing our treatment of infertility including provision of
surrogacy under the supervision of Dr. We would also
certify that if we are going for option of surrogacy as per medical advice then we both will come
to India physically on medical visa to sign the agreement with surrogate mother.

We hereby declare that these embryos have been generated using our own gametes (self eggs
and/or Self Sperms) and no sex selection has been done on these embryos.

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

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

Signature of the husband

Name of husband:

Signature of the wife

Name of wife:

Date:

Place:

